Quality Review Framework

Composite Report

Murray Ambulance Service Ltd

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1. Institution Details

Name	Murray Ambulance Service
Address	Murray Ambulance Service Ltd, Castlebar, Co. Mayo, F23 EC89
Type of Organisation	Private Limited Company
Profile	**Approved ATI since 2014**
PHECC Courses Delivered	CFR-Community, CFR-Advanced, FAR
Higher Education Affiliation	N/A

2. Review Details

Purpose	- To facilitate the enhancement of a successful learning experience for students - To foster a culture of continuous quality improvement in Institutions - To generate public confidence in the standard of education and training in pre-hospital emergency care
Scope	The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework
Date of the Desktop Review	22nd July 2023
Date of Online Review	16th August 2023

3. Report Details

Draft report sent to Institution for feedback	17/10/2023
Final report sent to Institution	22/11/2023
Director Approval **Date**	 22/11/2023
Report Compiled by	PHECC QRF Panel

4. Review Activities

4.1 Meetings

Opening Meeting	
Organisation	**Role**
PHECC	Lead Assessor
PHECC	Assessor
Murray Ambulance Service Ltd	Operations Manager
Murray Ambulance Service Ltd	Training Coordinator
Closing Meeting	
Organisation	**Role**
PHECC	Lead Assessor
PHECC	Assessor
Murray Ambulance Service Ltd	Operations Manager
Murray Ambulance Service Ltd	Training Coordinator

4.2 Stakeholder Discussions

Title/Group	Role
Murray Ambulance Service Ltd	Operations Manager
Murray Ambulance Service Ltd	Training Coordinator

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.

- Quality Assurance Policy
- Data protection Policy
- Quality Policy
- Tax Clearance Cert Training Policy
- Venue Selection Criteria Risk Management List
- Course admin
- IV Policy
- Health & Safety Policy
- Complaints policy
- Administration documents
- Named Faculty Lists
- RPL Process Documents
- Course registrations
- Course Paperwork
- Faculty records
- Organisational Charts
- Role Descriptors
- Website
- Assessment Policy
- Student Handbook
- Faculty feedback
- Student Feedback
- Tax clearance
- Insurance documents
- Communications Policy
- Student Feedback

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement	
Location	**Comments**
N/A	Online Review
Facilities	
Location	**Comments**
N/A	Online Review
Resources – e.g. equipment, ICT, course material, etc	
Location	**Comments**
N/A	Online Review

5. Compliance Rating and Level

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

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

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

6. QRP Findings

6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
Quality Standard	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	**MNM**

QRP Findings

The organisational charts provided did not clearly reflect the institution's governance structure and how that structure supports education and training activities. It was unclear from the documentation who has overall responsibility for education and training governance and any delegated responsibilities. However, during discussions with representatives, it was indicated that the Operations Manager has overall responsibility for education and training governance with responsibilities delegated to administration and faculty. The evidence indicated that the institution would benefit from additional formalisation of process, relevant documentation, and updates to existing documentation to accurately reflect informal practice.

The evidence indicated that there were procedures in place to ensure that when required, relevant sub-groups/individuals were in place to provide oversight, however, some of these procedures were informal and were not formally documented.

During discussion with representatives, there were descriptions of some activities that help to ensure quality assurance responsibilities are split across different stakeholders, however, some of these are not always clearly defined within the organisational chart. It is not immediately clear, in a documented way, who carries responsibility for some activities such as management of certification; who is the PHECC lead; who has oversight responsibility for faculty.

There was limited evidence that oversight and monitoring of activities had taken place in a formalised way. Limited monitoring of activities had been carried out, however, these were informal in process and based on Peer-to Peer monitoring. Further development of processes regarding monitoring and oversight will further help to evidence these activities. The evidence indicated that some additional/updated documentations (terms of reference, role descriptions) are required.

During discussions representatives outlined informal activities for identifying, assessing, and managing risk. The evidence also highlighted that development and review is required in terms of documented procedures for identifying, assessing, and managing risk.

Areas of Good Practice

- Structures in place to provide oversight of education and training activities
- Overall responsibility for education and training governance identified
- Delegated responsibilities for education and training governance identified

Areas for Improvement

- Updates to existing documents to clearly reflect practice in education and training governance
- Develop procedures to ensure a robust approach to oversight and monitoring of instructors
- Document procedures for identifying, assessing, and managing risk associated with education and training activities and maintain records of these activities

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

QRP Findings

The evidence indicated that the institution:
- Is an established legal entity that provides PHECC education and training standards
- Is in good financial standing with the Revenue Commissioner

The evidence indicated that not all tasks associated with education and training activities (student entry to exit) are documented. There was evidence that the institution maintains up-to-date records for all students and faculty. The evidence indicated that there is a data protection policy and procedures in place that need to be updated to reflect current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679.

During discussions representatives indicated that insurance is in place for organisational activities and that there are no external affiliated faulty. The documented evidence indicated that appropriate organisational insurance is in place.

The evidence indicated that the institution would benefit from additional support to ensure that all quality assurance activities are systematically carried out. Submitted evidence and discussion with representatives identified that currently no external authentication activities are being undertaken.

A complaints policy and procedures are in place. Unclear from the evidence provided that all stakeholders are made aware of the policy and procedures.

Areas of Good Practice

- An established legal entity that provides PHECC approved education and training
- In good financial standing with the Revenue Commissioner
- Appropriate organisational insurance in place
- Evidence that organisation maintains up to date student and faculty records

Areas for Improvement

- Ensure all tasks associated with education and training activities are documented
- Ensure that data protection policy, procedures and supporting documents reflect current practice and GDPR requirements
- Ensure the institution is sufficiently resourced to carry out all quality assurance activities
- Ensure that all stakeholders are made aware of the complaints policy

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

QRP Findings

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 Operations Manager and Training Coordinator have overall

responsibility for the quality assurance of all PHECC approved courses. A quality assurance policy was made available for review. The evidence indicated that the institution would benefit from additional documentation to support the activities described during discussions. Updates to existing documentation due to self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.

The evidence indicated that the institution has no structured Key Performance Indicators (KPI) that relate to training and education standards. The evidence suggests that KPI need to be developed and associated with all education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses being delivered by the institution.

During discussions representatives described monitoring activities that take place. It was not clear from the documentation how all monitoring activities are carried out, by whom, and what indicators it should be seeking. Additionally, current monitoring is carried out informally on an annual basis utilising peer-to-peer monitoring. The evidence suggests that further development is required to make this a robust process.

The evidence indicated that the institution systematically collects feedback for all PHECC courses. During discussions representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the analysis and use of student, faculty, and other stakeholder feedback is required.

The evidence indicated that the institution has documented processes for the systematic review of learning resources and locations. There was up-to-date evidence of these activities taking place.

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.

Areas of Good Practice
- A documented quality assurance policy   - Assigned responsibility for the quality assurance of PHECC approved courses   - Systematic collection of student feedback   - Version control and document control procedures
Areas for Improvement
- Quality assurance policy and associated procedures   - Ensure documents accurately reflect quality assurance responsibilities   - Ensure relevant KPI associated with all education and training activities   - How monitoring is carried out, by whom, and what indicators it is seeking   - Ensure a systematic approach to the collection, analysis and use of student, faculty, and other stakeholder feedback, along with learning resources and locations   - Ensure a systematic approach to the review of policies and procedures

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**

QRP Findings

During discussions representatives described internal reporting activities. The evidence indicated that additional documentation is required to support these activities and enhance current practice.

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. Additional documentation and updates to existing documentation are required.

During discussions representatives outlined who is responsible for communication with PHECC. Updates to existing documentation would support these activities and allow for clear identification of responsibilities.

The evidence indicated that on courses delivered directly by the institution, prospective students are provided with sufficient information to make an informed choice about course participation. Students all receive a documented induction to courses delivered.

The evidence indicated that information about the institution's quality assurance systems and external reviews are not made visibly available to the public. There was no evidence of signposting to such elements.

During discussions representatives described a range of activities for providing and obtaining information. The evidence indicated that the institution would benefit from documented procedures to ensure these activities are carried out consistently.

Areas of Good Practice

- Up-to-date reporting within the institution
- Responsibility for reporting to PHECC allocated

Areas for Improvement

- Additional documentation to support reporting throughout the institution
- Ensure all tasks are clearly allocated and linked to relevant KPI
- Documented procedure to ensure information is provided to PHECC as requested
- Ensure all prospective students are provided with sufficient information to make an informed choice about course participation
- Providing the public with information about the quality assurance system and external reviews
- Procedures for providing and obtaining information

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
QRP Findings		

A health and safety policy and supporting documents were evidenced, however, they are lacking direct relationship with education and learning. During discussions representatives outlined how health and safety relates to courses delivered. The evidence indicated that additional documentation is required to support these activities in relation to the delivery of education and learning.

Documentation for choosing a training venue was reviewed. There was evidence to demonstrate that appropriate training premises are select and used for the delivery of all PHECC approved courses.

During discussions representatives described the equipment and resources that are available for each course. An equipment checklist was made available for review. 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.

Areas of Good Practice
• Documentation for selecting an external venue for the delivery of PHECC approved courses • Documented premises selection criterion and checklist and evidence of activity • Documented course equipment list

Areas for Improvement
• Health and Safety policy • Health and safety activities related to all PHECC approved courses particularly relating to documented risk assessments • Development of robust process that ensures venues are fit for purpose and that equipment/resources are maintained and available for every course • Records that there is a system in place to regularly maintain and update equipment

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

QRP Findings

There was limited evidence to indicate that students on all PHECC approved courses are supported by adequate numbers of appropriately qualified faculty and administrative personnel.

There is reference in the documentation to student support and during discussions representatives described the supports that are available for students. The evidence indicated that students would benefit from additional information and awareness before, during, and after their course, of the support available, including the opportunity to meet with faculty and/or management individually or collectively.

There is reference in the documents to reasonable accommodation during assessments. 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.

The evidence also indicates that analysis and review of supports provided and/or the accommodations used during assessment should be developed. Documented processes should be developed to ensure that a robust and trackable approach to student supports is provided.

There was limited evidence that sufficient up-to-date resources are made available to students in a variety of formats on all PHECC approved courses.

Areas of Good Practice
• Appropriately qualified and experienced personnel within the institution • Reasonable accommodation available for students

Areas for Improvement
• Ensure that support for students from appropriately qualified and experienced personnel is available on all PHECC approved courses

- Ensure student awareness of available supports before, during, and after their course, including an opportunity to meet individually or collectively with faculty and/or management
- Procedure for obtaining information on student support requirements prior to booking
- Develop documented mechanisms for providing reasonable accommodation for students with additional support needs
- Demonstrate and document that up-to-date resources are made available to students on all courses in a variety of formats

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.	NM

QRP Findings

The evidence indicated that the institution has an equality and diversity policy. However, there was no evidence of associated procedures or codes of conduct for staff, faculty, and other stakeholders.

The evidence indicated that there were no supporting policies and procedures that reflected current equality and diversity practice.

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. Currently all staff undertake training from a care perspective, however, the evidence identified that this does not relate directly to the delivery of training and education.

There was no evidence to indicate how course delivery accommodates the cultural backgrounds and different learning styles of students. The evidence indicated that the institution would benefit from additional information to support this. During discussion stakeholders agreed that this is an area that requires development. Discussion with stakeholders indicated the benefit of further development in terms of embedding equality and diversity into all training activities, including course review, development, and delivery.

Areas of Good Practice

- Documented equality policy
- Training via HSE Land in equality and diversity for all staff

Areas for Improvement

- Development of equality, diversity and training access policy and procedure
- Ensure that all relevant policies and procedures are legislative compliant and promote equality
- Ensure all students, faculty, and other stakeholders are made aware of the equality and diversity policy and procedures
- The provision of up-to-date information and training for faculty
- Ensure that the cultural backgrounds and different learning styles of students are accommodated on all PHECC approved courses

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	*NQEMT courses only:* Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A

QRP Findings

N/A
Areas of Good Practice
N/A
Areas for Improvement
N/A

6.3 Theme 3: Human Resource Management

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

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

Discussions with representatives indicated that the institution have adequate numbers of personnel in place to:
- Carry out the activities described in its policies and procedures
- Maintain PHECC requirements for course approval
- Systematically organise, deliver, and monitor the quality of courses and standards

There is evidence to indicate that the composition of the institution's personnel meets PHECC education and training standards for each course on offer and that all personnel have been made aware of their quality assurance responsibilities and are carrying out those responsibilities consistently, especially regarding the area of external faculty.

During discussions representatives indicated that the institution does not carry out external authentication activities. Further discussion revealed that development of this area is being undertaken currently and that the processes around EA are being developed.

The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement for some roles.

Areas of Good Practice

- Standards are in place for all personnel involved in activities associated with PHECC approved courses
- Senior management and administration are aware of their quality assurance responsibilities

Areas for Improvement

- Recruitment of appropriately qualified and experienced personnel focused on EA activities
- Demonstrate that adequate numbers of personnel are in place to carry out all functions related to the delivery of PHECC courses.

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

QRP Findings

During discussions representatives described personnel upskilling/training, induction, and support. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:

- The identification of the training/upskilling needs of all personnel
- An induction programme appropriate to the role of training and education
- A training and development plan/programme to support the development needs of personnel
- Mechanisms that support requests for training/upskilling and additional qualifications
- A formalised support, supervision, and annual appraisal system

There was limited evidence submitted to prove that personnel have completed induction training/upskilling relevant to their role.

Further development to demonstrate a robust approach to training and development of personnel will further enhance the institution.

Areas of Good Practice

- Software system in place to ensure only personnel with valid certification deliver PHECC approved courses

Areas for Improvement

- Procedure to identify the training/upskilling needs of all personnel
- Documented personnel induction process
- Training and development plans/programmes for all personnel
- Mechanisms for faculty to request support for training/upskilling and to achieve additional qualifications
- Formalised support, monitoring, supervision, and annual appraisal

Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	MDM

QRP Findings

During discussions representatives described the processes in place for personnel management.

The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:

- Regular and appropriate communication between faculty and management
- Faculty feedback during and after their course that is reviewed and analysed to inform quality improvement activities and course development
- The delivery of PHECC approved course by appropriately qualified personnel
- Robust and systematic monitoring of faculty

-     Dealing with poor and unacceptable performance of faculty
-     Human resource legislative obligations

Areas of Good Practice

- Documents in place to support observation of faculty

Areas for Improvement

- Communication between faculty and management
- Systematic and robust faculty monitoring of course delivery
- Documented process for dealing with poor and unacceptable faculty performance, identifying the KPI acceptable that performance is measured by.

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	**N/A**
QRP Findings		
Areas of Good Practice		
Areas for Improvement		

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**
QRP Findings		

During discussions representatives described the processes for course development, delivery, and review. The evidence indicated that the institution has a policy that covers some of the elements relating to the development of course development, delivery, and review. However, there were limited specific procedures, documented associated procedures revolved mainly around informal processes.

Informal review processes were in place and the evidence suggests that these need to be developed to be considered robust.

The institution would benefit from a documented systematic approach to course development/amendment and approval. This would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented in a robust manner.

During discussion with representatives, it was agreed that current processes are informal in terms of course review, and the size of the training management team highlighted gaps in process. It was agreed that further review and development of this element was required.

Areas of Good Practice
• Course development and review policy

Areas for Improvement
• Develop course development, delivery and review procedures to complement existing policy
• Ensure a documented and robust approach to development and review of courses
• Embed the review of stakeholder and student feedback into the processes relating to course amendment and review
• A systematic approach to internal course approval

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

QRP Findings

The evidence indicated that the institution compiles good levels of documentation/records evidencing that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.

The evidence indicated that the institution would benefit from:
- Documented records that student induction has taken place on all courses
- Records of student attendance for all courses
- Records of regular monitoring, including site visits

During discussions representatives indicated that one-to-one time (remediation, mentoring) is available to students as required. It also indicated that the institution and students would benefit from a formalised approach to these activities.

Areas of Good Practice
• Courses are delivered by appropriately qualified personnel
• Relevant tutor/instructor details are recorded on course documentation
• Records of student attendance are maintained

Areas for Improvement
• Records from all courses of student induction
• Develop a robust, systematic, and documented approach to course monitoring
• Develop a documented process to record student remediation

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

QRP Findings

The evidence verified an admissions policy, and some informal related procedures are in place. Representatives discussed the process of how learners are admitted onto courses within the institution.

The evidence identified that the institution would benefit from further formalisation and development of its admissions policy/entry criteria policies and procedures.

The evidence identified that the Recognition of Prior Learning (RPL) procedures require development to reflect current practice.

Potential and current students would benefit from additional signposting to information about RPL within the institution relating to PHECC courses.

Areas of Good Practice

- Documented admissions policy/entry criterion

Areas for Improvement

- Provide prospective students with additional information on course entry and associated details to include RPL
- Signpost learners to RPL procedures

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

During discussions representatives described the informal process for course review. The evidence indicated a general but informal process for the approval of courses. Evidence suggests the institution would benefit from a formalised and documented procedure to support these activities.

The evidence indicated that documentation is in place that provide the opportunity for students and faculty opportunity to feedback during and after their course.

The evidence indicated that the institution would benefit from developing KPI from the data collected in feedback to help monitor and maintain standards.

Areas for improvement have been identified by the institution's representatives and are planned for the near future and are to be included in the Quality Improvement Plan (QIP).

Areas of Good Practice

- Students and faculty have an opportunity to provide feedback during and after their course
- The institution has carried out a self-assessment

Areas for Improvement

- Formalised procedure for course review
- Student and faculty feedback used to produce KPI
- Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process
- Ensure that all identified improvement actions are included in the QIP

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.	MDM

QRP Findings

The evidence indicated that the institution has a documented assessment policy. The evidence also indicated that the assessment policy and informal procedures reflect current practice, and include:
- Supports being available to adapt assessment methodologies for students with additional support needs and records of these activities
- Security of assessment related material

The institution and students would benefit from additional/updated documentation and signposting or information about assessment methodology.

The institution needs to ensure that the organisational structure clearly shows who has responsibility for managing the PHECC certification system.

Evidence showed that the institution has informal procedures for:
- Internal verification
- Results approval

However, there is currently no process for enabling External Authentication activities.

There was limited evidence that there are formalised procedures for these elements. The institution would benefit from structured documented approach to internal and external verification.

Areas of Good Practice

- Documented assessment policy
- Appropriate assessment methodology in place
- It is clearly stated when PHECC assessment material is used
- Student support is available for assessment

Areas for Improvement

- Creation of a formalised procedure to adapt assessment to cater for students with additional support needs
- Have a documented procedure to ensure the security of assessment material
- Internal verification, external authentication and results approval processes need to be formalised
- Ensure student appeals process is available on all courses

7. Conclusion and Outcome

Rating	*2.00 – Moderately Met (MDM)*
Level	**Moderately Met**
Conclusion	The evidence indicated that the institution has several well documented policies and procedures to ensure compliance and monitoring of course delivery. The institution would benefit from formalising other processes to ensure compliance in all areas. The institution has suitably trained and qualified staff to: - Carry out the activities described in its policies and procedures - Maintain PHECC requirements for course approval

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- Systematically organise, deliver, and monitor the quality of courses and standards
- Ensure full compliance with the QRF

The evidence identified that the institution would benefit from additional documentation and some updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, and meet PHECC education and training standards.

The evidence and discussions identified how development and formalisation of some informal processes will further assist in ensuring future compliance.

The evidence and discussions also identified that the institution would benefit from developing further robust policies and procedures that enable the institution to embed equality and diversity into course review, development, and amendment activities. The evidence indicates that this will further allow the institution to support all prospective and current students.

The institution acknowledges that improvements need to be addressed in some areas of compliance and to ensure that policies, procedures and supporting documents reflect current practice.

The evidence submitted indicated that the institution, through their systems and processes, moderately meet the standards required for compliance with the PHECC quality review framework, however, the review panel are cognisant of the improvements possible with some further formalisation of informal processes currently in place.

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