

Quality Review Framework

Composite Report

HealthCo DM Ltd T/A HealthCo

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## 1. Institution Details

|                                     |  |
|-------------------------------------|--|
| <b>Name</b>                         | HealthCo DM Ltd T/A HealthCo                           |
| <b>Address</b>                      | Greenore Road Mullatree Carlingford Co. Louth A91 KP28 |
| <b>Type of Organisation</b>         | Approved Training Institution                          |
| <b>Profile</b>                      | PHECC Approved Institution since 2019                  |
| <b>PHECC Courses Delivered</b>      | FAR  |
| <b>Higher Education Affiliation</b> | N/A  |

## 2. Review Details

|                                   |   |
|-----------------------------------|---|
| <b>Purpose</b>                    | <ul style="list-style-type: none"> <li>To facilitate the enhancement of a successful learning experience for students</li> <li>To foster a culture of Continuous Quality Improvement in Institutions</li> <li>To generate public confidence in the standard of education and training in pre-hospital emergency care</li> </ul> |
| <b>Scope</b>                      | <ul style="list-style-type: none"> <li>The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework</li> </ul>  |
| <b>Date of the Desktop Review</b> | 21/07/2023  |
| <b>Date of Online Review</b>      | 15/08/2023  |

## 3. Report Details

|  |   |
|--|---|
| <b>Draft report sent to Institution for feedback</b> | 12/10/2023  |
| <b>Final report sent to Institution</b>              | 24/11/2023  |
| <b>Director Approval</b>                             |  |
| <b>Date</b>  | 22/11/2023  |
| <b>Report Compiled by</b>                            | PHECC Quality Review Panel  |

## 4. Review Activities

### 4.1 Meetings

| <b>Opening Meeting</b> |                             |
|------------------------|-----------------------------|
| <b>Organisation</b>    | <b>Role</b>                 |
| PHECC                  | Quality Review Panel Lead   |
| PHECC                  | Quality Review Panel Member |
| HealthCo               | Director                    |
| HealthCo               | Director                    |
| HealthCo               | Instructor                  |
| <b>Closing Meeting</b> |                             |
| <b>Organisation</b>    | <b>Role</b>                 |
| PHECC                  | Quality Review Panel Lead   |
| PHECC                  | Quality Review Panel Member |
| HealthCo               | Director                    |
| HealthCo               | Director                    |
| HealthCo               | Instructor                  |

### 4.2 Stakeholder Discussions

| <b>Title/Group</b> | <b>Role</b> |
|--------------------|-------------|
| HealthCo           | Director    |
| HealthCo           | Director    |
| HealthCo           | Instructor  |

### 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>• FOR030 Named Faculty Form V3</li> <li>• QIP 2023</li> <li>• QRF Self-Assessment Toolkit V3 2023C</li> <li>• 1.1.1 Organisation Chart – PHECC</li> <li>• 1.1.2 FAR Roster</li> <li>• 1.1.3 Theme 3 Human Resource Management p7-10</li> <li>• 1.1.5 Risk register training</li> <li>• 1.2.1 company registration cert</li> <li>• ELPL Insurance cover note 2023</li> <li>• eTax Clearance Confirmation</li> <li>• HealthCo DM – Objects &amp; Subscribers</li> <li>• Complains log</li> <li>• Learner complaint form</li> <li>• Theme 2 – The Learning Environment</li> <li>• Attendance Sheet</li> <li>• Salesforce booking confirmation – public</li> <li>• Full course record</li> <li>• Instructor compliance</li> <li>• Theme 1 Organisation Structure and Management p15-21</li> <li>• Resources for service delivery policy</li> <li>• Theme 1 Organisational Structure and Management p 3 P 22 &amp; p24</li> <li>• Google reviews</li> <li>• Learner reflection</li> <li>• FAR roster</li> <li>• PHECC Responder Cert activity report 2020</li> <li>• CFR Lesson Plan FAR Courses</li> <li>• Tutor report sheets</li> <li>• Estimates of equipment</li> </ul> | <ul style="list-style-type: none"> <li>• Safety Statement</li> <li>• Premises selection checklist</li> <li>• CPT First Aid Equipment itinerary</li> <li>• Theme 2 The learning Environment</li> <li>• Tutor contract</li> <li>• FAR Course Revised Jan 2022</li> <li>• FAR Instructor certs</li> <li>• Risk register training</li> <li>• Instructor compliance</li> <li>• Development review Susan</li> <li>• Dignity at work policy Theme 4 Course Development, Delivery and Review P2, P4</li> <li>• Burns &amp; Electrical Injury Care Lesson Plan FAR Course</li> <li>• Cardiac First Response Community Lesson Plan FAR Course</li> <li>• Care of the unconscious patient lesson plan FAR Course</li> <li>• Common Medical emergencies Lesson Plan FAR Course</li> <li>• Communications Lesson Plan FAR Course</li> <li>• Hypothermia and Hyperthermia Lesson Plan FAR Course</li> <li>• Incident Procedure Lesson Plan FAR Course</li> <li>• Information Management Lesson Plan FAR Course</li> <li>• Injuries Management &amp; Shock Lesson Plan FAR Course</li> <li>• Patient Assessment Lesson Plan FAR Course</li> <li>• The Wellbeing of the First Aid Responder Lesson Plan FAR Course</li> <li>• Policy sign off</li> <li>• Development reviews</li> <li>• Tutor CPD and upskilling</li> </ul> | <ul style="list-style-type: none"> <li>• Roster – sample from a client</li> <li>• Assessment schedule revised 2022</li> <li>• Theme 2 The Learning environment P4 – P5</li> <li>• FAR Learner Information Sheet</li> <li>• Theme 4 Course Development, Delivery and Review p6</li> <li>• Tutor report sheet</li> <li>• QIP 2023</li> <li>• Theme 2 The Learning Environment p8-9, 11-18</li> <li>• Safeguarding &amp; Garda Vetting Minutes</li> <li>• PHECC Group Meeting minutes</li> <li>• Risk register training – action list</li> <li>• Garda Vetting / Declarations</li> <li>• Attendance sheets &amp; Rosters</li> <li>• BLS Instructor certificates</li> <li>• Children’s First Certs</li> <li>• Instructor certs</li> <li>• QIP 2020 – 2022</li> <li>• Code of conduct and policies sign off</li> <li>• Sign contracts</li> <li>• Feedback May – August</li> <li>• Client evaluations training and trainer 2021</li> <li>• Evaluation Sample 2019 – 2020</li> <li>• Jotform evaluation</li> <li>• Meeting minutes</li> <li>• Attendance sheets and instructor reports</li> <li>• Staff recruitment, Management and development policy</li> <li>• Employee induction presentation</li> </ul> |
|--|---|---|

#### 4.4 Observation of Practice, Facilities and Resources

|   |                 |
|---|-----------------|
| <b>Practice – e.g. Course delivery, administration, clinical placement</b>          |                 |
| <b>Location</b>   | <b>Comments</b> |
| N/A   | Virtual         |
| <b>Facilities (add rows as required)</b>  |                 |
| <b>Location</b>   | <b>Comments</b> |
| N/A   | Virtual         |
| <b>Resources – e.g. equipment, ICT, course material, etc (add rows as required)</b> |                 |
| <b>Location</b>   | <b>Comments</b> |
| N/A   | Virtual         |

#### 5. Compliance Rating and Level

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

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

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

## 6. QRP Findings

### 6.1 Theme 1: Organisational Structure and Management

| Quality Area  | 1.1 Governance  | Level     |
|---|---|-----------|
| <b>Quality Standard</b>   | The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses. | <b>SM</b> |
| <b>QRP Findings</b>   |   |           |
| <p>During discussions representatives described the education and training governance systems that support PHECC approved courses. There is evidence provided within the documentation, which clearly reflects the institution's current structure and how that structure supports education and training activities and governance throughout the organisation. There are procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight. There are terms of reference/role descriptions for all sub-groups/individuals carrying out oversight activities. A comprehensive risk management system is in place.</p>   |   |           |
| <b>Areas of Good Practice</b>   |   |           |
| <ul style="list-style-type: none"> <li>• Organisational governance</li> <li>• Oversight structures</li> <li>• Terms of reference for sub-groups and documented roles</li> <li>• Risk management system</li> <li>• Self-assessment carried out</li> </ul>  |   |           |
| <b>Areas for Improvement</b>  |   |           |
| <ul style="list-style-type: none"> <li>• Organisational chart to reflect roles and responsibilities</li> <li>• External authentication</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>SM</b> |
| <b>QRP Findings</b>   |   |           |
| <p>There is evidence that the institution is an established legal entity. Tasks from student entry to exit associated with education and training are documented. There is evidence that the institution maintains up-to-date student records and up-to-date records of all members of faculty. There is a policy, associated procedures and supporting documents in place for data protection that meet legislative requirements. There is evidence to demonstrate that the institution is in good financial standing. There is confirmation that adequate insurance cover is in place to cover all education and training activities. There is a complaints policy, and associated procedures, relevant to all stakeholders, and all stakeholders made aware of it.</p> |   |           |
| <b>Areas of Good Practice</b>   |   |           |
| <ul style="list-style-type: none"> <li>• Financial standing with relevant stakeholders</li> <li>• Complaints policy</li> <li>• Documentation of student journey</li> <li>• Faculty records</li> <li>• Data protection</li> <li>• Insurance</li> </ul>   |   |           |
| <b>Areas for Improvement</b>  |   |           |
| <ul style="list-style-type: none"> <li>• Documented tasks from student entry to exit</li> </ul>   |   |           |

|  |   |              |
|--|---|--------------|
| <ul style="list-style-type: none"> <li>• IV and EA process</li> <li>• Safeguarding and Children First requirements</li> <li>• Quality assurance activities</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>There is a CQI/Quality policy, and associated procedures, which states the institution's commitment to systematic monitoring, annual self-assessment and quality improvement. It is clear who has overall responsibility for the quality assurance of PHECC-approved courses. There is evidence that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses. There is up-to-date evidence of the systematic review of learning resources and locations. There is up-to-date evidence of the systematic review of policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation. There is up-to-date evidence of quality improvement planning and implementation.</p> |   |              |
| <b>Areas of Good Practice</b>  |   |              |
| <ul style="list-style-type: none"> <li>• Commitment to continuous quality improvement</li> <li>• Awareness among personnel of their quality assurance responsibilities</li> <li>• Documented evidence of up-to-date quality improvement planning and implementation</li> </ul>   |   |              |
| <b>Areas for Improvement</b>   |   |              |
| <ul style="list-style-type: none"> <li>• Key performance indicators</li> <li>• Monitoring</li> <li>• Feedback analysis</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>There is up-to-date evidence of internal reporting at all levels in the institution. There is limited evidence that responsibility for all tasks (from student entry to exit) associated with education and training are clearly allocated and linked to relevant KPIs. There is no procedure in place to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC. There is limited evidence that the institution's quality assurance system and external reviews are made available to the public in an easily accessible format.</p>   |   |              |
| <b>Areas of Good Practice</b>  |   |              |
| <ul style="list-style-type: none"> <li>• QA process</li> <li>• Areas for Improvement</li> </ul>  |   |              |
| <ul style="list-style-type: none"> <li>• KPIs</li> <li>• Information for prospective students</li> <li>• Internal reporting structures</li> </ul>  |   |              |



## 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>   |  |            |
| There is evidence that the institution has a policy, associated procedures and supporting documents to demonstrate compliance with its safety, health and welfare at work legislative obligations. There is evidence to demonstrate that appropriate training premises are selected and used to deliver PHECC-approved courses. There are documented selection criteria and a checklist for external premises. There is limited evidence that appropriate equipment/resources are available and have been used for each course.   |  |            |
| <b>Areas of Good Practice</b>   |  |            |
| <ul style="list-style-type: none"> <li>• Safety statement and associated documentation</li> <li>• Premises selection criteria</li> <li>• Venue checklist</li> </ul>   |  |            |
| <b>Areas for Improvement</b>  |  |            |
| <ul style="list-style-type: none"> <li>• Equipment inventory and maintenance documentation</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>   |  |            |
| The institution can demonstrate that students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative, technical and clinical staff, appropriate to the level of the course. There is limited evidence that students are made aware of the supports available to them before, during, and after their course. The institution can demonstrate that it maintains appropriate tutor/instructor-to-student ratios, in keeping with PHECC's course approval criteria. Limited documented evidence that opportunities are provided for students to meet individually and collectively with faculty and/or management. |  |            |
| <b>Areas of Good Practice</b>   |  |            |
| <ul style="list-style-type: none"> <li>• Student supports</li> <li>• Learner tutor ratios</li> <li>• Reasonable accommodation</li> </ul>  |  |            |
| <b>Areas for Improvement</b>  |  |            |
| <ul style="list-style-type: none"> <li>• Documentation around student supports</li> <li>• Procedures for obtaining information about additional support needs</li> <li>• Information about mechanisms for providing reasonable accommodation</li> </ul>   |  |            |

| Quality Area  | 2.3 Equality and Diversity   | Level |
|---|--|-------|
| Quality Standard  | There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.         | SM    |
| <b>QRP Findings</b>   |  |       |
| The institution has an equality and diversity policy, and associated procedures. All relevant policies and procedures legislatively compliant and promote equality. There is evidence that students, faculty and other stakeholders have been made aware of the policy and procedures. The institution has codes of conduct for staff, faculty and other stakeholders. There is evidence that faculty are provided with up-to-date information and training on equality and diversity. Course delivery accommodates the cultural backgrounds and different learning styles of students. |  |       |
| <b>Areas of Good Practice</b>   |  |       |
| <ul style="list-style-type: none"> <li>• Equality and diversity policy, and associated procedures</li> <li>• Staff awareness of policies and procedures</li> <li>• Codes of conduct</li> </ul>  |  |       |
| <b>Areas for Improvement</b>  |  |       |
| <ul style="list-style-type: none"> <li>• Code of conduct for learners</li> </ul>  |  |       |
| Quality Area  | 2.4 Internship/Clinical Placement  | Level |
| Quality Standard  | <i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved. | N/A   |
| <b>QRP Findings</b>   |  |       |
| N/A   |  |       |
| <b>Areas of Good Practice</b>   |  |       |
| N/A   |  |       |
| <b>Areas for Improvement</b>  |  |       |
| 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. | SM    |
| <b>QRP Findings</b>   |   |       |
| There is evidence of a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities. There is a minimum standard in place for the academic and subject matter experts. The institution demonstrated that it has adequate numbers of personnel in place. The composition of the institution's personnel meets PHECC education and training standards. There is evidence that all personnel involved in administering and delivering PHECC-approved courses: have been made aware of their quality assurance responsibilities and are carrying out those |   |       |

|  |   |              |
|--|---|--------------|
| <p>activities consistently. There is a written job description specific to each position in the institution. All personnel have been issued with a written statement of terms of employment/engagement.</p>  |   |              |
| <p><b>Areas of Good Practice</b></p>   |   |              |
| <ul style="list-style-type: none"> <li>• Recruitment process</li> <li>• Minimum standard for personnel</li> <li>• Staffing arrangements</li> <li>• Compliance with training and educational standards</li> <li>• Written job descriptions</li> </ul>   |   |              |
| <p><b>Areas for Improvement</b></p>  |   |              |
| <ul style="list-style-type: none"> <li>• Children and Vulnerable Persons Act 2012</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>MDM</b>   |
| <p><b>QRP Findings</b></p>   |   |              |
| <p>There is a lack of evidence that there is a documented procedure to identify the training/upskilling needs of all personnel. There is evidence that support, and development/upskilling has taken place. There is evidence that instructor upskilling has taken place within 18 months of new CPG publication. There are limited mechanisms in place for faculty to request support for training/upskilling and to achieve additional qualifications. There are formalised support and supervision and annual appraisal systems in place. The institution demonstrated that personnel have completed training/upskilling relevant to their role.</p>  |   |              |
| <p><b>Areas of Good Practice</b></p>   |   |              |
| <ul style="list-style-type: none"> <li>• Staff induction</li> <li>• Training and upskilling</li> </ul>   |   |              |
| <p><b>Areas for Improvement</b></p>  |   |              |
| <ul style="list-style-type: none"> <li>• Training/upskilling needs of all personnel</li> <li>• Mechanisms for requesting training and upskilling</li> <li>• Personnel development plans</li> <li>• Formalised support, supervision, and annual appraisal</li> </ul>  |   |              |
| <b>Quality Area</b>  | <b>3.3 Personnel Management</b>   | <b>Level</b> |
| <b>Quality Standard</b>  | A systematic approach is taken to managing all individuals and groups engaged in education and training activities.   | <b>MDM</b>   |
| <p><b>QRP Findings</b></p>   |   |              |
| <p>The institution has systems in place for regular and appropriate communication between faculty and management. There is evidence that faculty provide feedback during and after their course. The system in place that ensures that only personnel with valid certification deliver PHECC-approved courses requires review and enhancement. There is limited evidence that the activities of faculty and visiting subject experts are systematically monitored. The procedures in place for dealing with poor and unacceptable performance of faculty require updating. The institution demonstrated that it has appropriate HR policies and procedures in place to meet its legislative obligations.</p> |   |              |

| Areas of Good Practice  |  |       |
|---|--|-------|
| <ul style="list-style-type: none"> <li>• Staff communication</li> <li>• End of course reports</li> <li>• HR policies</li> </ul>   |  |       |
| Areas for Improvement   |  |       |
| <ul style="list-style-type: none"> <li>• Monitoring of instructors</li> <li>• Procedures for dealing with poor / unacceptable performance of faculty</li> </ul>   |  |       |
| Quality Area  | 3.4 Collaborative Provision  | Level |
| Quality Standard  | Appropriate contractual and quality assurance arrangements are in place with contracted staff. | SM    |
| QRP Findings  |  |       |
| Monitoring procedures in place for courses being delivered remotely by contracted faculty requires updating. There are written and signed contracts in place. The institution maintains an up-to-date record of every member of contracted faculty. Contracted faculty details submitted to PHECC. There is evidence of agreed quality assurance standards between all parties involved |  |       |
| Areas of Good Practice  |  |       |
| <ul style="list-style-type: none"> <li>• Written contracts</li> <li>• Records of contracted faculty</li> <li>• Quality assurance standards</li> </ul>   |  |       |
| Areas for Improvement   |  |       |
| <ul style="list-style-type: none"> <li>• Monitoring process for contracted instructors</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. | MDM   |
| QRP Findings  |  |       |
| The institution has a course development, delivery and review policy. The institution's documented procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards requires updating. Course development demonstrates an appropriate balance between theory and practice, provides a balance between presentations, group work, skills demonstrations, practical work, and blended learning and promotes a commitment to self-directed learning. The development of course material includes, clearly outlined aims and objectives, detailing competencies to be achieved by students, detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons and detailed timetable, time on each topic, teaching method, tutor/instructor names. There is evidence that a systematic approach is taken to course approval. |  |       |
| Areas of Good Practice  |  |       |
| <ul style="list-style-type: none"> <li>• Course development</li> <li>• Course approval</li> <li>• Course material</li> </ul>  |  |       |

| Areas for Improvement   |   |       |
|---|---|-------|
| <ul style="list-style-type: none"> <li>Documentation of practices</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>There is evidence that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines. Student induction process requires further development. The institution can demonstrate that all courses are delivered by appropriately qualified personnel. Relevant instructor/tutor details recorded on course documentation. There is evidence of student attendance at training. Student supports require review.</p> |   |       |
| Areas of Good Practice  |   |       |
| <ul style="list-style-type: none"> <li>Compliance with training and education standards</li> <li>Course material</li> <li>Instructor records</li> </ul>   |   |       |
| Areas for Improvement   |   |       |
| <ul style="list-style-type: none"> <li>Student induction</li> <li>Instructor monitoring</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>There is an admissions policy and procedures and clear entry criteria. Information available to prospective students on course details, including, name, structure, duration, award type, fees, terms and conditions, transfer and progression opportunities. Information regarding recognition of prior learning requires further development.</p>  |   |       |
| Areas of Good Practice  |   |       |
| <ul style="list-style-type: none"> <li>Admission policy / entry criteria</li> </ul>   |   |       |
| Areas for Improvement   |   |       |
| <ul style="list-style-type: none"> <li>Student supports</li> <li>Recognition of prior learning documentation</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   |
| QRP Findings  |   |       |
| <p>The institution documented procedures for course review requires further development. Students have opportunities to provide feedback during and after their course. Course evaluation process involving key stakeholders requires review and further documentation. Course evaluations are documented by the</p>  |   |       |

|   |   |              |
|---|---|--------------|
| instructors. Areas for improvement are identified and actions agreed and implemented as outlined in the course improvement plan and QIP.  |   |              |
| <b>Areas of Good Practice</b>   |   |              |
| <ul style="list-style-type: none"> <li>• Self-assessment and development of QIP</li> <li>• Tutor evaluations</li> </ul>   |   |              |
| <b>Areas for Improvement</b>  |   |              |
| <ul style="list-style-type: none"> <li>• Course review documentation</li> <li>• Student and instructor feedback</li> <li>• Documented procedures for course review</li> </ul>   |   |              |
| <b>Quality Area</b>   | <b>4.5 Assessment and Awards</b>  | <b>Level</b> |
| <b>Quality Standard</b>   | Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria. | <b>SM</b>    |
| <b>QRP Findings</b>   |   |              |
| <p>The institution has an assessment policy and procedures. There is evidence that an appropriate assessment methodology is used for all courses. It is clearly stated when PHECC assessment material is used. The institution has procedures to adapt assessment methodologies to cater for students with additional support needs. There is evidence that responsibility for assessment material is designated, and assessment materials are securely stored. It is clear who has responsibility for managing the PHECC certification system at responder level. The institution has a procedure for internal verification. The institution requires a complete review of the external authentication process, results approval process and student appeal policy and procedures.</p> |   |              |
| <b>Areas of Good Practice</b>   |   |              |
| <ul style="list-style-type: none"> <li>• Assessment policy and procedures</li> <li>• Assessment methodologies</li> <li>• Assessment material security</li> <li>• Internal verification process</li> </ul>   |   |              |
| <b>Areas for Improvement</b>  |   |              |
| <ul style="list-style-type: none"> <li>• External authentication process</li> <li>• Results approval</li> <li>• Student appeals</li> </ul>  |   |              |

## 7. Conclusion and Outcome

|                   |  |
|-------------------|--|
| <b>Rating</b>     | <b>3.04</b>  |
| <b>Level</b>      | <b><i>Substantively Met</i></b>  |
| <b>Conclusion</b> | <p>The evidence indicates that the quality assurance systems in place - at the time of review - generally reflects current practice and are effective, fit for purpose, meet PHECC education and training standards, meet PHECC Quality Review Framework requirements, and are consistent with relevant legislation. The evidence indicates that the institution has a number of robust policies and procedures already in use throughout the institution's activities. The evidence also indicates that the institution is aware of some of the points raised at the review and have already identified these workstreams. The evidence indicates that a small range of areas require prioritisation by the institution in meeting its obligations under the PHECC Quality Improvement Framework and associated documents. The completion of the identified improvement actions should be communicated to PHECC on request, in a timely manner.</p> |



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