

Quality Review Framework

Composite Report

ProTraining Courses

Table of Contents

1. Institution Details	1
2. Review Details	1
3. Report Details	1
4. Review Activities	2
4.1 Meetings	2
4.2 Stakeholder Discussions.....	2
4.3 Document Review	2
4.4 Observation of Practice, Facilities and Resources	3
5. Compliance Rating and Level	3
6. QRP Findings	4
6.1 Theme 1: Organisational Structure and Management	4
6.2 Theme 2: The Learning Environment.....	7
6.3 Theme 3: Human Resource Management	10
6.4 Theme 4: Course Development, Delivery and Review.....	12
7. Conclusion and Outcome	15


1. Institution Details

Name	ProTraining Courses
Address	Fernhill Business Park Hill Hall Glaslough Co Monaghan H18 WV99
Type of Organisation	Private Sole Trader
Profile	Approved Training Institute since 2021
PHECC Courses Delivered	CFR and FAR
Higher Education Affiliation	N/A

2. Review Details

Purpose	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	4 th May 2023
Date of On-site Review	25 th May 2023

3. Report Details

Draft report sent to Institution for feedback	23 rd June 2023
Final report sent to Institution	14th September 2023
Director Approval	
Date	14th September 2023
Report Compiled by	PHECC Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting	
Organisation	Role
ProTraining Courses	Sole Proprietor/Manager
ProTraining Courses	Administration Manager
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
Closing Meeting	
Organisation	Role
ProTraining Courses	Sole Proprietor/Manager
ProTraining Courses	Administration Manager
PHECC	QRF Panel Lead
PHECC	QRF Panel Member

4.2 Stakeholder Discussions

Title/Group	Role
ProTraining Courses	Sole Proprietor/Manager
ProTraining Courses	Administration Manager
PHECC	Quality Review Panel

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"> • Clerical and admin documentation • Role Descriptors • Course documentation • Signed faculty paperwork • Sample Instructor paperwork and certs • QA Process • IV process and sample 	<ul style="list-style-type: none"> • Appeals Policy • Complaints Policy • Induction process • Sample submitted paperwork • IV policy / process • Sample monitoring forms • Child & Vulnerable adult policy • Minutes of monthly meetings 	<ul style="list-style-type: none"> • Course development policy and discussion samples • Tax clearance certification • insurance schedules • Learner Handbook • Learning Environment Process / policy • Learner Handbook

<ul style="list-style-type: none"> • Equipment maintenance policy • Roles and responsibilities policy 	<ul style="list-style-type: none"> • EV report • Sample lesson plans • Course timetable • Venue Suitability checklist • Quality Assurance Manual 	<ul style="list-style-type: none"> • Learner Accommodations process • E&D Policy
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4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
N/A	Online review
Facilities (add rows as required)	
Location	Comments
N/A	Online review
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	Online review

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
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		
<p>The organisational charts and evidence submitted by the institution did not clearly reflect the institution's governance structure in a formal robust fashion, and it did not formally show 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.</p> <p>However, through additional evidence and during discussions it was indicated that the Proprietor 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 documentation and updates to existing documentation to accurately reflect practice.</p> <p>There was limited formal evidence to indicate that oversight activities had taken place. During discussions representative's identified individuals with oversight responsibilities and the activities they are involved in. The evidence indicates 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 formal documented procedures for identifying, assessing, and managing risk. During discussions representatives outlined informal activities for identifying, assessing, and managing risk and agreed that these require formalisation and development. They stated that this is currently in hand with recruitment imminent for this role.</p> <p>Documented evidence indicated that these activities had taken place for health and safety issues. The evidence indicated that the institution would benefit from additional documentation to support these activities.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Informal structures in place to provide oversight and monitoring of education and training activities • Overall responsibility for education and training governance clearly identified • Delegated responsibilities for education and training governance identified 		
Areas for Improvement		
<ul style="list-style-type: none"> • Carryout updates to existing documents to clearly reflect practice in education and training governance • Formalise current practice to ensure that oversight and monitoring activities are robust • 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		
<p>The evidence indicated that the institution:</p> <ul style="list-style-type: none"> - Is an established legal entity that provides PHECC education and training standards - Is in good financial standing with the Revenue Commissioner <p>The evidence indicated that most tasks associated with education and training activities (student entry to exit) are documented appropriately. There was evidence that the institution maintains up to date records for all students and faculty.</p> <p>The evidence indicated that there is a data protection policy and procedures in place that need to be further updated to reflect current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679.</p> <p>During discussions representatives indicated that insurance is in place for organisational activities and copies of relevant documentation was submitted for review, which identified that appropriate organisational insurance is in place.</p> <p>The evidence indicated that the institution would benefit from additional support to ensure that all quality assurance activities are systematically carried out. It was disclosed during discussions that imminent recruitment of additional support is underway to assist with QA and EV activities.</p> <p>A complaints policy and procedures are in place. The evidence provided that stakeholders are made aware of the policy and procedures within documentation and course materials.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • An established legal entity that provides PHECC approved education and training • In good financial standing with the revenue commissioner • Appropriate organisational insurance in place 		
Areas for Improvement		
<ul style="list-style-type: none"> • Ensure all tasks associated with education and training activities are documented formally • Ensure that the 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 as planned 		
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 Proprietor has overall responsibility for the quality assurance of all PHECC approved courses.

A quality policy was made available for review. The evidence indicated that the institution would benefit from additional documentation to support the activities described during discussions. It was agreed that formalisation of some informal processes will assist the institution going forward. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.

The evidence indicated that Key Performance Indicators (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. The evidence would suggest that current course monitoring is carried out in an informal way. This needs to be developed to become more formalised and robust.

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 document hygiene, specifically 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 policy
- It is clear who has overall responsibility for the quality assurance of PHECC approved courses
- There is documented and systematic collection of student feedback

Areas for Improvement

- Quality policy and associated procedures
- Ensure documents accurately reflect quality assurance responsibilities
- Ensure relevant KPI associated with all education and training activities
- Ensure course monitoring is carried out in a robust fashion, and what indicators it is seeking.
- Ensure a systematic approach to the collection, analysis and use of student, faculty, and other stakeholder feedback
- Develop version control and document control 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

<p>During discussions representatives described internal reporting activities. The evidence indicated that additional documentation is required to formalise these activities and enhance current practice.</p> <p>The evidence indicated that most of all tasks associated with education and training are documented and responsibility for those tasks are clearly allocated, however, they are not currently linked to any relevant KPI. Additional documentation development of such KPI is required.</p> <p>During discussions representatives outlined who is responsible for communication with PHECC. There is no specific role descriptors for these activities.</p> <p>The evidence indicated that on courses delivered by the institution, prospective students are provided with sufficient information to make an informed choice about course participation.</p> <p>During discussions representatives described a range of activities for providing and obtaining information from stakeholders.</p>
Areas of Good Practice
<ul style="list-style-type: none"> • Up-to-date reporting within the institution • Responsibility for reporting to PHECC allocated • Prospective students are provided with sufficient information to make an informed choice about course participation
Areas for Improvement
<ul style="list-style-type: none"> • Additional documentation to support reporting throughout the institution • Ensure all tasks are clearly allocated and linked to relevant KPI • Ensure all prospective students are provided with sufficient information to make an informed choice about course participation, including signposting for supports to learner available to students • Providing the general public with information about the quality assurance system and external reviews

6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
Quality Standard	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	MDM
QRP Findings		
<p>A Health & Safety policy and supporting documents were available for review.</p> <p>The evidence indicated that additional documentation is required to support these activities as many of the process carried out are done so in an informal way. The evidence shows that these are carried out for some tasks, but development of a formalised process will assist the institution as it grows. Such a process should ensure that all elements of identifying, managing and mitigating risk are documented.</p> <p>Documentation for choosing a training venue was made available for review. There was evidence to demonstrate that only appropriate training premises are selected and utilised for the delivery of all PHECC approved courses.</p>		

<p>During discussions representatives described the equipment and resources that are available for each course. A course equipment checklist was made available for review.</p> <p>The evidence indicated that additional and updated documentation is required to ensure that a robust system is place for the regular maintenance and updating of equipment and resources.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented Health & Safety policy • 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 checklist 		
Areas for Improvement		
<ul style="list-style-type: none"> • Ensure that there are documented Health & Safety activities relating to all PHECC approved courses • Develop formal approach to identifying, managing, and mitigating risk • Develop robust process of regular maintenance and updating of equipment and resources • Maintain documented records of regular maintenance and updates of 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		
<p>The evidence indicated that students on all PHECC approved courses delivered by the institution are supported by adequate numbers of appropriately qualified faculty and administrative personnel.</p> <p>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 supports available. It was agreed during discussion that further development and ‘signposting’ would assist in this regard.</p> <p>There is reference in the documents to reasonable accommodation. 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>The was limited evidence that sufficient up-to-date resources are made available to students in a variety of formats on all PHECC approved courses.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Appropriately qualified and experienced personnel within the institution • Supports to learning and reasonable accommodation available for students and highlighted throughout learner’s manuals and course documentation 		
Areas for Improvement		
<ul style="list-style-type: none"> • Enable student awareness of available supports before, during, and after their course • Formalise the procedure for obtaining information on student supports needs • Mechanisms for providing reasonable accommodation for students with additional support needs 		

<ul style="list-style-type: none"> • Develop process that ensures capture, review, and audit of data relating to learning supports or adaptations to assessment utilised during the delivery of training and education • Demonstrate 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.	MNM
QRP Findings		
<p>The evidence indicated that the institution has an equality and diversity policy, some related procedures and codes of conduct for staff, faculty, and other stakeholders.</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>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented equality and access to training policy and procedures • Course design and documentation accommodates the different cultural backgrounds and learning styles of students 		
Areas for Improvement		
<ul style="list-style-type: none"> • Ensure the equality and training access policy and procedures is up to date, fit for purpose, and reflects current practice • 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	<i>INQEMT courses only:</i> 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.	MNM
QRP Findings		
<p>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 documented processes to support a robust systematic approach for the recruitment of appropriately qualified and experienced personnel to carry out education and training activities. It was stated that currently recruitment is carried out on an informal basis due to the size of the institution.</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"> - Carry out the activities described in its policies and procedures around EV and Health & Safety roles - Systematically organise, deliver, and monitor the quality of courses and standards - Ensure full compliance with the QRF <p>The was 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.</p> <p>During discussion, representatives indicated that planned recruitment is underway to recruit additional expertise before expansion or further growth of the institution. The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • 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		
<ul style="list-style-type: none"> • Recruitment of appropriately qualified and experienced personnel for EV and Health & Safety roles • Demonstrate that adequate numbers of personnel in place to: <ul style="list-style-type: none"> - Carry out the activities described in policies and procedures - Systematically organise, deliver, and monitor the quality of courses and awards - Ensure full compliance with the QRF in terms of IV and EV activities • Continue to ensure that all personnel meet PHECC education and training standards • Develop job descriptions for each position in the institution 		

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		
<p>During discussions representatives described current personnel upskilling/training, induction, and support processes. The evidence indicated that the institution and personnel would benefit from a more documented and formal systematic approach that supports:</p> <ul style="list-style-type: none"> • The identification of the training/upskilling needs of all personnel • An induction programme appropriate to the role • Mechanisms that support requests for training/upskilling and additional qualifications • A formalised approach to support, supervision and annual appraisal 		
Areas of Good Practice		
<ul style="list-style-type: none"> • Upskilling and staff training is recorded within the institution, along with training needs • Staff are supported to develop and request training as required 		
Areas for Improvement		
<ul style="list-style-type: none"> • Formalise processes for staff to request support and development • Develop a system for annual staff appraisals 		
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
QRP Findings		
<p>During discussions representatives described a largely informal process in place for personnel management. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:</p> <ul style="list-style-type: none"> • Regular and appropriate communication between faculty and management • Faculty feedback during and after their course • The delivery of PHECC approved course by appropriately qualified personnel • The systematic monitoring of faculty • Dealing with poor and unacceptable performance of faculty 		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documentation is in place to support a robust system of staff monitoring • Systems are in place for faculty to provide feedback, before, during, and after course delivery 		
Areas for Improvement		
<ul style="list-style-type: none"> • Develop systems that document communication between faculty and management • Develop systems that capture and measure course feedback from faculty • Utilise existing documentation to carry out documented and systematic faculty monitoring • Document processes for dealing with poor and unacceptable faculty performance 		

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

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.	MMN
QRP Findings		
<p>During discussions representatives described an informal process for course development, delivery, and review. The evidence indicated that the institution would benefit from the development of a formalised approach to course development and review, and the creation of associated policies and 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> <p>There was documented evidence that course development and all course material:</p> <ul style="list-style-type: none"> - Demonstrates an appropriate balance between theory and practice - Provides a balance between presentations, group work, skills demonstrations and practical work - Promotes a commitment to self-directed learning - Has clearly outlined aims and objectives and detailed competencies to be achieved by students - Has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons - Has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc. 		
Areas of Good Practice		
<ul style="list-style-type: none"> • Course structure reflects PHECC education and training standards 		
Areas for Improvement		
<ul style="list-style-type: none"> • Development of course development, delivery, and review policy and procedures • Development of documented course review processes • Continue to ensure that course material used for the delivery of PHECC approved courses <ul style="list-style-type: none"> - Has an appropriate balance between theory and practice - Provides a balance between presentations, group work, skills demonstrations and practical work - Promotes a commitment to self-directed learning 		

<ul style="list-style-type: none"> - Has clearly outlined aims and objectives and detailed competencies to be achieved by students - Has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons - Has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc. 		
Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students’ needs and in accordance with PHECC guidelines.	SM
QRP Findings		
<p>The evidence indicated that the institution ensures that it retains all documentation/records from delivered courses. The evidence shows that courses are consistently delivered in keeping with PHECC education and training standards and clinical practice guidelines.</p> <p>The evidence clearly indicated that the institution benefits from:</p> <ul style="list-style-type: none"> - Documented records that student induction has taken place on all courses - Evidence to show how all courses are delivered by appropriately qualified personnel - Documented records of student attendance for all courses - Documented records of regular monitoring, although informal <p>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 as outlined in the learner’s handbook.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Courses are delivered by appropriately qualified personnel • Relevant tutor/instructor details are recorded on course documentation • Records of student attendance are maintained to high standard 		
Areas for Improvement		
<ul style="list-style-type: none"> • Develop a more formalised approach to course monitoring • Develop a system to capture data from student remediation and supports 		
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		
<p>The evidence indicated that there is a documented admissions policy and entry criteria that is accessible by learners to assist them in making an informed choice. However, in some areas this needs to be updated to reflect current practice within the institution.</p> <p>The evidence indicated that the Recognition of Prior Learning (RPL) procedures need to be updated to reflect practice and ensure consistency of practice across all courses. Students would benefit from additional signposting to information about RPL.</p>		

Areas of Good Practice		
<ul style="list-style-type: none"> Documented admissions policy/entry criterion 		
Areas for Improvement		
<ul style="list-style-type: none"> Update the admissions policy/entry and procedures to ensure it reflects current practice Signpost prospective students to additional information on course entry and associated details to include RPL Update 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.	MDM
QRP Findings		
<p>During discussions representatives described a largely informal process for course review. The evidence indicated that the institution would benefit from a more documented procedure to support these activities.</p> <p>The evidence indicated that documentation is in place that provide the opportunity for students and faculty opportunity to feedback during and after their course and that these are utilised for every course.</p> <p>The evidence indicated that the institution would benefit from additional documentation to support course evaluation and how it links to KPI within the institution's QA processes.</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>		
Areas of Good Practice		
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> Develop a more documented procedure for course review Utilise the records of student and faculty feedback, and systematically capture such data to measure against set KPI within the institution's QA processes 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		
<p>The evidence indicated that the institution has a documented assessment policy and procedures. The evidence also indicated that the assessment policy and procedures need to be updated to reflect current and new practice, areas to be updated or added include:</p> <ul style="list-style-type: none"> Supports available to adapt assessment methodologies for students with additional support needs and records of these activities Security of assessment related material 		

<p>The evidence indicated that the institution and students would benefit from additional/updated documentation and information about assessment methodology and when PHECC assessment material is used. The evidence indicated that the institution would benefit from the development and implementation of procedures for:</p> <ul style="list-style-type: none"> - Internal verification - External authentication - Results approval <p>The evidence indicates that the institution has a documented student appeals policy and procedures.</p>
Areas of Good Practice
<ul style="list-style-type: none"> • The evidence indicated that the institution clearly states who has responsibility for managing the PHECC certification system • Newly appointed EA • Informal results approval process
Areas for Improvement
<ul style="list-style-type: none"> • Formalise the informal results approval process • Develop assessment methodology documentation within assessment policy and procedures

7. Conclusion and Outcome

Rating	2.1
Level	Moderately Met
Conclusion	<p>The evidence indicated that the institution is a small independently owned and operated entity. The institution has minimal staffing levels and all tasks are carried out by these staff and the Proprietor.</p> <p>The evidence shows that training and education is carried out professionally. However, the evidence further showed that many tasks, partly due to the size of the institution, are carried out informally.</p> <p>The evidence and subsequent stakeholder discussions showed that these areas need to be formalised, and that the institution needs to ensure that it maintains adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> - 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 - Ensure full compliance with the QRF <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>The evidence indicated that the institution has further gaps in their systems to ensure compliance with the PHECC quality review framework.</p>



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