Quality Review Framework

Composite Report

Compliplus Ltd

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1. Institution Details

Name	Compliplus Ltd
Address	Unit 4, Bailieborough Road Rahardrum Virginia Co. Cavan A82 T6TA
Type of Organisation	Private Limited Company
Profile	Approved Training Institute since February 2020
PHECC Courses Delivered	CFR-C and 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	9th May 2023
Date of On-site Review	8th June 2023

3. Report Details

Draft report sent to Institution for feedback	03/07/2023
Final report sent to Institution	01/09/2023
Director Approval	
Date	28 August 2023
Report Compiled by	PHECC Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting	
Organisation	**Role**
PHECC	Lead Assessor
PHECC	Assessor
PHECC	Observer (Accreditation Manager)
Compliplus Ltd	PHECC Manager/Financial Director
Compliplus Ltd	PHECC administrator and internal verifier
Compliplus Ltd	Administrator/Data protection
Closing Meeting	
Organisation	**Role**
PHECC	Lead Assessor
PHECC	Assessor
PHECC	Observer (Accreditation Manager)
Compliplus Ltd	PHECC Manager/Financial Director
Compliplus Ltd	PHECC administrator and internal verifier
Compliplus Ltd	Administrator/Data protection

4.2 Stakeholder Discussions

Title/Group	Role
Compliplus Ltd	PHECC Manager/Financial Director
Compliplus Ltd	PHECC administrator and internal verifier
Compliplus Ltd	Administrator/Data protection

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and online reviews.

- REP032 QRF Compliplus
- Brief Description of Organisation
- Compliplus Ltd Organisation Chart
- Organisational Chart QRF
- PI Insurance QRF
- Tax Clearance Certificate QRF
- Faculty Recruitment Development
- Internal Verification Policy and Procedure
- Management Policy and Procedure
- Quality Assurance Policy
- Management Policy and Procedure
- Complaints Policy QRF
- Course Delivery Monitoring and Review
- CFR-C Lesson Plans V10.3
- FAR Lesson Plans V1.04
- FAR 2017
- Code of Conduct Policy
- CP06 VSE
- CP 21 CP 22 Equipment Checklist
- Learning Environment QRF
- Compliplus FAR & CFR Handbook

- Compliplus Safety Statement
- FAR and CFR-C Course Development
- Faculty Recruitment
- Faculty Role Descriptors
- Quality Assurance Policy
- Named Faculty Form
- Old Completed VSE CP06
- QRF 1.1.3 policy & Procedures V1.03
- QRF 1.1.2 CP15 signed by trainer signed by administrator scanned & returned
- QRF 1.1.2 examples of booking form and email correspondence
- QRF 1.1.2 verified paperwork from trainers CP15v3
- PHECC Register policies Procedures
- Register of Compliplus PHECC RI Documentation
- Course Development Review and Delivery
- Quality Management Learner Admission GDPR

- Recognition of Prior Learning
- Appeals Policy
- QRF 1.2.2 learner reg form attendance sheets FAR skills assessment sheet
- QRF 1.2.3 course material verified by tutor CP15 v1
- QRF 1.3.4 course evaluation form & verification CP03 v2
- QRF 1.3.5 course visit evaluation learner CP19
- QRF 1.3.6 drop in inspection CP19
- QRF 1.3.7 sample attendance sheets CP01
- QRF 1.4.2 booking form sample CP20
- QRF 2.1.3 map of room VES CP18
- QRF 2.1.4 equipment checklist
- QRF 3.4.3 copies of confirmation letters to trainers
- 3.3.3 Managing poor performance policy QRF 3.5
- QRF 4.2.2 Learner log reg CP02
- QRF 4.2.5 Learner registration seating Plan CP02 v2 CP18
- QRF 4.2.6 Course Overview CP15 v3
- Quality improvement plan

4.4 Observation of Practice, Facilities and Resources

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

N/A	Online

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
During discussions representatives described the education and training governance systems that support PHECC approved courses. The evidence indicated that the institution would benefit from updates to existing documentation and the creation of new documentation to accurately reflect current practice, support education and training governance. The submission indicated that there was no evidence that, when required, relevant sub-groups/individuals were in place to provide oversight, coupled with this there was limited evidence to indicate that oversight activities had taken places. The evidence indicated that terms of reference and role/job descriptions for those with oversight responsibilities and others involved in education and training activities need to be updated to reflect current practice. The evidence indicated that documented procedures for identifying, assessing, and managing risk requiring updating to ensure they are used across all programmes – institution and affiliated trainers. The evidence also indicates that the institution would benefit from additional activity to address academic risk additional/updated documentation to support these activities.

Areas of Good Practice

- Strong organisational governance structures
- Overall responsibility for education and training governance identified
- Acknowledgement of the requirement for identifying, assessing, and managing risk

Areas for Improvement

- Procedures to ensure that when required relevant sub-groups and individuals are in place to carry out oversight activities
- Record of oversight activities
- Sub-group terms of reference and individual role descriptions
- Risk management to incorporate academic risk
- Management of affiliated trainers

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
- Is in good financial standing with the Revenue Commissioner

The evidence indicated that not all tasks (from student entry to exit) associated with education and training are documented. During discussions representatives outlined the institution's management systems and organisational processes. There was limited evidence to indicate that the institution maintains up-to-date records for all students and faculty, consistent with the requirements outlined in the documentation particularly around the affiliate trainer courses. The evidence indicated that the institution, students, and faculty would benefit from records of all these activities being maintained. 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 encompassing the affiliate trainers. The evidence indicated that the institution would benefit from additional mechanisms to ensure all quality assurance activities outlined in the documentation are systematically and consistently carried out. A complaints policy, and procedures, are in place, which require updating to reflect current practice with specific reference to affiliate trainers. The evidence indicates that additional documentation and activities would ensure all stakeholders are made aware of the complaints policy. During discussions representatives indicated that the institution does not deliver courses to children and/or vulnerable adults but it was unclear for the affiliated trainers.

Areas of Good Practice

- An established legal entity that provides PHECC approved education and training
- In good financial standing with the Revenue Commissioner
- Complaints policy and procedures in place

Areas for Improvement

- Ensure all tasks associated with education and training are documented
- Maintain up-to-date records of all students and faculty
- Data protection policy, procedures and supporting documents
- Insurance for affiliate trainers and courses
- Resources and mechanisms for quality assurance activities
- Affiliate trainers' awareness of all company policies, procedures and processes

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 indicated who has overall responsibility for the quality assurance of PHECC approved courses. The evidence indicated that the institution would benefit from additional and updated documentation to support the activities described during discussions. There was limited evidence to indicate that all those involved in education and training activities have been made aware of their quality

assurance responsibilities associated with PHECC approved courses. 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. During discussions representatives described that 100% of course paperwork is reviewed. During discussions representatives indicated that formal analysis of the feedback is not carried out. The development of systems and processes of the systematic analysis and use of student, faculty, and other stakeholder feedback would benefit the institution. There was limited evidence of the systematic review of learning resources and locations. During discussions representatives described the processes associated with external course venues. The evidence indicated that limited control systems are in place for document management. It also indicated that the institution would benefit from the systematic review of policies and procedures to ensure they are fit for purpose, reflect current practice, and are consistent with the requirements of relevant legislation. There was limited documented evidence of up-to-date quality improvement planning and implementation across the organisation.

Areas of Good Practice

- Clear who has overall responsibility for the quality assurance of PHECC approved courses
- A commitment to reviewing 100% of course documentation
- Evidence of continuous quality improvement and investment into studio equipment

Areas for Improvement

- Quality policy, associated procedures, and supporting documents
- Roles and responsibilities for quality assurance
- Key Performance Indicators associated with all education and training activities
- Student, faculty ,and other stakeholder feedback analysis
- The systematic review of all learning resources and locations
- The systematic review of policies, procedures, and supporting documents
- Affiliate trainers

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 the internal reporting systems in the institution. The evidence indicated that the institution would benefit from up-to-date reporting on all education and training activities. The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks is not clearly allocated or linked to relevant KPI. Additional documentation and updates to existing documentation would benefit the institution. No evidence provided of a procedure in place to ensure that certificate activity reports, the annual report, and any other targeted information requests are submitted to PHECC. The development of new documentation and updates to existing documentation would support these activities. The evidence indicated that prospective students are provided with limited information to make an informed choice about course participation. During discussions representatives described a range of communication activities with other stakeholders. The evidence indicated that the institution would benefit from additional documented procedures to ensure communication activities with other stakeholders are carried out consistently.

Areas of Good Practice

- Communication with staff and students

	Engagement with learners throughout courses
Areas for Improvement	

- Additional documentation to support reporting throughout the institution
- Documenting all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant KPI
- Procedure for PHECC communication
- General public awareness of third-party relationships and the quality assurance system and external reviews
- Communication policy and procedures
- Affiliate instructors

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.	**SM**
QRP Findings		

Health and Safety policy, safety statement, and supporting documents submitted for review. Unclear if activities are taking place at all venues/locations on all courses delivered by affiliate trainers. The evidence indicated that the institution would benefit from additional documentation to support these activities to ensure they are up-to-date and reflect current practice. During discussions representatives described the requirements for selecting premises and specific reference was made to external locations for the delivery of PHECC approved courses. Supporting documentation was provided for review. The evidence indicated that the institution would benefit from maintaining records of all approved premises and enhanced communication with affiliate trainers and companies requesting courses regarding the specific facility criteria. Course resource checklists were made available for review. The evidence indicated that the institution would benefit from maintaining records that appropriate equipment/resources were used on all courses. During discussions representatives indicated that the instructors are responsible for maintaining and upgrading equipment. The evidence indicated that the institution would benefit from documented systems and documentation to support these activities, ensuring that all resources used for PHECC approved courses are fit for purpose and accessible.

Areas of Good Practice

- Health and Safety policy, safety statement and supporting documents
- Selection of premises criteria

Areas for Improvement

- Health and Safety policy, and safety statement applicability to affiliate trainers
- System for the regular maintenance and updating of equipment
- Records that all resources used on PHECC approved courses are fit for purpose

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

The evidence indicated that additional support, information, and documentation is required to demonstrate that all students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative and technical personnel. During discussions representatives described the supports that are available to students before, during, and after their course. The evidence indicated that students would benefit from additional information and awareness of the available supports before, during, and after their course, including the opportunity to meet with faculty and/or management individually or collectively particularly for affiliate trainers. The evidence indicated that the institution would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of an additional support needs they may have, especially for affiliate trainers ensuring that sufficient up-to-date resources are made available to students in a variety of formats on all courses.

Areas of Good Practice

- Appropriately qualified and experienced personnel
- Mechanisms in place to ensure only qualified and in-date trainers are used

Areas for Improvement

- Information to students about the available supports before, during, and after their course
- Opportunity for students to meet individually or collectively with faculty and/or management across all courses
- Procedures for obtaining information on student supports needs

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 does not have a documented equality and diversity policy, associated procedures and supporting documents.

The evidence also indicated that the institution, faculty, and students would benefit from:
- a systematic review of all relevant policies and procedures to ensure that they are legislatively compliant and promote equality
- codes of conduct for staff, faculty, and other stakeholders
- up-to-date information and training on equality and diversity
- enhanced awareness among all stakeholders of the equality and diversity policy and procedures
- additional information to ensure that course delivery accommodates the cultural backgrounds and different learning styles of students.

Areas of Good Practice

Areas for Improvement

- Ensuring all related policies and procedures (e.g. recruitment) are legislative compliant and promote equality
- Stakeholder awareness of the equality and diversity policy and procedures
- Codes of conduct for staff, faculty, students, and other stakeholders
- Up-to-date information and training for faculty
- Student handbook

- Ensuring that the cultural backgrounds and different learning styles of students are accommodated

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		
Areas of Good Practice		
Areas for Improvement		

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		

The evidence indicated that the institution would benefit from additional documentation to support a robust systematic approach to the recruitment of all personnel including affiliate trainers. The evidence indicated that additional measures are required to ensure that all personnel involved in activities associated with PHECC approved courses have the necessary qualifications and experience. The institution would benefit from additional information and documentation to ensure compliance with all activities outlined in the documentation and PHECC education and training standards.

The evidence indicates that additional mechanisms are required to ensure the institution can:
- Carry out all the activities described in the policies and procedures
- Maintain PHECC requirements for course approval
- Systematically organise, deliver, and monitor the quality of courses and awards
- Ensure full compliance with the QRF

The evidence indicated that the institution would benefit from additional documentation to demonstrate that the composition of personnel meets PHECC education and training standards.

The evidence indicates that additional mechanisms are required to ensure that all personnel involved in administering and delivering PHECC approved courses:
- Have been made aware of their quality assurance responsibilities
- Are carrying out those activities consistently

During discussions representatives described how those involved with training and education are made aware of their quality assurance responsibilities and the activities they carry out. The evidence indicated that the institution would benefit from additional documentation to demonstrate that these activities are being consistently carried out. The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement

Areas of Good Practice
• Management of Compliplus internal staff and trainers

Areas for Improvement
• Faculty records • Ensuring all personnel have been made aware of their quality assurance responsibilities and are carrying them out consistently • Job descriptions and terms of employment/engagement • Affiliated trainers

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
- Induction relevant to the role
- A training and development plan/programme to support the development needs of personnel
- Mechanisms for requests for training/upskilling and additional qualifications
- A formalised support, supervision, and annual appraisal

During discussions the institution outlined that upskilling was the responsibility of all instructors. Additional documentation/evidence to indicate that all personnel including affiliate trainers have completed relevant training/upskilling would be beneficial to the institution.

Areas of Good Practice
• Supporting staff development and CPD

Areas for Improvement
• Procedure to identify the training/upskilling needs of all personnel • Induction and training/upskilling records for all personnel • Training and development plan/programme • Mechanisms for personnel to request training/upskilling • Formalised support, supervision, and annual appraisal for all faculty and personnel involved with PHECC courses

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 a range of activities for managing all individuals engaged in education and training activities, the evidence indicates that the institution would benefit from additional/updated documentation that supports all communication including affiliate trainers.

During discussions the institution indicated that they provide feedback during and after their course. The evidence indicated that the institution would benefit from additional documentation for all these activities and ensure a robust documented process is in place to ensure only personnel with valid certification deliver PHECC approved courses. During discussions representatives described faculty monitored activities through observation and the analysis of course documentation. There was limited evidence of these activities taking place systematically.

Areas of Good Practice
• Course evaluations / feedback

Areas for Improvement
• Course reports and monitoring forms – actionable feedback • Faculty monitoring • Human resource policies and procedures including affiliate trainers

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	NM

QRP Findings
The institution could not demonstrate a fit for purpose policy, and associated procedure, for collaborative provision. The institution could not demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty. Limited evidence available demonstrating an agreed quality assurance standard between all parties involved. During discussion the institution highlighted the required to review all existing MOU/SLA with affiliate trainers.

Areas of Good Practice
• Awareness of the necessity to review collaborative provision

Areas for Improvement
• Collaborative provision policy • Monitoring procedures for affiliate trainers • Records of affiliate trainers • Agreed quality assurance standards

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
During discussions representatives outlined processes for course development and approval. Programme Development, Approval and Validation Policy requires updating to reflect current practice and ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines, and examination standards are implemented for approval. The evidence indicated that updated processes and associated documentation are required to ensure that course development and material: - Reflect PHECC requirements - Ensures a systematic approach to course approval

- 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.

Limited evidence of a systematic approach to course approval.

Areas of Good Practice
• Programme Development, Approval and Validation Policy

Areas for Improvement
• Documentation of processes and procedures for PHECC course development and approval
• Course material review
• The role of an Academic Council for 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.	**MNM**

QRP Findings

During discussions representatives described their current processes to ensure all courses are delivered in line with PHECC education and training standards and clinical practice guidelines. Documentation requires updating to support these processes and ensure they are fit for purpose and reflect current practice. Concerns raised over the affiliate trainers. Limited evidence provided that student induction takes place. The evidence indicated that the institution would benefit from additional documentation to indicate that induction had taken place on all courses.

The evidence indicated that the institution would benefit from enhanced:
- Records that all courses are delivered by appropriately qualified personnel
- Records of student attendance on all days for all courses
- Records of systematic monitoring, including site visits for affiliate trainers

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
• Supporting documentation for course delivery

Areas for Improvement
• Student induction
• Course attendance records
• Faculty monitoring, including site visits
• Student remediation process
• Role of the affiliate trainers

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

The evidence indicated that the admissions policy, procedure, and entry criteria are reflective of current practice for all courses being delivered by the institution. The evidence indicated that prospective students would benefit from additional information on course entry criteria and associated details being made available on the institution's website. The evidence indicated that prospective students would benefit from additional information on Recognition of Prior Learning (RPL), specific to the PHECC Training and Education Standards.

Areas of Good Practice

- Admission policy and procedure

Areas for Improvement

- Additional information on course admission policy and procedure and RPL
- Information available to prospective students

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

During discussions representatives described the current processes for course review. The evidence indicated that the documentation for course review needs to be updated to reflect current practice. Limited evidence was made available that students and faculty have an opportunity to provide feedback during and after the respective courses. It also indicates that faculty course reports need to be completed for all courses and these records maintained to inform course evaluation. During discussions representatives outlined course evaluation process, however, documentation requires updating to reflect current practice. The areas for improvement have now been identified through the QRF process. All identified improvement actions should to be included in the Quality Improvement Plan.

Areas of Good Practice

- The institution has carried out a self-assessment
- The institution has a limited quality improvement plan

Areas for Improvement

- Procedure for course review
- Faculty course reports
- Course evaluation
- Expanded quality improvement plan

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.	MNM

QRP Findings

The evidence indicated that the assessment of learners' documentation needs to be updated to reflect current and new practice, areas to be updated or added include:

- Ensuring students have access to information necessary for them to participate in assessment
- Providing students with feedback on their assessment and a documented record of this activity
- Supports available to adapt assessment methodologies for students with additional support needs and records of these activities
- Security of assessment related material

During discussions representatives described the process for results authentication, including internal verification, however, it was unclear for external authentication and results approval. The evidence indicated that the institution would benefit from additional/updated documentation to support internal verification, external authentication, and results approval policies and procedures. The evidence indicated that the student appeals policy and procedures need to be updated to reflect current practice.

Areas of Good Practice
• Documented assessment policy and procedures • Appropriate assessment methodology is used for all courses
Areas for Improvement
• Assessment policy and procedures • Student assessment feedback • Procedure for adapting assessment methodology • Management of the PHECC certification system • Internal verification, external authentication and results approval policies, procedures, and role descriptors

7. Conclusion and Outcome

Rating	1.8
Level	**Minimally Met (MNM)** – Evidence of a low degree of organisation-wide compliance
Conclusion	The evidence 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. The evidence also indicated that the implementation of the improvement actions identified during self-assessment and external quality review process will lead to an enhanced learning experience for students and the institution personnel.