

A decorative graphic consisting of three overlapping, stepped lines in grey, orange, and blue, forming a jagged shape that descends from the left and then ascends to the right, creating a valley-like effect.

Quality Review Framework
Composite Report
Anderlift Safety Services Limited

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Quality Review Framework Composite Report


1. Institution Details

Name	Anderlift Safety Services Limited
Address	Unit 10 Boland Industrial Estate, Fitz's Boreen, Mallow Road, Cork
Type of Organisation	Limited Company
Profile	PHECC Approved Training Institution
PHECC Courses Delivered	First Aid Response and First Aid Response Refresher
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(s) of the Desktop Review	12 th & 13 th November 2021
Date of Online Review	Friday 3 rd December 2021

3. Report Details

Draft report sent to Institution for feedback	12 th January 2022
Final report sent to Institution	8 th February 2022
Director Approval	Mr Richard Lodge 
Date	7 th February 2022
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting	
Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Anderlift Safety Services	General Manager
Anderlift Safety Services	QA and Training Manager
Anderlift Safety Services	Administrator and Office Manager
PHECC Observer	Quality Assurance Officer
Closing Meeting	
Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Anderlift Safety Services	General Manager
Anderlift Safety Services	Administrator and Office Manager
Anderlift Safety Services	Faculty Lead and Senior Trainer
PHECC Observer	Quality Assurance Officer

4.2 Stakeholder Discussions

Role (add rows as required)
Internal Verifier
Internal Verifier

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.		
Self-Assessment Reports Course Design & Development Policy Incorporation Certificate Insurance Details Training Infrastructure Policy Course Delivery Checklist	Safety Statement Organisational Charts x 2 Tax Clearance Confirmation Complaints & Appeals Policy Letter from Accountant Training Equipment Checklist Student Handbook	Course Approval Policy Roles & Responsibilities Code of Conduct for Staff & Trainers Safeguarding Policy Faculty Management Policy Complaint Form

Appeal Form Equality, Diversity & Access to Training Policy External Authentication Policy Quality Assurance Policy Committees & Panels Terms of MCQ Assessment answer sheet Register of Faculty Information & Records Management Policy Contract of Employment Example Trainer Course Evaluation Form Training Delivery Flowchart Covid19 CFR/FAR Classroom & Practical Training Delivery Procedure Course Timetables	Admissions Policy Named Faculty Form Results Approval Policy Internal Verification Policy Data Protection Policy Employee Handbook Instructor Induction Example Learner Feedback Form Skills Assessment Sheets Quality Review Meeting Minutes FAR Course Notes Instructor Agreement	Safety, Health & Welfare Policy Assessment & Awards Policy Recognition of Prior Learning Quality Assurance Policies for FAR Blended Learning Provision Example Quotation Example Certificate Example Code of Conduct Module Sheets Learner Feedback Form Learning Outcomes Course Design, Development & Approval Flowchart Risks & Opportunities Register CFR Report Example Course Information
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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	<ul style="list-style-type: none"> Not possible due to COVID-19 restrictions
Facilities (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> Not possible due to COVID-19 restrictions
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> Not possible due to COVID-19 restrictions
	<ul style="list-style-type: none">

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.	SM
QRP Findings		
<p>It was clear from the documentation provided for review what constitutes academic governance in the institution and who has overall responsibility for education and training governance. During discussions, representatives described education and training governance and indicated that some submitted documentation needs to be formalised.</p> <p>The evidence indicated that the institution would benefit from the development of procedures to ensure that it is clear within the documentation when referring to PHECC approved courses.</p> <p>The evidence indicated that documented procedures for identifying, assessing and managing risk are in place to address health & safety issues. The evidence also indicated that the institution would benefit from additional activity to address academic risk.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Structures in place to provide oversight of education and training activities. There are appropriate folders which outline the policy and process of the institutions results approval and assessment policies. Self-assessment is carried out. 		
Areas for Improvement		
<ul style="list-style-type: none"> There is evidence of individual roles and responsibilities, although this could be a little clearer. There is evidence in the tutor handbook which gives reference to the roles and responsibilities of tutors. However, this is a generic learner handbook. Some additional work required to identify PHECC approved courses. There is reference to academic risk included in the documents, although this could be strengthened. 		
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.	SM
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 not all tasks (from student entry to exit) associated with education and training are formerly documented. However, PHECC certification and other qualifications, courses delivered, course evaluations, professional development, CPG upskilling, could be made clearer in the institution's documentation.</p>		

The evidence indicated that the institution has policies and procedures in place which ensure compliance with data protection and meet legislative requirements.

During discussions, representatives indicated that the institution does not have an affiliation and/or partnership with another institution or higher education authority.

Also during discussions, representatives indicated that the institutions insurance covers all those involved in education and training activities.

The evidence indicated that there is a complaints policy, and associated procedures, relevant to all stakeholders, and that all stakeholders made aware of it.

During further discussions, representatives confirmed that the institution do not deliver courses to children or vulnerable persons. The institution would benefit from exploring how they would meet their legal obligation should they discover that they unexpectedly had a vulnerable person on one of their courses.

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 (from student entry to exit) associated with education and training are formally documented.
- Further explore the institution’s obligations under the Child and Vulnerable Persons Act 2012

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.	MDM

QRP Findings

The evidence indicated that in places the quality policy and procedures need additional work to reflect current practice and PHECC requirements.

From the evidence provided and during discussions, representatives indicated that the institution has policies and procedures in place to ensure that quality and associated procedures of the institution’s commitment to systematic monitoring, annual self-assessment and quality improvement are met. Some additional work to indicate how these processes are carried out is required.

It is clear from the evidence provided who has overall responsibility for the quality assurance of PHECC-approved courses and there is some evidence that all faculty members are aware of their roles and responsibility.

The evidence indicated that key performance indicators (KPIs) need to be developed and in place for monitoring all education and training activities. 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 indicated that the institution systematically collects student and faculty feedback. During discussions, representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the systematic analysis and use of student, faculty and other stakeholder feedback is required.

There was limited evidence of the systematic review of learning resources and locations. During discussions, representatives described the processes to ensure courses are delivered in appropriate locations. The evidence indicated that the institution would benefit from additional support to carry out these activities.

The evidence indicated version and document control systems are in place. 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 documented evidence of up to date quality improvement planning and implementation.

Areas of Good Practice

- It is clear who has overall responsibility for the quality assurance of PHECC-approved courses.
- There is up-to-date evidence of quality improvement planning and implementation.

Areas for Improvement

- Strengthen the commitment to systematic monitoring, annual self-assessment and quality improvement.
- Strengthen how all faculty members are made aware of their roles and responsibility.
- Establish the use of KPIs.
- 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.

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.	MDM

QRP Findings

There was some evidence provided to support this standard.

During discussions, representatives described the internal reporting systems in the institution. The evidence indicated that the institution would benefit from formalising some of their informal processes.

The evidence indicated that not all tasks (from student entry to exit) associated with education and training are documented. It also indicated that responsibility for all tasks is not linked to any KPIs.

It is clear from the evidence provided, along with discussions with the institution’s representatives, that there are procedures 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.

It is clear from the evidence that all prospective students are provided with sufficient information to make an informed choice about course participation.

The evidence indicated that the institution needs to implement processes to ensure that the general public are made aware of any third-party relationships in the delivery of PHECC approved courses should this occur. Alternatively, the institution should make information available, acknowledging that no third-party involvement exists in the delivery of PHECC approved courses.

During discussions, representatives described the institution’s quality assurance system and external reviews. However, it was not clear how this happens.

Areas of Good Practice
<ul style="list-style-type: none">• There are procedures in place to ensure that certificate activity reports, annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC.• Prospective students are provided with sufficient information to make an informed choice about course participation.
Areas for Improvement
<ul style="list-style-type: none">• There is up to date evidence of internal reporting at all levels in the institution. However, some of the informal processes need to be formalised.• There is evidence to who has responsibility for all tasks (from student entry to exit) associated with education and training. However, these are not linked to KPIs.• The institution state that no third-party providers are used. This is not made clear to the public within the documentation provided.

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>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, including reference to Covid-19. During discussions representatives outlined how this is applied to all education and training activities.</p> <p>During discussions, representatives described the requirements for selecting premises for the delivery of PHECC approved courses. Supporting documentation was provided for review. The evidence indicated that the institution would benefit from further formalising this process.</p> <p>Course resource checklists were made available for review. The evidence indicated that the institution would benefit from further formalising this process.</p> <p>During discussions, representatives indicated that faculty are responsible for maintaining and upgrading equipment. The evidence indicated that the institution and faculty would benefit from documented systems to support these activities, ensuring that all resources used for PHECC approved courses are fit for purpose and accessible.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> 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. 		
Areas for Improvement		
<ul style="list-style-type: none"> Records to demonstrate that appropriate training premises are selected and used for all courses. Records of appropriate equipment/resources are available and have been used on each course. System for the regular maintenance and updating of equipment and records that these activities are being carried out. Records that all resources used on PHECC approved courses are fit for purpose and accessible. 		
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive, and challenging environment is provided for students.	SM
QRP Findings		
<p>There is clear evidence provided to support many aspects of this standard. This was highlighted by the panel during discussions and observations of the evidence provided. For example, 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; whilst students are made aware of the support available to them. The institution can demonstrate that it maintains appropriate tutor/instructor-to-student ratios in keeping with PHECC's course approval criteria and that opportunities are provided for students to meet individually and collectively with faculty and/or management.</p> <p>There are some procedures to obtain information from potential and existing students of any additional support needs they may have; however, this process does need additional work.</p>		

There are mechanisms in place to provide reasonable accommodation for students with additional support needs, although this could be a little clearer.

Areas of Good Practice

- 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 evidence that students are made aware of the support 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.
- Opportunities are provided for students to meet individually and collectively with faculty and/or management.
- There are sufficient up to date resources made available to students in a variety of formats, for the level of the course.

Areas for Improvement

- There are procedures to obtain information from potential and existing students of any additional support needs they may have, although this process needs to be formalised.
- There are mechanisms in place to provide reasonable accommodation for students with additional support needs, although it is not clear how this process happens.

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

QRP Findings

The evidence indicated that the equality and diversity policy reflect current practice and includes relevant procedures.

The institution has relevant policies and procedures which are legislatively compliant and promote equality. However, some additional work in this area would strengthen this procedure.

There is some evidence that students, faculty and other stakeholders have been made aware of the policy and procedures. However, these processes need to be strengthened.

The institution has codes of conduct for staff, faculty and other stakeholders, whilst the course delivery demonstrates the cultural background and learning styles of students.

There is evidence that students, faculty and other stakeholders have been made aware of the policy and procedures. However, some additional work in this area would help strengthen this.

Areas of Good Practice

- The institution has an equality and diversity policy, and associated procedures.
- The institution has codes of conduct for staff, faculty and other stakeholders.
- Course delivery accommodate the cultural backgrounds and different learning styles of students.

Areas for Improvement		
<ul style="list-style-type: none"> The institution has relevant policies and procedures which are legislatively compliant and promote equality. However, further focussed development of the documentation is required. There is evidence that students, faculty and other stakeholders have been made aware of the policy and procedures. However, these processes need to be strengthened. 		
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
QRP Findings		
<ul style="list-style-type: none"> N/A 		
Areas of Good Practice		
<ul style="list-style-type: none"> N/A 		
Areas for Improvement		
<ul style="list-style-type: none"> 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
QRP Findings		
<p>There was evidence of a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training personnel, although some additional work in this area is required. The institution has a minimum standard in place for the academic and subject matter experience, although this process needs formalising if the institutions recruit visiting lecturers in the future.</p> <p>The evidence indicated that the institution would benefit from additional documentation to demonstrate that the composition of personnel meets PHECC education and training standards.</p> <p>The institution has adequate staffing in place for current and expected demand. The organisational chart and file of instructor qualifications illustrate that staff are in place to deliver and monitor PHECC approved course.</p> <p>There is some evidence that the institution has policies and procedures in place and 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 activities consistently. Additional work in this area is required.</p> <p>The institution state, that they do not work with children or vulnerable adults. It is unclear how this would be managed if the institution has a vulnerable person on one of their courses in the future. Some additional work is required in this area.</p> <p>The institution has a written job description specific to each position in the institution and those personnel have been issued with a written statement of terms of employment/engagement.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • The institution has adequate staffing in place. • The composition of the institution's personnel meets the PHECCs education and training standards for each course on offer. • There is a written job description specific to each position in the institution. 		
Areas for Improvement		
<ul style="list-style-type: none"> • There is some evidence of a systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities is undertaken. • There is no submitted evidence that the institution is meeting its obligations under the Children and Vulnerable Persons Act 2012. 		
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.	MDM
QRP Findings		
<p>There was some evidence provided to support this standard.</p> <p>There is some evidence that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines, although some additional work is required in this area.</p>		

There is evidence that student induction takes place, and that the institution can demonstrate that all courses are delivered by appropriately qualified personnel and that relevant instructor/tutor details are recorded on course documentation. There is also evidence of student attendance at training.

Delivery of learning outcomes by third parties are documented, although some additional work around monitoring and site visits is required.

Structured one-to-one time (remediation, mentoring) is available for students, and appears to be appropriate to their needs.

Areas of Good Practice

- There is evidence that student induction takes place.
- The institution can demonstrate that all courses are delivered by appropriately qualified personnel.
- All relevant instructor/tutor details are recorded on course documentation.
- There is evidence of student attendance at training.

Areas for Improvement

- Evidence that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.
- Delivery of learning outcomes by third parties documented and monitored on a regular basis, including site visits as appropriate.

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.	SM

QRP Findings

There was some evidence provided to support this standard.

There was some evidence of systems for regular and appropriate communication between faculty and management. The evidence indicated that it needs to be formalised.

During discussions, representatives described faculty monitored activities through observation and the analysis of documents. There was limited evidence of these activities taking place.

There is a system in place that ensures only personnel with valid certification deliver PHECC approved courses.

There is some evidence that the activities of faculty and visiting subject experts are systematically monitored through observation but limited evidence of analysis and relevant documentation to demonstrate this had taken place. This area requires additional work.

During discussions, representatives described the procedures for dealing with poor and unacceptable performance of faculty. The institution has appropriate HR policies and procedures in place to meet its legislative obligations.

Areas of Good Practice

- There is a system in place which ensures that only personnel with valid certification deliver PHECC approved courses.
- There are procedures in place for dealing with poor and unacceptable performance of faculty.
- The institution demonstrate that it has appropriate HR policies and procedures in place to meet its legislative obligations.

Areas for Improvement		
<ul style="list-style-type: none"> • Formalise the process for regular communication between faculty and management. • There is limited evidence that faculty provide feedback after their course. • There is limited evidence that the activities of faculty and visiting subject experts are monitored through observation. 		
Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	SM
QRP Findings		
<p>During discussions, representatives outlined the relationship with employed tutors and contracted faculty, along with the contractual and quality assurance arrangements that are in place. There was some evidence that suggested the standards are being met, along with the monitoring procedures. However, the institution state that external faculty are not used at this current time.</p> <p>During discussions, representatives indicated that contracted faculty sign an instructor’s agreement. This document was made available for review.</p> <p>The evidence indicated that the institution maintains records of contracted faculty. Additional records are required to ensure consistency with activities described in the documents. The evidence also indicated that external faculty details were submitted to PHECC.</p> <p>The institution has quality assurance standards in place. However, there is limited evidence of agreed quality assurance standards between all parties involved being documented. There is, however, evidence that the institution has reports of the training provided, although no indication of how this data is analysed.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Written and signed contracts in place for all the institutions regular tutors. • The institution maintains up to date records of every member of contracted faculty, including, PHECC certification and qualifications along with course delivery details. • Contracted faculty details are submitted to PHECC. 		
Areas for Improvement		
<ul style="list-style-type: none"> • The institution has quality assurance standards in place, however there is further work required to ensure that these are agreed between all parties involved and being implemented. • There is evidence that the institution receives regular reports of contracted faculty education and training activities. However, limited evidence that this data is analysed. • No use of KPIs. 		

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.	SM
QRP Findings		
<p>The institution provided course design & development, course approval and course review policies for review. The evidence indicated that these documents reflect current practice and ensure that they are fit for purpose.</p> <p>The evidence also indicated that the institution has a documented procedure for development/amendment to ensure that course development reflects PHECC requirements. However, further focused development of the documentation is required.</p> <p>The evidence indicated that the processes outlined ensures that course development and material can:</p> <ul style="list-style-type: none"> - demonstrates 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 lesson plans that include some 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"> • Supporting documentation for course development, delivery and review. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Course development predominantly reflects PHECC requirements, however some processes need to be formalised in this area. 		
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 institution provided evidence that courses are delivered in a manner that meets students’ needs and in accordance with PHECC design & development guidelines. The evidence indicated that generally these documents reflect current practice and ensure that they are fit for purpose. During discussions, representatives indicated that learning outcomes delivered by third parties are documented and monitored. Additional documentation to support these activities would benefit the institution.</p> <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.</p> <p>There was limited evidence provided that delivery of learning outcomes by third parties are documented.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • There is evidence that student induction takes place. 		

<ul style="list-style-type: none"> • The institution demonstrate that all courses are delivered by appropriately qualified personnel. • Relevant instructor/tutor details are recorded on course documentation. • There is evidence of student attendance at training. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Delivery of learning outcomes by third parties are documented and monitored on a regular basis, including site visits as appropriate. 		
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.	FM
QRP Findings		
<p>This section of the review was fully met by the institution. The evidence indicated that course information is clear, and access is fair and consistent, with a clear statement of intent regarding the recognition of prior learning. During discussions, representatives indicated that recognition for prior learning is not recognised currently for the courses offered by the institution.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • There is an admissions policy and procedures and clear entry criteria. • Information is available to prospective students on course details, including name, structure, duration, award type, fees, terms and conditions, transfer and progression opportunities, etc. • The institution does not accept Recognition of Prior Learning applications. • The institution does not currently offer RPL for each individual course. 		
Areas for Improvement		
None noted		
Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	SM
QRP Findings		
<p>The evidence indicated that the documentation for course review generally reflects current practice.</p> <p>There was some evidence which indicated that students and faculty have an opportunity to provide feedback during and after their course. It also indicated that faculty course reports need to be analysed to help inform the institutions KPIs.</p> <p>There was limited evidence provided to indicate that areas for improvement have been identified. It was also unclear how these improvements are included in the Quality Improvement Plan (QIP).</p>		

Areas of Good Practice		
<ul style="list-style-type: none"> • The institution has documented procedures for course review. • The course evaluation process involves key stakeholders, including mentors, as appropriate. • Course evaluations are documented by the tutor/instructor or course director. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Areas for improvement need to be identified and actions agreed and implemented as outlined in the course 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.	SM
QRP Findings		
<p>The evidence indicated that generally the assessment policy and procedures reflect current practice.</p> <p>During discussions, representatives described the process for internal verification, external authentication and results approval. Representatives indicated during discussions that external authentication takes place. There was evidence provided that internal verification and results approval and external authentication had taken place. The evidence also indicated that the institution has a student appeals policy and procedures which reflects current practice.</p> <p>It was not always clear from the evidence provided, when PHECC assessment material is used. There was some evidence that the institution has procedures to adapt assessment methodologies to cater for students with additional support needs, although this was not clear to the panel. In addition, there was some evidence that responsibility for assessment material is designated and that assessment materials are securely stored. However, further focused development of the documentation is required.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • The institution has an assessment policy and procedures. • There is evidence that an appropriate assessment methodology is used for all courses. • Students have access to the information (e.g., course material) necessary for them to participate in assessment and receive feedback on their assessment/results. • It is clear who has responsibility for managing the PHECC certification system at responder level. • The institution has a procedure for internal verification. • There is evidence that internal verification takes place. • The institution has a procedure for external authentication. • There is evidence that external authentication takes place. • The institution has a procedure for results approval. • There is evidence that results approval takes place. • The institution has a student appeals policy and procedures. 		

Areas for Improvement

- The ATI should ensure its ability to provide evidence of PHECC assessment material is being used.
- The ATI should ensure its ability to provide evidence of procedures to adapt assessment methodologies to cater for students with additional support needs.
- The ATI should ensure its ability to provide evidence that assessment materials are securely stored.

7. Conclusion and Outcome

Rating	3.2
Level	Substantively Met (SM) – Substantive evidence of organisation-wide compliance.
Conclusion	<p>Generally, the evidence indicated that the institution has a number of areas which reflect good practice in terms of policies and procedures, resulting in a positive learning experience.</p> <p>During discussions, representatives acknowledged that some areas of improvement were required associated with PHECC approved course(s).</p> <p>The evidence indicated that the institution would benefit from additional documentation and formalising a number of current practices to further support the institution's quality assurance. In many cases, the requirements for improvement are minor and require some small adjustments to current practices. In other areas, the evidence indicate that some more substantive work is required, for example around the use of KPIs.</p>



Published by:

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