

Quality Review Framework  
Composite Report  
Medicare Medical Services Limited

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# Quality Review Framework Composite Report


## 1. Institution Details

<b>Name</b>	Medicore Medical Services
<b>Address</b>	J2, Rosemount Business Park, Blanchardstown, Dublin 11, D11 EWK2
<b>Type of Organisation</b>	Private Limited Company
<b>Profile</b>	PHECC Approved Training Institution
<b>PHECC Courses Delivered</b>	Cardiac First Response, First Aid Response, Emergency First Response
<b>Higher Education Affiliation</b>	N/A

## 2. Review Details

<b>Purpose</b>	<ul style="list-style-type: none"> <li>To facilitate the enhancement of a successful learning experience for students.</li> <li>To foster a culture of Continuous Quality Improvement in Institutions.</li> <li>To generate public confidence in the standard of education and training in pre-hospital emergency care.</li> </ul>
<b>Scope</b>	The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.
<b>Date(s) of the Desktop Review</b>	24 <sup>th</sup> June 2021
<b>Date of On-site Review</b>	9 <sup>th</sup> July 2021 – Carried out via Microsoft Teams

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	29/07/2021
<b>Final report sent to Institution</b>	21/09/2021
<b>Director Approval</b>	
<b>Date</b>	Richard Lodge 20/09/2021
<b>Report compiled by</b>	Quality Review Panel

## 4. Review Activities

### 4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	Role
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member
Medicare	Managing Director
Medicare	Facilitator
Medicare	PHECC QRF Lead
Closing Meeting (add rows as required)	
Organisation	Role
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member
Medicare	Managing Director
Medicare	Facilitator
Medicare	PHECC QRF Lead

### 4.2 Stakeholder Discussions

Role (add rows as required)
Medicare Managing Director
Medicare Facilitator
Medicare QRF Lead

### 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.
<ul style="list-style-type: none"><li>• Clerical Support Policy</li><li>• Role Descriptors for: EA, IV, Facilitator, Instructor, Managing Director, QRF Lead, Training Administrator, Tutor</li><li>• Governance Policy</li></ul>

- Appeals Policy
- Complaints Policy
- Induction process & Policy
- Information Management Policy
- Sample submitted paperwork and course documentation
- Signed faculty paperwork
- Sample Instructor paperwork and portfolio
- QA Policy
- IV report sample
- Student portfolio sample
- IV policy
- Sample monitoring forms
- Course development policy and discussion samples
- Moodle documentation
- Tax clearance certification
- Insurance schedules
- Faculty Handbook
- Instructor handbook
- H&S Policy
- Learning Environment Policy
- Learner Handbook
- Learner Accommodations policy
- E&D Policy
- Induction evidence
- Sample contracts
- Samples signed agreements
- Course timetables
- Sample lesson plans

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

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
N/A	Not possible due to COVID-19 restrictions
Facilities (add rows as required)	
Location	Comments
N/A	Not possible due to COVID-19 restrictions
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	Not possible due to COVID-19 restrictions

## 5. Compliance Rating and Level

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

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

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

## 6. QRP Findings

### 6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
<b>Quality Standard</b>	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The organisational charts provided did not clearly reflect the institutions governance structure and how that structure supports education and training activities. It was unclear from the documentation who has overall responsibility for education and training governance and any delegated responsibilities. During discussions it was indicated that the company director has overall responsibility for education and training governance with responsibilities delegated to administration and faculty. The evidence indicated that the institution would benefit from additional formalisation of process, relevant documentation and updates to existing documentation to accurately reflect informal practice.</p> <p>The evidence indicated that there were procedures in place to ensure that, when required, relevant sub-groups/individuals were in place to provide oversight, however some of these procedures were informal and were not formally documented.</p> <p>The ATI gave a good description of activities that help to ensure QA. Responsibilities are split across different stakeholders, however some of these are not always clearly defined within the organisational chart. It is not immediately clear who carries responsibility for some activities such as management of certification, who is the PHECC lead, who has oversight responsibility for faculty and external delivery of programmes, etc.</p> <p>There was limited evidence that oversight and monitoring activities had taken place particularly around external faculty activities. During discussions representative's identified individuals with oversight responsibilities and the activities they are involved in. The evidence indicated that some additional/updated documentation (terms of reference, role descriptions) are required.</p> <p>There were some good levels of documented procedures for identifying, assessing and managing risk. During discussions representatives outlined activities for identifying, assessing, and managing risk. 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>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Structures in place to provide oversight of education and training activities.</li> <li>Overall responsibility for education and training governance clearly identified.</li> <li>Delegated responsibilities for education and training governance identified.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Updates to existing documents to clearly reflect practice in education and training governance.</li> <li>Develop a procedure to ensure that, when required, relevant sub-groups/individuals are in place to provide objective oversight and maintain records of education and governance activities.</li> </ul>		

<ul style="list-style-type: none"> <li>Document procedures for identifying, assessing and managing risk associated with education and training activities and maintain records of these activities, particularly around monitoring of external training delivery.</li> </ul>		
<b>Quality Area</b>	<b>1.2 Management Systems and Organisational Processes</b>	<b>Level</b>
<b>Quality Standard</b>	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution:</p> <ul style="list-style-type: none"> <li>is an established legal entity that provides PHECC education and training standards.</li> <li>is in good financial standing with the Revenue Commissioner.</li> </ul> <p>The evidence indicated that most tasks associated with education and training activities (student entry to exit) are documented, however some gaps exist. 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 broadly meets the requirements of the General Data Protection Regulation (GDPR) 2016/679. However, there is no documented procedure to ensure external faculty comply with the requirements of this policy. The ATI stated that they are working to improve in this area.</p> <p>During discussions representatives stated that insurance is in place for organisational activities and that external affiliated faculty are required to have appropriate insurance in place. The submitted evidence provided only a sample insurance schedule of professional indemnity insurance for one member of external faculty, and so this could not be assessed fully for external faculty that deliver training.</p> <p>It could not be fully assessed if appropriate organisational insurance is in place. The institution needs to ensure it maintains up to date records of all external affiliated faculty insurance.</p> <p>The evidence indicated that the institution would benefit from additional support to ensure that all quality assurance and monitoring activities are systematically carried out across all faculty.</p> <p>A complaints policy and procedures are in place and were submitted for review.</p> <p>During discussions representatives indicated that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>An established legal entity that provides PHECC approved education and training.</li> <li>In good financial standing with the Revenue Commissioner.</li> <li>Good standard of complaints procedure and policy submitted.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Ensure all tasks associated with education and training activities are documented.</li> <li>Maintain up to date student and faculty records.</li> <li>Ensure that data protection policy, procedures and supporting documents reflect current practice and GDPR requirements and that this is captured, especially around external faculty activities.</li> <li>Maintain records of relevant insurance.</li> <li>Ensure the institution is sufficiently resourced to carry out all quality assurance and monitoring activities.</li> <li>Ensure that all stakeholders are made aware of the complaints policy.</li> </ul>		



<ul style="list-style-type: none"> <li>Ensure that all stakeholders are made aware that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.</li> </ul>		
<b>Quality Area</b>	<b>1.3 Continuous Quality Improvement</b>	<b>Level</b>
<b>Quality Standard</b>	The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	<b>MDM</b>
<b>QRP Findings</b>		
<p>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 company director 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 organisation would benefit from additional documentation to support the activities described during discussions. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.</p> <p>The evidence indicated that key performance indicators (KPIs) 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.</p> <p>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.</p> <p>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.</p> <p>The evidence indicated that the institution would benefit from a more systematic approach to reviewing policies and procedures to ensure they are effective, fit for purpose, reflect current practice, particularly where this practice is of an informal nature. There was documented evidence of up to date quality improvement planning and implementation.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>A documented quality policy.</li> <li>Clear who has overall responsibility for the quality assurance of PHECC approved courses.</li> <li>Systematic collection of student feedback.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Quality policy and associated procedures, particularly around monitoring activities and the documentation of such.</li> <li>Ensure documents accurately reflect quality assurance responsibilities.</li> <li>Ensure relevant KPIs are produced relating to all education and training activities.</li> <li>Document a procedure to highlight how QA monitoring is carried out, by whom and what indicators it is seeking to measure against.</li> </ul>		

Quality Area	1.4 Transparency and Accountability	Level
<b>Quality Standard</b>	The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	<b>MDM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described internal reporting activities. The evidence indicated that additional documentation is required to support these activities and enhance current practice.</p> <p>The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks are not clearly allocated or linked to relevant KPIs. Additional documentation and updates to existing documentation is required.</p> <p>During discussions representatives outlined who is responsible for communication with PHECC. Updates to existing documentation would support these activities.</p> <p>The evidence indicated that on courses delivered directly by the institution prospective students are provided with sufficient information to make an informed choice about course participation. There was no evidence provided for courses being delivered by external affiliated faculty.</p> <p>The evidence indicated that the institution engages a range of external affiliated faculty to deliver PHECC approved courses. It also agreed that there is no formal procedure for ensuring that the general public are made aware of these relationships and the responsibilities of those involved.</p> <p>Information about the institutions quality assurance system and external reviews are not always made available to the public, especially in relation to external faculty.</p> <p>During discussions representatives described a range of activities for providing and obtaining information from stakeholders. The evidence indicated that the institution would benefit from documented procedures to ensure these activities are carried out consistently.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Up to date internal reporting within the institution.</li> <li>• Development of new Moodle platform that will facilitate and document communication within the institution</li> <li>• Prospective students, particularly those on internal courses, are provided with sufficient information to make an informed choice about course participation.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Responsibility for ensuring external faculty signpost relationships to the public in relation to PHECC course delivery and collaboration.</li> <li>• Additional documentation to support reporting throughout the institution.</li> <li>• Ensure all tasks are clearly allocated and linked to relevant KPIs.</li> <li>• Documented procedure to ensure information is provided to PHECC as requested.</li> <li>• Ensure that all prospective students, including those on courses being run by external faculty, are provided with sufficient information to make an informed choice about course participation.</li> <li>• Providing the public with information about the quality assurance system and external reviews.</li> <li>• Procedures for providing and obtaining information from other stakeholders.</li> </ul>		

## 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
<b>QRP Findings</b>		
<p>A health &amp; safety policy and supporting documents were available for review. The policy relates to the main office and associated staff. During discussions representatives outlined how health and safety relates to courses delivered by external affiliated faculty. The evidence indicated that additional documentation is required to support these activities.</p> <p>Documentation for choosing a training venue was made available for review. There was limited evidence to demonstrate that appropriate training premises are selected and used for the delivery of all PHECC approved courses by external faculty.</p> <p>During discussions representatives described the equipment and resources that are available for each course. There was no evidence submitted in relation to equipment maintenance records or equipment checklists, and these weren't made available for review. The evidence indicated that additional and updated documentation is required to ensure that appropriate equipment/resources are available and have been used on all courses, especially when related to external faculty. Representatives stated a new system is being introduced to ensure that external faculty will be monitored to ensure the use of appropriate levels of equipment, and that there is a system in place for ensuring the regular maintenance and updating of equipment and resources.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented health and safety policy.</li> <li>• Documentation for selecting an external venue for the delivery of PHECC approved courses.</li> <li>• Documented premises selection criterion and checklist and evidence of activity.</li> <li>• Documented course equipment list.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Health and safety activities related to all PHECC approved courses – external faculty.</li> <li>• Demonstration that suitable and appropriate training premises are selected and used for the delivery of all courses.</li> <li>• Records that appropriate, fit for purpose equipment/resources are available and have been used on each course.</li> <li>• Records that there is a system in place to regularly maintain and update equipment.</li> </ul>		
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MDM
<b>QRP Findings</b>		
<p>There was limited evidence to indicate that students on all PHECC approved courses are supported by adequate numbers of appropriately qualified faculty and administrative personnel. However, there was no evidence to suggest the same applies to all courses, when considering external faculty.</p> <p>A student and instructor handbook was submitted for review. There is reference in the documentation to student support and during discussions representatives described the supports that are available for students.</p>		

The evidence indicated that students would benefit from additional information and awareness before, during and after their course of the support available, including the opportunity to meet with faculty and/or management individually or collectively. There was limited evidence to suggest that the same level of support was available to students on courses run by external faculty.

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.

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

**Areas of Good Practice**

- Appropriately qualified and experienced personnel within the institution.
- Reasonable accommodation available for students.

**Areas for Improvement**

- Support for students from appropriately qualified and experienced personnel available on all PHECC approved courses – especially external faculty run courses.
- Student awareness of available supports before, during and after their course, including an opportunity to meet individually or collectively with faculty and/or management.
- Procedure for obtaining information on student supports needs.
- Mechanisms for providing reasonable accommodation for students with additional support needs
- 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
<b>Quality Standard</b>	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	<b>MDM</b>

**QRP Findings**

The evidence indicated that the institution has a documented equality and diversity policy and procedures and codes of conduct for staff, faculty and other stakeholders, and these were submitted for review.

The submitted induction process includes an online learning section relating to equality and diversity. This is completed by all faculty.

The evidence indicated that up to date information and training on equality and diversity is available to faculty and all stakeholders along with the relevant policy.

The evidence indicated that course delivery accommodates the cultural backgrounds and different learning styles of students. The evidence indicated that the institution would benefit from additional information and processes to ensure that all students are supported within their ‘student journey’.

**Areas of Good Practice**

- Documented equality & diversity policy, along with access to training policy and procedures.
- Internal personnel are aware of the policy and procedures.
- Course delivery accommodates the different cultural backgrounds and learning styles of students.

Areas for Improvement		
<ul style="list-style-type: none"> <li>• Ensure the equality and training access policy and procedures is up to date, fit for purpose and reflects current practice.</li> <li>• Ensure that all relevant policies and procedures are legislative compliant and promote equality.</li> <li>• Ensure all students, faculty and other stakeholders are made aware of the equality and diversity policy and procedures.</li> <li>• The provision of up to date information and training for faculty.</li> <li>• Ensure that the cultural backgrounds and different learning styles of students are accommodated on all PHECC approved courses.</li> </ul>		
Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	<i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A
QRP Findings		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
Areas of Good Practice		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		

## 6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
<b>Quality Standard</b>	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	<b>MDM</b>
<b>QRP Findings</b>		
<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.</p> <p>Discussions indicated that the institution have adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> <li>- carry out the activities described in its policies and procedures</li> <li>- maintain PHECC requirements for course approval</li> <li>- systematically organise, deliver and monitor the quality of courses and standards</li> <li>- ensure full compliance with the QRF.</li> </ul> <p>There was limited evidence to indicate that the composition of the institution’s personnel meets PHECC education and training standards for each course on offer and that all personnel have been made aware of their quality assurance responsibilities and are carrying out those responsibilities consistently, especially around the area of external faculty.</p> <p>During discussions representatives indicated that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.</p> <p>The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement for some roles.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Standards are in place for all personnel involved in activities associated with PHECC approved courses.</li> <li>• Senior management and administration are aware of their quality assurance responsibilities.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Recruitment of appropriately qualified and experienced personnel.</li> <li>• Personnel records consistent with minimum standards outlined in the documentation.</li> <li>• Demonstrate that adequate numbers of personnel in place to: <ul style="list-style-type: none"> <li>- carry out the activities described in policies and procedures</li> <li>- maintain PHECC requirements for course approval</li> <li>- systematically organise, deliver and monitor the quality of courses and awards</li> <li>- ensure full compliance with the QRF.</li> </ul> </li> <li>• Ensure all personnel meet PHECC education and training standards.</li> <li>• Awareness of quality assurance responsibilities and consistent application of those activities.</li> <li>• Ensure that all stakeholders are made aware that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.</li> <li>• Job descriptions for each position in the institution.</li> <li>• Written statement of terms of employment/engagement for all roles.</li> </ul>		

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
<b>QRP Findings</b>		
<p>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:</p> <ul style="list-style-type: none"> <li>- the identification of the training/upskilling needs of all personnel</li> <li>- an induction programme appropriate to the role</li> <li>- a training and development plan/programme to support the development needs of personnel</li> <li>- mechanisms that support requests for training/upskilling and additional qualifications</li> <li>- a formalised support supervision and annual appraisal system.</li> </ul> <p>Representatives described a new system that is being installed that will capture the above points.</p> <p>There was limited evidence submitted to prove that personnel have completed induction training/upskilling relevant to their role. However, the institution shared screen shots of the training that is utilised as induction. A more documented process would assist in this area.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Personnel have completed induction training/upskilling relevant to their role.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Procedure to identify the training/upskilling needs of all personnel.</li> <li>• Documented personnel induction process.</li> <li>• Training and development plans/programmes for all personnel.</li> <li>• Mechanisms for faculty to request support for training/upskilling and to achieve additional qualifications.</li> <li>• Formalised support, monitoring, supervision and annual appraisal.</li> </ul>		
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
<b>QRP Findings</b>		
<p>During discussions representatives described the processes in place for personnel management. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:</p> <ul style="list-style-type: none"> <li>- regular and appropriate communication between faculty and management</li> <li>- faculty feedback during and after their course</li> <li>- the delivery of PHECC approved course by appropriately qualified personnel</li> <li>- the systematic monitoring of faculty</li> <li>- dealing with poor and unacceptable performance of faculty</li> <li>- human resource legislative obligations.</li> </ul>		

<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documents in place to support observation of faculty.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Communication between faculty and management.</li> <li>• System for ensuring only personnel with valid certification deliver PHECC approved courses – external faculty.</li> <li>• Systematic faculty monitoring of course delivery.</li> <li>• Dealing with poor and unacceptable faculty performance.</li> </ul>		
Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MDM
<b>QRP Findings</b>		
<p>During discussions representatives outlined the relationship with external affiliated faculty and the contractual and quality assurance arrangements that are in place. The evidence indicated that the institution and external affiliated faculty follow a documented collaborative provision policy.</p> <p>This can be further developed by producing associated procedures that:</p> <ul style="list-style-type: none"> <li>- clearly state that the institution retains full control and responsibility for academic decisions and quality assurance</li> <li>- clearly states that the institution is responsible for activities carried out in its name</li> <li>- outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses</li> <li>- clearly details the responsibilities of each party for the quality assurance of PHECC approved courses.</li> </ul> <p>There was limited evidence to demonstrate that the institution has satisfactory monitoring procedures in place or records that these activities have taken place. There was no evidence submitted of a written and signed contract between the institution and external affiliated faculty.</p> <p>The was good evidence of an agreed quality assurance standard between both parties.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Faculty details submitted to PHECC.</li> <li>• Collaborative provision policy.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Procedures for monitoring external affiliated faculty and evidence that these activities take place.</li> <li>• Written and signed contract/agreement.</li> <li>• Quality assurance standards between both parties.</li> <li>• Reports from external affiliated faculty and analysis of these reports.</li> </ul>		



## 6.4 Theme 4: Course Development, Delivery and Review

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	MDM
<b>QRP Findings</b>		
<p>During discussions representatives described the processes for course development, delivery and review. The evidence indicated that the institution has a comprehensive policy covering the development of course development, delivery and review. However, there was limited specific procedures associated with these policies. Course review appears to revolve primarily around informal processes that need to be formalised and documented.</p> <p>The organisation would benefit from a documented systematic approach to 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 in a robust manner.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course development reflects PHECC education and training standards.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course development, delivery and review procedures to complement existing policy.</li> <li>• Ensure, through processes and monitoring, that all course material used by external faculty for the delivery of PHECC approved courses: <ul style="list-style-type: none"> <li>- has an appropriate balance between theory and practice</li> <li>- provides a balance between presentations, group work, skills demonstrations and practical work</li> <li>- promotes a commitment to self-directed learning</li> <li>- has clearly outlined aims and objectives and detailed competencies to be achieved by students</li> <li>- has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>- has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.</li> </ul> </li> <li>• A systematic approach to internal course approval.</li> </ul>		
Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	SM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution compiles good levels of documentation/records evidencing that all internal courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines. Monitoring of external faculty, discussed in earlier sections will ensure that this same standard applies to all courses.</p> <p>The evidence indicated that the institution would benefit from:</p> <ul style="list-style-type: none"> <li>- documented records that student induction has taken place on all courses</li> <li>- records that all courses are delivered by appropriately qualified personnel</li> <li>- records of student attendance for all courses</li> <li>- records of regular monitoring, including site visits.</li> </ul>		

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

#### Areas of Good Practice

- Courses are delivered by appropriately qualified personnel.
- Relevant tutor/instructor details are recorded on course documentation.
- Records of student attendance are maintained.

#### Areas for Improvement

- Records that show all courses, including those delivered by external faculty, are delivered in keeping with PHECC education and training standards and clinical practice guidelines.
- Records from all courses of student induction.
- Records that all courses are delivered by appropriately qualified personnel.
- Instructor details recorded on course documentation (all courses).
- Student attendance records (all courses).
- Course monitoring.
- Student remediation.

Quality Area	4.3 Course Access, Transfer and Progression	Level
<b>Quality Standard</b>	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	<b>SM</b>

#### QRP Findings

The evidence included a good admissions policy and some associated procedures. The panel were shown how learners are admitted onto courses within the organisation.

The organisation submitted an admissions policy that related to internal courses. There was no formalised procedure relating to external faculty courses.

The evidence indicated that the recognition of prior learning (RPL) procedures reflect good practice and ensure consistency of practice across all courses. Students may benefit from additional signposting to information about RPL.

#### Areas of Good Practice

- Documented admissions policy/entry criterion.

#### Areas for Improvement

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

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	SM
<b>QRP Findings</b>		
<p>During discussions representatives described the process for course review. The evidence showed a general but informal process for the approval of courses. The panel was shown evidence that suggests the institution would benefit from a formalised and documented procedure to support these activities.</p> <p>The evidence indicated that documentation is in place that provide the opportunity for students and faculty to feedback during and after their course.</p> <p>The evidence indicated that the institution would benefit from developing KPI's from the data collected in feedback to help monitor and maintain the standards.</p> <p>Areas for improvement have been identified by the organisations representatives and are planned for the near future. It also indicated that identified improvement actions are to be included in the Quality Improvement Plan (QIP).</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Students and faculty have an opportunity to provide feedback during and after their course.</li> <li>• The institution has carried out a self-assessment.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Formalised procedure for course review.</li> <li>• Student and faculty feedback used to produce KPI's.</li> <li>• Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process.</li> <li>• Ensure that all identified improvement actions are included in the QIP.</li> </ul>		
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
<b>QRP Findings</b>		
<p>The evidence indicated that the institution has a documented assessment policy and procedures. The evidence also indicated that the assessment policy and procedures reflect current practice, and include:</p> <ul style="list-style-type: none"> <li>- supports being available to adapt assessment methodologies for students with additional support needs and records of these activities</li> <li>- security of assessment related material.</li> </ul> <p>The institution and students would benefit from additional/updated documentation and signposting or information about assessment methodology.</p> <p>The institution needs to ensure that the organisational structure clearly shows who has responsibility for managing the PHECC certification system.</p>		

Evidence showed that the institution has informal procedures for:

- internal verification
- external authentication
- results approval.

There was limited evidence of formalised procedures for these. The organisation would benefit from a structured approach to internal and external verification.

The evidence indicated that the institution has a documented student appeals policy and procedures. It also indicated that the institution needs to ensure that it is applied to all courses.

#### **Areas of Good Practice**

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

#### **Areas for Improvement**

- Ensure that appropriate assessment methodology is used on all courses and its clearly stated when PHECC assessment material is used – including for external faculty courses.
- Creation of a formalised procedure to adapt assessment to cater for students with additional support needs.
- Have a documented procedure to ensure the security of assessment material.
- Internal verification, external authentication and results approval processes need to be formalised.
- Ensure student appeals process is available on all courses.

## 7. Conclusion and Outcome

Rating	2.53
Level	<b>Moderately Met (MDM)</b> – Evidence of a moderate degree of organisation-wide compliance.
Conclusion	<p>The evidence indicated that the organisation has a significant level of well documented policies and procedures that help to ensure compliance and monitoring of internal courses.</p> <p>However, the organisation would benefit from formalising informal processes to ensure compliance in all areas, especially relating to the delivery of external faculty courses.</p> <p>The organisation has suitably trained and qualified staff to:</p> <ul style="list-style-type: none"> <li>- carry out the activities described in its policies and procedures</li> <li>- maintain PHECC requirements for course approval</li> <li>- systematically organise, deliver and monitor the quality of courses and standards</li> <li>- ensure full compliance with the QRF.</li> </ul> <p>The evidence showed that the institution would benefit from additional documentation and some updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, quality review framework requirements and are consistent with relevant legislation. Formalisation of some informal processes will further assist in ensuring future compliance.</p> <p>The organisation acknowledges that improvements need to be addressed in some areas of compliance for external faculty to ensure that policies, procedures and supporting documents are complied with.</p> <p>The evidence submitted indicated that the institution, through their systems and processes, moderately meet the standards required for compliance with the PHECC Quality Review Framework.</p>



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**Pre-Hospital Emergency Care Council  
2<sup>nd</sup> Floor  
Beech House  
Millennium Park  
Naas  
Co Kildare  
W91 TK7N**

**Phone: +353 (0)45 882070  
Email: [info@phecc.ie](mailto:info@phecc.ie)**