

Quality Review Framework

A Guide for Applicant Institutions

***Mission Statement***

*“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”*

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**Version History**

(**Please visit the** [PHECC website](http://www.phecc.ie/) **to confirm current version**)

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# Organisation Details

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| --- | --- |
| Legal Name |  |
| Trading Name (if applicable) |  |
| Address |  |
| Organisation Type (e.g. Private Company, University, State Body etc.) |  |
| PHECC Courses being Applied for |  |
| Affiliations with any other education and training provider(s) |  |
| Contact Name |  |
| Job Title |  |
| Phone |  |
| email |  |

1. **Introduction** The Self-Assessment Toolkit (SAT) is a tool for organisations to evaluate their performance against the PHECC Quality Standards (QS). It is an opportunity to record the things your organisation is currently doing and information about the quality systems that are in place. Self-Assessment enables you to:
   * Confirm areas where the QS are being met
   * Identify gaps in current systems and processes
   * Plan actions to address any identified gaps in systems and processes.

# Completing the Self-Assessment

# Planning for Self-Assessment

Issues to consider in the planning phase include:

* + - Who will lead the self-assessment?
    - Who else will be involved?
      * People from all parts of the organisation should be involved in the process.
      * Consider setting up a self-assessment working group with people who can bring different organisational perspectives.
      * For small organisations with limited personnel consider how you can incorporate stakeholder feedback into the self-assessment.
    - What resources will be needed? This includes peoples’ time and any finance that may be required for organisational improvements.
    - How long will it take? Set realistic and achievable timelines.
    - How will the evidence be presented, e.g. electronic, paper, both?
    - Is there another quality management system or accreditation/certification process already in place, e.g. Quality and Qualifications Ireland (QQI), City & Guilds etc.?

# Completing the Self-Assessment Report

1. Evidence Examples – List the evidence you can provide to demonstrate compliance with each component.
2. Comments – Provide a brief summary of findings that describe why your organisation meets the QS or describe the identified gap.

# Providing Evidence

* When carrying out the self-assessment, consider the source of the evidence, including:
  + Documentation
  + Stakeholder Discussions
* Any evidence you consider must be:
  + Relevant: Clearly relates to the component and the question being asked.
  + Reliable: It is from a source or person accepted as having relevant knowledge and/or experience in that area.
  + Adequate: Provides enough information to answer the question being asked.
* Any documentary evidence should always be:
  + - 1. Consistent – Is practice consistent with policies and procedures? Are feedback forms used at every course? Are all relevant meetings recorded, etc.?
      2. Accessible – Is documentation accessible to relevant stakeholders?
      3. Recent – Are policies and procedures up to date and reflect current practice. Is the staff handbook up to date, does the data protection policy and procedures reflect GDPR etc.?
      4. Dated – Is it evident when the evidence dates from? Is there a date on it?
* It is not necessary to include lengthy information about policies and procedures or other types of evidence. It is acceptable to list the name and/or number of the document.

# Please Note:

* + The evidence provided may differ depending on the size and structure of the organisation.
  + Narrative is not evidence

**2.2.2 Sample**

**Documents**

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| --- | --- | --- |
| **This list is not exhaustive and is for sample purpose only. You may have additional documentation you can provide. The documents listed here may provide evidence for multiple components** | | |
| Governance Documents | Records of meetings, agenda, minutes. | Service level agreement |
| Policies and Procedures | Pre-Course Information | Job/Role Descriptions |
| Course Material | Application/Registration Forms | Recruitment Policy and Procedures |
| Organisational Chart | Assessment Briefs | List of Mentors, Supervisors and their Qualifications |
| Details of Third-Party relationships | Examination Details | List of Faculty, Including their Qualifications |
| List of Internship/Clinical placement sites | Staff/Student Handbook | Personnel Training Records |
| Insurance Details | Assessment Portfolios | Faculty Course Reports |
| Operational Plans | Student Attendance Records | Garda Vetting Details (if applicable) |
| Training Venue Details | Student Feedback Forms | Course Promotional Material |
| Contracts/Agreements with external personnel | Student Portfolios (If applicable) | Personnel and student Induction Records |
| Terms of reference for sub-groups | RPL Records (if applicable) | Codes of Conduct |
| Data Reports, Certification, Completion & Satisfaction Reports | Student Workbooks | Accident/incident reports |
| Internal verification reports | Complaints forms | Quality Improvement plan |
| Financial Reports | Annual Reports | Risk Assessment |
| Risk Register | Faculty Observation Form | Resource Checklist |

# Providing Comments

These should be:

* + - 1. Brief
      2. Relevant to the component

# Sample Self-Assessment Report Extract

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| **Theme 4: Course, Development, Delivery and Review** | | | |
| **QS4.1: Course Development and Approval** – There is a systematic approach to course development and approval. | | | |
| **Component** | | **Evidence** | |
| **4.1.1** | Does the organisation have a course development, delivery and review policy? | **RI** | **ATI – Delivering FAR** |
| * Course development, delivery and review policy and procedures. | * Course development, delivery and review policy and procedures |
| **4.1.2** | Does the organisation have a documented procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards? | * Course Development/Amendment Procedure | * Course Development/Amendment Procedure |
| **4.1.3** | Does course development reflect PHECC requirements? | * Course delivery material – Presentations, handouts etc. | * Course delivery material – Presentations, handouts etc. |
| **4.1.4** | Does course development:   1. Demonstrate an appropriate balance between theory and practice 2. Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate. 3. Promote a commitment to self-directed learning, as appropriate? | * Lesson plans * Course schedule * Student handbook * Course material * Student feedback forms | * Course outline * Course timetable * Student feedback forms |

# The Self-Assessment Report

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| **3.1 Theme One: Organisational Structure and Management** | | | |
| **QS1.1: Governance** – The organisation has fit for purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC approved courses. | | | |
| **Component** | | **Evidence** | **Comments** |
| **1.1.1** | Is it clear what constitutes governance (corporate and academic) in the organisation? (appropriate to its needs, size and complexity)   * Does the organisational chart clearly reflect the organisations current structure and how that structure supports education and training activities? * Does it clearly indicate who has overall responsibility for education and training governance and any delegated responsibilities? |  |  |
| **1.1.2** | Are there procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight of:   * Course approval/amendment, * Results approval and * Self-assessment |  |  |
| **1.1.3** | Are there terms of reference/role descriptions for all sub- groups/individuals carrying out oversight activities? |  |  |
| **1.1.4** | Are there documented role descriptions for all activities associated with education and training? |  |  |

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|  | * Administration, * Internal Verification, * Instructor, * Assistant Tutor, * Tutor, * Facilitator   This is not an exhaustive list. Additional roles may be unique to each organisation |  |  |
| **1.1.5** | Are there procedures in place for the identification, assessment and management of risk? |  |  |

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| **QS1.2: Management Systems and Organisational Processes** – The organisation is compliant with all relevant legislation and cooperates with PHECC to meet its requirements. | | | |
| **Component** | | **Evidence** | **Comments** |
| **1.2.1** | Is there evidence that the organisation is an established legal entity with education and training as a principle function? |  |  |
| **1.2.2** | Are all tasks (student entry to exit) associated with education and training documented? |  |  |
| **1.2.3** | Are there systems in place for maintaining up to date student records?   * Contact details, * Supports, * Attendance, * Completion, * Assessment, * Certification and * Progression to other courses |  |  |
| **1.2.4** | Are there systems in place for maintaining up to date records of all members of faculty?  - E.g. recruitments, contracts, PHECC certification and other qualifications, courses delivered, course evaluations, professional development, CPG Upskilling etc.? |  |  |
| **1.2.5** | Is there a policy, associated procedures and supporting documents in place for data protection that meets legislative requirements? |  |  |

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| **1.2.6** | Where there is an affiliation/partnership with another organisation or higher education authority is there   * A memorandum of understanding. * A joint working group. * An agreement outlining responsibilities for delivery, assessment and quality assurance? |  |  |
| **1.2.7** | Is there evidence to demonstrate that the organisation is in good financial standing (e.g. tax clearance certificate etc.)? |  |  |
| **1.2.8** | Is there written confirmation that adequate insurance cover is in place to cover all education and training activities? |  |  |
| **1.2.9** | Is the organisation sufficiently resourced (finance and human) to carry out all quality assurance activities? |  |  |
| **1.2.10** | Is there a complaints policy and associated procedures relevant to all stakeholders and are mechanism in place to ensure all stakeholders are made aware of it? |  |  |
| **1.2.11** | Is there a policy, associated procedures and supporting documents in place to ensure the organisation is meeting its obligations under the Child and Vulnerable Persons Act 2012? (if applicable) |  |  |

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| **QS1.3: Continuous Quality Improvement** – The organisation has a proactive, systematic approach to the monitoring, review and enhancement of education and training activities. | | | |
| **Component** | | **Evidence** | **Comments** |
| **1.3.1** | Is there a CQI/Quality policy and associated procedures that states the organisations commitment to systematic monitoring, annual self-assessment and quality improvement? |  |  |
| **1.3.2** | Is it clear who has overall responsibility for the quality assurance of PHECC approved courses? |  |  |
| **1.3.3** | Is there evidence that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC approved courses? |  |  |
| **1.3.4** | Are there appropriate performance indicators (KPIs) in place for monitoring all aspects of education and training?   * E.g. Tutor/Instructor rating * % of students completing courses * dropout rates * grade analysis * course satisfaction rating |  |  |
| **1.3.5** | Is it clear in the documentation how monitoring is carried out, by whom and what indicators it should be seeking?  - E.g. course evaluation forms reviewed by senior management after each course to monitor course rating and tutor/instructor rating? |  |  |

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| **1.3.6** | Are there systems in place for the systematic collection, analysis and use of student, faculty and other stakeholder feedback, to include?   * Course content, * Delivery, * Teaching style, * Learning resources, * Assessment, * Provision of information, * Support.   This list is not exhaustive. |  |  |
| **1.3.7** | Are there systems in place for the systematic collection and analysis of:   * student participation, * success (grade analysis) * progression? |  |  |
| **1.3.8** | Are there systems in place for the systematic review of learning resources and locations? |  |  |
| **1.3.9** | Are there systems in place for the systematic review of policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation? |  |  |
| **1.3.10** | Are there systems in place for systematic quality improvement planning and implementation? |  |  |

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| **QS1.4: Transparency and Accountability** – The organisation conducts its activities in an open and transparent manner with appropriate feedback and feed forward systems in place with and between all relevant stakeholders. | | | |
| **Component** | | **Evidence** | **Comments** |
| **1.4.1** | Are there systems in place to ensure internal reporting at all levels within the organisation? |  |  |
| **1.4.2** | Is responsibility for all tasks (student entry to exit) associated with education and training clearly allocated and linked to relevant KPIs? |  |  |
| **1.4.3** | Is there a procedure in place to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC? |  |  |
| **1.4.4** | Are there mechanisms in place to ensure that prospective students are provided with sufficient information to make an informed choice about course participation? |  |  |
| **1.4.5** | Are there systems in place to ensure the general public are made aware of any third-party relationships related to PHECC approved courses and the responsibilities of those involved? |  |  |
| **1.4.6** | How will information about the organisations quality assurance system and external reviews be made available to the public? |  |  |
| **1.4.7** | Are there procedures in place to provide other stakeholders (Internship Sites, employers etc.) with information and to obtain information from them (feedback, updates etc.)? |  |  |

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| **3.2 Theme Two: The Learning Environment** | | | |
| **QS2.1: Training Infrastructure** – Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards. | | | |
| **Component** | | **Evidence** | **Comments** |
| **2.1.1** | Does the organisation have a policy, associated procedures and supporting documents to demonstrate compliance with its safety, health and welfare at work legislative obligations? |  |  |
| **2.1.2** | Are there systems in place to ensure that appropriate training premises are selected and utilised for the delivery of PHECC approved courses? |  |  |
| **2.1.3** | Is there a documented selection criteria and checklist for external premises to be used for course delivery? |  |  |
| **2.1.4** | Are there systems in place to ensure that appropriate equipment/resources are available for each course? |  |  |
| **2.1.5** | Is there a system in place for the regular maintenance and updating of equipment and evidence that it takes place? |  |  |
| **2.1.6** | Is there a system in place to ensure that all resources used for courses are fit for purpose and accessible? |  |  |

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| **QS2.2 Student Support** – A positive, encouraging, safe, supportive and challenging environment is provided for students. | | | |
| **Component** | | **Evidence** | **Comments** |
| **2.2.1** | Can the organisation demonstrate that students will be supported by adequate numbers of appropriately qualified and experienced faculty, administrative, technical and clinical staff appropriate to the level of the course? |  |  |
| **2.2.2** | Are there systems in place to ensure that students are made aware of the supports available to them before, during and after their course? |  |  |
| **2.2.3** | Is there a system in place to ensure that the organisation maintains appropriate tutor/instructor to student ratios in keeping with PHECC’s course approval criteria? |  |  |
| **2.2.4** | Are there opportunities provided for students to meet individually and collectively with faculty and/or management? |  |  |
| **2.2.5** | Are there procedures to obtain information from potential and existing students of any additional support needs they may have? |  |  |
| **2.2.6** | Are there mechanisms in place to provide reasonable accommodation for students with additional support needs? |  |  |
| **2.2.7** | Are there sufficient up to date resources (appropriate to the level of the course) made available to students in a variety of formats? i.e. hard copy, online, library etc. |  |  |

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| **QS2.3: Equality and Diversity** – There is a commitment to the provision of equal opportunities for students and personnel in compliance with relevant equality legislation. | | | |
| **Component** | | **Evidence** | **Comments** |
| **2.3.1** | Does the organisation have an equality and diversity policy and associated procedures? |  |  |
| **2.3.2** | Are all relevant policies and procedures legislatively compliant and do they promote equality? I.e. staff recruitment, development and management. |  |  |
| **2.3.3** | Are there mechanisms in place to ensure that students, faculty and other stakeholders have been made aware of the policy and procedures? |  |  |
| **2.3.4** | Does the organisation have codes of conduct for staff, faculty and other stakeholders? |  |  |
| **2.3.5** | Is there a system in place to ensure that faculty are provided with up to date information and training regarding equality and diversity? |  |  |
| **2.3.6** | How will the organisation ensure that course delivery accommodates the cultural backgrounds and different learning styles of students? |  |  |

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| **QS2.4 Internship/Clinical Placement** – Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved (NQEMT courses only). | | | |
| **Component** | | **Evidence** | **Comments** |
| **2.4.1** | Is there a documented MOU/Agreement in place between the organisation and internship/clinical placement site(s)? |  |  |
| **2.4.2** | Does the MOU/agreement between the organisation and internship/clinical placement site:   1. Outline their commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience? 2. Provide details of the responsibilities of both in relation to quality assurance? 3. Detail academic liaison and engagement to support practice-based learning? |  |  |
| **2.4.3** | Is there evidence that all internship/clinical placement sites have been assessed and audited to ensure their suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval? |  |  |
| **2.4.4** | Prior to using a new internship/clinical placement site, has verification of the completed assessment/audit endorsed by the organisation been submitted to PHECC? |  |  |
| **2.4.5** | Can the organisation demonstrate that only PHECC approved internship sites will be used for placement? |  |  |
| **2.4.6** | Is there a documented selection criterion for internship/clinical placement sites? |  |  |

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| **2.4.7** | Does the internship/clinical placement site(s) provide students with appropriate learning environments to support the development and achievement of their competencies? |  |  |
| **2.4.8** | Are the systems in place for students to raise concerns about their placement?  Is there a formal structure in place between the organisation and internship/clinical placement site to follow up and resolve any student and preceptor concerns? |  |  |
| **2.4.9** | Is there a fair and transparent system in place for student placement? |  |  |
| **2.4.10** | Are there a sufficient number of mentors and preceptors (clinical supervisor) in place with each internship site? |  |  |
| **2.4.11** | Are learning outcomes to be achieved during the internship/clinical placement period documented? |  |  |
| **2.4.12** | Is there a schedule and procedure in place for monitoring visits to internship/clinical placement sites? |  |  |
| **2.4.13** | Is there evidence that appropriate documentation is in place to record student activities during their internship? |  |  |
| **2.4.14** | Is there a system to ensure that an accurate and up to date record of internship/clinical placement activities is maintained by the student and made available for internal and external review (Learning Portfolio)? |  |  |

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| **3.3 Theme Three: Human Resource (HR) Management** | | | |
| **QS3.1: Organisational Staffing** – The organisation has sufficient, appropriately qualified and experienced personnel to maintain high quality education and training activities. | | | |
| **Component** | | **Evidence** | **Comments** |
| **3.1.1** | Is there evidence of a robust systematic approach to the recruitment of appropriately qualified and experienced personnel to carry out education and training activities? |  |  |
| **3.1.2** | Is there a minimum standard in place for the academic and subject matter experience of:   * Faculty (Facilitators, Tutors, Assistant Tutors, Instructors etc.) * Visiting subject experts and * Internship/clinical placement mentors and preceptors (clinical supervisors)? |  |  |
| **3.1.3** | Can the organisation demonstrate that it has adequate numbers of personnel in place to:   * Meet the current and projected demand for their service * Carry out the activities described in their 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? |  |  |

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| **3.1.4** | Does the composition of the Institution’s personnel meet PHECC education and training standards for each course on offer? |  |  |
| **3.1.5** | Is there evidence that all personnel involved in the administration and delivery of PHECC approved courses have been made aware of their quality assurance responsibilities? |  |  |
| **3.1.6** | Is there evidence that the organisation will meet its obligations under the Children and Vulnerable Persons Act 2012?   * Policy and procedures in place. * Garda Vetting policy and procedures, if required.   **Reference 1.2.11** |  |  |
| **3.1.7** | Is there a written job description specific to each position in the organisation? |  |  |
| **3.1.8** | Have all personnel been issued with a written statement of terms of employment/engagement? |  |  |

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| **QS3.2: Personnel Development** – The organisation has a systematic approach to the support and development of all personnel ensuring they have the competencies required to deliver high quality education and training. | | | |
| **Component** | | **Evidence** | **Comments** |
| **3.2.1** | Is there a documented procedure for the identification of training/upskilling needs of all personnel? |  |  |
| **3.2.2** | Can the organisation demonstrate that:   1. It has a documented induction programme for all personnel 2. The Induction is consistent and appropriate to the relevant role 3. All personnel have attended induction 4. The induction clearly outlines responsibility for the quality assurance of PHECC approved courses? |  |  |
| **3.2.3** | Is there a system in place (training and development plan/programme) which details how the organisation meets the support and development needs of relevant personnel? |  |  |
| **3.2.4** | Is there evidence that support and development/upskilling has taken place? |  |  |
| **3.2.5** | Is there a system in place to provide evidence that practitioner upskilling has taken place within 18 months of new CPG publication? |  |  |
| **3.2.6** | Are there mechanisms in place for faculty to request support for training/upskilling and the achievement of additional qualifications? |  |  |

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| **3.2.7** | Is there a formalised support and supervision and annual appraisal system in place? |  |  |
| **3.2.8** | Is there a system in place to demonstrate that personnel have completed training/upskilling relevant to their role?   * Manual Handling * Patient Handling * Infection Prevention and Control * Train the Trainer   This list in not exhaustive and the organisation may have training/upskilling requirements unique to their services. |  |  |

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| **QS3.3: Personnel Management** – There is a systematic approach to the management of all individuals and groups engaged in education and training activities. | | | |
| **Component** | | **Evidence** | **Comments** |
| **3.3.1** | Does the organisation have systems in place for regular and appropriate communication between faculty and management? |  |  |
| **3.3.2** | Is there a system in place for faculty to provide feedback during and after their course?  - Course reports |  |  |
| **3.3.3** | Is there a system in place that ensures that only personnel with valid certification deliver PHECC approved courses? |  |  |
| **3.3.4** | Are there mechanisms in place to ensure that the activities of faculty and visiting subject experts are systematically monitored through;   1. Observation and 2. Analysis of relevant documentation? |  |  |
| **3.3.5** | Are there procedures in place for dealing with poor and unacceptable performance of faculty? |  |  |
| **3.3.6** | Can the organisation demonstrate that is has appropriate HR policies and procedures in place to meet its legislative obligations? |  |  |

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| **QS3.4: Collaborative Provision** – There are appropriate contractual and quality assurance arrangements in place with contracted staff. | | | |
| **Component** | | **Evidence** | **Comments** |
| **3.4.1** | Does the organisation have a collaborative provision policy and associated procedures in place that;   * Clearly states that the organisation retains full control and responsibility for academic decisions and quality assurance * Clearly states that the organisation is responsible for activities carried out in its name * Outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses * Clearly details the responsibilities of each party for the quality assurance of PHECC approved courses? |  |  |
| **3.4.2** | Can the organisation demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by external affiliated faculty? |  |  |
| **3.4.3** | Is there a written and signed contract in place? |  |  |
| **3.4.4** | Is there a system in place to ensure the organisation maintains an up to date record of every member of externally affiliated faculty, including;   * their PHECC certification * Qualifications * Course delivery details * CPC? |  |  |
| **3.4.5** | Is there a system in place to ensure that external affiliated faculty details are submitted to PHECC? |  |  |

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| **3.4.6** | Can the organisation demonstrate agreed quality assurance standards between all parties involved? |  |  |
| **3.4.7** | Can the organisation demonstrate that it will?   * Receive regular reports of external affiliated faculty education and training activities * Analyse these reports * Take any actions arising from the analysis |  |  |

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| **3.4 Theme Four: Course Development, Delivery and Review** | | | |
| **QS4.1: Course Development and Approval** – There is a systematic approach to course development and approval. | | | |
| **Component** | | **Evidence** | **Comments** |
| **4.1.1** | Does the organisation have a course development, delivery and review policy? |  |  |
| **4.1.2** | Does the organisation have a documented procedure for course development and amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards? |  |  |
| **4.1.3** | Does course development reflect PHECC requirements? |  |  |
| **4.1.4** | Does course development:   1. Demonstrate an appropriate balance between theory and practice 2. Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate 3. Promote a commitment to self-directed learning, as appropriate? |  |  |
| **4.1.5** | Does the development of course material include;  a) Clearly outlined aims and objectives detailing  competencies to be achieved by students |  |  |

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|  | 1. Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons 2. Detailed timetable, time on each topic, teaching method, tutor/instructor name etc.? |  |  |
| **4.1.6** | Is there evidence of a systematic approach to course approval? |  |  |

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| **QS4.2: Course Delivery, Methods of Theoretical and Clinical Instruction** – Courses are delivered in a manner that meets students’ needs and in accordance with PHECC guidelines. | | | |
| **Component** | | **Evidence** | **Comments** |
| **4.2.1** | Is there a system in place to ensure that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines? |  |  |
| **4.2.2** | Is there a documented procedure and supporting documents for student induction? |  |  |
| **4.2.3** | Can the organisation demonstrate that all courses are will be delivered by appropriately qualified personnel? |  |  |
| **4.2.4** | Can the organisation demonstrate that all relevant instructor/tutor details will be recorded on course documentation? |  |  |
| **4.2.5** | Is there a system in place to provide evidence of student attendance at training? |  |  |
| **4.2.6** | Is there a system in place to ensure the delivery of learning outcomes by third parties is documented and monitored on a regular basis, including site visits as appropriate? |  |  |
| **4.2.7** | Are there mechanisms in place to ensure structured one to one time (i.e. remediation, mentoring) is available for students appropriate to their needs? |  |  |

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| **4.2.8** | For NQEMT courses only: Is there a documented record of student activities (from the student) maintained and available for inspection by PHECC and relevant stakeholders e.g. Learning Portfolio? |  |  |

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| **QS4.3 Course Access, Transfer and Progression** – Course information is clear, access is fair and consistent, with recognition of prior learning, as appropriate. | | | |
| **Component** | | **Evidence** | **Comments** |
| **4.3.1** | Is there an admissions policy and procedures and/or clear entry criteria for each course? |  |  |
| **4.3.2** | Can the organisation demonstrate that information is made available to prospective students on course details including: name, structure, duration, award type, fees, terms and conditions, transfer and progression opportunities etc.? |  |  |
| **4.3.3** | Can the organisation demonstrate that information will be made available to students on the process for recognition of prior learning (if applicable) whether through formal, non-formal and informal routes? |  |  |
| **4.3.4** | Do procedures for RPL adhere to the guidelines for each individual course in keeping with PHECC Guidelines? |  |  |

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| **QS4.4: Course Review** – Courses are reviewed in a manner that allows for constructive feedback from all stakeholders. | | | |
| **Component** | | **Evidence** | **Comments** |
| **4.4.1** | Does the organisation have documented procedures for course review? |  |  |
| **4.4.2** | Are there opportunities for students to provide feedback during and after their course? |  |  |
| **4.4.3** | Are there opportunities for faculty to provide feedback during and after their course? |  |  |
| **4.4.4** | Does the course evaluation process involve key stakeholders including mentors, as appropriate? |  |  |
| **4.4.5** | Are course evaluations documented by the tutor/instructor or course director? |  |  |
| **4.4.6** | Are areas for improvement identified and actions agreed and implemented as outlined in the course improvement plan and/or Quality Improvement Plan? |  |  |

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| **QS4.5: Assessment and Awards** – Assessment of student achievement is carried out in a fair and consistent manner in line with PHECC assessment criteria. | | | |
| **Component** | | **Evidence** | **Comments** |
| **4.5.1** | Does the organisation have an assessment policy and procedures? |  |  |
| **4.5.2** | For NQEMT Paramedic and AP only: Is there an appropriate assessment schedule in place (needs to be submitted to PHECC for approval) |  |  |
| **4.5.3** | Is there evidence that an appropriate assessment methodology will be used for all courses? |  |  |
| **4.5.4** | Is it clearly stated when PHECC assessment material is utilised? |  |  |
| **4.5.5** | Do students:   1. Have access to the information (e.g. course material) necessary for them to participate in assessment and 2. Receive feedback on their assessment/results? |  |  |
| **4.5.6** | Does the organisation have procedures to adapt assessment methodologies to cater for students with additional support needs? |  |  |
| **4.5.7** | Is there evidence that:   1. Responsibility for assessment material is designated and 2. Assessment materials are securely stored? |  |  |

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| **4.5.8** | Is it clear who has responsibility for the management of the PHECC certification system at responder level and practitioner (NQEMT) level? |  |  |
| **4.5.9** | Is there evidence that students are authorised to apply for NQEMT examination at the appropriate time? |  |  |
| **4.5.10** | Does the organisationhave a procedure and supporting documents for internal verification? |  |  |
| **4.5.11** | Does the organisationhave a procedure and supporting documents for external authentication? |  |  |
| **4.5.12** | Does the organisationhave a procedure and supporting documents for results approval? |  |  |
| **4.5.13** | Does the organisation have a student appeals policy, associated procedures and supporting documents? |  |  |

# The Quality Improvement Plan

The QIP should include the following detail:

* + - The QS Component the improvement action is relevant to
    - The issue to be dealt with
    - The planned activity to address the issue
    - The individual responsible for completing the action
    - The date the action is to be completed
    - The status of the activity i.e. open or closed.

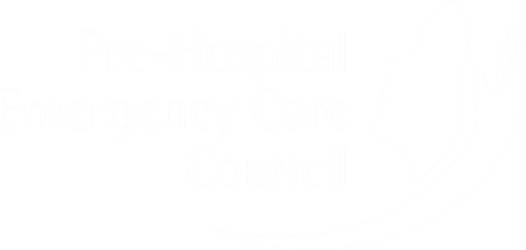
The Organisation is responsible for developing and maintaining a QIP. Quality improvement actions identified during systematic monitoring, self-assessment and external review should be recorded in the QIP. This will demonstrate the organisations commitment to continuous quality improvement.

The QIP should be considered a live document to be utilised to maintain a record of all improvement activities.

A sample is provided below. When completing the QIP the examples should be removed, and additional rows added as required.

# QIP Template

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quality Improvement Plan** | | | | | |
| **QS/Component** | **Issue** | **Planned Activity** | **Responsibility** | **By When** | **Status (open/closed)** |
| **1.1.1** | The organisational chart does not reflect current practice. | Update the Org. chart | Administrator | 17-04-20 | Closed |
| **1.1.2** | Not all sub-group meetings are fully recorded | Designate a minute taker for each sub- group meeting | TM | 10-09-20 | Open |
| **1.1.3** | The training manager and administrator role descriptions are out of date. | Update the role descriptions at the next one to one meeting | CEO for TM TM for Admin | 10-10-20 | Open |



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