



Quality Review Framework Compliance Report

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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Council

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Version History

(Please visit the [PHECC website](#) to confirm current version.)

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Version	Date	Details
1	Feb 2019	New Document

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Quality Review Framework Compliance Report

1. Institution Details

Name	
Address	
Type of Organisation	
Profile	
PHECC courses being delivered	
Higher Education Affiliation	

2. Review Details

Purpose	
Scope	
Date of the Desktop Review	
Date of On-site Review	
Quality Review Panel (QRP)	

3. Report Details

Date report sent to Institution	
Report Compiled by:	

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)		
Name	Organisation	Role
Closing Meeting (add rows as required)		
Name	Organisation	Role

4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)

4.3 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
Facilities (add rows as required)	
Location	Comments

Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments

4.4 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.

5. Compliance Rating and Level

The Compliance Ratings (CR) are designed to establish a baseline, measure ongoing progress and to encourage CQI. Ratings are given on a five-point scale (0-4) against each component.

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. Abbreviations – Assessment Method

1. DR = Document Review
2. SD = Stakeholder Discussion
3. OB = Observation

7. Purpose of the Report

The purpose of this report is to:

- a) Provide a record of the level of compliance with the PHECC quality standards
- b) Highlight actions that need to be taken to ensure full compliance

8. Findings

Theme One: Organisational Structure and Management

QS1.1: Governance – The institution has fit-for-purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC-approved courses.

Component	Assessment Method			Comments	CR
	DR	SD	OB		
1.1.1	<p>Is it clear what constitutes governance in the institution? (appropriate to its needs, size and complexity)</p> <ul style="list-style-type: none"> - Does the organisational chart clearly reflect the institution's 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	<p>Are there procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight of:</p> <ul style="list-style-type: none"> - Course approval/amendment - Results approval - Self-assessment? <p>Is there up-to-date evidence of these activities taking place?</p>				
1.1.3	<p>Are there terms of reference/role descriptions for all sub-groups/individuals carrying out oversight activities?</p>				
1.1.4	<p>Are there documented role descriptions for all activities associated with education and training?</p> <ul style="list-style-type: none"> - Administration - Internal Verification - Instructor 				

	<ul style="list-style-type: none"> - Assistant Tutor - Tutor - Facilitator <p>This is not an exhaustive list. Additional roles may be unique to each institution.</p>					
1.1.5	<p>Are there procedures in place for identifying, assessing and managing risk?</p> <p>Is there evidence of these activities taking place?</p>					
Total CR		Average CR		Compliance Level		

QS1.2: Management Systems and Organisational Processes – The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
1.2.1	Is there evidence that the institution is an established legal entity that a) provides education and training as a principal function <i>or</i> b) provides PHECC education and training standards?					
1.2.2	Are all tasks (from student entry to exit) associated with education and training documented?					
1.2.3	Is there evidence that the institution maintains up-to-date student records? - Contact details - Supports - Attendance - Completion - Assessment - Certification and Progression to other courses					
1.2.4	Is there evidence that the institution maintains 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	Are a policy, associated procedures and supporting documents in place for data protection that meet legislative requirements? - Does the policy reflect current practice?					

	- Do those involved in education and training activities understand what it means for their role?					
1.2.6	Where there is an affiliation/partnership with another institution 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 institution 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 institution 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 all stakeholders made aware of it?					
1.2.11	Are a policy, associated procedures and supporting documents in place to ensure the institution is meeting its obligations under the Child and Vulnerable Persons Act 2012?					
Total CR		Average CR		Compliance Level		

QS1.3: Continuous Quality Improvement – The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
1.3.1	Is there a CQI/Quality policy, and associated procedures, that states the institution's 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 appropriate performance indicators (KPIs) in place for monitoring all aspects of education and training? For example: <ul style="list-style-type: none"> - 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? <ul style="list-style-type: none"> - E.g. course evaluation forms reviewed by senior management after each course to monitor course rating and tutor/instructor rating 					

1.3.6	<p>Is there up-to-date evidence of the systematic collection, analysis and use of student, faculty and other stakeholder feedback?</p> <ul style="list-style-type: none"> - Course content - Delivery - Teaching style - Learning resources - Assessment - Provision of information - Support <p>This list is not exhaustive.</p>					
1.3.7	<p>Is there up-to-date evidence of the systematic collection and analysis of:</p> <ul style="list-style-type: none"> - Student participation - Success (grade analysis) - Progression? 					
1.3.8	<p>Is there up-to-date evidence of the systematic review of learning resources and locations?</p>					
1.3.9	<p>Is there up-to-date evidence of 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?</p>					
1.3.10	<p>Is there up-to-date evidence of quality improvement planning and implementation?</p>					
Total CR		Average CR		Compliance Level		

QS1.4: Transparency and Accountability – 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.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
1.4.1	Is there up-to-date evidence of internal reporting at all levels in the institution?					
1.4.2	Is responsibility for all tasks (from 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 prospective students provided with sufficient information to make an informed choice about course participation?					
1.4.5	Are the general public made aware of any third-party relationships related to PHECC-approved courses and the responsibilities of those involved?					
1.4.6	Is information about the institution's quality assurance system and external reviews made available to the public in an easily accessible format?					

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)?					
Total CR		Average CR		Compliance Level		

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		Assessment Method			Comments	CR
		DR	SD	OB		
2.1.1	Is there 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?					
2.1.2	Is there evidence to demonstrate that appropriate training premises are selected and used to deliver PHECC-approved courses?					
2.1.3	Are there documented selection criteria and a checklist for external premises to be used for course delivery?					
2.1.4	Is there evidence that appropriate equipment/resources are available and have been used for each course?					
2.1.5	Is there a system in place to regularly maintain and update equipment, and evidence that this is done?					
2.1.6	Is there evidence that all resources used for courses are fit for purpose and accessible?					
Total CR		Average CR			Compliance Level	

QS2.2 Student Support – A positive, encouraging, safe, supportive and challenging environment is provided for students.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
2.2.1	Can the institution 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?					
2.2.2	Is there evidence that students are made aware of the supports available to them before, during and after their course?					
2.2.3	Can the institution demonstrate that it maintains appropriate tutor/instructor-to-student ratios, in keeping with PHECC's course approval criteria?					
2.2.4	Are 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 sufficient up-to-date resources (appropriate to the level of the course) made available to students in a variety of formats? (hard copy, online, library, etc)					

Total CR		Average CR			Compliance Level	
QS2.3: Equality and Diversity – There is a commitment to provide equal opportunities for students and personnel in compliance with relevant equality legislation.						
Component	Assessment Method			Comments	CR	
	DR	SD	OB			
2.3.1	Does the institution 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	Is there evidence that students, faculty and other stakeholders have been made aware of the policy and procedures?					
2.3.4	Does the institution have codes of conduct for staff, faculty and other stakeholders?					
2.3.5	Is there evidence that faculty are provided with up-to-date information and training on equality and diversity?					
2.3.6	Does course delivery accommodate the cultural backgrounds and different learning styles of students?					
Total CR		Average CR			Compliance Level	

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	Assessment Method			Comments	CR
	DR	SD	OB		
2.4.1	Is there a documented MOU/agreement in place between the institution and internship/clinical placement site(s)?				
2.4.2	Does the MOU/agreement between the institution and internship/clinical placement site: <ul style="list-style-type: none"> a) Outline the commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience? b) Provide details of the responsibilities of both in relation to quality assurance? c) 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	Before using a new internship/clinical placement site, has verification of the completed assessment/audit endorsed by the institution been submitted to PHECC?				
2.4.5	Can the institution demonstrate that only PHECC-approved internship sites are used for placement?				

2.4.6	Are there documented selection criteria for internship/clinical placement sites?					
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 institution and internship/clinical placement site to follow up and resolve any student and preceptor concerns?					
2.4.9	Is a fair and transparent system in place for student placement?					
2.4.10	Is 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 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 an accurate and up-to-date record of student internship/clinical placement activities maintained by the student and made available for internal and external review (Learning Portfolio)?					

Total CR		Average CR		Compliance Level	

Theme Three: Human Resource (HR) Management

QS3.1: Organisational Staffing – The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.

Component	Assessment Method	Comments			CR
3.1.1	Is there evidence of a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities?				
3.1.2	Is a minimum standard in place for the academic and subject matter experience of: <ul style="list-style-type: none"> - Faculty (facilitators, tutors, assistant tutors, instructors, etc) - Visiting subject experts - Internship/clinical placement mentors and preceptors (clinical supervisors)? 				
3.1.3	Can the institution demonstrate that it has adequate numbers of personnel in place to: <ul style="list-style-type: none"> - Meet the current and projected demand for its service - Carry out the activities described in its policies and procedures - Maintain PHECC requirements for course approval - Systematically organise, deliver and monitor the quality of courses and awards 				

	- Ensure full compliance with the QRF?					
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 administering and delivering PHECC-approved courses: - Have been made aware of their quality assurance responsibilities - Are carrying out those activities consistently?					
3.1.6	Is there evidence that the institution is meeting its obligations under the Children and Vulnerable Persons Act 2012? - Policy and procedures in place - Garda Vetting policy and procedures, if required					
3.1.7	Is there a written job description specific to each position in the institution?					
3.1.8	Have all personnel been issued with a written statement of terms of employment/engagement?					
Total CR		Average CR			Compliance Level	

QS3.2: Personnel Development – The institution has a systematic approach to supporting and developing all personnel, ensuring they have the competencies required to deliver high-quality education and training.

Component		Assessment Methods			Comments	CR
		DR	SD	OB		
3.2.1	Is there a documented procedure to identify the training/upskilling needs of all personnel?					
3.2.2	Can the institution demonstrate that: <ul style="list-style-type: none"> a) It has a documented induction programme for all personnel b) The induction is consistent and appropriate to the relevant role c) All personnel have attended induction d) The induction clearly outlines responsibility for the quality assurance of PHECC-approved courses? 					
3.2.3	Is there evidence of a training and development plan/programme which details how the institution 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 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 to achieve additional qualifications?					
3.2.7	Is a formalised support and supervision and annual appraisal system in place?					

3.2.8	<p>Can the institution demonstrate that personnel have completed training/upskilling relevant to their role?</p> <ul style="list-style-type: none"> - Manual Handling - Patient Handling - Infection Prevention and Control - Train the Trainer <p>This list is not exhaustive. The institution may have training/upskilling requirements unique to its services.</p>					
Total CR		Average CR		Compliance Level		

QS3.3: Personnel Management – A systematic approach is taken to managing all individuals and groups engaged in education and training activities.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
3.3.1	Does the institution have systems in place for regular and appropriate communication between faculty and management?					
3.3.2	Is there evidence that faculty 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	Is there evidence that the activities of faculty and visiting subject experts are systematically monitored through: a) Observation b) Analysis of relevant documentation?					
3.3.5	Are procedures in place for dealing with poor and unacceptable performance of faculty?					
3.3.6	Can the institution demonstrate that it has appropriate HR policies and procedures in place to meet its legislative obligations?					
Total CR		Average CR			Compliance Level	

QS3.4: Collaborative Provision – Appropriate contractual and quality assurance arrangements are in place with contracted staff.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
3.4.1	<p>Does the institution have a collaborative provision policy, and associated procedures, in place that:</p> <ul style="list-style-type: none"> - Clearly states that the institution retains full control and responsibility for academic decisions and quality assurance - Clearly states that the institution 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	<p>Can the institution demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty?</p> <p>Is there evidence of these activities taking place?</p>					
3.4.3	Is a written and signed contract in place?					
3.4.4	<p>Does the institution maintain an up-to-date record of every member of contracted faculty, including:</p> <ul style="list-style-type: none"> - their PHECC certification - Qualifications - Course delivery details - CPC? 					

3.4.5	Are contracted faculty details submitted to PHECC?					
3.4.6	Is there evidence of agreed quality assurance standards between all parties involved?					
3.4.7	Does the institution have evidence that: <ul style="list-style-type: none"> - It receives regular reports of contracted faculty education and training activities - These reports are analysed - Any actions arising from the analysis have been taken? 					
Total CR		Average CR			Compliance Level	

Theme Four: Course Development, Delivery and Review

QS4.1: Course Development and Approval – A systematic approach is taken to course development and approval.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
4.1.1	Does the institution have a course development, delivery and review policy?					
4.1.2	Does the institution 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?					
4.1.3	Does course development reflect PHECC requirements?					
4.1.4	Does course development: <ul style="list-style-type: none"> a) Demonstrate an appropriate balance between theory and practice b) Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate c) Promote a commitment to self-directed learning, as appropriate? 					
4.1.5	Does the development of course material include: <ul style="list-style-type: none"> a) Clearly outlined aims and objectives, detailing competencies to be achieved by students b) Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons c) Detailed timetable, time on each topic, teaching method, tutor/instructor name, etc? 					

4.1.6	Is there evidence that a systematic approach is taken to course approval?					
Total CR		Average CR		Compliance Level		

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		Assessment Method			Comments	CR
		DR	SD	OB		
4.2.1	Is there evidence that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines?					
4.2.2	Is there evidence that student induction takes place?					
4.2.3	Can the institution demonstrate that all courses are delivered by appropriately qualified personnel?					
4.2.4	Are relevant instructor/tutor details recorded on course documentation?					
4.2.5	Is there evidence of student attendance at training?					
4.2.6	Is delivery of learning outcomes by third parties documented and monitored on a regular basis, including site visits as appropriate?					
4.2.7	Is structured one-to-one time (remediation, mentoring) available for students, and appropriate to their needs?					
4.2.8	<i>For NQEMT courses only:</i> Is a documented record of student activities (from the student) maintained and available for inspection by PHECC and relevant stakeholders (e.g. Learning Portfolio)?					

Total CR		Average CR			Compliance Level	
QS4.3 Course Access, Transfer and Progression – Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.						
Component		Assessment Method			Comments	CR
4.3.1	Are there an admissions policy and procedures and/or clear entry criteria?					
4.3.2	Is information 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	Is information available to students on the process for recognising prior learning (if applicable), whether through formal, non-formal or informal routes?					
4.3.4	Do procedures for RPL adhere to the guidelines for each individual course, in keeping with PHECC guidelines?					
Total CR		Average CR			Compliance Level	

QS4.4: Course Review – Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
4.4.1	Does the institution have documented procedures for course review?					
4.4.2	Do students have opportunities to provide feedback during and after their course?					
4.4.3	Do faculty have opportunities 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 QIP?					
Total CR		Average CR			Compliance Level	

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		Assessment Method			Comments	CR
		DR	SD	OB		
4.5.1	Does the institution have an assessment policy and procedures?					
4.5.2	<i>For NQEMT Paramedic and AP only:</i> Is an appropriate assessment schedule in place, which has been approved by PHECC?					
4.5.3	Is there evidence that an appropriate assessment methodology is used for all courses?					
4.5.4	Is it clearly stated when PHECC assessment material is used?					
4.5.5	Do students: a) Have access to the information (e.g. course material) necessary for them to participate in assessment b) Receive feedback on their assessment/results?					
4.5.6	Does the institution have procedures to adapt assessment methodologies to cater for students with additional support needs?					
4.5.7	Is there evidence that: a) Responsibility for assessment material is designated b) Assessment materials are securely stored?					
4.5.8	Is it clear who has responsibility for managing 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 institution have a procedure for internal verification? Is there evidence that internal verification takes place?					
4.5.11	Does the institution have a procedure for external authentication? Is there evidence that external authentication takes place?					
4.5.12	Does the institution have a procedure for results approval? Is there evidence that results approval takes place?					
4.5.13	Does the institution have a student appeals policy and procedures?					
Total CR		Average CR			Compliance Level	

9. Summary

Theme 1: Organisational Structure and Management		
Quality Area	Components requiring Improvement	Compliance Level
1.1	Governance	
1.2	Management Systems and Organisational Processes	
1.3	Continuous Quality Improvement	
1.4	Transparency and Accountability	
Theme 2: The Learning Environment		
2.1	Training Infrastructure	
2.2	Student Support	
2.3	Equality and Diversity	
2.4	Internship/Clinical Placement	
Theme 3: Human Resource Management		
3.1	Organisational Staffing	
3.2	Personnel Development	
3.3	Personnel Management	
3.4	Collaborative Provision	
Theme 4: Course Development, Delivery and Review		
4.1	Course Development and Approval	
4.2	Course Delivery – Methods of Theoretical and Clinical Instruction	
4.3	Course Access, Transfer and Progression	
4.4	Course Review	
4.5	Assessment and Awards	

10. Next Steps

The findings from this report should be used to update the Quality Improvement Plan. The findings will also be used to inform the composite report. Refer to the QRF overview for more information.



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