

A decorative graphic consisting of three parallel lines in grey, orange, and blue, forming a jagged, step-like shape that descends from the left and then ascends to the right, creating a V-shape in the center.

Quality Review Framework  
Self-Assessment Toolkit

## **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”*

©Pre-Hospital Emergency Care  
Council

Published by:  
**Pre-Hospital Emergency Care Council**

*Feb 2019*

2<sup>nd</sup> Floor,  
Beech House,  
Millennium Park,  
Naas Co Kildare, W91 TK7N,  
Ireland.

T: + 353 (0)45 882042

E: [info@phecc.ie](mailto:info@phecc.ie)

W: [www.phecc.ie](http://www.phecc.ie)

### **Version History**

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

<b>Name: REP032 Quality Review Framework: Self-Assessment Toolkit</b>		
<b>Version</b>	<b>Date</b>	<b>Details</b>
1	Feb 2019	New Document

# Table of Contents

Institution and Report Details.....	1
1. Introduction .....	2
2. Completing the Self-Assessment .....	2
2.1 Planning for Self-Assessment.....	2
2.2 Completing the Self-Assessment Report .....	3
2.2.1 Providing Evidence .....	3
2.2.1.1 Sample Documents .....	4
2.2.2 Providing Comments.....	5
2.2.3 Compliance Rating and Level .....	5
2.2.4 Self-Assessment Report Extract Sample .....	6
3. The Self-Assessment Report .....	7
3.1 Theme One: Organisational Structure and Management .....	7
3.2 Theme Two: The Learning Environment.....	14
3.3 Theme Three: Human Resource (HR) Management.....	19
3.4 Theme Four: Course Development, Delivery and Review .....	26
4.0 The Quality Improvement Plan .....	33
4.1 QIP Template .....	34
5. The Assessment Matrix.....	35
6. Self-Assessment Checklist.....	37

# Quality Review Framework: Self-Assessment Toolkit

## Institution and Report Details

Institution Details		
Institution Name		
Address		
Institution Type (e.g. Private Company, University, State Body)		
PHECC Courses Delivered		
Higher Education Affiliation		
Contact Name		
Job Title		
Phone		
Email		
Report Details (add rows if required)		
Individuals and/or groups involved in the self-assessment	Name	Role
Report completed by		

## 1. Introduction

The Self-Assessment Toolkit (SAT) is a tool for institutions to evaluate their performance against the Quality Standards (QS). It is an opportunity to record what your organisation is currently doing and information about the systems you have in place. Self-assessment enables you to:

- Confirm areas where the QS is being met and at what level
- Identify gaps in current systems and processes
- Plan actions to address any identified gaps, in systems and processes

The SAT has three parts:

1. The Self-Assessment Report
2. The Quality Improvement Plan
3. The Assessment Matrix

All parts must be complete before submission to PHECC, prior to external review.

## 2. Completing the Self-Assessment

### 2.1 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. Set 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 people's 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?

- Is another quality management system or accreditation/certification process already in place?

## 2.2 Completing the Self-Assessment Report

The Self-Assessment Report (SAR) has four parts to be completed:

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.
3. Compliance Ratings: Rate your performance against each component and the overall rating against each Quality Standard (QS).
4. Compliance Level: Highlight the appropriate compliance level against each QS.

### 2.2.1 Providing Evidence

1. When carrying out the self-assessment, consider the source of the evidence, including:
  - a) Documentation
  - b) Stakeholder Discussions
  - c) Observation
2. Any evidence you consider must be:
  - a) Relevant: It clearly relates to the component and the question being asked.
  - b) Reliable: It is from a source or person accepted as having relevant knowledge and/or experience in that area.
  - c) Adequate: It provides enough information to answer the question being asked.

**Note:** *The evidence provided may differ and depend upon the size and structure of the institution.*

3. During the self-assessment you will be considering all sources, but you should only list the documentary evidence in the SAR. This will be supported during external review through stakeholder discussions and observation.
4. Any documentary evidence should always be:
  - a) Consistent: Is practice consistent with policies and procedures? Are feedback forms used for every course? Are all relevant meetings recorded, etc?
  - b) Accessible: Is documentation accessible to relevant stakeholders?

- c) Recent: Are policies and procedures up to date? Do they reflect current practice? Is the staff handbook up to date? Etc.
- d) Dated: Is it clear when the evidence dates from? Is there a date on it?
5. 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.

### 2.2.1.1 Sample Documents

<b>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</b>		
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	Course Feedback Reports
Operational Plans	Student Attendance Records	Garda Vetting Details (if applicable)
Training Venue Details	Feedback Forms	Contracts/Agreements with external personnel
Course Promotional Material	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 Rates, Grade Analysis, Completion Rates, Satisfaction Rates, etc	Student Workbooks	Accident Reports
Incident Reports	Complaints forms	Quality Improvement Plan

Financial Reports	Annual Reports	Risk Assessment
Risk Register	Faculty Observation Form	Resource Checklist

## 2.2.2 Providing Comments

These should be:

1. Brief
2. Relevant to the component
3. Provide a rationale for your rating

## 2.2.3 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 component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.

Example: Total CR for applicable components = 6 ÷ 3 components = an average of 2 = CL of Moderately Met

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.



## 2.2.4 Self-Assessment Report Extract Sample

<b>Theme 4: Course, Development, Delivery and Review</b>			
<b>QS4.1: Course Development and Approval</b> – A systematic approach is taken to course development and approval.			
<b>Component</b>		<b>Evidence</b>	
		<b>RI</b>	<b>ATI – Delivering CFR</b>
<b>4.1.1</b>	Does the institution have a course development, delivery and review policy?	<ul style="list-style-type: none"> <li>Course development, delivery and review policy and procedures</li> </ul>	<ul style="list-style-type: none"> <li>n/a</li> </ul>
<b>4.1.2</b>	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?	<ul style="list-style-type: none"> <li>Course development/amendment procedure</li> </ul>	<ul style="list-style-type: none"> <li>Course development/amendment procedure</li> </ul>
<b>4.1.3</b>	Does course development reflect PHECC requirements?	<ul style="list-style-type: none"> <li>Course delivery material: presentations, handouts, etc</li> </ul>	<ul style="list-style-type: none"> <li>Course delivery material: presentations, handouts, etc</li> </ul>
<b>4.1.4</b>	Does course development: <ol style="list-style-type: none"> <li>Demonstrate an appropriate balance between theory and practice</li> <li>Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate</li> <li>Promote a commitment to self-directed learning, as appropriate?</li> </ol>	<ul style="list-style-type: none"> <li>Lesson plans</li> <li>Course schedule</li> <li>Student handbook</li> <li>Course material</li> <li>Student feedback forms</li> </ul>	<ul style="list-style-type: none"> <li>Course outline</li> <li>Course timetable</li> <li>Student feedback forms</li> </ul>

### 3. The Self-Assessment Report

#### 3.1 Theme One: Organisational Structure and Management

**QS1.1: Governance** – 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.

Component		Evidence	Comments	CR
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"> <li>- Does the organisational chart clearly reflect the institution's current structure and how that structure supports education and training activities?</li> <li>- Does it clearly indicate who has overall responsibility for education and training governance, and any delegated responsibilities?</li> </ul>			
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"> <li>- Course approval/amendment</li> <li>- Results approval</li> <li>- Self-assessment?</li> </ul> <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"> <li>- Administration</li> <li>- Internal Verification</li> <li>- Instructor</li> <li>- Assistant Tutor</li> <li>- Tutor</li> </ul>			

	- Facilitator This is not an exhaustive list. Additional roles may be unique to each institution.			
<b>1.1.5</b>	Are there procedures in place for identifying, assessing and managing risk? Is there evidence of these activities taking place?			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

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

Component		Evidence	Comments	CR
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 - 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?			

<b>1.2.6</b>	Where there is an affiliation/partnership with another institution or higher education authority, is there <ul style="list-style-type: none"> <li>- A memorandum of understanding</li> <li>- A joint working group</li> <li>- An agreement outlining responsibilities for delivery, assessment and quality assurance?</li> </ul>			
<b>1.2.7</b>	Is there evidence to demonstrate that the institution is in good financial standing (e.g. tax clearance certificate, etc)?			
<b>1.2.8</b>	Is there written confirmation that adequate insurance cover is in place to cover all education and training activities?			
<b>1.2.9</b>	Is the institution sufficiently resourced (finance and human) to carry out all quality assurance activities?			
<b>1.2.10</b>	Is there a complaints policy and associated procedures relevant to all stakeholders, and are all stakeholders made aware of it?			
<b>1.2.11</b>	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?			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

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

Component		Evidence	Comments	CR
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"> <li>- Tutor/instructor rating</li> <li>- % of students completing courses</li> <li>- Dropout rates</li> <li>- Grade analysis</li> <li>- Course satisfaction rating</li> </ul>			
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"> <li>- E.g. course evaluation forms reviewed by senior management after each course to monitor course rating and tutor/instructor rating</li> </ul>			

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"> <li>- Course content</li> <li>- Delivery</li> <li>- Teaching style</li> <li>- Learning resources</li> <li>- Assessment</li> <li>- Provision of information</li> <li>- Support</li> </ul> <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"> <li>- Student participation</li> <li>- Success (grade analysis)</li> <li>- Progression?</li> </ul>			
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>			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

**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		Evidence	Comments	CR
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)?			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	



## 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	CR
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?			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	

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

Component		Evidence	Comments	CR
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 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 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)			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	

**QS2.3: Equality and Diversity** – There is a commitment to provide equal opportunities for students and personnel in compliance with relevant equality legislation.

Component		Evidence	Comments	CR
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?			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	

**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	CR
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"> <li>a) Outline the commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience?</li> <li>b) Provide details of the responsibilities of both in relation to quality assurance?</li> <li>c) Detail academic liaison and engagement to support practice-based learning?</li> </ul>			
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?			

<b>2.4.7</b>	Does the internship/clinical placement site(s) provide students with appropriate learning environments to support the development and achievement of their competencies?			
<b>2.4.8</b>	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?			
<b>2.4.9</b>	Is a fair and transparent system in place for student placement?			
<b>2.4.10</b>	Is there a sufficient number of mentors and preceptors (clinical supervisor) in place with each internship site?			
<b>2.4.11</b>	Are learning outcomes to be achieved during the internship/clinical placement period documented?			
<b>2.4.12</b>	Is a schedule and procedure in place for monitoring visits to internship/clinical placement sites?			
<b>2.4.13</b>	Is there evidence that appropriate documentation is in place to record student activities during their internship?			
<b>2.4.14</b>	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)?			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

### 3.3 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		Evidence	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"> <li>- Faculty (facilitators, tutors, assistant tutors, instructors , etc)</li> <li>- Visiting subject experts</li> <li>- Internship/clinical placement mentors and preceptors (clinical supervisors)?</li> </ul>			
3.1.3	Can the institution demonstrate that it has adequate numbers of personnel in place to: <ul style="list-style-type: none"> <li>- Meet the current and projected demand for its service</li> <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 awards</li> <li>- Ensure full compliance with the QRF?</li> </ul>			
3.1.4	Does the composition of the institution’s personnel meet PHECC education and training standards for each course on offer?			

<b>3.1.5</b>	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?			
<b>3.1.6</b>	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			
<b>3.1.7</b>	Is there a written job description specific to each position in the institution?			
<b>3.1.8</b>	Have all personnel been issued with a written statement of terms of employment/engagement?			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

**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		Evidence	Comments	CR
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: 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	Can the institution demonstrate that personnel have completed training/upskilling relevant to their role? - Manual Handling			



	<ul style="list-style-type: none"> <li>- Patient Handling</li> <li>- Infection Prevention and Control</li> <li>- Train the Trainer</li> </ul> <p>This list is not exhaustive. The institution may have training/upskilling requirements unique to its services.</p>			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

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

Component		Evidence	Comments	CR
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?			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	

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

Component	Evidence	Comments	CR
<p><b>3.4.1</b> Does the institution have a collaborative provision policy and associated procedures in place that:</p> <ul style="list-style-type: none"> <li>- Clearly states 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><b>3.4.2</b> Can the institution demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty? Is there evidence of these activities taking place?</p>			
<p><b>3.4.3</b> Is a written and signed contract in place?</p>			
<p><b>3.4.4</b> Does the institution maintain an up-to-date record of every member of contracted faculty, including:</p> <ul style="list-style-type: none"> <li>- their PHECC certification</li> <li>- Qualifications</li> <li>- Course delivery details</li> <li>- CPC?</li> </ul>			
<p><b>3.4.5</b> Are contracted faculty details submitted to PHECC?</p>			
<p><b>3.4.6</b> Is there evidence of agreed quality assurance standards between all parties involved?</p>			

3.4.7	Does the institution have evidence that: <ul style="list-style-type: none"> <li>- It receives regular reports of contracted faculty education and training activities</li> <li>- These reports are analysed</li> <li>- Any actions arising from the analysis have been taken?</li> </ul>			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

### 3.4 Theme Four: Course Development, Delivery and Review

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

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

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

**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	CR
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)?			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	

**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		Evidence	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?			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	



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

Component		Evidence	Comments	CR
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?			
<b>Total CR</b>		<b>Average CR</b>	<b>Compliance Level</b>	

**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	CR
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?			

<b>4.5.9</b>	Is there evidence that students are authorised to apply for NQEMT examination at the appropriate time?			
<b>4.5.10</b>	Does the institution have a procedure for internal verification? Is there evidence that internal verification takes place?			
<b>4.5.11</b>	Does the institution have a procedure for external authentication? Is there evidence that external authentication takes place?			
<b>4.5.12</b>	Does the institution have a procedure for results approval? Is there evidence that results approval takes place?			
<b>4.5.13</b>	Does the institution have a student appeals policy and procedures?			
<b>Total CR</b>		<b>Average CR</b>		<b>Compliance Level</b>

## 4.0 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 institution 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 institution's commitment to CQI.

All improvement actions identified during the external review should be completed within 20 weeks of the on-site review. Evidence of compliance must be submitted.

The QIP should be considered as a live document, used 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.

## 4.1 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	17-03-19	Open
1.1.2	Not all sub-group meetings are fully recorded.	Designate a minute taker for each sub-group meeting	TM	10-01-19	Closed
1.1.3	The training manager and administrator role descriptions are out of date.	Update the role descriptions at the next one-to-one meetings	CEO for TM TM for Admin	10-02-19	Open

## 5. The Assessment Matrix

Self-Assessment Matrix							
Theme 1: Organisational Structure and Management							
Quality Area		N/A	NM	MNM	MDM	SM	FM
		N/A	0	1	2	3	4
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							

<b>4.1</b>	Course Development and Approval						
<b>4.2</b>	Course Delivery – Methods of Theoretical and Clinical Instruction						
<b>4.3</b>	Course Access, Transfer and Progression						
<b>4.4</b>	Course Review						
<b>4.5</b>	Assessment and Awards						

## 6. Self-Assessment Checklist

<b>Self-Assessment Checklist</b>	
<b>Please ensure you have completed the following information before submitting your self-assessment.</b>	
Your institution details	
Report details	
Provided evidence for all applicable components	
Included comments where relevant	
Completed the compliance rating for all applicable components	
Completed an overall compliance rating for each quality standard	
Completed the compliance level for each quality standard	
Included all improvement actions in the QIP	
Included all relevant information in the QIP	
Completed the Assessment Matrix	
Signed and dated the document	

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_





**Published by:**

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

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