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Guide to Self-Assessment

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Abbreviations	
RI's	Recognised Institutions
QIC	Quality Improvement Cycle
RISAR	Recognised Institution Self-Assessment Report
PHECC	Pre-Hospital Emergency Care Council
QS	Quality Standards
QRP	Quality Review Panel
QIP	Quality Improvement Plan
RPL	Recognition of Prior Learning

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1.0 Overview

1.1 Introduction

This guide to self-assessment is for use by Recognised Institutions (RIs), particularly faculty responsible for quality management and/or leading the self-assessment process in their organisation. The review process and Quality Improvement Cycle (QIC) are explained in summary in this guide. It is necessary to understand these elements to be able to complete the Recognised Institution Self-Assessment Report (RISAR).

1.2 The Recognised Institution Self-Assessment Report

The RISAR is a self-assessment tool for RIs to evaluate their performance against the Pre-Hospital Emergency Care Council's (PHECC) Quality Standards (QS). There are three parts to the RISAR:

Part 1- A self-assessment rating against each of the QS

Part 2- An Assessment Matrix

Part 3- A Checklist.

It is the same format that is used by the Quality Review Panel (QRP) at the on-site review. It is also the basis for the draft report sent to your organisation after the on-site review, and what becomes your Quality Improvement Plan (QIP) for the following year.

1.3 Purpose of this Guide

The purpose of this guide is to help RIs complete the RISAR. It involves the RI looking at how it does things, what it achieves and how it measures up against the agreed set of QS. During the process, the RI's strengths, weaknesses and opportunities for improvement are identified.

2.0 Completing the RISAR

2.1 Introduction

The RISAR assists you to conduct a self-assessment of your institution course(s) and associated activities. It records the things your organisation is currently doing and information about the systems that are in place. Self-Assessment enables an RI to:

- Confirm areas where the course(s) is meeting the QS
- Identify gaps in current systems and processes that do not meet the QS
- Plan actions to address any identified gaps, in systems and processes, prior to the on-site review being conducted
- Identify additional opportunities for improvement, even where the QS are met, to support continuous improvement.

During the self-assessment process there may be opportunities to address gaps, such as writing a policy or procedure to describe practice. Often the self-assessment process assists organisations to identify priorities for action.

2.2 Planning For Self-Assessment

Before the self-assessment process can begin, planning should be done to ensure the best use of faculty time and to anticipate the impact of the process on course delivery. Realistic timeframes must be allowed. Issues to consider in the planning phase include:

- Who will be involved?
- What implications will this have for course delivery?
- How will the organisation get feedback from stakeholders?
- How will the evidence be documented?
- Is there another quality management system or accreditation/certification process already in place?

3.0 The RISAR

3.1 Part 1 – the Assessment Report

This section of the RISAR is designed to enable RIs to work through each of the quality areas and associated standards and document the following:

- **Evidence examples:** list the evidence you can provide to demonstrate compliance with each QS and its requirements.
- **Self-assessment findings:** provide a brief summary of findings that describe why your organisation meets the QS or describe the identified gap where the QS is part met or not met.
- **Self-assessment ratings:** rate your performance against the QS as met, part met, not met, or not applicable.
- **Quality Improvement Action Plan:** must be developed where you decide a QS, is not fully met.

When completing the RISAR it is not necessary to include lengthy information about policies and procedures or other types of evidence. It is acceptable to just list the name or number of the policy and procedure or other documents that you have as evidence and can provide to members of the quality review panel (QRP) or PHECC when requested.

The purpose of the assessment findings sections is to provide a brief summary as to why you have self-assessed as **Met, Part Met, Not Met** or **Not Applicable**.

Some examples of QS rated at self-assessment are provided below. The following examples also demonstrate different approaches to documenting the evidence examples section.

3.1.1 Example of a QS Assessed as “Met”

Table 1: Example of a Quality Standard Assessed as “Met”

Section One: Organisational Structure and Management	
Quality Standard: 1.2 Management Systems and Organisational Processes - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.	
Evidence Examples:	
<ul style="list-style-type: none"> • Documented Information Management policy and procedures • A Quality Management System is in place • Monitoring system in place to ensure continuous improvement • Job Descriptions reflect role and responsibility for quality management • Student files are kept accurate and up to date • Faculty records are accurate and up to date (qualifications and training) • Reporting on Key Performance indicators (KPI's) occurs on a regular basis and appropriate reports are generated and available • Other information: Management and faculty responsible for services will be available for interview. 	
Findings:	
<p>We conduct regular student file audits which show that all students have been provided with appropriate information and a support plan is in place. Our administration and management plans detail all action to be taken, who is responsible for that action and when it is to be completed.</p> <p>We have records to show that faculty are involved in planning and that a copy of the operational plan is always available. However we have identified an opportunity for improvement in this area. (See Quality Improvement Plan).</p>	
Assessment Rating	Met
Actions Required to meet Quality Standard	
n/a	
Optional Action to support Continuous Quality Improvement	
Include a note in the contract of employment about the opportunity to contribute to updates to the operational plan.	

3.1.2 Example of a QS Assessed as “Part met”

Table 2: Example of a Quality Standard Assessed as “Part Met”

Section Two: The Learning Environment	
Quality Standard: 2.3 Course Access, Transfer and Progression - Course information is clear, access is fair and consistent, with recognition of prior learning, as appropriate.	
Evidence Examples:	
<p>We have the following policies and procedures that relate to this expected outcome: Eligibility, priority of access and entry to the course, giving student’s information, communicating with stakeholders. Student’s rights and responsibilities.</p> <p>Information Pack: all students receive the pre-course information pack. This includes all aspects of rights and responsibilities. We have this information in several formats to meet the needs of our stakeholders. Our faculty; always explain this information verbally.</p> <p>Our administration faculty will be available to talk about these processes.</p>	
Findings:	
<p>We checked a sample of student’s files and found none of them had any evidence that the information pack was explained or given to those students. Yet we are confident that our faculty always do this.</p>	
Assessment Rating	Part Met
Actions Required to meet Quality Standard	
<p>Make sure the faculty giving and explaining the information pack know that they must note that they have done this in the student’s file. The entry should always be signed and dated by the faculty member.</p> <ol style="list-style-type: none"> 1. Add this requirement to our procedure. 2. Audit files in two months to check progress. 	
Optional Action to support Continuous Quality Improvement	

3.1.3 Example of a QS Assessed as “Not Met”

Table 3: Example of a Quality Standard Assessed as “Not Met”

Section Three: Faculty Recruitment and Development	
Quality Standard: 3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.	
Evidence Examples:	
<ul style="list-style-type: none"> • Human resources policies and procedures. • Faculty files. • Our new HR manager will be available to explain our processes and current situation. 	
Findings:	
<p>Our faculty records do not currently have information about our selection and recruitment processes. The HR Manager has recently left and we are unsure whether the appropriate records have been kept or have been misplaced. We have plans to implement a system to address this as soon as possible. Our new HR Manager will be starting in three weeks.</p> <p>We have recently had a number of other faculty leave and have had to postpone some courses. We have recently commenced a faculty recruitment strategy.</p>	
Assessment Rating	Not Met
Actions Required to meet Quality Standard	
<p>Implement a human resources records management system to evidence:</p> <ul style="list-style-type: none"> • recruitment and retention processes that ensure sufficient faculty levels are maintained • services are provided by appropriately skilled faculty • Garda vetting checks for all faculty at commencement 	
Optional Action to support Continuous Quality Improvement	

3.2 Part 2 – The Assessment Matrix

The Assessment Matrix is part two of the RISAR. It is a summary of the findings of the self-assessment, and allows an RI to identify their organisation's overall performance against the QS. The assessment matrix should be completed at the end of the self-assessment, by inserting a rating against each QS. The following ratings apply:

- **Met:** written and verbal evidence clearly demonstrates that your course and associated activities meets all the requirements of the QS
- **Part Met:** written and verbal evidence clearly demonstrates that your course and associated activities only meets part of the requirements of the QS
- **Not Met:** written and verbal evidence clearly demonstrates that your course and associated activities does not meet the requirements of the QS
- **Not Applicable:** a not applicable rating may apply, for example, where your service does not provide Recognition of Prior Learning (RPL) for students.

Once each expected outcome has been rated, the overall assessment result can be determined. The Assessment Result is applied as follows:

- **Met:** all the requirements of each standard have been met
- **Part Met:** the requirements of one or more standards have not been fully met
- **Not Met:** the requirements of no standards have been met.

In the example below, the RI has achieved an overall assessment result of **Part Met**. The **Part Met** rating applies because the requirements of one or more standards have not been fully met. In this instance, QS – 3.5 Work Placement and Internship, has been rated as **Part Met** and QS – 3.6 Faculty and Stakeholder Management, has been rated as **Part Met**.

Table 4: Example of a Completed Assessment Matrix

Assessment Matrix				
Please tick (✓) the appropriate box – (N/A = Not Applicable)	Met	Part Met	Not Met	N/A
Section 3: Faculty Recruitment and Development				
3.1 Organisational Staffing	✓			
3.2 Faculty Recruitment	✓			
3.3 Faculty Development and Training	✓			
3.4 Communication with Faculty	✓			
3.5 Work Placement and Internship		✓		
3.6 Faculty and Stakeholder Management		✓		
3.7 Collaborative provision	✓			
Assessment Result	Part Met			

3.3 Part 3 – The Checklist

Table 5: The Self-Assessment Checklist

Self-Assessment Checklist	
Please ensure you have completed the following information before submitting your self-assessment.	
Your Institution Details	
The Assessment Matrix	
Your Evidence Examples for each applicable Quality Standard (<i>list only and save your actual Evidence Examples for the on-site review</i>)	
Self-assessment findings for each applicable Quality Standard	
A Self-assessment rating for each applicable Quality Standard	
The quality improvement actions required to meet the quality standard where you have rated a standard Part Met or Not Met .	
The quality improvement plan 'Optional Action to support Continuous Quality Improvement' where you have rated an expected outcome as Met, but identified improvement opportunities.	

4.0 The Quality Improvement Plan and Progress Report

4.1 QIP Details

Quality improvement plans (QIPs) should include the following detail:

- The improvement action that is planned
- The name and position of the person responsible for completing the action
- The timeframe within which action is to be completed
- The date that the action is completed
- Any additional comments.

Examples of the type of improvement actions that may be required are:

- Develop and introduce new or additional policies and/or procedures
- Review current policies and/or procedures
- Further develop written information for stakeholders
- Introduce new or additional quality improvement processes, for example:
 - develop an internal audit schedule
 - increase opportunities for stakeholders to provide feedback
 - improve processes for analysing, reporting and acting on feedback.

RIs are also encouraged to document any opportunities for improvement you identify, even where the QS is fully met. These are considered to be “optional actions”, to promote continuous quality improvement and should also be documented in the QIP.

5.0 Providing Evidence

5.1 Introduction

The RISAR records findings about how well the RI is meeting the QS. The QRP's off-site RISAR review and on-site review verifies the self-assessment. The QRP look at all evidence given to them by the RI and decide if the course and associated activities meets the QS.

5.2 What is Evidence?

Evidence is information that confirms or proves something. It can include something that is written, seen or heard. The evidence provided must be relevant, reliable and adequate.

- 1) **Relevant:** clearly relates to the issue at hand or the question being asked
- 2) **Reliable:** is from a source or person accepted as having relevant knowledge and/or experience in that area
- 3) **Adequate:** provides enough information to answer the question being asked.

5.3 What Evidence is Acceptable?

Evidence is usually thought to be most reliable when it can be confirmed by more than one process or piece of information. The evidence that RIs have will differ and may depend upon the size and structure of the organisation, the services provided, faculty and student groups. However, to just say that something is done, or describe a system or process that is in place, is not enough evidence to show that a QS, is met.

5.4 Sources of Evidence

The following are examples of how you might source evidence to show you are meeting the QS. The examples are not prescriptive – they are prompts to assist you to think about ways your organisation meets the QS. Sources of Evidence include:

1. Documentation
2. Interviews
3. Observation.

5.4.1 Documentation

You can use any written information that shows you meet the QS. Think about the types of written information that your system generates. Documentation might include:

- Stakeholder information: brochures, pamphlets, newsletters, posters or other written material given to students or other stakeholders
- Documents read by stakeholders: policies, procedures, guidelines, meeting minutes, memos, newsletters etc.
- Forms used by faculty: Application/Registration forms, attendance records, feedback and complaint, improvement forms etc.
- Records: student records, faculty records, training records, feedback, complaint and incident/accident records, quality improvement plans etc.
- Reports: quality activities, quality reviews, financial reports, annual reports, reports to PHECC and data reports etc.

5.4.1.1 Documents Checklist

This list below is provided as a starting point to the type of documents the QRP will ask to see at the on-site visit. The list is a guide only - the QRP may ask for other documentation or you may have other types of records and information which are relevant. Please prepare for the on-site visit by having relevant documents ready for the QRP at the start of the review.

Table 6: Document Checklist

Organisation	Students	Faculty
Policies and Procedures Manuals	Pre-Course Information	Faculty, Job Descriptions
Course Material	Application/Registration Forms	Recruitment Policy/ Procedures
Organisational Chart	Assessment Briefs	List of Host Organisation, Mentors, Supervisors and their Qualifications
Details of Sub-Contracting Arrangements	Examination Details	List of Faculty, Tutors etc. Including their Qualifications
List of Host Organisations – Internship, Work Placement	Handbook	Faculty Training Records
Insurance Certificates	Assessment Portfolios	Course Feedback Reports
Operational Plans	Attendance Records	Garda Vetting Details (if applicable)
Training Venue Details	Feedback Forms	Handbook
Course Promotional Material	Student Portfolios (If applicable)	Induction Records
Host Organisation Visit Schedule	RPL Records (if applicable)	Code of Conduct

Data Reports, Certification Rates, Grade Analysis, Completion Rates, etc.	Workbooks	Data Reports – Satisfaction Rates etc.
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5.4.2 Interviews

Interviews enable information to be obtained verbally from a range of relevant stakeholders. They can be used to confirm written evidence. Interviewees could include: management, faculty, tutors, students, host organisation representatives and/or mentors supervisors.

When considering individuals for interview, think about the following questions:

- Who has knowledge in what area/s?
- Who is best to speak to about a particular service area or course?
- Are there students and/or their representative who would be happy to be interviewed?
- What stakeholders could make a relevant contribution?

Different people will have knowledge in different areas. For example, a tutor might have broad knowledge across a number of courses. A course manager/director would be expected to have good knowledge of their area. Someone involved in directly delivering services to students (administrator) may have knowledge of many procedures relating to different course activities.

5.4.3 Observation

Observation of faculty processes and the physical environment can be used to confirm verbal and/or written evidence. For example, observation could be used to confirm:

- If there is easy access to the training centre?
- Are tutors proficient in course delivery?
- Are there appropriate health and safety measures in place?
- Is the learning environment appropriate?

6.0 Summary

The quality improvement cycle and review process is an on-going cycle of evaluation and continuous improvement. The cycle begins with a RI self-assessment evaluated against the QS. This is followed by an on-site visit by the quality review panel. The key output from this initial process is an agreed quality improvement plan to be implemented over the following twelve months. Follow up and support visits (if required), to ascertain progress on the agreed QIP will be scheduled. After twelve months the RI will be required to submit an updated QIP, continuing the cycle. This cycle continues until the next scheduled formal review.

Table 7: Key Steps Timelines

Quality Improvement Cycle/Review Process		
Steps	Activity	Timelines
1	RISAR sent to RI	Day 1
2	RISAR returned to QRP	Within 8 weeks
3	Off-Site RISAR Review	Completed within 2 weeks
4	On-Site Review (1 Day)	Mutually agreed time
5	Draft report returned to RI	Within 2 Weeks
6	Draft report with RI feedback returned to QRP	Within 4 Weeks
7	Draft report to Council	Within 4 Weeks
8	Copy of Final Report sent to the RI	Within 2 weeks
9	Final Report published on website (after expiry of appeals period)	After 28 days
10	Quality Improvement Plan submitted to PHECC	Within 4 Weeks
11	On-going monitoring and support visit(s) if required	Following 12 months
12	QIP progress report and updated QIP submitted to PHECC	12 months after initial QIP submission

APPENDICES

Appendix 1: Example – On-Site Visit Schedule

Table 8: On-Site Visit Schedule

Time	Activity
9.00 – 10.15	Entry meeting with management representatives, including: <ul style="list-style-type: none">• Introductions• Explanation of review methodology• Request for an overview of the organisation (governance, size, structure, training venues, programmes)• Confirmation of the proposed review agenda (including scheduling of interviews and the exit meeting)• Questions
10.15	Break
10.30 – 1.00	<ul style="list-style-type: none">• Tour of Premises (if applicable)• Review of Documentation• Student Interviews• Faculty Interviews
1.00 – 2.00	Lunch
2.00 – 3.30	<ul style="list-style-type: none">• Review of Documentation
3.30 – 4.30	Exit Meeting, including: <ul style="list-style-type: none">• Confirm review findings (including reviewer ratings)• Explanation of reporting processes and timeframes• Draft and final reports and feedback process• Development of the Quality Improvement Plan• Complaints