

Quality Review Framework

Composite Report

Optimise Management Consultants Ltd

T/A Qualtec

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## 1. Institution Details

<b>Name</b>	Optimise Management Consultants Ltd t/a Qualtec
<b>Address</b>	7 The Arches, Silken Vale, Maynooth Co. Kildare W23 DPC4
<b>Type of Organisation</b>	Limited Company
<b>Profile</b>	Approved Training Institution since 2011
<b>PHECC Courses Delivered</b>	CFR-Community, CFR-Community Instructor, First Aid Response (FAR), FAR Instructor
<b>Higher Education Affiliation</b>	N/A

## 2. Review Details

<b>Purpose</b>	<ul style="list-style-type: none"> <li>To facilitate the enhancement of a successful learning experience for students</li> <li>To foster a culture of continuous quality improvement in Institutions</li> <li>To generate public confidence in the standard of education and training in pre-hospital emergency care</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>The review covered all aspects of the Institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.</li> </ul>
<b>Date of the Desktop Review</b>	July 2024
<b>Date of Onsite Review</b>	27 <sup>th</sup> August 2024

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	
<b>Final report sent to Institution</b>	
<b>Director Approval</b>	
<b>Date</b>	
<b>Report Compiled by</b>	Quality Review Panel

## 4. Review Activities

### 4.1 Meetings

Opening Meeting	
Organisation	Role
PHECC	Lead Assessor Assessor x 2
Qualtec	Managing Director
Closing Meeting	
Organisation	Role
PHECC	Lead Assessor Assessor x 2
Qualtec	Managing Director Internal Verifier/Administrator

### 4.2 Stakeholder Discussions

Title/Group	Role
Qualtec	Student

### 4.3 Document Review

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

<ul style="list-style-type: none"> <li>• Self-assessment Report 2024</li> <li>• Assessment of Learners Policy</li> <li>• Company Account</li> <li>• Insurance details</li> <li>• Management/Board meeting records 2024 x 2</li> <li>• Sample Trainer Records (screenshot)</li> <li>• Course Performance Report 2024</li> <li>• Quality Flowchart</li> <li>• Sample Staff Induction Cert</li> <li>• Certs to be issued report</li> <li>• FAR Course Details</li> <li>• Website screenshot</li> <li>• FAR/CFR Equipment &amp; Maintenance Checklist</li> <li>• Sample Course Booking Form</li> <li>• Communication Policy and procedures</li> <li>• Reasonable Accommodation Policy and procedures</li> <li>• Teaching &amp; Learning Policy and procedures</li> <li>• FAR Instructor Job Description and selection criteria</li> <li>• Malpractice Policy and procedures</li> <li>• Course Review Policy and procedures</li> <li>• FAR Course Lesson Plans</li> <li>• Sample Course Attendance Form</li> <li>• Recognition of Prior Learning Policy and procedures</li> <li>• FAR Course Skills Sheets</li> </ul>	<ul style="list-style-type: none"> <li>• Secondary Provider/Trainer Memorandum of Agreement</li> <li>• QA Manual 2024</li> <li>• Complaints Policy and procedures</li> <li>• Financial Report 2024</li> <li>• Safeguarding Policy and procedures</li> <li>• Course Details Spreadsheet (screenshot X 3)</li> <li>• Trainer Handbook</li> <li>• Sample Learner Evaluation Form (Blank)</li> <li>• Communications Policy and procedures</li> <li>• Equality &amp; Diversity Policy and procedures</li> <li>• Equipment &amp; Maintenance Policy and procedures</li> <li>• Course Resources Folder (screenshot)</li> <li>• Staff Versatility Chart &amp; Training Plan</li> <li>• Employment Contract</li> <li>• Personnel Records (screenshot)</li> <li>• Faculty Spreadsheet (screenshot)</li> <li>• Detailed Course Spreadsheet</li> <li>• FAR Course Blended Learning Lesson Plans</li> <li>• Internal Verification Policy and procedures</li> <li>• Course Registration Procedure</li> <li>• FAR Course Review 2023</li> <li>• FAR Instructor Assessment Sheets</li> </ul>	<ul style="list-style-type: none"> <li>• Risk Management Policy</li> <li>• Cert of Incorporation</li> <li>• Cert Database (screenshot)</li> <li>• GDPR External Audit Report</li> <li>• Learner Handbook</li> <li>• Tax Details</li> <li>• Sample Course Evaluation Report</li> <li>• KPI Dashboard 2023 (screenshot)</li> <li>• Quality Procedure</li> <li>• Self-Evaluation, Monitoring &amp; Review Policy and procedures</li> <li>• Other Parties involved in Education Policy</li> <li>• Maintenance invoice</li> <li>• Premises Selection Procedure</li> <li>• Safety Statement 2024</li> <li>• Trainer Course Report Template</li> <li>• Learner Support Policy and procedures</li> <li>• In House Equality &amp; Diversity Training Certificate</li> <li>• Faculty List</li> <li>• Recruitment, Management &amp; Development Policy</li> <li>• Results Approval Panel Meeting Record March 2024</li> <li>• Course Design &amp; Development Policy and procedures</li> <li>• FAR Course PowerPoint 2023</li> <li>• Learner Induction Procedure</li> <li>• Access, Transfer &amp; Progression Policy &amp; Procedures and procedures</li> <li>• Appeals Policy and procedures</li> <li>• Results Approval Procedure</li> </ul>
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#### 4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement	
Location	Comments
N/A	N/A
Facilities	
Location	Comments
N/A	N/A
Resources – e.g. equipment, ICT, course material, etc	
Location	Comments
N/A	N/A

#### 5. Compliance Rating and Level

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

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

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

## 6. QRP Findings

### 6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
<b>Quality Standard</b>	The Institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the education and training governance systems that support PHECC approved courses. The evidence provided demonstrated limited governance and oversight of affiliated faculty. This was highlighted as an area of concern.</p> <p>The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Systematically updating the organisational charts to accurately reflect current practice and education and training governance</li> <li>• Updating documentation to reflect the practice of convening groups/individuals to carry out oversight activities and to demonstrate evidence of these activities taking place</li> <li>• Systematically reviewing and updating sub-group terms of reference and roles descriptions to accurately reflect current practice</li> <li>• New/updated documentation for identifying, assessing and managing academic risk, including affiliated faculty management</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Records of Self-assessment</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Governance and oversight activities, including the activities of affiliated faculty</li> <li>• Organisational Chart – to reflect education and training governance</li> <li>• Procedure for convening sub-groups</li> <li>• Sub-group terms of reference and individual role/job descriptions</li> <li>• Academic Risk Management</li> </ul>		

Quality Area	1.2 Management Systems and Organisational Processes	Level
<b>Quality Standard</b>	The Institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> <li>• Is an established legal entity that provides PHECC Education and Training Standards</li> <li>• Is in good financial standing with relevant stakeholders</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Updating all tasks associated with student entry to exit</li> </ul>		

<ul style="list-style-type: none"> <li>• Capturing and maintaining all student records, including all those associated with affiliated faculty</li> <li>• Updating and maintaining all faculty records – inconsistencies in the documents, all affiliated faculty details were not disclosed to PHECC – this was highlighted as an area of concern</li> <li>• Updating/adding new documentation to support data protection activities</li> <li>• Additional support to ensure all quality assurance activities outlined in the documentation and during discussions are systematically and consistently carried out – this was highlighted as an area of concern as there is limited evidence to demonstrate compliance with PHECC requirements</li> <li>• Maintaining records of insurance details for all faculty members</li> <li>• Updating the Complaints Policy to reflect current practice and implementing systems to ensure that all stakeholders are made aware of it</li> <li>• Updating documentation to ensure obligations under the Children and Vulnerable Persons Act 2012 are being fully met – this was highlighted as an area of significant concern as the evidence provided demonstrated that the Institution has limited oversight of affiliated faculty and the recruitment practice is not consistent with safeguarding best practice</li> </ul>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>• Financial standing with relevant stakeholders</li> <li>• System for maintaining student and faculty records</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• Documented tasks from student entry to exit</li> <li>• Maintaining up-to-date student and faculty records</li> <li>• Data Protection Policy, procedures and supporting documents</li> <li>• Finance and Human Resources to support quality assurance activities</li> <li>• Insurance details</li> <li>• Raising awareness of the Complaints Policy and procedures</li> <li>• Safeguarding Policy and procedures</li> </ul>

Quality Area	1.3 Continuous Quality Improvement	Level
<b>Quality Standard</b>	The Institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• The development of a specific CQI/Quality Policy and associated procedures, that clearly states the Institution's commitment to systematic monitoring, annual self-assessment and quality improvement</li> <li>• Clearly identifying in the documentation who has overall responsibility for the quality assurance of PHECC approved courses</li> <li>• Maintaining records that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses</li> <li>• Developing key performance indicators (KPI) and linking them in the documentation for monitoring all aspects of education and training</li> </ul>		



<ul style="list-style-type: none"> <li>• Maintaining up-to-date records of the collection, analysis, and use of student, faculty and other stakeholder feedback, and student participation, success, and progression</li> <li>• Maintaining up-to-date records of the review of learning resources and locations</li> <li>• The systematic review of policies, procedures and supporting documents – this was highlighted as an area of concern as the evidence provided demonstrated that they are not effective, fit for purpose, and in many areas do not reflect current practice</li> <li>• Ensuring all action items identified during quality improvement activities are included in the quality improvement plan for implementation</li> </ul>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• CQI/Quality Policy and procedures</li> <li>• Overall responsibility and delegated authority for quality assurance activities</li> <li>• Awareness among personnel of their quality assurance responsibilities</li> <li>• Quality assurance responsibility awareness records</li> <li>• Performance indicators and links to education and training activities</li> <li>• Records of the systematic analysis and use of student, faculty, and other stakeholder feedback</li> <li>• Records of the review of learning resources and locations</li> <li>• Systematic review of policies, procedures and supporting documents and evidence of practice</li> <li>• Quality improvement action implementation</li> </ul>

Quality Area	1.4 Transparency and Accountability	Level
<b>Quality Standard</b>	The Institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	<b>NM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Maintaining up-to-date records of all internal reporting activities</li> <li>• Developing/updating documentation and systems that outline the responsibility for all tasks (from student entry to exit), which are clearly linked to relevant KPI</li> <li>• A documented procedure to ensure that certificate activity reports, the annual report (including disclosure of all faculty members) and any other targeted information requests are submitted to PHECC</li> <li>• Ensuring that all prospective students are provided with sufficient information to make an informed choice about course participation – this was highlighted as an area of concern as the evidence indicated that the Institution was not aware of the information provided by all affiliated faculty members</li> <li>• Ensuring that the public are made aware of any third-party relationships related to PHECC-approved courses and the responsibilities of those involved</li> <li>• Developing/updating documentation to provide other stakeholders with information and to obtain information from them (feedback, updates, etc.)</li> </ul>		

<ul style="list-style-type: none"> <li>During discussions, representatives indicated that information about the Institution's quality assurance system and external reviews would be made available to the public in an easily accessible format (e.g., on the website)</li> </ul>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>Internal reporting on all PHECC approved courses</li> <li>Allocating responsibility for all tasks from student entry to exit and ensuring that they are clearly linked to relevant performance indicators</li> <li>Procedures for obtaining and providing information to external stakeholders</li> <li>Information for all prospective students</li> <li>Public awareness of third-party relationships, the quality assurance system, and external reviews</li> </ul>

## 6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
<b>Quality Standard</b>	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution has:</p> <ul style="list-style-type: none"> <li>Documented selection criteria and checklist for external premises to be used for course delivery</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>Updated policies, associated procedures and supporting documents to demonstrate their compliance with Safety, Health, and Welfare at Work obligations.</li> <li>Maintaining up-to-date records that appropriate training premises are selected and used to deliver all PHECC approved courses</li> <li>Maintaining up-to-date records that appropriate equipment/resources are available and have been used for each course</li> <li>Clearly documented systems for regularly maintaining and updating equipment</li> <li>Maintaining records that all resources are fit for purpose and accessible</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Premises selection criteria</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Safety, Health and Welfare Policy, associated procedures and supporting documents</li> <li>Course delivery records - premises</li> <li>System for equipment/resource maintenance</li> <li>Equipment/resources supporting documents</li> </ul>		

Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	NM
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution and students would benefit from:</p> <ul style="list-style-type: none"> <li>Additional personnel to support the activities described in the documentation and during discussions. This was highlighted as an area of concern as the Institution has a duty of care for all students</li> </ul> <p>During discussions, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>How they make students aware of the supports available to them before, during and after their course</li> <li>The opportunities provided for students to meet individually and collectively with faculty and/or management</li> <li>How they obtain information from potential and existing students about any additional support needs they may have</li> <li>The mechanisms in place to provide reasonable accommodation for students with additional support needs</li> <li>What and how, up-to-date resources (appropriate to the level of the course) are made available to students</li> </ul> <p>The evidence provided indicated that the Institution and students would benefit from new/updated documentation to support the implementation of these activities and to provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Student support personnel</li> <li>Information provision about student supports</li> <li>Student/faculty ratio details</li> <li>Procedures for obtaining information about additional support needs</li> <li>Information for students about opportunities to meet with faculty/management</li> <li>Information about the availability of resources</li> </ul>		

Quality Area	2.3 Equality and Diversity	Level
Quality Standard	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	MNM
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>Updating the Equality and Diversity Policy and procedures to reflect the practice described during discussions</li> <li>Ensuring that all relevant policies and procedures are legislatively compliant and promote equality</li> <li>New/updated codes of conduct for staff, faculty and other stakeholders</li> </ul>		

During discussions, and in the documentation provided for review, representatives outlined and described:

- How students, faculty and other stakeholders have been made aware of the Equality and Diversity Policy and procedures
- How faculty are provided with up-to-date equality and diversity information and training
- How course delivery accommodates the cultural backgrounds and different learning styles of students

The evidence provided indicated that the Institution and students would benefit from new/updated documentation to support the implementation of these activities and maintaining records of practice.

#### Areas of Good Practice

- Equality and Diversity Policy

#### Areas for Improvement

- New/updated policies and procedures to reflect current practice and ensure legislative compliance
- Raising Awareness of the policy and procedures
- Information and training – activities and records
- Codes of Conduct

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	<i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A
QRP Findings		
N/A		
Areas of Good Practice		
N/A		
Areas for Improvement		
N/A		

### 6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
Quality Standard	The Institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	MNM
QRP Findings		
<p>During discussions, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How they recruit appropriately qualified and experienced personnel to carry out education and training activities – this was highlighted as a significant area of concern as the evidence provided indicated limited governance or oversight of affiliated faculty</li> </ul>		

The evidence provided indicated that the Institution would benefit from additional administrative, quality management/assurance support. This would ensure that the Institution has the capacity to:

- Carry out all the activities described in the 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

This was highlighted as an area for concern and is a clear breach of PHECC Council rules.

The evidence provided indicated that the Institution would benefit from:

- Maintaining records that demonstrates that the composition of the Institution's personnel meets PHECC Education and Training Standards for each course on offer
- Maintaining records that all personnel have been made aware of their quality assurance responsibilities and are consistently carrying out those activities
- New/updated job descriptions and terms of engagement/contracts for all personnel

#### Areas of Good Practice

- Minimum standards for faculty

#### Areas for Improvement

- Recruitment systems
- Additional support to:
  - Carry out all the activities described in the 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 Standard
- Quality assurance roles and responsibilities awareness
- Job/role descriptions
- Terms of employment/engagement

Quality Area	3.2 Personnel Development	Level
Quality Standard	The Institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	NM
QRP Findings		
<p>The evidence provided indicated that the Institution would benefit from new/updated documentation and systems to support:</p> <ul style="list-style-type: none"> <li>• The identification of training/upskilling requirements for personnel</li> <li>• Comprehensive, specific and consistent induction for all personnel</li> <li>• Training and development plan/programmes that detail how the Institution meets the support and development needs of relevant personnel</li> <li>• Maintaining records of upskilling, including in Clinical Practice Guidelines (CPG) when required</li> <li>• Mechanisms in place for faculty to request support for training/upskilling and to achieve additional qualifications</li> </ul>		

<ul style="list-style-type: none"> <li>Formalised support and supervision and annual appraisal – this was highlighted as an area of concern as the evidence provided indicated limited governance and oversight of affiliated faculty</li> </ul>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>Training/upskilling procedures and records</li> <li>Induction for all personnel</li> <li>Formalised support, supervision, and annual appraisal</li> </ul>

Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	NM
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>New/updated documentation and systems for regular and appropriate communication between faculty and management</li> <li>Maintaining course reports from all faculty</li> <li>New/updated documentation that supports the processes outlined during discussions that ensures that only personnel with valid certification deliver PHECC-approved courses</li> <li>Carrying out and maintain records of the systematic monitoring of faculty through observation and the analysis of relevant documentation <ul style="list-style-type: none"> <li>This was highlighted as an area of concern as the evidence provided indicated that there is limited governance and oversight of affiliated faculty</li> <li>Records of monitoring conducted did not match with any course dates</li> </ul> </li> <li>Documented procedures in place for dealing with poor and unacceptable performance of faculty</li> <li>Ensuring that appropriate HR policies and procedures are in place to meet its legislative obligations</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Documented communication systems</li> <li>Faculty course reports</li> <li>Faculty monitoring</li> <li>HR Policies and procedures, including procedures for dealing with poor and unacceptable faculty performance</li> </ul>		

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	NM
<b>QRP Findings</b>		
<p>During discussions, representatives outlined and described the relationship with contracted faculty and the contractual and quality assurance arrangements that are in place. The evidence provided indicated that the Institution and contracted faculty would benefit from documentation 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>During discussions, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>The monitoring that is in place for courses being delivered by contracted faculty – this was highlighted as an area for concern as the Institution cannot demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty</li> <li>The agreed quality assurance activities with contracted faculty</li> <li>Faculty reports, analysis, and how any actions arising are managed</li> </ul> <p>The evidence indicated the Institution would benefit from, a) new/updated documentation to support these activities and b) maintaining records of these activities.</p> <p>The evidence indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>Having a written agreement/contract in place with contracted faculty</li> <li>Maintaining records of all contracted faculty and ensuring they are submitted to PHECC – this was highlighted as an area of concern as the evidence provided indicated that the details of all faculty members had not been submitted to PHECC</li> <li>Collecting, analysing and using reports obtained from all contracted faculty</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Faculty agreements and responsibilities of both parties</li> <li>Faculty monitoring (observation)</li> <li>Faculty details submitted to PHECC</li> <li>Faculty contracts and records</li> <li>Faculty reporting and analysis</li> </ul>		

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

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	MNM
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from new/updated documentation to:</p> <ul style="list-style-type: none"> <li>• Support course development, delivery, and review</li> <li>• Ensure that any updates or changes in PHECC Education and Training Standards, Clinical Practice Guidelines or Examination Standards are implemented</li> <li>• Ensure that course development reflects all PHECC requirements</li> <li>• Ensure a systematic approach to course approval</li> </ul> <p>The evidence provided indicated that the Institution, students, and faculty would benefit from new/updated course development documentation to ensure that all courses:</p> <ul 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>• Promotes a commitment to self-directed learning, as appropriate</li> </ul> <p>The evidence provided also indicated that the Institution, students, and faculty would benefit from the systematic review and updating of course material, ensuring that there are:</p> <ul style="list-style-type: none"> <li>• Clearly outlined aims and objectives, detailing competencies to be achieved by students</li> <li>• Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>• Detailed timetable, time on each topic, teaching method, and tutor/instructor name etc.</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course development, delivery, and review documentation and practice</li> <li>• Course approval documentation, i.e. procedures and evidence of practice</li> <li>• Course content and supporting material</li> </ul>		

Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	MNM
<b>QRP Findings</b>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• Relevant instructor details are recorded on course documentation</li> <li>• Records are maintained to demonstrate student attendance</li> </ul> <p>During discussions, representatives outlined and described a range of activities associated with courses delivery. The evidence provided also indicated that the Institution would benefit from:</p>		



<ul style="list-style-type: none"> <li>Additional records to demonstrate that all courses are delivered in keeping with PHECC Education and Training Standards and CPG – this is an area of significant concern as the evidence provided clearly indicated that course delivery does not meet PHECC Education and Training Standards or PHECC council rules</li> <li>Additional records that all students have participated in induction</li> <li>Maintaining records to demonstrate that all courses are delivered by appropriately qualified personnel</li> <li>Additional/updated documentation to support the monitoring of the delivery of learning outcomes by third parties, including site visits</li> </ul>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>Instructor details on course documents</li> <li>Student attendance records</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>Course delivery documentation and practice</li> <li>Faculty monitoring and qualification records</li> <li>Student induction records</li> <li>Course content and supporting material</li> </ul>

Quality Area	4.3 Course Access, Transfer and Progression	Level
Quality Standard	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>The admissions policy/entry criteria for each course</li> <li>The information that is available to prospective students to make an informed choice about course participation</li> <li>How Information for students on the process of recognising prior learning (RPL) (if applicable), whether through formal, non-formal or informal routes is made available</li> <li>The procedures for RPL adhere to the guidelines for each individual course</li> </ul> <p>The evidence provided indicated that the Institution and students would benefit from new/updated documentation and information to support these activities and provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Admissions Policy and procedures/course entry criteria for all courses</li> <li>Prospective student information</li> <li>Recognition of prior learning information</li> </ul>		

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	MNM
<b>QRP Findings</b>		
<p>The evidence provided indicated, that the Institution would benefit from new/updated documentation to support:</p> <ul style="list-style-type: none"> <li>• Course review</li> <li>• Student and faculty - reporting and feedback</li> <li>• Participation in course evaluation by key stakeholders, including, instructors, employers, as appropriate</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from ensuring that all improvement actions identified are included in the quality improvement plan and completed within the stated time.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Student feedback opportunities</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course review documentation</li> <li>• Course evaluation by all key stakeholders</li> <li>• Quality improvement planning and Implementation</li> </ul>		

Quality Area	4.5 Assessment and Awards	Level
Quality Standard	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	MNM
<b>QRP Findings</b>		
<p>The evidence indicated that the Institution has a:</p> <ul style="list-style-type: none"> <li>• Documented Student Appeals Policy</li> <li>• Responsibility for managing the PHECC certification system is clearly identified</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from updating the assessment policies and procedures to reflect current practice and all PHECC requirements.</p> <p>During discussions and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• The assessment methodology used for all courses – this was highlighted as an area of concern as the evidence indicated that instructor course monitoring does not meet PHECC Education and Training Standards or PHECC council rules</li> <li>• How it is stated when PHECC assessment material is used</li> <li>• How students are provided with the information necessary for them to participate in assessment</li> <li>• How students are provided with assessment information and feedback</li> <li>• How assessment methodologies are adapted to cater for students with additional support needs</li> <li>• Who has responsibility for assessment material and how it is secured</li> <li>• Who has responsibility for the PHECC certification system</li> <li>• The internal verification, external authentication, and results approval processes</li> </ul>		

The evidence provided indicated that the Institution, faculty, and students would benefit from new/updated documentation to support and enhance all these activities, including up-to-date evidence of practice in line with activities described in discussions and relevant documents.

#### Areas of Good Practice

- Student Appeals Policy

#### Areas for Improvement

- PHECC assessment material use
- Procedure for adapting assessment
- PHECC certification system management
- Assessment Policy and procedures, including a procedure for adapting assessment methodology
- Security of assessment related material
- Internal verification
- External authentication/verification
- Results approval
- Students appeals

## 7. Conclusion and Outcome

<b>Rating</b>	<b>1.06</b>
<b>Level</b>	<b>Minimally Met (MNM)</b>
<b>Conclusion</b>	<p>The evidence provided indicated that there are a significant number of areas requiring improvement to meet the PHECC standards. The Institution demonstrates minimal compliance across several key areas, particularly in governance, quality assurance, and affiliated faculty oversight. Key issues include:</p> <ul style="list-style-type: none"> <li>• Insufficient governance and oversight of affiliated faculty</li> <li>• Limited faculty recruitment, development and management</li> <li>• Instructor course assessment does not meet PHECC Education and Training Standards</li> <li>• Limited quality assurance practice</li> <li>• Not adhering to PHECC Council rules in a number of areas</li> </ul> <p>Additionally, there are concerns about the Institution's capacity to systematically and effectively organise and monitor the activities of affiliated faculty. The evidence provided indicated that the Institution, students and faculty would benefit from updated policies, procedures, and supporting documentation to ensure full compliance with PHECC standards, improve transparency, and enhance the quality of education and training provided.</p> <p>The overall compliance rating reflects these deficiencies, indicating a need for substantial improvements to achieve the desired standards of educational quality and student support.</p>



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