

A decorative graphic consisting of three overlapping, stepped lines in grey, orange, and blue, forming a jagged, mountain-like shape that descends from the left and then ascends towards the right.

Quality Review Framework

Composite Report

Optimise Management Consultants Ltd
T/A Qualtec

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1. Institution Details

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

2. Review Details

Purpose	<ul style="list-style-type: none"> To facilitate the enhancement of a successful learning experience for students To foster a culture of continuous quality improvement in Institutions To generate public confidence in the standard of education and training in pre-hospital emergency care
Scope	<ul style="list-style-type: none"> The review covered all aspects of the Institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.
Date of the Desktop Review	December 2024
Date of Reassessment	27 th January 2025

3. Report Details

Draft report sent to Institution for feedback	12 th May 2025
Final report sent to Institution	
Director Approval	
Date	
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting	
Organisation	Role
PHECC	Lead Assessor
Qualtec	Managing Director
Closing Meeting	
Organisation	Role
PHECC	Lead Assessor
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"> • QRF Quality Improvement plan to onsite assessment • Self-assessment Report 2024 • Assessment of Learners Policy • Company Account • Insurance details • Management/Board meeting records 2024 x 2 • Sample Trainer Records (screenshot) • Course Performance Report 2024 • Quality Flowchart • Sample Staff Induction Cert • Certs to be issued report • FAR Course Details • Website screenshot • FAR/CFR Equipment & Maintenance Checklist • Sample Course Booking Form 	<ul style="list-style-type: none"> • Secondary Provider/Trainer Memorandum of Agreement • QA Manual 2024 • Complaints Policy and procedures • Financial Report 2024 • Safeguarding Policy and procedures • Course Details Spreadsheet (screenshot X 3) • Trainer Handbook • Sample Learner Evaluation Form (Blank) • Communications Policy and procedures • Equality & Diversity Policy and procedures • Equipment & Maintenance Policy and procedures • Course Resources Folder (screenshot) 	<ul style="list-style-type: none"> • Risk Management Policy • Cert of Incorporation • Cert Database (screenshot) • GDPR External Audit Report • Learner Handbook • Tax Details • Sample Course Evaluation Report • KPI Dashboard 2023 (screenshot) • Quality Procedure • Self-Evaluation, Monitoring & Review Policy and procedures • Other Parties involved in Education Policy • Maintenance invoice • Premises Selection Procedure • Safety Statement 2024 • Trainer Course Report Template

<ul style="list-style-type: none"> • Communication Policy and procedures • Reasonable Accommodation Policy and procedures • Teaching & Learning Policy and procedures • FAR Instructor Job Description and selection criteria • Malpractice Policy and procedures • Course Review Policy and procedures • FAR Course Lesson Plans • Sample Course Attendance Form • Recognition of Prior Learning Policy and procedures • FAR Course Skills Sheets 	<ul style="list-style-type: none"> • Staff Versatility Chart & Training Plan • Employment Contract • Personnel Records (screenshot) • Faculty Spreadsheet (screenshot) • Detailed Course Spreadsheet • FAR Course Blended Learning Lesson Plans • Internal Verification Policy and procedures • Course Registration Procedure • FAR Course Review 2023 • FAR Instructor Assessment Sheets 	<ul style="list-style-type: none"> • Learner Support Policy and procedures • In House Equality & Diversity Training Certificate • Faculty List • Recruitment, Management & Development Policy • Results Approval Panel Meeting Record March 2024 • Course Design & Development Policy and procedures • FAR Course PowerPoint 2023 • Learner Induction Procedure • Access, Transfer & Progression Policy & Procedures and procedures • Appeals Policy and procedures • Results Approval Procedure
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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
Quality Standard	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.	MDM
QRP Findings		
<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 during follow up inspection indicated that:</p> <ul style="list-style-type: none"> • The organisational chart has been updated to more appropriately capture organisational governance. • The quality assurance manual has been updated to reflect oversight activities, meeting agendas are specified, and future meeting minutes will be captured. • The role of Instructor Trainer has been added, and the role of Assistant Head of Quality has been enhanced. • The role of Internal Verifier has been broadened. • The format of the trainer records folders has been standardised. The records viewed were comprehensive and well maintained. 		
Areas of Good Practice		
No specific observation made by the Lead Assessor.		
Areas for Improvement		
<ul style="list-style-type: none"> • Formatting and grammatical checks would improve legibility of the Quality Assurance Manual. • Organisational Chart, there is duplication of Instructor Trainer component. • The role of Internal Verifier should be separated from faculty management requirements. • Future evidence of agendas and meeting minutes will be required, however, some evidence of improvement is noted. 		

Quality Area	1.2 Management Systems and Organisational Processes	Level
Quality Standard	The Institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	SM
QRP Findings		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> • Is an established corporate entity that provides PHECC Education and Training Standards. • Appears to be in good financial standing with relevant stakeholders. <p>The evidence provided following the assessment shows improvement and includes:</p>		

<ul style="list-style-type: none"> • Review and update to the Learner Handbook, includes links to all policies and procedures through the website • Students records and internal verification process have been viewed • New complete faculty records spreadsheet has been submitted including GDPR training • Records of insurance details for all faculty members are included in the faculty records spreadsheet • Quality Improvement Plan has been submitted • New learning agreement and combined attendance record 2025 • Child Safeguarding and Vulnerable Adults' Policy has been updated, however, it requires version control • The Institution has gone through the application process for Garda Vetting , however, in discussion with representatives, representatives were advised that Garda vetting is not required for their type of organisation and its activities.
Areas of Good Practice
<ul style="list-style-type: none"> • Financial standing with relevant stakeholders • System for maintaining student and faculty records • Records in place for child safeguarding training • New resources and links to the PHECC website in the Institution's website provide improved access to Instructor material and course documentation
Areas for Improvement
<ul style="list-style-type: none"> • Child Safeguarding and Vulnerable Adults' Policy and procedures still require further development. The standalone policy submitted requires version control and inclusion of terminology reflective of current legislation • New learning agreement and attendance record 2025 includes incorrect link to Complaints Policy

Quality Area	1.3 Continuous Quality Improvement	Level
Quality Standard	The Institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	MDM
QRP Findings		
<p>The evidence provided shows improvement in the following areas:</p> <ul style="list-style-type: none"> • Staff and trainers are required to complete the online induction programme using the Institution's learning management system • The Institution has specified those with responsibility for the quality assurance of PHECC approved courses • Only experienced Instructors with appropriate qualifications may monitor new instructors • The Institution has improved induction and procedures to ensure that those involved in education and training activities are aware of their quality assurance responsibilities for PHECC-approved courses • Key performance indicators (KPI) have been developed to report on Tutor rating, course completion and dropout rates, grade analysis and customer satisfaction rates • A Quality Assurance Policy is in place with annual schedule of monitoring, however, it requires to document evidence of review activity • Quality improvement actions detailed in the Quality Improvement Plan • Instructor trainer role in monitoring new faculty 		

Areas of Good Practice
<ul style="list-style-type: none"> • New monitoring forms for Instructor Trainers are included in the Institution's website PHECC portal to facilitate monitoring and support of new instructors. • PHECC Affiliated Instructors requirements & Code of Conduct form also supports the requirement for monitoring of instructors • There is an electronic monitoring report available for monitoring existing faculty
Areas for Improvement
<ul style="list-style-type: none"> • Performance indicators and links to education and training activities require further development as some of the graphics viewed did not reflect stated performance • Future evidence of planned monitoring/review activity is required in advance of the planned 12-month review, which may improve the current rating • Instructor monitoring should be conducted in person rather than remotely for face-to-face courses • The Institution should ensure that CFR instruction be delivered only using the PHECC CFR DVD as part of the monitoring process to ensure standardisation of course delivery

Quality Area	1.4 Transparency and Accountability	Level
Quality Standard	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.	SM
QRP Findings		
<p>There is evidence that the Institution has made improvements in the following areas</p> <ul style="list-style-type: none"> • The Institution's PHECC QRF reports and compliance ratings are visible on the Institution's website and easy to access • The Institution has developed Key Performance Indicators relating to student activity • All affiliate faculty are required to have links to the Institution's quality information on their websites and this has been communicated and checked. These include the Learner handbook and available supports • The Institution is transparent with all policies available for students, hosted on their website • There is evidence of affiliated faculty meetings available, which ensures stakeholders are aware of all institutional activity • End of course Trainer report has been introduced and includes learner email addresses for new e-certification 		
Areas of Good Practice		
<ul style="list-style-type: none"> • New Trainer Course report feature provides good feedback and feedforward systems • Transparency for PHECC reports and information openly available to students 		
Areas for Improvement		
<ul style="list-style-type: none"> • Key performance indicators should be regularly monitored and used for quality improvement 		

6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
Quality Standard	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	SM
QRP Findings		
<p>The evidence provided indicated that the Institution has:</p> <p>A documented selection criteria and checklist for external premises to be used for course delivery.</p> <p>Each Instructor is required to complete a course notification and pre-check form, which is available on the Institution's website</p> <p>There is evidence that the Institution has improved in the following areas:</p> <p style="padding-left: 40px;">Maintaining up-to-date records that appropriate equipment/resources are available and have been used for each course. Equipment checklists are being uploaded and maintained for each affiliate instructor. This is updated by the individual affiliate in their personal online folder.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Premises selection criteria are recorded PHECC Affiliated Instructors Requirements & Code of Conduct form available for all instructors on Institution's website 		
Areas for Improvement		
<ul style="list-style-type: none"> The premises selection or venue suitability form should be completed in advance of course delivery to ensure that there is an appropriate learning environment for students. The form should provide good detail to maintain standards and requires small additions/improvements The equipment checklist would benefit from standardisation to ensure that each affiliate is clear on the minimum required equipment levels 		

Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	SM
QRP Findings		
<p>The evidence provided demonstrated that the institution:</p> <ul style="list-style-type: none"> Improved the Learner Handbook to include more detailed information on available learner supports Informs students that they may seek academic support from Instructors Ensures students can access the Learner Handbook electronically in advance of the course and apply for supports in many areas that cover online and face-to-face components of the programme Ensures supports are suitable and appropriate to responder level courses 		
Areas of Good Practice		
<ul style="list-style-type: none"> The Learner Handbook is a good resource to direct students how to access support for responder level courses 		

Areas for Improvement	
<ul style="list-style-type: none"> The Institution should consider accessing recommended texts for information of simple learner supports available for students with learning disabilities. This may help with developing an approach to assist Instructors in supporting students 	

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.	SM
QRP Findings		
<p>The Institution provided evidence of the following:</p> <ul style="list-style-type: none"> The Learner Handbook has been updated and is available to all students. The Equality and Diversity Policy and procedures are appropriate and suitable for responder level courses There is a new code of conduct for all Instructors and student behaviour is addressed in the Learner Handbook <p>During discussions, and in the documentation provided for review, representatives outlined and described that:</p> <ul style="list-style-type: none"> Policies are available to all students and to Instructor during induction Equality, diversity training is completed on the learning management system The course is delivered using the standard approach to responder level courses 		
Areas of Good Practice		
<ul style="list-style-type: none"> Equality and Diversity Policy is clear and appropriate to responder level course delivery 		
Areas for Improvement		
<ul style="list-style-type: none"> Review the policy with best current practice in Equality, Diversion and Inclusion referenced 		

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.	SM
QRP Findings		
<p>During discussions there was evidence of improvement outlined and described below:</p> <ul style="list-style-type: none"> How they recruit appropriately qualified and experienced personnel to carry out education and training activities. There are comprehensive records for each Instructor that include a memorandum of understanding, indemnity insurance, tax clearance certificates, code of conduct, affiliation form and evidence of training in the areas of GDPR, equality and diversity, infection control and online instruction methodology for those delivering blended learning courses. <p>The evidence provided indicated that the Institution has taken on new administrative support staff to assist with activities described in the policies and procedures and additionally to:</p> <ul style="list-style-type: none"> Maintain PHECC requirements for course approval Systematically organise, deliver, and monitor the quality of courses and awards Ensure full compliance with the QRF <p>The Institution has developed a new spreadsheet to monitor Instructor records and expiry dates. A random sample review of the Institution's Instructor folders demonstrated that certificates and credentialling is correctly recorded.</p> <p>There is evidence of new faculty meetings that provide information to Instructors regarding their quality assurance responsibilities and the requirements to carry out those activities. Key roles and responsibilities are described in the Institution's Quality Assurance manual.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> There are good faculty records maintained to ensure that only qualified Instructors deliver training on behalf of the Institution 		
Areas for Improvement		
<p>The Institution should ensure that an Instructor recertification process is fully documented, and evidence of the recertification process is available for inspection. The recertification process should include Instructor updates or new PHECC information where appropriate. This should be followed up during the 12-month inspection.</p>		

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.	MDM
QRP Findings		
<p>There is evidence in place that:</p> <ul style="list-style-type: none"> The Institution's policy on recruitment, management and development details the approach to staff appraisal and development There is now a standardised and consistent approach to induction for all personnel 		

<ul style="list-style-type: none"> • Training and development plan/programmes are managed in house and delivered by experienced Instructor Trainers. There are currently no upskilling requirements as the PHECC Education and Training Standards have not changed in relation to responder courses • Formalised support and supervision and annual appraisal are considered under this policy • Instructor online workshops to facilitate development were recorded and available on the Institution's website
Areas of Good Practice
<ul style="list-style-type: none"> • The Recruitment, Management and Development policy is appropriate for Instructors delivering responder level courses. There is a good induction process in place for new Instructors
Areas for Improvement
<ul style="list-style-type: none"> • The Institution should build evidence of continuous monitoring of Instructors • Records of faculty appraisal and training should be recorded for each Instructor • Annual Instructor monitoring should be carried out in person

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.	MDM
QRP Findings		
<p>The Institution demonstrated evidence of improvement in the following areas:</p> <ul style="list-style-type: none"> • There is a requirement for all Instructors to complete a Trainers report after each course along with the end of course report. This tracks training activity and the end of course report captures students' details for new electronic certification • New/updated information session relating to e-certification and Instructor and student responsibilities has been delivered to all Instructors • There is an electronic monitoring report available to monitor affiliated faculty. The Institution had new evidence of monitoring of a blended learning course 		
Areas of Good Practice		
<ul style="list-style-type: none"> • Good innovation with the electronic monitoring report and the Trainer report 		
Areas for Improvement		
<ul style="list-style-type: none"> • The Institution should ensure that all Instructors are monitored annually and ensure records are being maintained. These records should match course delivery dates, and a large proportion should be completed as in-person competency monitoring. This should be reviewed during the 12 month follow up inspection • HR policies and procedures, including procedures for dealing with poor and unacceptable faculty performance should be developed 		

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MDM
QRP Findings		
<p>During discussions, representatives outlined and described the relationship with affiliated faculty and the contractual and quality assurance arrangements that are in place. There is a collaboration policy in the Quality Policy and procedures manual that requires affiliated faculty to familiarise themselves with quality requirements, which are also covered during induction. There is an updated Memorandum of Understanding (MOU) in place for affiliate faculty and a PHECC Affiliated Instructors Requirements & Code of Conduct document. These outline the responsibilities of affiliated faculty to deliver courses on behalf of the Institution and clearly details the responsibilities of each party for the quality assurance of PHECC-approved courses. Monitoring is now in place for affiliated faculty.</p> <p>The Institution has put systems in place to maintain records of all affiliate faculty and an updated faculty list has been submitted. Information is now collected from affiliates using the Trainer report, which can be analysed at the Results Approval Panel meetings.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Updated MOU and Affiliated Instructors Requirements & Code of Conduct document development 		
Areas for Improvement		
<ul style="list-style-type: none"> The Institution should collate information collected from the Trainer reports and use them to help inform quality improvement plans during regular governance meetings as well as the Results Approval Panel meetings. Future evidence of this planned process may improve the current rating achieved The Institution should develop a schedule for faculty monitoring 		

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
QRP Findings		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> Has a programme design and development procedure in place. This facilitates the introduction of new programmes or ensure that any updates or changes in PHECC Education and Training Standards, Clinical Practice Guidelines (CPG) or Examination Standards are implemented Ensures that course development reflects all PHECC requirements and that a systematic approach to course approval is followed <p>The lesson plans for the blended learning FAR course provided do not meet the PHECC Education and Training Standards' requirement of 50% face-to-face practical delivery. The lesson plans provided represent a high percentage of course delivery online.</p> <p>The evidence provided indicates that the Institution, students, and faculty would benefit from a systematic review and updating of course material, ensuring that there are:</p>		

<ul style="list-style-type: none"> Clearly outlined aims and objectives, detailing competencies to be achieved by students Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons Detailed timetable, time on each topic, teaching method, and tutor/instructor names
Areas of Good Practice
<ul style="list-style-type: none"> Programme design and development procedure in place
Areas for Improvement
<ul style="list-style-type: none"> The Institution should follow the programme design and development procedure when redesigning the FAR blended learning course and documentation the process Course approval documentation, i.e. procedures and evidence of practice Course content and supporting material

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
QRP Findings		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> Relevant instructor details are recorded on course documentation Records are maintained to demonstrate student attendance <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"> 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 		
Areas of Good Practice		
<ul style="list-style-type: none"> Instructor details on course documents Student attendance records maintained 		
Areas for Improvement		
<ul style="list-style-type: none"> Course delivery documentation and practice relating to FAR blended learning Course content and supporting material 		

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.	MNM
QRP Findings		
<p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> The admissions policy/entry criteria for each course 		

<ul style="list-style-type: none"> The information that is available to prospective students to make an informed choice about course participation 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 The procedures for RPL adhere to the guidelines for each individual course <p>The Institution has updated policies and procedures to evidence each of these areas.</p>
Areas of Good Practice
<ul style="list-style-type: none"> The updated Learner Handbook is evidence that the Institution has appropriate consideration for responder level courses
Areas for Improvement
<ul style="list-style-type: none"> Improved detail on individual course descriptions required

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	SM
QRP Findings		
<p>The Institution has developed new processes for collecting feedback from students and faculty.</p> <p>There are Quick Reference codes (QR) for FAR and CFR courses and links for trainer feedback.</p> <p>There is additional evidence of faculty meeting where faculty feedback has been sought in relation to course material.</p> <p>The Institution has developed a Self-evaluation, Monitoring and Review Policy and linked key performance indicators.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Student feedback opportunities 		
Areas for Improvement		
<ul style="list-style-type: none"> Course review documentation Course evaluation by all key stakeholders Quality improvement planning and Implementation 		

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.	MDM
QRP Findings		
<p>The evidence indicated:</p> <ul style="list-style-type: none"> Documented Student Appeals Policy Responsibility for managing the PHECC certification system is clearly identified 		

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.

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

- How it is stated when PHECC assessment material is used
- How students are provided with the information necessary for them to participate in assessment
- How students are provided with assessment information and feedback
- How assessment methodologies are adapted to cater for students with additional support needs
- Who has responsibility for assessment material and how it is secured
- Who has responsibility for the PHECC certification system

The internal verification and the external authenticator role descriptors have recently been improved.

The Institution has fully engaged with the new PHECC online certification system and informed all faculty of the new changes, including paperwork requirements.

Areas of Good Practice

- Student Appeals Policy and internal verification policy

Areas for Improvement

- Reference to the PHECC responder handbook is required
- The assessment policy should detail how PHECC assessment material is managed
- Security of assessment related material

7. Conclusion and Outcome

Rating	2.25
Level	Moderately Met – MDM
Conclusion	<p>The evidence provided indicates that following the development of the new Quality Improvement Plan, a significant number of areas have shown improvement. The Institution demonstrates improved compliance with PHECC Standards across several key areas, i.e. governance, quality assurance, and affiliated faculty oversight. The Institution has implemented reasonable improvement measures, however, definitive signs of change will require time.</p> <p>Documented evidence should be available for the next planned inspection and some rating areas may improve based on the evidence provided:</p> <ul style="list-style-type: none"> • Evidence of Governance and oversight of affiliated faculty • Affiliate faculty development and management • Analysis of Key Performance Indicators • Analysis of Instructor and student feedback • Quality assurance activity, agendas and minutes • Evidence of affiliate faculty and new instructor monitoring • Assessment and awards policy improvement

Students and faculty will benefit from the updated policies, procedures, and supporting documentation to better achieve compliance with PHECC Standards, improve transparency, and enhance the quality of education and training provided.

The overall compliance rating reflects the improvements made with a further recommendation to monitor this activity with the goal of maintaining quality improvement in standards of educational quality and student support.



Published by:

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

**Phone: +353 (0)45 882042
Email: info@phecc.ie**