Quality Review Framework

Composite Report

Irish Red Cross

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1. Institution Details

Name	Irish Red Cross
Address	16 Merrion Square, Dublin 2.
Type of Organisation	Voluntary Organisation
Profile	Recognised Institution since 2008
PHECC Courses Delivered	CFRC, CFRCI, CFRA, CFRAI, FAR, FARI, EFR, EFRI, NQEMT.
Higher Education Affiliation	N/A

2. Review Details

Purpose	• 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	• 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	1st March 2024
Date of Onsite Review	21st March 2024

3. Report Details

Draft report sent to Institution for feedback	21st May 2024
Final report sent to Institution	6th June 2024
Director Approval **Date**	 6th June 2024
Report Compiled by	PHECC Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting	
Organisation	**Role**
PHECC	Lead assessor
PHECC	Assessor x 2
Irish Red Cross	National Director of units
Irish Red Cross	National Medical Officer
Irish Red Cross	Secretary General
Irish Red Cross	EMT Programme Manager
Irish Red Cross	Head of National Services
Irish Red Cross	National Training & Commercial Manager
Irish Red Cross	Head of Compliance
Irish Red Cross	National Training Officer
Irish Red Cross	PHECC facilitator CPC PM
Irish Red Cross	Quality Assurance Committee Chair
Irish Red Cross	National Safeguarding Officer
Irish Red Cross	Branch Member
Closing Meeting	
Organisation	**Role**
PHECC	Lead assessor
PHECC	Assessor x 2
Irish Red Cross	National Director of units
Irish Red Cross	National Medical Officer
Irish Red Cross	Secretary General
Irish Red Cross	EMT Programme Manager
Irish Red Cross	Head of National Services
Irish Red Cross	National Training & Commercial Manager
Irish Red Cross	Head of Compliance
Irish Red Cross	National Training Officer
Irish Red Cross	Quality Assurance Committee Chair
Irish Red Cross	Branch Member

4.2 Stakeholder Discussions

Title/Group	Role
Irish Red Cross	As above

4.3 Document Review

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

- SAR and revised SAR
- QIP and revised QIP
- Course Booker
- Online learning system
- Duties of Medical Officer
- Organisation chart and revised Org chart
- CSTM Policy
- Autumn 2023 EFR Course notification letter
- Internal verifier job description Rev 07.18
- IRC Clinical Governance Policy 2023
- Terms of reference Clinical Governance group
- Terms of reference Quality Assurance Committee (Draft)
- Terms of reference Training Working group 2022_2025
- Tax Clearance 15.12.2023

- Named Faculty Member form Practitioner courses
- Named Faculty Member form Instructor courses
- Named Faculty Member form Responder courses
- EFR exam results Dec 2023 course director
- Faculty records
- Area Training Development Officer Role Descriptor
- Assistant Tutor Job Description Rev 07.18
- AT.T.F Roles and responsibilities
- CFR Advanced Course Instructor job description Rev 07.18
- DRAFT QA Committee meeting minutes 11.01
- eFáilte

- Student logbooks
- TWG minutes approved 22-8-2023, 24-10-2023, 28-11-2023, 15-01-2024
- CFR course director role rev 07.18
- EFR course director role rev 07.18
- EMT course director role rev 07.18
- Facilitator job description rev 07.18
- FAR programme manager Role Rev 07.18
- National Training Officer (PHECC)
- Roles and responsibilities
- Training department function
- Cope of risk register summary version

- Draft IRC policy on policies
- Draft IRC Joint Course Prospectus 13.12.2023
- IRC EMT course prospectus (2024) final
- IRC constitution
- Licensed CPG Provider Approval 2023_2024
- RI renewal 2023_2024
- Complaints policy
- Safeguarding Policy statement and procedures new version due March 2024
- Sample Summary report IRC Instructor feedback 09.01.2024.
- Student feedback digital Pilot initial summary Jan 24
- EMT course attendance on online learning system
- EMT course resources Checklist-Pilot

- Student Course entry to Exit process.
- Extract data of member qualifications
- Sample report EMT Practitioner with CPG status.
- CPG 2021 upskilling
- Extract PHECC REP Faculty Instructors
- Data protection statement
- MOU NAS
- Auditor statement annual report 2022 extract
- Report to Board – working groups and committees 091223 meeting.
- NDU KPIs including training identification.
- RDU KPIs including training identification.
- Course info

- 20230511 General Insurance
- Garda Vetting Policy March 2022
- DRAFT QA Committee Meeting Minutes 11.01
- DUE FOR REVIEW self-evaluation Policy
- IRC Quality Improvement Plan 29.01.2024
- Course evaluation Form
- Feedback by IRC Instructors – Initial summary Jan24
- Guidance on feedback MS forms for EFR and EMT students and tutors 29.11.2023
- 27.01.2024 FOR 028 Named Faculty Member Form Practitioner courses V2

- IRC EMT student Placement log 2023
- Sample resources EFR Course 2024 on online learning system
- MOU Statutory organisaton
- SOP 41 Ambulance observer procedure
- Complaints policy (external)
- Draft 2023 faciities and resources EMT course
- EMT course resources checklist Training centre 05.12.2023
- Health & Safety Management, management of risk guidance
- IRC staff handbook
- Page 48 staff handbook (Final)
- Employees EAP overview
- Draft MoU between Medilink and IRC re EMT student Placements
- MoU NAS
- IRC EMT student placement log
- SOP 41 Ambulance observer procedure
- NASC experiential learning request January 2024 with site suggestions (1)
- IRC Training progression pathway 2020
- Continuous professional competence education plan
- Proposed survey course requirements 2024
- Course requirements 2024 initial responses
- IRC iNews December 2023
- Sample faculty course report
- Instructor feedback Jan24
- 2018 revised course registration form
- CFR Faculty monitoring form rev 2018
- Tutor observation 2022
- Course development policy 2017
- Sample EMT course schedule
- IRC English language policy 2023
- English language policy assessment form 2023

- Draft MoU between external organisation and IRC re EMT student placements
- Volunteer Health & Safety handbook (2)
- Selection criteria checklist for external premises (2)
- Draft IRC Training access & supports 12.12.2023
- EMT Blank nomination form 2024
- Sample EFR nomination form
- IRC FARI administration 2020 (2)
- Garda vetting policy March 2022
- Safeguarding policy statement and procedures new version due march 2024
- CFR Community course instructor Job description rev 07.18
- FAR course instructor job description Rev 07.18
- FAR Programme Manager role rev 07.18
- Commitment to service
- EMT 2024 Dublin Day 1 sample schedule emailed to students
- EMT 2024 Dublin Day 2 sample schedule emailed to students
- EMT nervous system presentation with objectives
- The role of the EMT induction
- Attendance students and instructors sample sign in
- Coursebooker trainer example
- Teaching faculty requirements
- Confidentiality exams
- IRC Quality improvement plan 29.01.2024
- Need review fair and consistent assessment of learners policy
- Under review Dec '23 clinical and safety training management policy 1.7
- Commercial training coordinator and sales advisor
- Head of National services
- National training and commercial training administrator

- 27.01.2024 FOR O29 Named Faculty Member Form Instructor courses V3
- Certificates reporting 2023 stats
- Garda Vetting Policy
- Sample faculty listing received
- Updated EFR nomination form 2024
- DRAFT IRC training access & supports 12.12.2023
- EMT blank nomination form 20241
- Sample EFR nomination form
- IRC public booking form 2023
- Resources on online learning system
- IRC equality policy
- Ethics and code of conduct (1)
- The seven principles of the IRC
- Respect and dignity policy
- Course requirements survey 2024 sent 23.01.24
- CPG 2021 upskilling
- Fáilte IRC member induction course workbook
- IRC FARI administration 2020 (2)
- IRC ATT 2024 Programme syllabus draft for PHECC approval Feb 24
- Edition upskilling assessment Irish Red Cross 2021 CPG upskilling cert report on online platform
- Draft student remediation form 2024
- Learning strategies for EMT course presentation dec'23
- Draft IRC joint course prospectus 28.02.2024 copy
- IRC EMT course prospectus (2024) Final
- Course info
- To be reviewed recognition of prior learning policy
- Admissions policy
- EMT blank nomination form 2024

• Course review policy and procedures • IRC student feedback print format 04.12.2023 • IRC Instructor feedback MS forms • Faculty member report form IRC 2017 V3 • Sample online resources EFR • QMS training quality assurance structure V1.0 final • IRC patient handling course update action plan 01.03.2024 • CFR programme manager role description – copy • CPC programme manager role description – copy • EFR programme manager role description – copy • EMT programme manager role description – copy • FAR programme manager role description – copy • Patient handling programme manager role description – copy • Blank branch reg form • Blank branch course returns form • Privileged personnel IRC 13.02.2024 • CCTV policy Jan 18 • Clean desk 24 Jan 18 • Data breach policy and procedures Mar 18 • Data protection overview • Data retention policy updated Jan 21 • Subject access request form • Subject access request policy Mar 18 • Recruitment process overview copy	• National training and commercial manager FINAL Dec 12 2023 • IRC student feedback MS forms • Complaints against Irish red cross voluntary service and behaviour of members 1 • Note to PHECC re complaints policy March 2024 • 2023.05.02 Garda vetting matrix for IRC • Garda vetting procedures and decision making process • Internal verifier job description for review • Teaching practice Observation and assessment 01.03.2024 • Training report 2023 courses • 2023 student feedback manual entry • EMT one to one feedback forms 11.02.2024 • One to one feedback EMT courses 11.02.2024 update with actions • Draft ATT blank nomination form • IRC instructor framework copy • IRC child safeguarding statement 2024-2026 • Programme final IRC safeguarding seminar • Additional supports policy and procedures due for review • IRC QRF quality improvement plan revised 12.03.2024 • Draft RPL form • Draft student remediation form 2024 • Medilink clinical placement pre-use audit 01.03.2024 • Communication issued to all EMT students 28 • EMT student clinical placement log • Draft revised staff handbook 2024	• Appeals process (1) • Appeals process (2) • Additional supports 2020 due for review proposed update 28.12.2023 • Full EFR examination December 2023 results sheet working master sheet V2 • Branch courses documentation • CFAR 776 course return • EMT blank nomination form 2024 • Sample of ongoing correspondence and direct by EMT director • Sample of one to one EMT student • Sample sign in sheets submitted by EMT Dublin course director • Student records • PHECC CPG 2021 Edition up skilling assessment cert report on online platform • Sample results overview by course director • Sample sign in sheets submitted by EMT Dublin course director • WIP policy and procedures register 08.03.2024 • Key dates 2024 • Commercial courses on website • Schedule of safeguarding seminars 2024 • Blank employment contract • Course requirement survey 2024 • Visual aids lesson pan IRC ATT 2024

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	**Comments**
n/a	
Facilities (add rows as required)	
Location	**Comments**
n/a	
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	**Comments**
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
During discussions, representatives described the Governance systems that support PHECC approved courses. The organisation chart and documentation provided did not clearly indicate objective oversight and a clear separation between those who design/develop courses and those who approve them. The governance structure is unclear, particularly educational governance and how that governance structure supports education and training activities. Procedures for convening sub-groups are not clear and there is little evidence of them. Terms of reference and role descriptions are in draft form and may not reflect current practice. Procedures for identifying, assessing, and managing risk and evidence of implementation are not evident.

Areas of Good Practice
Records maintained of self-assessment. The Institution has identified areas for improvement in their revised Quality Improvement Plan (QIP) and in their Clinical and Safety Training Management Policy.

Areas for Improvement
- Organisational Chart – To reflect education and training governance and how that supports Education and Training activities.   - Clearly indicate who has overall responsibility for education and training governance and any delegated responsibilities.   - Update sub-group terms of reference to reflect current practice and individual role/job descriptions.   - Improve procedures for identifying, assessing, and managing risk.

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.	**MDM**

QRP Findings
The evidence indicates that the Institution is an established legal entity providing PHECC education and training standards and is in good financial standing. During discussions it was evident that not all tasks (from student entry to exit) associated with education and training are documented. It is evident that the Institution maintains up-to-date records of student and faculty yet lacks evidence of recruitment, contracts, other qualifications, courses delivered, course evaluations, professional development, CPG upskilling, etc. The Institution would benefit from   Updated procedures and documentation with regard to GDPR and ensuring that relevant personnel are aware of what this means for their role.

- New and updated documentation to formalise the informal and reflect current practice with regard to affiliations with other organisations.

- A complaints procedure that clearly shows how it applies to PHECC courses and how all stakeholders are made aware of it.

- New and updated documentation to reflect current practice and the activities described during discussions of obligations under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Areas of Good Practice

The Institution maintains records of students and faculty and has good links with other PHECC recognised Institutions/organisations for experiential placements.

The Institution is well resourced to carry out Quality Assurance activities.

Areas for Improvement

- Documentation evidencing all tasks from student entry to exit.

- Further development of Student and Faculty records.

- Continue ongoing work to strengthen GDPR policy and procedures and to provide update training to staff, faculty and volunteers.

- Update Memorandum of Understandings (MOU) and formalise the informal around affiliation/partnerships with other Institutions/organisations.

- Complaints policy and procedures.

- Policies and procedures to reflect current practice and the activities described during discussions of obligations under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

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

During discussions representatives described a range of documentation under review regarding Continuous Quality Improvement (CQI) and that work is in hand to improve document versioning. There are inconsistencies in the evidence regarding who has overall responsibility for Quality Assurance (QA) of PHECC courses. The Institution would benefit from updating records to reflect items discussed and clearly reflect that those involved in education and training have been made aware of their responsibilities. There is limited evidence of Key Performance Indicators (KPI) or monitoring and the indicators it should seek, also limited evidence of the systematic collection, analysis, and use of student, faculty, and other stakeholder feedback.

Evidence indicates that the Institution would benefit from a more systematic approach to reviewing policies and procedures to ensure they are effective, fit for purpose, reflect current practice, and are consistent with the requirements of relevant legislation. There is inconsistencies in the documentation regarding quality improvement planning and implementation.

Areas of Good Practice

Collection of student/faculty feedback.

There is evidence of an pdated QIP with references to "Review and update the Clinical and Safety Training Management Policy to reflect current practice" and "A policy review schedule and register is being compiled by the Head of Compliance and Legal Affairs and will be aligned to recent personnel changes".

Areas for Improvement

- Update CQI/Quality policy, and associated procedures and finalise review of the Clinical and Safety Training Management Policy.
- Clarify who has overall responsibility for the quality assurance of PHECC-approved courses.
- Improve awareness of all those involved in education and training activities of their responsibilities for the quality assurance of PHECC-approved courses.
- Develop KPI to monitor all aspects of education and training, and a procedure and schedule for monitoring.
- Finalise the development of feedback mechanisms and implement systematic collection, analysis, and use of student, faculty, and other stakeholder feedback.
- Records of the systematic collection, analysis, and review of student participation, success, and progression.
- Records of review of learning resources and locations.
- Systematic review of policies and procedures and supporting documentation.
- Implement QI action.

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.	MNM

QRP Findings

There is a range of reports referenced in the documents provided but it is unclear if there is reporting at all levels. Responsibility for all tasks (from student entry to exit) associated with education and training are not clearly allocated and linked to relevant KPIs. Evidence provided during discussions indicates the Institution would benefit from documenting activities and developing procedures for reporting information required by PHECC. There is insufficient information available to students (on the website etc.) about course participation, third party relationships and associated responsibilities, and the Institution's quality assurance system and external reviews.

Areas of Good Practice

A variety of reports were available, and in discussions it was evident that there is ongoing work to improve reporting, allocation of tasks and communications. There is a website available to the public and an online learning system is available for students.

Areas for Improvement

- Internal reporting.
- Assign responsibility for all tasks associated with education and training and link them to relevant KPIs.
- Procedure for activity reports

- Improve information, particularly about quality assurance and third-party relationships available to the general public, third-parties, and other stakeholders.

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.	**MDM**
	QRP Findings	
	There is evidence of checklists and selection criteria for external premises but not all activities discussed were documented. Further work is required in relation to Health & Safety documentation and compliance. There is a lack of evidence that appropriate training premises are selected and used to deliver PHECC courses. The Institution would benefit from documenting activities described in discussion in relation to the use, regular maintenance and upkeep of equipment and resources used for PHECC courses.	
	Areas of Good Practice	
	Selection criteria and checklists for external premises.	
	Areas for Improvement	
	- Procedures and documentation relating to Health & Safety. - Procedure and criteria for selection of premises for training. - Training equipment and resources.	
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	**SM**
	QRP Findings	
	The Institution provided evidence of adequate, qualified faculty in the appropriate ratios and that sufficient appropriate resources were available to students. During discussions it was evident that students are well supported including additional support when required, however there is limited procedures and documentation to evidence this.	
	Areas of Good Practice	
	Resources available in a variety of formats. Instructor/student ratios are adequate and there is an adequate number of appropriately qualified and experienced faculty, administrative, technical and clinical staff.	
	Areas for Improvement	
	- Procedures and documentation re meetings with students. - Obtaining information from students of supports required and evidence it is provided. - Document mechanisms for provision of reasonable support.	
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.	MDM

QRP Findings

During discussion it was noted that there is a commitment to equality and diversity and a strong history of this in the wider organisation. The Institution would benefit from new/updated documentation to support these activities in the educational sector. It is unclear in the evidence if policies and procedures are legislatively compliant, and that students and faculty are fully aware of them.

Areas of Good Practice

The use and availability of online systems to disseminate information. The Institution has an equality and diversity policy.

Areas for Improvement

- Procedures and documentation on equality and diversity.
- Procedures to promote education and development in staff recruitment, development, and management.
- Codes of conduct and training for all staff and faculty.
- Dissemination of policy and procedures to students, faculty, and other stakeholders.
- Procedures to accommodate the cultural backgrounds and different learning styles of students.

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	*NQEMT courses only:* Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	MDM

QRP Findings

Learning outcomes to be achieved during placements were documented and there was appropriate documentation for students to record their activities and evidence of student portfolios. There is no evidence of a schedule or procedure for monitoring visits to internship/clinical placement sites and MOUs are in need of updating. There is limited evidence of criteria for, or assessment of, clinical placement sites or of procedures for assessment before or during use. The evidence provided indicated the Institution would benefit from new/updated documentation to support placements, student concerns, a fair and transparent system in place for placements, and that Mentors/preceptors were in place.

Areas of Good Practice

Learning outcomes to be achieved were clearly documented. There was appropriate documentation for students to record their experiential placements. The Institution has student portfolios.

Areas for Improvement

- Updated Memoranda of Understanding for clinical placement sites.
- Formalise the liaison process with clinical placement sites.
- A procedure and schedule for monitoring visits to internship/clinical placement sites.
- Documented selection criteria for internship/clinical placement sites.
- The provision of adequate numbers of Mentors/Preceptors at the internship sites.

- Document procedures for students to raise concerns and for these to be resolved.

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.	MDM

QRP Findings

Several new staff have been added in recent times whom it is hoped will enhance all activities in many areas relating to EMS education and training. While evidence of a systematic approach to recruiting appropriately qualified personnel was not available, there was evidence of the academic and subject matter experience of faculty. It was unclear from the evidence that all personnel involved in administering and delivering PHECC-approved courses are aware of their quality assurance responsibilities and are carrying out those activities consistently. The Institution would benefit from updated job descriptions/statements of terms of employment, and from new/updated documentation to clearly reflect current practice re children and vulnerable persons. In discussion, the Institution indicated that appointment of an External Authenticator is at an advanced stage.

Areas of Good Practice

The Institution has a broad range of experienced qualified faculty and visiting subject matter experts with good subject matter experience who meet the PHECC education and training standards for each course on offer. There is a commitment to review the Institution's clinical and safety training policy and to continue the recruitment of a Safeguarding Officer and rollout of training.

Areas for Improvement

- Role and job descriptions.
- Recruitment procedures.
- Evidence that all personnel are aware of their QA responsibilities and are carrying out those activities consistently.
- New/updated documentation re minimum standards for all stakeholders.
- Appointment of an External Authenticator.
- New/updated documentation re safeguarding to reflect current practice.
- Written Statements of terms of 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.	MDM

QRP Findings

It was unclear from the evidence that all personnel had completed induction or that there was a procedure to identify the training/upskilling needs of all personnel or a plan to address needs. Practitioner upskilling had taken place within an appropriate timescale but it was unclear if all personnel have been involved. It is unclear from the evidence that there is a formalised support/supervision and annual appraisal system in place or that personnel had completed training relevant to their role.

	Areas of Good Practice

Evidence of upskilling within eighteen months of publication of new CPGs. Surveys issued to inform a training needs analysis. Induction material available. A programme for manual handling training.

	Areas for Improvement

- Complete the training needs analysis to identify the training/upskilling needs of all personnel

- Evidence the induction training of all personnel appropriate to their role.

- Produce a training and development plan.

- Document upskilling of all personnel.

- Devise a mechanism for personnel to request support and implement a formalised support/ supervision and annual appraisal system.

- Demonstrate that personnel have completed training/upskilling relevant to their role.

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

During discussions it was obvious that communication takes place regularly between faculty and management, however, the Institution would benefit from new/updated documentation to reflect current practice in this and in feedback from faculty. There is evidence of appropriately qualified personnel teaching PHECC approved courses. There is limited evidence of monitoring of visiting subject experts and no evidence of any procedure to deal with poor or unacceptable performance of faculty or of visiting subject experts. The appointment of a HR Manager is expected to significantly improve HR policies and procedures.

	Areas of Good Practice

There is a good system in place to ensure PHECC courses are delivered by appropriately qualified personnel. There is good use of on online system and email for communication. There are course reports from Faculty.

	Areas for Improvement

- Updated/new documentation to reflect current practice in communications and reporting.

- Updated/new documentation to reflect current practice in the provision of faculty feedback.

- Systems and documentation to monitor activities of visiting subject experts.

- Procedures for dealing with poor or unacceptable performance of faculty.

- Develop appropriate HR policies and procedures.

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	N/A

	QRP Findings

n/a
Areas of Good Practice
n/a
Areas for Improvement
n/a

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.	**MDM**
QRP Findings		
There is limited information regarding course development, delivery and review and it was somewhat dated. Course development reflects PHECC requirements and strikes an appropriate balance between theory and practice and has clearly outlined objectives and clear timetables. There is limited evidence of a documented procedure regarding course development or of a systematic approach to course approval.		
Areas of Good Practice		
There is ample evidence of a good balance between presentations, group work, skills demonstrations, and practical work. There was a clear commitment to self-directed learning as appropriate. Course development reflects PHECC requirements.		
Areas for Improvement		
- Update the course development delivery and review policy to reflect current practice. - Document procedures for course development/amendment to reflect updates/changes in PHECC education and training standards, clinical practice guidelines or examination standards. - Develop a systematic approach to course approval.		
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.	**SM**
QRP Findings		
There is evidence that appropriately qualified personnel deliver courses, and that these details are documented on course documentation. There is ample evidence of student attendance and of student recording of activities. There is little evidence of monitoring or documentation of delivery of learning outcomes by third parties. In discussion, one-to-one time for students and remediation seemed adequate but is not well documented.		
Areas of Good Practice		
There is documentation of instructor details on course documentation and of the delivery of courses by appropriately qualified personnel. Records of attendance at courses was evidenced. Documented record of		

student activities (from the student) are maintained and available for inspection by PHECC and relevant stakeholders.

Areas for Improvement
• New/updated documentation to support the activities discussed regarding monitoring and learning outcomes in third party delivered training. • New/updated documentation to reflect remediation and mentoring. • Formalised induction process.

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.	MDM

QRP Findings
Policies for admission and for recognition of prior learning may not be adequate, students would benefit from additional documentation and information regarding them. There is evidence that procedures for RPL adhere to the guidelines for each individual course, in keeping with PHECC guidelines.

Areas of Good Practice
Procedures for RPL adhere to the guidelines for courses, in keeping with PHECC guidelines. There is an admissions policy. There was some information available to prospective students on course details.

Areas for Improvement
• The Institution would benefit from clearly defined admissions procedures for all PHECC courses. • Students would benefit from additional details regarding admissions, course details, transfer and progression opportunities being more detailed and more easily accessed. • Students would benefit from access to a clear process for RPL.

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
There is limited evidence of a procedure for course review or of the course evaluation process involving key stakeholders, including mentors as appropriate. There is evidence of feedback from students and faculty during and after courses and of documentation of course evaluations by tutors/instructors. There is a lack of clarity regarding the identification of areas for improvement and actions for their implementation.

Areas of Good Practice
There are good feedback mechanisms and documentation of evaluations. Students have opportunities to provide feedback during and after their course. Faculty have opportunities to provide feedback during and after their course. Course evaluations are documented by the tutor/instructor or course director.

Areas for Improvement

- Documentation of procedures for course review.

- Procedures to involve key stakeholders in the course evaluation process.

- Consistency in the SAR and QIP regarding the identification of areas for improvement and actions agreed to address them.

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

There is evidence of appropriate assessment for all courses and it is clearly stated when PHECC assessment material is being used. Student have sufficient access to information and receive feedback on their assessments. The Institution would benefit from updated/new procedures on assessment policies and on the adaptation of assessment methodologies to cater for students with additional support needs.

The evidence indicated that the Institution would benefit from new/updated procedures and documentation to support:

- Internal Verification and records of practice.

- External Authentication and records of practice.

- Results approval and records of practice.

Areas of Good Practice

An appropriate assessment methodology is used for all courses. It is clear when PHECC assessment material is being used. Responsibility for assessment material is clearly designated. It is clear who has responsibility for managing the PHECC Certification system. Students are authorised to apply for NQEMT examinations at the appropriate time.

Areas for Improvement

- Review and update assessment policy and procedures.

- Provide new/updated documentation of support of students with additional needs.

- Provide new/updated procedure and documentation for Internal Verification.

- Appoint an External Authenticator and establish a procedure for EA.

- Provide new/updated documentation to support results approval and evidence of practice.

- Review/update student appeals policy and procedure.

7. Conclusion and Outcome

Rating	2.32
Level	Moderately Met
Conclusion	The evidence indicates that the quality assurance systems in place at the time of review-do not fully reflect current practice and are not fully effective or fit for purpose. In some instances, it was obvious in discussions that paperwork needs to catch up with practice to fully document processes. The evidence indicates that the Institution has some robust policies and procedures already in use throughout the Institution's work.

	In other instances, the Institution would benefit from separating policies and procedures so that the procedure to implement the policy is clear and easy for anyone to follow.
	The evidence also indicates that the organisation is aware of some of the points raised at the review and have already identified these workstreams and have in the past one to two years recruited and appointed several key personnel who are already significantly engaged in addressing the issues.
	The evidence indicates that a range of areas require additional work by the Institution in meeting its obligations under the PHECC Quality Improvement Framework and associated documents.
	Representatives of the Institution engaged constructively, and all personnel appeared willing and motivated to address the issues identified.