Quality Review Framework

Compliance Report

CPL Learning & Development Ltd

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Quality Review Framework Compliance Report

1. Institution Details

Name	CPL Learning & Development Ltd.
Address	5 St. Fintans, North Street, Swords, Co. Dublin
Type of Organisation	Limited Company
Profile	PHECC approved since 2017
PHECC courses being delivered	CFR-Community, CFR-Community Instructor, CFR Advanced, CFR Advanced Instructor, EFR, EFR Instructor, FAR, FAR Instructor
Higher Education Affiliation	N/A

2. Review Details

Purpose	To facilitate the enhancement of a successful learning experience for students.
	To promote 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 outlines in the PHECC Quality Review Framework.
Date of the Desktop Review	17th March 2022
Date of On-site Review	21st April 2022
Quality Review Panel (QRP)	Cian O'Brien
	Donal Lonergan
	John McShane

3. Report Details

Date report sent to Institution	13/05/2022
Report Compiled by:	Cian O'Brien
	Donal Lonergan
	John McShane

4. Review Activities

4.1 Meetings
Opening Meeting (add rows as required)

Name	Organisation	Role
Cian O'Brien	PHECC	Quality Review Panel Lead
Donal Lonergan	PHECC	Quality Review Panel Member
John McShane	PHECC	Quality Review Panel Member
Ricky Ellis	PHECC	PHECC Representative
Lorraine Conway	CPL	Compliance Manager
Derek Donohoe	CPL	Operations Manager

Closing Meeting (add rows as required)

Name	Organisation	Role
Cian O'Brien	PHECC	Quality Review Panel Lead
Donal Lonergan	PHECC	Quality Review Panel Member
John McShane	PHECC	Quality Review Panel Member
Ricky Ellis	PHECC	PHECC Representative
Lorraine Conway	CPL	Compliance Manager
Derek Donohoe	CPL	Operations Manager

4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)
Lorraine Conway	Compliance Manager
Derek Donohoe	Operations Manager

4.3 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	**Comments**
N/A	Virtual
Facilities (add rows as required)	
Location	**Comments**
N/A	Virtual
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	**Comments**
N/A	Virtual

4.4 Document Review

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

Improvement Plan 2022	Changes, Updates to course material	Diversity and Inclusion Policy	SOP Changes, Updates to course material
PHECC Renewal Declaration	Course Approval Procedure	Recruitment, management and development policy	Course Approval Procedure
Self-Assessment Toolkit	PHECC Internal Verification		
Brief description of the organisation	Insurance Cert	Faculty Members Recruitment Procedure	PHECC Programme Review
CPL Institute Org Chart	Quality Assurance Manual	Safeguarding o Children and Vulnerable Persons (Vetting) V1	RPL Policy
V2.0 Management Responsibility	Code of Conduct		PHECC Programme Review Form
114 TC 2 Responder Instructors Roles & Responsibilities	Code of Conduct Trainer	Communication Policy	
	Faculty IC and CPR Equipment	Garda Vetting Policy and Procedure	Management of Change Record
1.1.4 TCI PHECC Assistant Tutor / Tutor Roles and Responsibilities	Selection of Premises	Faculty Members Recruitment	SOP Changes, Updates to Course material
External Examiner	Reasonable Accommodation Request	Named Faculty Member Form Instructor Courses	PHECC Internal Verification
PHECC Role Internal Verifier	Health and Safety Policy		
Quality Policy	Safety Statement	Named Faculty Responder Courses	Assessment of Learners
Data Protection 02-2022	Communications Policy		
Garda vetting Policy and Procedure	Assessment of learners	Garda Vetting Policy and Procedure	Results Approval Policy
Safeguarding V2	FAR 2017 IRL-N Gr SAMPLE RES – First Aid Responder Manual		

SOP1 Document Control	Far Affiliate Instructor Equipment Checklist V2 Nov 2019	2022 6 Month Plan	Far Instructor Final Assessment Process Flow Charts
Tax Clearance Cert		Faculty Members Recruitment Procedure V1 Oct 2019	
Complaints Procedure QA Manual	Instructor Monitoring & Observation Form V1	PHECC Asst. Tutor Role Descriptor Nov 2019	PHECC Programme Review Form
Management of Complaints	PHECC Max Numbers on Arlo	PHECC Responder Instructor Desc V2 Nov 2019	PHECC External Authentication
Collaborative Provision and Agreement	Prerequisite for PHECC Courses	Faculty Affiliation Policy V1 Oct 2019	PHECC Role of External Authenticator
Org Chart 22	Faculty Communications with Learners and Stakeholders V1 Oct 2019	CPL Quality Ass Agreement	PHECC Appeals Process
Complaints process on website	Reasonable Accommodation Request Form V1 Sept 2019	Contract for Services	PHECC Programme Review Form V2 Nov 2019
Attendance sheets	Code of Conduct Trainer V2 Nov 2019	Induction Checklist	
PHECC Registration and Learner details		PHECC Doc for training	Course Development and Review
Trainer Database Screenshot	Instructor Course Report	PHECC Affiliate Booking Process	Learner Handbook
Annual Compliance Declaration	Instructor Monitoring & Observation Form	PHECC Returns Process 070322	Access, Transfer and Progression
CPL Data Protection	IV Report FAR	Onboarding CPL Group	Learner Information Sheet
Insurance Cert	Quality and Consistency of Delivery, Monitoring policy V1 Nov 2019	QA Agreement	
Review of facilities and locations		Employment Engagement	
Quality Policy April 22	Sample of HR policies from staff portal	Training and Development	
Management Responsibilities April 22	Internal Audit of PHECC Affiliates Feb 2021	Induction Checklist	
SOP 3.0 Management of feedback	Management Responsibility April 2022	End of Year Review Goal Setting FY22	
Course Evaluation	FAR Learner Handbook	Communication Policy 22	
Communication Policy	Exam Envelope Cover Sheet	Update on CFR Training Materials	
PHECC Responder Certificates Issued 2021	Training Programme Evaluation Form V3.1 June 2020	Sample of Tutor Online Feedback with Corrective Actions	
PHE 1 – PHECC FAR & FAR Re-Cert Courses	FAR Lesson Plan Sess 10 – Communication 4B	FAR Exam B 2018 Full Pack	
PHE 2 – PHECC FAR & FAR Re-Cert Courses	Course Approval	FAR MCQ Exam A 2017 Full Pack	
PHE 3 – FAR Instructor Final Assessment F3 Process	First Aid Material		
FAR Instructor Learner Information Sheet V1	FAR Lesson Plan Sess 1 patient Assessment		
FAR Skills Assessment Sheets			
FAR Instructor Learner Information Sheet V1 '22			

5. Compliance Rating and Level

The Compliance Ratings (CR) are designed to establish a baseline, measure ongoing progress and to encourage CQI. Ratings are given on a five-point scale (0-4) against each component.

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. Abbreviations – Assessment Method

1. DR = Document Review
2. SD = Stakeholder Discussion
3. OB = Observation

7. Purpose of the Report

The purpose of this report is to:

a) Provide a record of the level of compliance with the PHECC quality standards

b) Highlight actions that need to be taken to ensure full compliance

8. Findings

Theme One: Organisational Structure and Management

QS1.1: Governance – The institution has fit-for-purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC-approved courses.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
1.1.1	Is it clear what constitutes governance in the institution? (appropriate to its needs, size and complexity) - Does the organisational chart clearly reflect the institution's current structure and how that structure supports education and training activities? - Does it clearly indicate who has overall responsibility for education and training governance and any delegated responsibilities?	X	X		• Comprehensive corporate organisational chart submitted however PHECC specifics are unclear. • Additional roles/sub-groups mentioned throughout the document that appear to be missing in the organisational chart. • Different versions of organisational chart with various roles. • Rated 2.5 in the SAR, referenced in the QIP. **Improvement action required**	3
1.1.2	Are there procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight of: - Course approval/amendment - Results approval - Self-assessment? Is there up-to-date evidence of these activities taking place?	X	X		• No reference to PHECC in the Programme Development, Approval and Validation Policy. • Results approval policy in place however lacks reference to PHECC requirements. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
1.1.3	Are there terms of reference/role descriptions for all sub-groups/individuals carrying out oversight activities?	X	X		• Terms of reference included in the Quality Assurance Manual V2.2. ○ Senior Management Team, Academic Council, Programme Board, Examination Board, Teaching, Learning and Assessment Committee, New Programme Development Committee, Appeals and Review Committee, Admissions Committee, Quality Team. • Other groups/roles mentioned not covered. • Limited reference to PHECC in Terms of Reference.	2

		DR	SD	OB		CR
					• Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	
1.1.4	Are there documented role descriptions for all activities associated with education and training? - Administration - Internal Verification - Instructor - Assistant Tutor - Tutor - Facilitator This is not an exhaustive list. Additional roles may be unique to each institution.	X	X		• Role descriptor submitted for Responder Instructors, PHECC Asst. Tutor, Tutor, External Authenticator and Internal Verifier. • Descriptors require updating to reflect current practice. • Rated 2.5 in the SAR, referenced in the QIP. **Improvement action required**	3
1.1.5	Are there procedures in place for identifying, assessing and managing risk? Is there evidence of these activities taking place?	X	X		• Comprehensive Health and Safety Policy and Safety Statement. • Limited evidence of use submitted. • No reference to academic risk or management of academic risk. • Unclear for external affiliate faculty. • Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	3

Total CR	13	Average CR	2.6	Compliance Level	MDM

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

Component		Assessment Method			Comments	CR
		DR	SD	OB		
1.2.1	Is there evidence that the institution is an established legal entity that a) provides education and training as a principal function *or*	X	X		Evidence provided.	4

	b) provides PHECC education and training standards?					
1.2.2	Are all tasks (from student entry to exit) associated with education and training documented?	X	X		• The evidence indicated that not all tasks (from student entry to exit) associated with education and training are documented. • Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	2
1.2.3	Is there evidence that the institution maintains up-to-date student records? - Contact details - Supports - Attendance - Completion - Assessment - Certification and Progression to other courses	X	X		• Limited evidence provided that the institution maintains up-to-date student records particularly around External Affiliate Faculty. • Rated 3 in the SAR, referenced in the QIP. **Improvement action required**	2
1.2.4	Is there evidence that the institution maintains up-to-date records of all members of faculty? - E.g. recruitments, contracts, PHECC certification and other qualifications, courses delivered, course evaluations, professional development, CPG upskilling, etc?	X	X		• Limited evidence provided that the institution maintains up-to-date records of all members of faculty. • FOR029 – requires updating • FOR030 updated March 2022 has expired instructors. • Limited evidence provided of recruitment records, contracts, records of courses delivered etc. • Records of all activities referenced in the documents need to be maintain. • Rated 2 in the SAR, referenced in the QIP **Improvement action required**	2
1.2.5	Are a policy, associated procedures and supporting documents in place for data protection that meet legislative requirements? - Does the policy reflect current practice? - Do those involved in education and training activities understand what it means for their role?	X	X		• Data Protection and Freedom of Information Policy submitted. • GDPR requirements for external affiliate faculty is unclear. • Limited evidence provided that those involved in education and training activities understand what it means for their role. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

		X	X			
1.2.6	Where there is an affiliation/partnership with another institution or higher education authority, is there - A memorandum of understanding - A joint working group - An agreement outlining responsibilities for delivery, assessment and quality assurance?	X	X		• Limited evidence provided. • External affiliate faculty contracts/SLA currently under review. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
1.2.7	Is there evidence to demonstrate that the institution is in good financial standing (e.g. tax clearance certificate, etc)?	X	X		Evidence provided.	4
1.2.8	Is there written confirmation that adequate insurance cover is in place to cover all education and training activities?	X	X		• Evidence provided to include cyber protection • Limited evidence that external affiliate faculty and external instructors' insurance is in place – mentioned in audit report. • Rated 3 in the SAR, referenced in the QIP. **Improvement action required**	2
1.2.9	Is the institution sufficiently resourced (finance and human) to carry out all quality assurance activities?	X	X		• The evidence indicated that the institution is not sufficiently resourced to carry out all quality assurance activities. • CPL currently recruiting additional staff to support PHECC work. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
1.2.10	Is there a complaints policy, and associated procedures, relevant to all stakeholders, and are all stakeholders made aware of it?	X	X		• Complaints documentation submitted however differences noted between documents. • Unclear if all students are provided with current information (affiliate courses). • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
1.2.11	Are a policy, associated procedures and supporting documents in place to ensure the institution is meeting its obligations under the Child and Vulnerable Persons Act 2012?	X	X		• Safeguarding Policy and procedure require updating to reflect current practice. • Roles/subgroup referenced that do not have terms of reference or role descriptors. • Comment in the SAR '*No current training provision that requires act'.*	2

					• No evidence of training. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	

Total CR	25		**Average CR**	2.3	**Compliance Level**	<mark>MDM</mark>

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

Component		**Assessment Method**			**Comments**	**CR**
		DR	**SD**	**OB**		
1.3.1	Is there a CQI/Quality policy, and associated procedures, that states the institution's commitment to systematic monitoring, annual self-assessment and quality improvement?	X	X		• Quality Policy (No reference to PHECC). • Management of change record – 1 entry. • Limited actions relating to PHECC in the QIP. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
1.3.2	Is it clear who has overall responsibility for the quality assurance of PHECC-approved courses?	X	X		• Outdated terminology and roles submitted in documentation compared with roles outlined by CPL during the virtual review. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	3
1.3.3	Is there evidence that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses?	X	X		• Limited evidence provided that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2

1.3.4	Are appropriate performance indicators (KPIs) in place for monitoring all aspects of education and training? For example: - Tutor/instructor rating - % of students completing courses - Dropout rates - Grade analysis - Course satisfaction rating	X	X		• Reference in the documentation however limited evidence available to determine the exact KPIs. • Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	1
1.3.5	Is it clear in the documentation how monitoring is carried out, by whom and what indicators it should be seeking? - E.g. course evaluation forms reviewed by senior management after each course to monitor course rating and tutor/instructor rating	X	X		• Limited evidence with respect to monitoring. • Policies and procedures require updating to reflect current practice. • Rated 2.5 in the SAR, referenced in the QIP. **Improvement action required**	2
1.3.6	Is there up-to-date evidence of the systematic collection, analysis and use of student, faculty and other stakeholder feedback? - Course content - Delivery - Teaching style - Learning resources - Assessment - Provision of information - Support This list is not exhaustive.	X	X		• Evidence provided (Arlo & Airtable). • The role of the external affiliate faculty remains unclear. • Rated 3 in the SAR, no reference in the QIP. **Improvement action required**	2
1.3.7	Is there up-to-date evidence of the systematic collection and analysis of: - Student participation - Success (grade analysis) - Progression?	X	X		• Evidence provided (Arlo & Airtable). • The role of the external affiliate faculty in unclear. • Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	2
1.3.8	Is there up-to-date evidence of the systematic review of learning resources and locations?	X	X		• Evidence regarding review of learning material submitted. • Limited evidence provided of review of teaching locations and learning resources.	2

		DR	SD	OB	Comments	CR
					• Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	
1.3.9	Is there up-to-date evidence of the systematic review of policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation?	X	X		• Limited evidence of document control as different styles and formats submitted. • CPL currently undergoing re-branding and styling. • Rated 3 in the SAR, referenced in the QIP. **Improvement action required**	1
1.3.10	Is there up-to-date evidence of quality improvement planning and implementation?	X	X		Evidence provided	4

Total CR	21	Average CR	2.1		Compliance Level	MDM

QS1.4: Transparency and Accountability – The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place with and between all relevant stakeholders.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
1.4.1	Is there up-to-date evidence of internal reporting at all levels in the institution?	X	X		• Evidence provided (communication policy and example emails). • Role of external affiliate faculty is unclear. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	3
1.4.2	Is responsibility for all tasks (from student entry to exit) associated with education and training clearly allocated and linked to relevant KPIs?	X	X		• Limited evidence provided that responsibility for all tasks associated with education and training clearly allocated and linked to relevant KPIs. • Role of external affiliate faculty is unclear. • Rated 2 in the SAR, referenced in the QIP.	2

					Improvement action required	
1.4.3	Is there a procedure in place to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC?	X	X		• No evidence of a procedure. • PHECC report submitted. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
1.4.4	Are prospective students provided with sufficient information to make an informed choice about course participation?	X	X		• Limited evidence provided that prospective students are provided with sufficient information to make an informed choice about course participation. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
1.4.5	Are the general public made aware of any third-party relationships related to PHECC-approved courses and the responsibilities of those involved?	X	X		• No evidence provided that the general public are made aware of any third-party relationships related to PHECC- approved courses and the responsibilities of those involved. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	0
1.4.6	Is information about the institution's quality assurance system and external reviews made available to the public in an easily accessible format?	X	X		• Limited evidence provided. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
1.4.7	Are there procedures in place to provide other stakeholders (internship sites, employers, etc) with information and to obtain information from them (feedback, updates, etc)?	X	X		• Limited evidence provided during discussion with representatives. • Stakeholders listed in the March 22 Org chart. **Improvement action required**	2
Total CR	13	**Average CR**		1.9		**Compliance Level**	MNM

	Theme Two: The Learning Environment					
QS2.1: Training Infrastructure – Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.						

Component		Assessment Method			Comments	CR
		DR	**SD**	**OB**		
2.1.1	Is there evidence that the institution has a policy, associated procedures and supporting documents to demonstrate compliance with its safety, health and welfare at work legislative obligations?	X	X		- Health and safety policy, safety statement and supporting documents available for review. - Unclear if activities are taking place at all venues/locations on all courses delivered by external affiliate faculty. - Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
2.1.2	Is there evidence to demonstrate that appropriate training premises are selected and used to deliver PHECC-approved courses?	X	X		- Selection of premises policy submitted for review. - Unclear for external affiliate faculty. - Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
2.1.3	Are there documented selection criteria and a checklist for external premises to be used for course delivery?	X	X		- Limited evidence of checklist being used. - Unclear for external affiliate faculty. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
2.1.4	Is there evidence that appropriate equipment/resources are available and have been used for each course?	X	X		- Limited evidence submitted. - Unclear for external affiliate faculty. - Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	2
2.1.5	Is there a system in place to regularly maintain and update equipment, and evidence that this is done?	X	X		- No evidence submitted. - Unclear for external affiliate faculty. - Rated 1.5 in the SAR, no reference in the QIP. **Improvement action required**	0

		DR	SD	OB	Comments	CR
2.1.6	Is there evidence that all resources used for courses are fit for purpose and accessible?	X	X		• No evidence submitted. • Rated 1.5 in the SAR, no reference in the QIP. **Improvement action required**	0

Total CR	8	**Average CR**	1.3	**Compliance Level**	MNM

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

Component		Assessment Method			Comments	CR
		DR	SD	OB		
2.2.1	Can the institution demonstrate that students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative, technical and clinical staff, appropriate to the level of the course?	X	X		• Limited evidence to demonstrate that students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative, technical and clinical staff. • Rated 2.5 in the SAR, referenced in the QIP. **Improvement action required**	2
2.2.2	Is there evidence that students are made aware of the supports available to them before, during and after their course?	X	X		• Limited evidence that students are made aware of the supports available to them before, during and after their course. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
2.2.3	Can the institution demonstrate that it maintains appropriate tutor/instructor-to-student ratios, in keeping with PHECC's course approval criteria?	X	X		• Evidence provided. • Unclear for external affiliate faculty. • Rated 4 in the SAR, no reference in the QIP. • **Improvement action required**	3
2.2.4	Are opportunities provided for students to meet individually and collectively with faculty and/or management?	X	X		• Limited evidence provided that opportunities are provided for students to meet individually and collectively with faculty and/or management. • Rated 2 in the SAR, no reference in the QIP.	2

Component	DR	SD	OB	Comments	CR
				Improvement action required	
2.2.5 Are there procedures to obtain information from potential and existing students of any additional support needs they may have?	X	X		• Limited evidence provided. • Unclear for external affiliate faculty. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
2.2.6 Are there mechanisms in place to provide reasonable accommodation for students with additional support needs?	X	X		• Limited evidence provided. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
2.2.7 Are sufficient up-to-date resources (appropriate to the level of the course) made available to students in a variety of formats? (hard copy, online, library, etc)	X	X		• Limited evidence provided – Sample FAR book. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

Total CR	15	Average CR	2.1	Compliance Level	MDM

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

Component	Assessment Method			Comments	CR
	DR	SD	OB		
2.3.1 Does the institution have an equality and diversity policy, and associated procedures?	X	X		• Equality and diversity policy submitted for review. Requires updating to reflect current practice specific to provided training and education. **Improvement action required**	3

2.3.2	Are all relevant policies and procedures legislatively compliant and do they promote equality? I.e. staff recruitment, development and management.	X	X		• The evidence indicated that relevant policies and procedures need to be updated to reflect current practice re: recruitment. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	3
2.3.3	Is there evidence that students, faculty and other stakeholders have been made aware of the policy and procedures?	X	X		• Limited evidence submitted (staff contracts). • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
2.3.4	Does the institution have codes of conduct for staff, faculty and other stakeholders?	X	X		• Blank code of conduct for trainers submitted. • Unclear for external affiliate faculty. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
2.3.5	Is there evidence that faculty are provided with up-to-date information and training on equality and diversity?	X	X		• Limited evidence available that faculty are provided with up-to-date information and training on equality and diversity. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
2.3.6	Does course delivery accommodate the cultural backgrounds and different learning styles of students?	X	X		• No evidence provided. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	0
Total CR	10		**Average CR**	1.7	**Compliance Level**	MNM

		Assessment Method				

QS2.4 Internship/Clinical Placement – Internship/clinical placement sites are appropriate to course content and the learning outcomes to be achieved (NQEMT courses only).

Component		Assessment Method			Comments	CR
		DR	SD	OB		
2.4.1	Is there a documented MOU/agreement in place between the institution and internship/clinical placement site(s)?	N/A	N/A	N/A	N/A	N/A
2.4.2	Does the MOU/agreement between the institution and internship/clinical placement site: a) Outline the commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience? b) Provide details of the responsibilities of both in relation to quality assurance? c) Detail academic liaison and engagement to support practice-based learning?	N/A	N/A	N/A	N/A	N/A
2.4.3	Is there evidence that all internship/clinical placement sites have been assessed and audited to ensure their suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval?	N/A	N/A	N/A	N/A	N/A
2.4.4	Before using a new internship/clinical placement site, has verification of the completed assessment/audit endorsed by the institution been submitted to PHECC?	N/A	N/A	N/A	N/A	N/A
2.4.5	Can the institution demonstrate that only PHECC-approved internship sites are used for placement?	N/A	N/A	N/A	N/A	N/A

2.4.6	Are there documented selection criteria for internship/clinical placement sites?	N/A	N/A	N/A	N/A		N/A
2.4.7	Does the internship/clinical placement site(s) provide students with appropriate learning environments to support the development and achievement of their competencies?	N/A	N/A	N/A	N/A		N/A
2.4.8	Are the systems in place for students to raise concerns about their placement? Is there a formal structure in place between the institution and internship/clinical placement site to follow up and resolve any student and preceptor concerns?	N/A	N/A	N/A	N/A		N/A
2.4.9	Is a fair and transparent system in place for student placement?	N/A	N/A	N/A	N/A		N/A
2.4.10	Is a sufficient number of mentors and preceptors (clinical supervisor) in place with each internship site?	N/A	N/A	N/A	N/A		N/A
2.4.11	Are learning outcomes to be achieved during the internship/clinical placement period documented?	N/A	N/A	N/A	N/A		N/A
2.4.12	Is a schedule and procedure in place for monitoring visits to internship/clinical placement sites?	N/A	N/A	N/A	N/A		N/A
2.4.13	Is there evidence that appropriate documentation is in place to record student activities during their internship?	N/A	N/A	N/A	N/A		N/A
2.4.14	Is an accurate and up-to-date record of student internship/clinical placement activities maintained by the student and made available for internal and external review (Learning Portfolio)?	N/A	N/A	N/A	N/A		N/A
Total CR	N/A	**Average CR**		N/A		**Compliance Level**	N/A

Theme Three: Human Resource (HR) Management

QS3.1: Organisational Staffing – The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
3.1.1	Is there evidence of a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities?	X	X		• Evidence provided re: faculty management policy. • No evidence for external affiliated faculty, this was highlighted during discussions as an area of concern. • Processes need to be updated to reflect current practice. • Rated 2.5 in the SAR, referenced in the QIP. **Improvement action required**	3
3.1.2	Is a minimum standard in place for the academic and subject matter experience of: - Faculty (facilitators, tutors, assistant tutors, instructors, etc) - Visiting subject experts - Internship/clinical placement mentors and preceptors (clinical supervisors)?	X	X		• During discussions representatives outlined that a minimum standard is in place which does not reflect current documentation. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

3.1.3	Can the institution demonstrate that it has adequate numbers of personnel in place to:
	- Meet the current and projected demand for its service
	- Carry out the activities described in its 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?
		X	X		• The evidence indicated that the institution cannot demonstrate that it has adequate numbers of personnel in place to:
					    o meet the current and projected demand for its service
					    o carry out the activities described in its policies and procedures
					    o maintain PHECC requirements for course approval
					    o systematically organise, deliver and monitor the quality of courses and awards
					    o ensure full compliance with the QRF.
					• CPL highlighted that additional recruitment is ongoing for PHECC specific support.
						1

					• Rated 2 in the SAR, no reference in the QIP **Improvement action required**	
3.1.4	Does the composition of the institution's personnel meet PHECC education and training standards for each course on offer?	X	X		• Limited evidence provided. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
3.1.5	Is there evidence that all personnel involved in administering and delivering PHECC-approved courses: - Have been made aware of their quality assurance responsibilities - Are carrying out those activities consistently?	X	X		• There is limited evidence provided that all personnel involved in administering and delivering PHECC-approved courses: o have been made aware of their quality assurance responsibilities o are carrying out those activities consistently. • During discussions representatives outlined that revised process were being developed. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
3.1.6	Is there evidence that the institution is meeting its obligations under the Children and Vulnerable Persons Act 2012? - Policy and procedures in place - Garda Vetting policy and procedures, if required	X	X		• During discussions representatives indicated that this is not applicable • No evidence that all stakeholders are made aware that the institution does not provide PHECC programmes to U18s or vulnerable adults. • Rated 2 in the SAR, no reference in the QIP • **Improvement action required**	0
3.1.7	Is there a written job description specific to each position in the institution?	X	X		• Various job descriptions submitted for review. • Differences noted between job and role descriptions as some individuals have several roles within the organisation. • Rated 2 in the SAR, no reference in the QIP • **Improvement action required**	1
3.1.8	Have all personnel been issued with a written statement of terms of employment/engagement?	X	X		• Limited evidence provided. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

Total CR	12	Average CR	1.5	Compliance Level	MNM

QS3.2: Personnel Development – The institution has a systematic approach to supporting and developing all personnel, ensuring they have the competencies required to deliver high-quality education and training.					

Component	Assessment Methods			Comments	CR
	DR	SD	OB		
3.2.1 Is there a documented procedure to identify the training/upskilling needs of all personnel?	X	X		• Staff development procedure submitted – lacks PHECC specifics. • No evidence for external affiliated faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
3.2.2 Can the institution demonstrate that: a) It has a documented induction programme for all personnel b) The induction is consistent and appropriate to the relevant role c) All personnel have attended induction d) The induction clearly outlines responsibility for the quality assurance of PHECC-approved courses?	X	X		• Limited evidence provided. • The evidence indicated that it needs to be updated to reflect current practice and institutions requirements. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
3.2.3 Is there evidence of a training and development plan/programme which details how the institution meets the support and development needs of relevant personnel?	X	X		• Limited evidence provided. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
3.2.4 Is there evidence that support and development/upskilling has taken place?	X	X		• Limited evidence provided. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1

3.2.5	Is there evidence that practitioner upskilling has taken place within 18 months of new CPG publication?	X	X		- Limited evidence provided. - Unclear for external affiliate faculty. - Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	1
3.2.6	Are there mechanisms in place for faculty to request support for training/upskilling and to achieve additional qualifications?	X	X		- Limited evidence outlined in the documents submitted for review. - Unclear for external affiliate faculty. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
3.2.7	Is a formalised support and supervision and annual appraisal system in place?	X	X		- Limited evidence outlined in the documents submitted for review. - Unclear for external affiliate faculty. - Requires updating to reflect current practice. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
3.2.8	Can the institution demonstrate that personnel have completed training/upskilling relevant to their role? - Manual Handling - Patient Handling - Infection Prevention and Control - Train the Trainer This list is not exhaustive. The institution may have training/upskilling requirements unique to its services.	X	X		- Evidence outlined in the documents and online systems submitted for review. - Requires updating to reflect current practice. - Unclear for external affiliate faculty. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

Total CR	10	**Average CR**	1.3	**Compliance Level**	MNM

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

Component		Assessment Method			Comments	CR
		DR	SD	OB		
3.3.1	Does the institution have systems in place for regular and appropriate communication between faculty and management?	X	X		- Communication policy submitted along with example e-mails. - Some information provided about communication with external affiliated faculty. - Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	3
3.3.2	Is there evidence that faculty provide feedback during and after their course? - Course reports	X	X		- Some evidence provided. - Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	3
3.3.3	Is there a system in place that ensures that only personnel with valid certification deliver PHECC-approved courses?	X	X		- Institution's online systems are currently under review and integration. - Unclear what steps are in place for external affiliate faculty. - Faculty forms (physical) submitted are outdated. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	3
3.3.4	Is there evidence that the activities of faculty and visiting subject experts are systematically monitored through: a) Observation b) Analysis of relevant documentation?	X	X		- Limited evidence provided. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
3.3.5	Are procedures in place for dealing with poor and unacceptable performance of faculty?	X	X		- No evidence provided. - No definition of 'poor/unacceptable performance'. - Mentioned in Code of Conduct. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	0

| 3.3.6 | Can the institution demonstrate that it has appropriate HR policies and procedures in place to meet its legislative obligations? | X | X | | Limited evidence provided. No evidence provided for external affiliate faculty. Rated 4 in the SAR, no reference in the QIP. **Improvement action required** | 2 |

| Total CR | 12 | Average CR | 2 | Compliance Level | MDM |

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

Component		Assessment Method			Comments	CR
		DR	SD	OB		
3.4.1	Does the institution have a collaborative provision policy, and associated procedures, in place that: - Clearly states that the institution retains full control and responsibility for academic decisions and quality assurance - Clearly states that the institution is responsible for activities carried out in its name - Outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC-approved courses - Clearly details the responsibilities of each party for the quality assurance of PHECC-approved courses?	X	X		- The institution could not demonstrate a fit for purpose policy, and associated procedure for collaborative provision. - Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	0
3.4.2	Can the institution demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty? Is there evidence of these activities taking place?	X	X		- The institution could not demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty. - Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	0

3.4.3	Is a written and signed contract in place?	X	X		• During discussions representatives discussed how MOUs/SLA require updating. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
3.4.4	Does the institution maintain an up-to-date record of every member of contracted faculty, including: - their PHECC certification - Qualifications - Course delivery details - CPC?	X	X		• PHECC FR029 & FR030 forms submitted – review needed as some expired. • Airtable and Arlo systems currently undergoing review and integration. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	3
3.4.5	Are contracted faculty details submitted to PHECC?	X	X		• Outdated PHECC FR029 & FR030 forms submitted. • ARLO and Air table currently being integrated into organisation's workflow. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
3.4.6	Is there evidence of agreed quality assurance standards between all parties involved?	X	X		• Limited evidence provided. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	1
3.4.7	Does the institution have evidence that: - It receives regular reports of contracted faculty education and training activities - These reports are analysed - Any actions arising from the analysis have been taken?	X	X		• Limited evidence provided. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

Total CR	10	**Average CR**	1.4	**Compliance Level**	MNM

Theme Four: Course Development, Delivery and Review						
QS4.1: Course Development and Approval – A systematic approach is taken to course development and approval.						

Component		Assessment Method			Comments	CR
		DR	SD	OB		
4.1.1	Does the institution have a course development, delivery and review policy?	X	X		• Representatives outlined current course development, delivery and review process during discussion. • Programme Development, Approval and Validation Policy requires updating to reflect current practice. • No reference to PHECC in the Programme Development, Approval and Validation Policy. • Blank programme review form submitted. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
4.1.2	Does the institution have a documented procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards?	X	X		• Representatives outlined current procedure for course development/amendment. • Current documentation requires updating to reflect current practice. • No reference to PHECC in the Programme Development, Approval and Validation Policy. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
4.1.3	Does course development reflect PHECC requirements?	X	X		• Representatives outlined current procedure for course development. • Current documentation requires updating to reflect current practice. • No reference to PHECC in the Programme Development, Approval and Validation Policy. • Rated 2.5 in the SAR, no reference in the QIP.	2

					Improvement action required	

4.1.4	Does course development:
	a) Demonstrate an appropriate balance between theory and practice
	b) Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate
	c) Promote a commitment to self-directed learning, as appropriate?
		X	X		• During discussions representatives described new processes to ensure course development:
					  o demonstrate an appropriate balance between theory and practice
					  o provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate
					  o promote a commitment to self-directed learning, as appropriate.
					• Rated 2.5 in the SAR, no reference in the QIP.
					Improvement action required
						2

4.1.5	Does the development of course material include:
	a) Clearly outlined aims and objectives, detailing competencies to be achieved by students
	b) Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
	c) Detailed timetable, time on each topic, teaching method, tutor/instructor name, etc?
		X	X		• During discussions representatives described new processes to ensure courses developed:
					  o clearly outlined aims and objectives, detailing competencies to be achieved by students
					  o detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
					  o detailed timetable, time on each topic, teaching method, tutor/instructor name, etc.
					• Course material submitted is currently undergoing review, CPL rebranding and updating to reflect PHECC requirements.
					• Rated 2.5 in the SAR, no reference in the QIP.
					Improvement action required
						2

4.1.6	Is there evidence that a systematic approach is taken to course approval?	X	X		• During discussions representatives described current processes to ensure a systematic approach is taken to course approval. • No reference to PHECC in the Programme Development, Approval and Validation Policy. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

Total CR	12	Average CR	2	Compliance Level	MDM

QS4.2: Course Delivery, Methods of Theoretical and Clinical Instruction – Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
4.2.1	Is there evidence that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines?	X	X		• Course material submitted for review. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	3
4.2.2	Is there evidence that student induction takes place?	X	X		• Limited evidence provided that student induction takes place. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
4.2.3	Can the institution demonstrate that all courses are delivered by appropriately qualified personnel?	X	X		• Some evidence provided that external affiliate faculty meet the requirements. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	3
4.2.4	Are relevant instructor/tutor details recorded on course documentation?	X	X		• Some evidence provided that external affiliate faculty meet the requirements. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	3
4.2.5	Is there evidence of student attendance at training?	X	X		• Some evidence provided. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	3

4.2.6	Is delivery of learning outcomes by third parties documented and monitored on a regular basis, including site visits as appropriate?	X	X		• Limited evidence provided • Rated as N/A in the SAR • **Improvement action required**	1
4.2.7	Is structured one-to-one time (remediation, mentoring) available for students, and appropriate to their needs?	X	X		• During discussions representatives outlined supports available to students. • Unclear as to the role of the external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
4.2.8	*For NQEMT courses only*: Is a documented record of student activities (from the student) maintained and available for inspection by PHECC and relevant stakeholders (e.g. Learning Portfolio)?	N/A			N/A	

Total CR	17		Average CR	2.4		Compliance Level	MDM

QS4.3 Course Access, Transfer and Progression – Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.

Component		Assessment Method			Comments	CR
4.3.1	Are there an admissions policy and procedures and/or clear entry criteria?	X	X		• Limited evidence provided. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
4.3.2	Is information available to prospective students on course details, including: name, structure, duration, award type, fees, terms and conditions, transfer and progression opportunities, etc?	X	X		• Limited information available on the CPL website. • Unclear for the external affiliate courses. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2

		DR	SD	OB		CR
4.3.3	Is information available to students on the process for recognising prior learning (if applicable), whether through formal, non-formal or informal routes?	X	X		• No reference to PHECC specifics in the RPL policy. • Limited evidence of availability to students. • Rated 1.5 in the SAR, referenced in the QIP. **Improvement action required**	1
4.3.4	Do procedures for RPL adhere to the guidelines for each individual course, in keeping with PHECC guidelines?	X	X		• No reference to PHECC Training and Education Standards in the RPL policy. • Rated 1.5 in the SAR, referenced in the QIP. **Improvement action required**	2

Total CR	7	**Average CR**	1.8	**Compliance Level**	MNM

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

Component		Assessment Method			Comments	CR
		DR	SD	OB		
4.4.1	Does the institution have documented procedures for course review?	X	X		• During discussions representatives outlined process for course review. • Blank PHECC Programme Review Form submitted. • No evidence of a documented procedure that reflects current practice. • Rated 3 in the SAR, referenced in the QIP. **Improvement action required**	2
4.4.2	Do students have opportunities to provide feedback during and after their course?	X	X		• Limited evidence available for review on CPL's online platforms. • Rated 3 in the SAR, no reference in the QIP. **Improvement action required**	2
4.4.3	Do faculty have opportunities to provide feedback during and after their course?	X	X		• Mentioned in documentation (Code of Conducts etc.) however limited evidence available of this taking place. • Rated 2.5 in the SAR, no reference in the QIP.	2

		DR	SD	OB	Comments	CR
					Improvement action required	
4.4.4	Does the course evaluation process involve key stakeholders, including mentors, as appropriate?	X	X		• Changes/Updates to a validated programme policy submitted with reference to the training team, sales team, tutor/learner feedback. • During discussions representatives outlined course evaluation process, however documentation requires updating to reflect current practice. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2
4.4.5	Are course evaluations documented by the tutor/instructor or course director?	X	X		• Documentation available for review on Airtable. • Unclear for external affiliate faculty. • Rated 3 in the SAR, no reference in the QIP. **Improvement action required**	2
4.4.6	Are areas for improvement identified and actions agreed and implemented as outlined in the course improvement plan and/or QIP?	X	X		• During discussions representatives outlined current improvement areas. • No programme specifics included in the 2022 QIP. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	2

Total CR	12	**Average CR**	2	**Compliance Level**	MDM

QS4.5: Assessment and Awards – Assessment of student achievement is carried out in a fair and consistent manner in line with PHECC assessment criteria.

Component		Assessment Method			Comments	CR
		DR	SD	OB		
4.5.1	Does the institution have an assessment policy and procedures?	X	X		• No reference to PHECC in the 'Assessment of Learners' documents. • Rated 1.5 in the SAR, no reference in the QIP.	2

					• **Improvement action required**	
4.5.2	*For NQEMT Paramedic and AP only*: Is an appropriate assessment schedule in place, which has been approved by PHECC?	N/A	N/A		N/A	N/A
4.5.3	Is there evidence that an appropriate assessment methodology is used for all courses?	X	X		• Limited evidence provided (FAR Instructor Trainee Process). • Unclear for external affiliate faculty. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
4.5.4	Is it clearly stated when PHECC assessment material is used?	X	X		• Course material submitted clearly marked. • Unclear for external affiliate faculty. • Rated 2 in the SAR, no reference in the QIP. **Improvement action required**	3
4.5.5	Do students: a) Have access to the information (e.g. course material) necessary for them to participate in assessment b) Receive feedback on their assessment/results?	X	X		• Limited evidence provided. • Unclear for external affiliate faculty. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
4.5.6	Does the institution have procedures to adapt assessment methodologies to cater for students with additional support needs?	X	X		• Limited evidence provided. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
4.5.7	Is there evidence that: a) Responsibility for assessment material is designated b) Assessment materials are securely stored?	X	X		• Limited evidence provided. • Unclear for external affiliate faculty. • Rated 2.5 in the SAR, no reference in the QIP. **Improvement action required**	2
4.5.8	Is it clear who has responsibility for managing the PHECC certification system at responder level and practitioner (NQEMT) level?	X	X		• Discussed with representatives who has overall responsibility. • Organisational chart and documentation requires updating to reflect current practice. • Rated 3 in the SAR, no reference in the QIP. **Improvement action required**	2

4.5.9	Is there evidence that students are authorised to apply for NQEMT examination at the appropriate time?	N/A	N/A	N/A	N/A	N/A
4.5.10	Does the institution have a procedure for internal verification? Is there evidence that internal verification takes place?	X	X		- Documentation submitted outlines the CPL IV however requires updating to reflect current practice. - Sample IV report submitted. - Rated 2.5 in the SAR, referenced in the QIP. **Improvement action required**	3
4.5.11	Does the institution have a procedure for external authentication? Is there evidence that external authentication takes place?	X	X		- Documentation submitted outlines the CPL EA however requires updating to reflect current practice. - Sample EA report submitted. - Rated 1.5 in the SAR, referenced in the QIP. **Improvement action required**	2
4.5.12	Does the institution have a procedure for results approval? Is there evidence that results approval takes place?	X	X		- Approval of Assessment Results policy submitted for review – requires updating to reflect current practice. - Limited evidence provided that results approval takes place. - Rated 1.5 in the SAR, referenced in the QIP. **Improvement action required**	2
4.5.13	Does the institution have a student appeals policy and procedures?	X	X		- Appeals process submitted for review requires updating to reflect current practice. - No reference to PHECC. - Rated 2 in the SAR, referenced in the QIP. **Improvement action required**	2

Total CR	24	**Average CR**	2.2	**Compliance Level**	MDM

9. Summary

Theme 1: Organisational Structure and Management		
Quality Area	**Components requiring Improvement**	**Compliance Level**
1.1 Governance	**1.1.1 – 1.1.5**	**MDM**
1.2 Management Systems and Organisational Processes	**1.2.2 – 1.2.6, 1.2.8 – 1.2.11**	**MDM**
1.3 Continuous Quality Improvement	**1.3.1 – 1.3.10**	**MDM**
1.4 Transparency and Accountability	**1.4.1 – 1.4.7**	**MNM**
Theme 2: The Learning Environment		
2.1 Training Infrastructure	**2.1.1 – 2.1.6**	**MNM**
2.2 Student Support	**2.2.1 – 2.2.7**	**MDM**
2.3 Equality and Diversity	**2.3.1 – 2.3.6**	**MNM**
2.4 Internship/Clinical Placement	**N/A**	**N/A**
Theme 3: Human Resource Management		
3.1 Organisational Staffing	**3.1.1 – 3.1.8**	**MNM**
3.2 Personnel Development	**3.2.1 – 3.2.8**	**MNM**
3.3 Personnel Management	**3.3.1 – 3.3.6**	**MDM**
3.4 Collaborative Provision	**3.4.1 – 3.4.7**	**MNM**
Theme 4: Course Development, Delivery and Review		
4.1 Course Development and Approval	**4.1.1 – 4.1.6**	**MDM**
4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	**4.2.1 – 4.2.7**	**MDM**
4.3 Course Access, Transfer and Progression	**4.3.1 – 4.3.4**	**MNM**
4.4 Course Review	**4.4.1 – 4.4.6**	**MDM**
4.5 Assessment and Awards	**4.5.1 – 4.5.13**	**MDM**
Overall Compliance Rating (Total CR divided by applicable components)	**1.9**	
Overall Compliance Level	**Minimally Met – MNM**	

10. Next Steps

The findings from this report should be used to update the Quality Improvement Plan. The findings will also be used to inform the composite report. Refer to the QRF overview for more information.