

Quality Review Framework

Assessment Report

EMTS Training Solutions Ltd

July 2025

Pre-Hospital
Emergency Care
Council



Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating, and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

QUALITY ASSURANCE PROGRAMME

*Governance Validation Framework
Quality Review Framework*

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1. Quality Assurance at The Pre-Hospital Emergency Care Council

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory body who set the standards for education and training for pre-hospital emergency care in Ireland. The Council publish clinical practice guidelines (CPG) and recognise CPG Service Providers to deliver the PHECC CPG. Council also recognise institutions to provide pre-hospital emergency care training and education.

The Pre-Hospital Emergency Care Council's (PHECC) mission is "to protect the public by independently reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care", to achieve this aim PHECC have developed a Quality Assurance Programme that consists of two key standards:

- The Governance Validation Framework (GVF), in place since 2018, monitors the CPG Service Providers that PHECC recognise to deliver pre-hospital emergency care in the community. Providers are required to be compliant with the GVF Standard (STN034) and its related criteria.
- The Quality Review Framework (QRF), in place since 2014, monitors the Recognised Institutions and Approved Training Institutions that PHECC recognise and approve to deliver education and training in pre-hospital emergency care. RI/ATI are required to maintain compliance with the Quality Review Framework (STN020) and its related standards.

The GVF and the QRF relate to specific standards and identify the supporting components that PHECC recognised CPG service providers and approved organisations should have in place to ensure good governance and quality in delivery of education, pre-training, and operational hospital emergency care with a focus on protection of the public. To achieve this aim PHECC supports organisations by providing tools, such as the GVF/QRF Standards, and the Self-Assessment template, which are designed to underpin continuous quality improvement. Organisations' compliance with PHECC standards is assessed on a cyclical basis.

Assessments are planned, or they may be reactive. Once selected for assessment an organisation will complete a Self-Assessment template, rating themselves against the Standard. The Self-Assessment provides the context for the assessment process and the Assessment Team review submissions, engage with the organisation's management and staff, and specific aspects of the organisation's operations. The process is designed to reveal the organisation's compliance with the GVF or QRF Standard. During the process the organisation submits evidence material electronically. A report is produced for Council, which, once approved, will be published on the PHECC website.

It is important to note the provision of pre-hospital emergency care and its related education or training is constantly evolving, and quality improvement is a continuous process. However, this report formally records the Assessment Team's observations related to the specific time when the assessment was undertaken and is primarily based on the organisation's assessment submission against the Standard.

Organisations should note that once selected for assessment, they are strongly encouraged to provide the evidence of compliance with the Standard and its criteria at the time of submission as the assessment is a 'snapshot in time', therefore in this respect, specifically during the factual accuracy process, documentation and/or evidence submitted by the organisation that relates to improvement activity undertaken immediately post assessment cannot be considered to amend assessment outcome(s).

2. Assessment Report Overview and Validation

Organisation Name

This report relates to EMTS Training Solutions Ltd, a Recognised Institution, authorised by PHECC to deliver pre-hospital emergency care education and training in Ireland since 2024. EMTS Training Solutions Ltd is recognised by PHECC under S.I 109 of 2000 as amended by SI 575 of 2004 for the following courses:

Practitioner Level Courses


- Emergency Medical Technician
- Paramedic
- Advanced Paramedic

Responder Level Courses

- Cardiac First Response-Community (CFR-C)
- CFR-C Instructor
- Cardiac First Response-Advanced (CFR-A)
- CFR-A Instructor
- *CFR & MLO-Epinephrine (adrenaline)
- *CFR & MLO Glucagon
- *CFR & MLO Glyceryl trinitrate
- *CFR & MLO-Salbutamol
- *CFR & MLO-Naloxone
- First Aid Response (FAR)
- FAR Instructor
- Emergency First Response (EFR)
- EFR Instructor
- EFR-Basic Tactical Emergency Care
- EFR-Entonox
- Emergency Medical Services-Call-Taker
- Emergency Medical Services-Dispatcher
- Emergency Medical Services Instructor-Call-Taker
- Emergency Medical Services Instructor-Dispatcher

**Denotes-Cardiac First Response and Medications for Listed Organisations (CFR&MLO)*

2. Assessment Report Overview and Validation

Assessment Type	<input checked="" type="checkbox"/> Planned <input type="checkbox"/> Unscheduled																
Process	<input checked="" type="checkbox"/> Desktop Review <input type="checkbox"/> Online Management Engagement <input checked="" type="checkbox"/> Onsite Management Engagement Ard Gaoithe Business Park, Clonmel, Co. Tipperary																
Outcome Rating	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>No of criterion assessed</td> <td style="text-align: right;">43</td> </tr> <tr> <td>Maximum score available</td> <td style="text-align: right;">172</td> </tr> <tr> <td>63% of Max =</td> <td style="text-align: right;">108</td> </tr> <tr style="background-color: #2e5496; color: white;"> <td colspan="2" style="text-align: center;">Assessment Results</td> </tr> <tr> <td>Total score achieved</td> <td style="text-align: right;">125</td> </tr> <tr> <td>Total score as percentage</td> <td style="text-align: right;">73%</td> </tr> <tr> <td colspan="2" style="background-color: #fff9c4;">Assessment Outcome Rating</td> </tr> <tr> <td colspan="2" style="text-align: center;">Moderately Acceptable</td> </tr> </table>	No of criterion assessed	43	Maximum score available	172	63% of Max =	108	Assessment Results		Total score achieved	125	Total score as percentage	73%	Assessment Outcome Rating		Moderately Acceptable	
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Assessment Results																	
Total score achieved	125																
Total score as percentage	73%																
Assessment Outcome Rating																	
Moderately Acceptable																	
Technical Weighting Applied Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
Follow Up Action Required	<input checked="" type="checkbox"/> Continue with normal quality improvement activities <input type="checkbox"/> Improvement notice - follow up evidence required <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Suspension notice <input type="checkbox"/> Delisting process initiated																
Reassessment Costs	<input checked="" type="checkbox"/> N/A																
Validated and Approved for Publication																	
Director Signature																	
Date	25th February 2026																

3. Assessment Participants

Organisation	PHECC Assessment Team
Owner/Director	Lead Assessor
Facilitator	Assessor
Faculty Manager Office Manager	
Instructor Student	

4. Initial Feedback Given

PHECC acknowledged the participation of EMTS Training Solutions Ltd in the QRF assessment and verbal feedback related to the Assessment Team's initial findings was provided to the Management of EMTS Training Solutions Ltd by the Team Lead at the feedback meeting. There was broad agreement by the leadership of EMTS Training Solutions Ltd with the Team's comments and indicative findings.

The following areas were identified as areas requiring improvement, or further potential for improvement areas: Development of SMART KPI, which are then used to drive continuous improvement, faculty monitoring activities, recording activities and actions with meeting agendas, quality review meeting minutes, continuous improvement logs.

The body of this report contains further information in each case.

5. Rating Scale and Outcome Rating

The rating scale that PHECC will use during assessment quantifies the compliance with the criteria. Each criterion will be assessed and assigned a rating that carries points 0-4.

Rating Scale	Rationale
N/A	Not Applicable. The Standard is not applicable.
0	Not Met: No Evidence of a low degree of organisation-wide compliance.
1	Minimally Met: Evidence of a low degree of organisation-wide compliance.
2	Moderately Met: Evidence of a moderate degree of organisation-wide compliance.
3	Substantively Met: Substantive evidence of organisation-wide compliance.
4	Fully Met: Evidence of full compliance across the organisation.

6. Weighting Tolerance

To ensure that standards are maintained above certain levels a technical weighting will be applied in situations where rating scores are deemed to be below acceptable levels. When this is completed, with the assigned scores from the Assessment Team, the requirements of the rating application and weighting automatically determines the overall outcome rating.

7. Outcome Rating

The outcome rating is determined by the rating scores applied by the Assessment Team to each criterion and includes the application of any associated technical weighting that may apply. An outcome rating is created using a rating matrix that brings the components of the assessment rating system together and calculates the assessment outcome rating based upon the combined rating achieved in the criteria and Standards, expressed as a percentage of the maximum available (100%). * An outcome rating is applied and the follow up and impact of the achieved rating on the organisation's recognition status is determined accordingly.

**Not applicable criterion will not be considered in these calculations.*

Rating	Outcome	Recognition Status Impact
Acceptable	Outcome rating of $\geq 88\%$ of max available	• Unaffected
Moderately Acceptable	Outcome rating of $\geq 63\%$ <88% of max available	• Unaffected
Minimally Acceptable	Outcome rating of $\geq 38\%$ <63% of max available Outcome score is <u>within</u> the weighted tolerance	• May be placed on Conditional Approval or *suspended while development work is completed * Risk assessment dependent
Conditionally Acceptable	Outcome rating of $\geq 25\%$ <38% of max available *Outcome score is outside the weighted tolerance = Technically Conditionally Acceptable	Will be placed on Conditional Approval, or *suspended while development work is completed *Risk assessment dependent
Unacceptable	Outcome rating of < 25% of max available	• Removal of PHECC recognition status

8. Assessment Findings

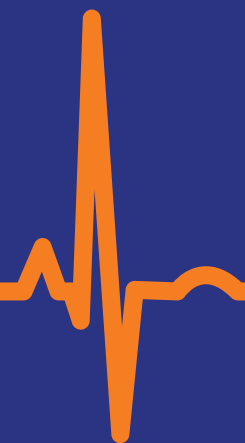
The following are points of note:

- During assessment a risk assessment and escalation procedure is utilised by the Assessment Team.
- It is recognised that not every criterion may be relevant or apply to each Institution. The judgement of the Assessment Team, in consultation with PHECC executive, will determine if a criterion should be considered applicable. If not, the rating system adjusts to accommodate.
- A criterion may be rated as fully met and yet attract an opportunity for improvement comment where a minor adjustment may yield further improvement.
- It should be noted that regardless of the Institution's outcome rating an improvement notice may be issued by PHECC related to the Assessment Team findings with regards to specific criterion that fall below the expected standard; particularly ones that may present a specific risk.

Standard 1

Effective Governance

The intent here is to ensure that the Institution is effectively governed. All stakeholders are aware of the Institution's mission, vision, and values, and are aware of their responsibilities towards governance. Effective governance systems are in place to oversee the academic arrangements for courses and to ensure that appropriate contracting of faculty and affiliated faculty is in place. Effective policies and processes are in place that facilitate staff and faculty recruitment and induction. The Institution monitors and manages their regulatory requirements, which includes protecting the confidentiality and security of data it generates, controls and processes. A risk management framework is essential to the day-to-day and strategic governance of the Institution. To ensure public confidence the Institution shares information about its quality management system and associated documents or reports.



Standard 1

Criterion

1.1 The Institution is structured to maintain effective corporate governance and accountability that is commensurate to the scope and size of operations.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has a detailed organisational chart in place that reflects the governance structure in place. While Terms of Reference are in place for some components of the governance structure, it was noted by the Assessment Team that roles and responsibilities were not available for all functions outlined in the relevant documents, e.g. Quality Team and Course Development/Design Team. During the Assessment Team's esquires, it was clear that there is a separation between those responsible for course design and development (Owner) and those who approve the courses (Facilitator). While it was clear to the Assessment Team that the separation is in place, there was no supporting documentary evidence available, such as meeting agenda, or minutes.

Area(s) of Good Practice

The Institution operates a well-structured governance process.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 1

Criterion

1.2 The Institution identifies its mission, vision, and values to stakeholders to ensure a positive learning environment free from cultural bias or discrimination.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has comprehensive policies in place that outline the mission, vision and values of its organisation along with an Equality and Access policy. During student engagement, it was confirmed to the Assessment Team that mission and values are communicated to students during induction. The Assessment Team noted that while the Equality and Access policy refers to students and employees, it does not consider members of faculty.

Area(s) of Good Practice

The Institution has relevant policies in place.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 1

Criterion

1.3 The Institution provides its stakeholders with clear and effective communication regarding the Institution's governance processes and their related responsibilities.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The processes in place for communications were observed by the Assessment Team. The policy is employee focused. The Assessment Team observed that while policies and processes are in place, they are not all currently made available on the Institution's website.

Area(s) of Good Practice

The Institution has a communications policy in place.

Area(s) for Improvement

The Institution should make all policies readily available on its website.

Standard 1

Criterion

1.4 The Institution maintains a Risk Management Framework that includes a reporting system and a process for identifying potential risks.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

During the Assessment Team's enquiries, it was clear that the Institution has a documented Risk Management process in place, including a Risk Register. The Assessment Team observed that risk statements were not included in the documentation. In discussion with the Assessment Team, representatives expressed a commitment to reviewing the existing documentation.

The Institution is currently transitioning from paper to electronic documentation, however, have not considered this in its current risk assessment.

Area(s) of Good Practice

The Institution has a documented Risk Management process in place, including a Risk Register.

Area(s) for Improvement

The Institution may benefit from undertaking a review of its policies, procedures, processes and guidelines (PPPG), to bring them into line with current practices.

Standard 1

Criterion

1.5 The Institution observes industry relevant regulatory requirements commensurate to the scope and size of operations.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has policies and procedures in place detailing how regulatory requirements are met. The Assessment Team reviewed the Health & Safety policy and the Garda Vetting policy. Evidence of annual review of the Institution's Safety Statement by an external company was provided.

While appropriate policies and procedures are in place, it was not clear to the Assessment Team how faculty are made aware of changes to policy based on regulatory requirements.

Area(s) of Good Practice

The Institution has adequate documented policies in effect.

Area(s) for Improvement

The Institution might consider developing a mechanism to provide confirmatory evidence that existing staff have received and are familiar with new or updated policies.

Standard 1

Criterion

1.6 The Institution ensures that its corporate and educational documentation, including PPPG and course material, are developed, controlled, and managed/maintained in a consistent manner.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution uses compliant software hosted on its learning platform for course delivery. The Assessment Team reviewed some course content and acknowledges the high quality of the materials. Evidence was also provided to confirm that change control processes are in place.

Documents provided for review by the Assessment Team were in a standardised format. It is noted that the Institution is currently transitioning to a paperless system.

Area(s) of Good Practice

The Institution has been proactive in using technology to improve course delivery.

Area(s) for Improvement

The Institution would benefit from developing a formal Document Register.

Standard 1

Criterion

1.7 The Institution ensures confidentiality, and that the security of data is protected.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Assessment Team consider that the Institution has a good data security management system in place. A Data Protection Officer is in place. Access to student records is limited to identified key personnel. Data Protection and Records Management policies were reviewed by the Assessment Team. The Institution's General Data Protection Regulation policy does not define the process in place for managing learner data and refers only to employees. Two versions of a document titled Records Management policy were submitted for review.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure confidentiality of information.

Area(s) for Improvement

The Institution should undertake a review of its policies, procedures, processes and guidelines in this area.

Standard 1

Criterion

1.8 The Institution ensures there are appropriate contracts in place with all faculty, and affiliate faculty.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Assessment Team were satisfied that there was good evidence to verify that contracts are in place for all faculty. A selection of paper-based signed and dated contracts was made available to the Assessment Team for inspection. While the need to identify the relationship between faculty and the Institution in all faculty's advertisements is highlighted in the contract, it was not clear how management monitor faculty to ensure compliance.

Area(s) of Good Practice

The Institution has contracts in place. for all faculty.

Area(s) for Improvement

The Institution should explore mechanisms to monitor course advertising by faculty members.

Standard 1

Criterion

1.9 The Institution makes PHECC QRF reports and key student facing policies, procedures, and related documentation available to the public, without request.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

While some PPPGs were available on the Institution's website at the time of the assessment, key policies such as Diversity Equality and Inclusion and Recognition of Prior Learning (RPL) were not available. The Institution's previous QRF Assessment report was also not readily available.

Area(s) of Good Practice

The Institution has assorted policies available on its website.

Area(s) for Improvement

The Institution should update its website to include all PPPG relevant to the learner journey.

Standard 1

Criterion

1.10 The Institution has effective systems for recruitment and induction of staff/faculty.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Assessment Team consider that the current recruitment process is not accurately reflected in the documentation. Evidence of the Induction Process in use was provided to the Assessment Team during the onsite visit.

A general issue related to PPPG was observed where the Institution submitted documents that made no reference to either faculty or the learner. For example, Code of Conduct was employee focused and made no mention of faculty.

Area(s) of Good Practice

The Institution has a good quality induction programme in place.

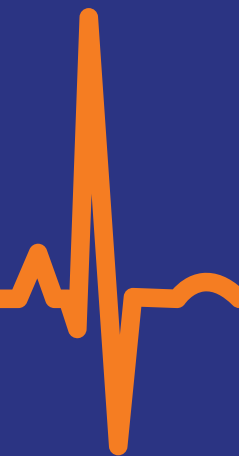
Area(s) for Improvement

The Institution should consider reviewing the current policy/practice regarding recruitment of faculty to ensure current practice is documented.

Standard 2

Course Development and Maintenance

The intent here is to ensure that the Institution's academic Governance is acceptable. The Institution's capacity to design, develop, approve, and maintain quality educational content, within a predefined system, will be reviewed by examining the structure, policies, processes, and outcomes that support the development, approval, review, and maintenance of educational content. Educational content and its delivery must meet the requirement of the PHECC Education and Training Standards and be relevant to the learners' needs.



Standard 2

Criterion

2.1 The Institution has a documented structure for academic governance and accountability that is commensurate to the size and scope of its operations.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

In discussions with representatives regarding the separation between course development and approval, representatives explained that course development is the responsibility of the Director while the approval of courses is the responsibility of the facilitator.

While there is an online tracking form of changes required in use, no evidence was made available to the Assessment Team of changes to course content being recorded, reviewed or signed off.

Area(s) of Good Practice

The Assessment Team note the high quality of course content.

Area(s) for Improvement

The Institution should consider a more formalised and regular method for recording changes to course content.

Standard 2

Criterion

2.2 The Institution has robust systems and processes in place for designing, developing, approving, and reviewing course content.
This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Assessment Team reviewed the Institution's Course Design, Development & Review policy, which outlines the approach taken by the Institution. Evidence to support implementation of this policy, such as, meeting agendas, minutes, and action logs was not available for review.

The Assessment Team noted that the course listing included in the policy contradicts the statement in criterion 2.1 above that course design and approval are separated. Several courses listed were developed and approved by the same person(s).

Area(s) of Good Practice

The Institution has a comprehensive Course Design, Development & Review policy in place.

Area(s) for Improvement

The Institution should explore mechanisms to gather and record evidence of implementing its Course Design, Development & Review policy.

Standard 2

Criterion

2.3 All PHECC courses meet the requirements as outlined in the PHECC Education and Training Standard, and the PHECC Teaching Faculty Framework for that level.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

There was robust evidence of compliance with the PHECC Education and Training Standard and Teaching Faculty Framework. During the Assessment Team's enquiries, it was clear that a process for mapping of courses to PHECC requirements are in place. A selection of lesson plans were reviewed during the assessment process.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that courses meet PHECC requirements.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 2

Criterion

2.4 Lesson plans effectively outline the requirements and content for each course and determine teaching and learning methodology.

This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

A selection of lesson plans for a variety of courses were reviewed by the Assessment Team. Clarity and consistency was noticeable in examples of lesson plans. Records of approval and sign-off of lesson plans were not available for review.

Area(s) of Good Practice

The Institution has good quality lesson plans in place.

Area(s) for Improvement

The Institution should formalise their informal processes of course content approval.

Standard 2

Criterion

2.5 Course content is relevant to the learners' needs and achieves the learning objectives/outcomes of the course.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

During discussions with the Assessment Team, representatives outlined how the relevance of course content is reviewed. Input from clients and student feedback following course delivery is considered and course content altered/updated/ corrected as required to meet the needs of the learners.

No evidence was made available to the Assessment Team of changes to course content being recorded, reviewed or signed off.

Area(s) of Good Practice

The Assessment Team consider that the Institution are proactive in ensuring that course content meets the learners' needs.

Area(s) for Improvement

The Institution should consider a more formalised and regular method for recording changes to course content.

Standard 2

Criterion

2.6 Systems and processes are in place to ensure that the course content is accurate and up to date. *This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.*

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

As highlighted in previous criteria for this standard, supporting evidence that policies and procedures are being implemented was found to be lacking e.g. course review meeting agendas, minutes and action logs. The Assessment Team noted that a change control system is currently being developed, but is not yet available to all faculty.

Area(s) of Good Practice

Presentation course slides have version control.

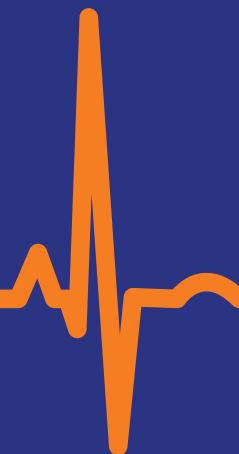
Area(s) for Improvement

The Institution should consider a more formalised and regular method for recording changes to course content.

Standard 3

Delivery of Education

The intent here is to ensure that the Institution has systems in place to ensure that all its faculty are accredited and properly credentialed by the Institution, and that all faculty meet the criteria as outlined in the PHECC Teaching Faculty Framework. There should be adequate numbers of faculty, and where faculty is not a direct employee of the RI/ATI, the Institution shall ensure a signed contract is in place and retain records of all faculty, including affiliate faculty. The Institution retains oversight, records, and responsibility for all course delivery, and certification. All Institution's courses will have well-structured content and delivery methodology. Faculty are well supported and have suitable resources for successful course delivery. There will be criteria for assessing the locations where education is conducted to ensure that they are suitable learning environments. The Institution has a faculty monitoring system and supports its faculty in maintaining their competence and teaching currency.



Standard 3

Criterion

3.1 The Institution ensures it verifies all faculties qualifications/credentials to deliver PHECC courses.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

Representatives demonstrated the Institution's internal IT based system for managing faculty. Records reviewed by the Assessment Team included Instructor Certification, Garda Vetting and Insurance details. The Institution's Administrator ensures that faculty delivering courses are up to date on qualifications. The Assessment Team consider that, while the Institution have a good system in place, evidence of a verification process for credentialing was not readily available.

Area(s) of Good Practice

The Institution has an electronic system in place for faculty management.

Area(s) for Improvement

The Institution should develop a process for verification/credentialing of faculty that includes documentary evidence of activities.

Standard 3

Criterion

3.2 Each course delivered by the Institution is supported by adequate numbers of faculty.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Assessment Team were satisfied that the Institution has appropriate arrangements in place to ensure that adequate faculty numbers are in place for courses. During discussions, it was confirmed by a student that throughout the course there was always sufficient Instructors in place. It was not clear to the Assessment Team how the Institution monitored courses delivered by affiliates to confirm compliance with requirements. It was noted that student numbers on courses rarely exceed those that would require additional faculty members.

Area(s) of Good Practice

The Institution ensures adequate numbers of faculty are available for courses.

Area(s) for Improvement

The Institution should explore mechanisms to enable monitoring of external courses.

Standard 3

Criterion

3.3 Each course has defined content delivery methodology aligned with effective teaching and learning practice.

This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution's Methods of Theoretical & Clinical Instruction document outlines the range of teaching strategies applied to various courses. The Assessment Team noted that within the document it is stated that, to ensure students receive the highest standard of training, the quality of the design and delivery of every course will be continuously monitor and evaluated, however, documentary evidence of monitoring activities was not available. The Assessment Team were satisfied that Instructor and learner feedback was considered in reviewing courses.

Area(s) of Good Practice

The Assessment Team were satisfied that the Institution displayed a commitment to ensuring that course delivery meets student expectations.

Area(s) for Improvement

There is an opportunity for the Institution to develop a more formalised approach to course monitoring and to maintain records of implementation.

Standard 3

Criterion

3.4 The Institution has systems in place to ensure that all locations where education is conducted are assessed and are suitable as learning environments.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has in place a Premises Selection Criteria, and a Pre-Course Booking Form, which requires confirmation of suitability of venue, and Course Approval Criteria, which makes reference to monitoring of course delivery. An announced external site monitoring visit took place recently, however, no report of findings was issued. While checklists are in place, it was the view of the Assessment Team that there was insufficient evidence available to indicate that all training locations are included in a monitoring plan.

Area(s) of Good Practice

Premises requirements are well documented by the Institution.

Area(s) for Improvement

A more proactive approach to monitoring of training locations is required to ensure that all training locations are included in a monitoring plan and implementation is recorded.

Standard 3

Criterion

3.5 The Institution ensures that faculty have access to suitable resources as necessary to support the delivery of PHECC courses.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has documented a non-exhaustive list of resources in its Training Infrastructure document. The Office Manager receives verbal confirmation from faculty that all appropriate resources are available prior to a course being approved. In discussion with the Assessment Team, the Office Manager outlined the resources required, demonstrating good knowledge of the process. While the Assessment Team were satisfied with the documents in place, the use of verbal checks to confirm that requirements are met is not considered best practice.

Area(s) of Good Practice

The Institution's Office Manager demonstrated good knowledge of the resources in place process.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 3

Criterion

3.6 The Institution ensures that PHECC course delivery is effectively recorded, and QA monitored.

Rating

Not Applicable

 Not Met

 Minimally Met

 Moderately Met

 Substantively Met

 Fully Met

Assessment Findings

A selection of documents from a variety of courses were reviewed by the Assessment Team, including student learning logs, instructor feedback form template, and course verification templates. There was evidence provided of compliance with Internal Verification (IV) and External Verification (EV) requirements. IV process is carried out on a daily basis (as required), confirming student attendance, student registration, student feedback, instructor feedback, results of Objective Structured Clinical Examinations (OSCE) and Multiple Choice Questions (MCQ). The Institution confirmed their EV occurs on a monthly schedule with sampling strategies in place.

A recent EA report reviewed by the Assessment Team indicates that 5/29 courses were sampled in that month. The Assessment Team noted that while there are processes in place, it is not clear how the Institution make use of the IV and EV reports to drive continuous improvement.

Area(s) of Good Practice

The Institution had good evidence to verify that IV and EV processes are in place.

Area(s) for Improvement

The Institution should consider adopting technical solutions to gather data from IV and EV activities to drive continuous improvement.

Standard 3

Criterion

3.7 The Institution has systems in place to ensure that faculty members maintain their teaching currency related to PHECC courses.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution maintains an electronic database for managing faculty. Records include current certification status, teaching qualification (if applicable) and practitioner certificate (if applicable). There are policies in place to provide support for faculty wishing to avail of training or upskilling, however, evidence of implementation was not available.

Area(s) of Good Practice

The Institution has a system in place for managing faculty.

Area(s) for Improvement

The Institution would benefit from the establishment of a training needs analysis programme for all faculty.

Standard 3

Criterion

3.8 The Institution ensures an effective faculty competence monitoring and feedback system is in place.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

Monitoring takes place primarily in the Institution's premises where faculty members are assessed in a classroom environment. There is no formal schedule of monitoring in place. The Institution uses an electronic form during monitoring sessions to guide the Assessor. Evidence of recent monitoring of nine Instructors was provided to the Assessment Team. On reviewing a sample of these records, it was noted that the Instructor being monitored had no input to the feedback process.

Area(s) of Good Practice

No specific observations noted by the Assessment Team.

Area(s) for Improvement

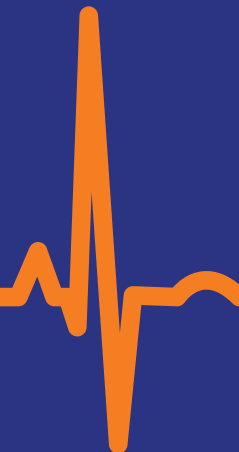
The Institution should consider implementation of a new structure for providing feedback to Instructors, enabling instructors to develop an improvement plan (if necessary).
The Institution should also formalise the informal process in place.

Standard 4

Student Support

The intent here is that students are informed of policies, procedures, processes, and guidelines (PP PG) that support them in their learning and they are made aware of all relevant information related to assessment and its possible outcomes. The Institution should have systems in place to reasonably accommodate students who require additional learning supports. The Institution should actively seek feedback from their students and ensure that they know when and how they can appeal against any decisions of the Institution. If the Institution is approved by PHECC to deliver blended learning it will ensure that its content and associated support procedures are effective to support the learner.

Recognised Institutions who deliver practitioner level courses will ensure that students are aware of how they complete the PHECC Practitioner registration processes and of their responsibilities as a registered healthcare professional. The Institution will ensure that students are fully informed of any internship requirements, and they are effectively monitored and supported during their internship.



Standard 4

Criterion

4.1 The Institution ensures students are informed of PPPG that are in place to support them on their learning journey.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution publishes a selection of PPPG on its website including Learner Supports, Reasonable Accommodation and Complaints & Appeals policies. In discussion with the Assessment Team, a recent student (NQEMT) of the Institution confirmed that students on the course were made aware of relevant PPPG during course orientation session.

Area(s) of Good Practice

Policies can be easily accessed by prospective students through the Institution's website.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

4.2 The Institution ensures the student is informed about the assessment system and its potential outcomes.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Assessment & Awards Statement details the process for responder and practitioner level courses. As in Criterion 4.1 above, the student confirmed that the assessment process, both internal and external elements, was clearly explained during induction.

Area(s) of Good Practice

The Institution's assessment process are well documented and included in course induction.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

4.3 The Institution has mechanisms in place to provide reasonable accommodation for students with additional learning needs.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The process in place for requesting reasonable accommodation is outlined in several documents that were provided to the Assessment Team for review. The Reasonable Accommodation Policy is also available on the Institution's website.

Area(s) of Good Practice

The Institution's Reasonable Accommodation Policy is readily available to prospective students via its website.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

4.4 Students are made aware of the opportunities and mechanisms to provide feedback to the Institution during, or after a course.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

During discussions with the student, it was clear to the Assessment Team that opportunities to give feedback were made available to students throughout the course. Student Feedback Forms are used for all courses and data is collated in an electronic database.

The Assessment Team noted that there is little evidence to indicate what actions were taken as a result of feedback.

Area(s) of Good Practice

The Institution operates an open and transparent mechanism for students to provide feedback.

Area(s) for Improvement

The Institution may consider a more formalised and regular method for recording actions taken as a result of feedback from students.

Standard 4

Criterion

4.5 Students are made aware of their right to appeal, and how to appeal an institutional or academic decision.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution's Complaints & Appeals Policy is available on its website. The policy details the process for making a complaint or appealing a result. The process flows included in the document refer to complaints only. The policy makes reference to an Assessment Regulations & Appeals Policy to be referred to when making an appeal, however, this document is not available on the Institution's website.

An Appeals process is outlined in course materials such as slide presentations. The student confirmed that this information was provided during course induction.

Area(s) of Good Practice

Information on the right to appeal is provided to students during induction.

Area(s) for Improvement

The Institution should undertake a review of its PPPG regarding the Appeals process, to bring them into line with current practices.

Standard 4

Criterion

4.6 The Institution ensures that blended learning content is supported with clear information regarding access to modules and how to access technical support, if required.
Applies only if Institution is providing PHECC course via blended learning.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

4.7 The Institution ensures that students undertaking a Practitioner level course are informed of their specific responsibilities related to Practitioner registration with PHECC.
N/A for Approved Training Institution – Applies only to Recognised Institution.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Assessment Team were provided with evidence that students at Practitioner level are informed of their responsibilities for registration with PHECC. Students are also made aware of requirements such as privileging and maintaining CFR-A and CPC portfolios. The student confirmed that this information was discussed during the course.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that students understand their responsibilities with regards to registration with PHECC.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

4.8 The Institution ensures that students are fully informed of internship requirements and are effectively monitored and supported during the internship.

N/A for Approved Training Institution – Applies only to Recognised Institution.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

In discussion with the Assessment Team, a student confirmed they were informed of internship requirements during course induction. A completed student portfolio/learning log was shared with the Assessment Team by the Institution. The logbook was well presented and included call details of the patient contacts the student had had while on placement, regular reflective practice by the student, weekly student feedback as well as feedback to the student from the Internship Supervisor.

The Institution demonstrated to the Assessment Team that it has a Memorandum of Understanding (MON) in place with the company providing clinical placements for the Institutions students. The Assessment Team were of the view that the MOU should be revisited to make clear to all stakeholders that the role of the student is as an observer. While this may be understood by all parties, it is not specifically stated in the MOU.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that students are supported throughout their placements.

Area(s) for Improvement

The Institution should undertake a review of its MOU with the company providing placements to ensure that the role of the students is clearly understood by all stakeholders.

Standard 5

Assessment and Course Outcome Support

The intent here is that the Institution will ensure its assessment policies are implemented using effective processes and procedures that are aligned with the requirements of PHECC Education and Training Standards. The Institution's assessments should be systematically developed to meet the standards, well-managed, and be fair to learners. Students with additional needs during assessment should be reasonably accommodated. There should be performance feedback or remediation given to students after assessment to support their development. The Institution should conduct quality assurance-based monitoring of their assessment conduction against self-defined criteria. The Institution's results approval and verification processes follows a defined process, and, at Responder level, is in accordance with the PHECC Responder Level Certification Policy.



Standard 5

Criterion

5.1 The Institution has an effective assessment policy and implements its documented processes and procedures.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has a well documented Assessment & Awards policy in place, detailing the assessment processes for all courses. During discussions with representatives regarding access to assessment materials, it was stated that only two people have access to the assessment materials, which are accessed electronically.

Faculty representatives stated that prior to the assessment starting, the Instructor confirms all students have accessed the correct paper before they start the MCQ and further confirm that all students have pressed submit button on completion of the MCQ. At the moment, this approach is only available to a limited number of faculty members.

Area(s) of Good Practice

The Institution has been proactive in using available technologies to improve the efficiency of the assessment process.

Area(s) for Improvement

The Institution should consider developing a formalised schedule to roll out the new process to all faculty members.

Standard 5

Criterion

5.2 The Institution's assessment material is systematically developed to assess PHECC defined course objectives for each clinical level.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

During the Assessment Team's enquiries, it was clear that the Institution has a process in place to develop both formative and summative assessment materials. In discussion with representatives regarding this criterion they explained how a MCQ bank of questions are developed, with double randomisation of MCQ used before each exam. There is a process in place for developing in-house assessment materials, however, there did not appear to be any documented process available.

Area(s) of Good Practice

The Institution develops both formative and summative assessment materials.

Area(s) for Improvement

The Institution should consider formalising and documenting the current informal practice regarding assessment materials.

Standard 5

Criterion

5.3 Learners receive feedback on their performance and remediation occurs as appropriate.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution's policy on Assessment & Awards provides details on the feedback loops in place and the opportunities for remediation for both responder and practitioner courses. During the on-site engagement the Institution's faculty demonstrated a good understanding of the processes for both EMT and FAR courses.

The Institution were unable to provide records to confirm that all faculty members have completed training on the policy.

Area(s) of Good Practice

The system in place for providing feedback and remediation (as required) was observed and considered to be fit for purpose and appropriately implemented.

Area(s) for Improvement

The Institution should develop a mechanism, including sign-off, to ensure existing staff have received and are familiar with new or updated policies.

Standard 5

Criterion

5.4 The Institution ensures that students with additional learning needs are reasonably accommodated during the assessment process.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

A policy on Reasonable Accommodation is in place and is available during course induction. It is also available on the Institution's website. A request for reasonable accommodation can be made during student registration or, for short courses such as CFR, up to one day prior to the commencement of the course. The policy states that students will be dealt with on a case by case basis and gives detail on what considerations may be available to a student.

In discussion with representatives, it was stated that no request for reasonable accommodation has been received. During discussions with the Assessment Team, the student demonstrated an awareness of the policy.

The Institution were unable to provide records to confirm that all faculty members have completed training on the policy.

Area(s) of Good Practice

The Institution is committed to supporting students with additional needs.

Area(s) for Improvement

The Institution should develop a mechanism, including sign-off, to ensure existing staff have received and are familiar with new or updated policies.

Standard 5

Criterion

5.5 The Institution ensures quality assurance-based monitoring of course assessment occurs, which is commensurate with the size and scope of operations.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has a policy in place covering IV, EV and Results Approval. The policy outlines sampling schedules for all courses.

IV of courses is completed using an on-line form "Course Admin Verification Summary" which captures data such as Instructor, number of students, student results, course records and feedback forms completed.

An example of EV was also reviewed by the Assessment Team. EV is carried out on a monthly schedule. In line with the schedule 5/29 courses were reviewed for the period.

The Institution, in the opinion of the Assessment Team, is not gaining maximum benefit from the outputs of quality monitoring activities. The Institution demonstrated technology which would enable better use to be made of monitoring data.

Area(s) of Good Practice

The Institution is exploring the use of technology to gather better monitoring data.

Area(s) for Improvement

The Institution should develop a more proactive approach to monitoring, which will help deive continuous quality improvement.

Standard 5

Criterion

5.6 The Institution has effective policies and procedures for results approval and course outcome certification.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Institution has policies in place for results approval and certification. The make-up and role of the Results Approval Panel is outlined in the Quality Assurance Policy. The RAP process is in need of review as the current approach is informal, with little evidence available to indicate that RAP activities are taking place. It was noted during the on-site engagement that the Institution expressed a commitment to formalise RAP activities.

Area(s) of Good Practice

The Institution has policies in place for results approval and certification.

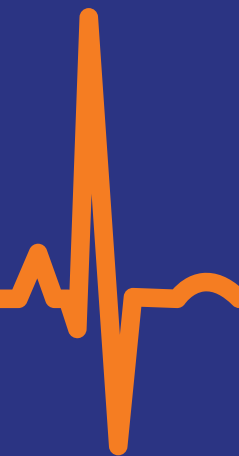
Area(s) for Improvement

The Institution should undertake a review of their results approval policies and procedures, to formalise the approach, develop a schedule of RAP meetings with associated agendas, minutes and an action log. The informal process should be formalised.

Standard 6

Learning Organisation

The intent here is that the Institution can evidence its commitment to continuous Quality Improvement and seeks to continually improve through planned interrogation and review of the data and feedback that it generates. Self-analysis should drive incremental improvement in its performance systems and the outcomes of education/training. The learning organisation will ensure that it conducts review of its policies, procedures, processes, and guidelines (PPPG). It will constantly seek to ensure that course content, objectives, teaching practices, and content delivery are up to date, engaging and effective. The Institution will also review that there are adequate arrangements and teaching resources in place to support learners.



Standard 6

Criterion

6.1 There are effective institutional quality management systems in place to support self-analysis and to drive continuous quality improvement.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

As outlined above, the Institution has processes in place but it is the view of the Assessment Team that, in order to drive continuous improvement, there is a need to develop procedures for formalising inputs and outputs of self-analysis, recording the results of self-analysis, and producing an action plan to address gaps identified.

Area(s) of Good Practice

The Institution has documented processes in place.

Area(s) for Improvement

The Institution should develop a process for ongoing analysis of monitoring activities. The technologies currently being implemented by the Institution will enable this process.

Standard 6

Criterion

6.2 The Institution systematically monitors its education/training activities against internal quality indicators.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

Currently the only KPI the Institution measures is course completion rate (percentage of students per course). During the on-site engagement, representatives demonstrated technology that would facilitate the implementation and measurement of KPI.

Area(s) of Good Practice

No specific observations noted by the Assessment Team.

Area(s) for Improvement

The Institution should explore mechanisms to create appropriate KPI, measure performance against KPI, and implement corrective actions as required.
 By setting clear, quantifiable goals, KPI will help the Institution assess the effectiveness of its improvement initiatives, and foster a data-driven culture, enabling the Institution to make informed decisions and adjust teaching strategies for better student outcomes.

Standard 6

Criterion

6.3 The Institution ensures review of its policies, procedures, processes, and guidelines (PPPG) related to its educational activities and institutional governance.

Rating

Not Applicable

 Not Met

 Minimally Met

 Moderately Met

 Substantively Met

 Fully Met

Assessment Findings

The Institution has a Document Control Register in place. While version control was in place on many of the documents observed and or reviewed during the assessment process, the document review process was not clearly defined. Additional PPPG are required to detail how documents are published, reviewed, updated, and archived.

Area(s) of Good Practice

The Institution has a Document Control Register in place.

Area(s) for Improvement

The Institution should define its document control practices and then undertake a review of its PPPG to bring them into line with this practice.

Standard 6

Criterion

6.4 The Institution monitors the effectiveness of its teaching and learning methodologies.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

Currently the only KPI the Institution measures is course completion rate (percentage of students per course). Feedback channels are in place for both students and Instructors, however, there is no formal process in place to indicate how the information gathered is used to determine effectiveness of teaching. During discussions with the Assessment Team, representatives explained how lesson plans may be adjusted in real time to facilitate learners yet evidence of this activity is not recorded.

Area(s) of Good Practice

The Institution utilise its internal IT based system to gather student performance.

Area(s) for Improvement

The Institution should explore mechanisms to use technology as an enabler for implementing a comprehensive monitoring system across all courses. Records of monitoring should be developed and maintained.

Standard 6

Criterion

6.5 The Institution conducts review to ensure its course activities meet the requirements of the relevant PHECC Standards.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The Course Design, Development & Review Policy outlines the course review process currently in place. The aim of the policy is to ensure the alignment of PHECC standards to course content and delivery. The Assessment Team noted that while the Institution has systems in place to ensure ongoing compliance with PHECC Standards, the system is applied informally with few records available to confirm that course review activities are taking place.

Area(s) of Good Practice

The Institution has a policy in place that outlines the review process.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 6

Criterion

6.6 The Institution reviews to ensure that the learners have access to appropriate resources to effectively support their learner needs.

Rating

Not Applicable
 Not Met
 Minimally Met
 Moderately Met
 Substantively Met
 Fully Met

Assessment Findings

The system in place for reviewing available resources was observed and considered not to be fit for purpose. While in-house courses are appropriately resourced, the Institution currently has no effective way of ensuring that external courses are meeting the requirements. During discussions, it was clear to the Assessment Team that the Institution is aware of the situation and is currently exploring technical solutions to address the issue. These include the provision of photographic evidence of equipment and room set-up.

Area(s) of Good Practice

No specific observations noted by the Assessment Team.

Area(s) for Improvement

The Institution should consider adopting technical solutions for resource management.

9. Report Outcome and Rating Summary

The table below reports the scores achieved in each individual standard, and a total score plus the outcome rating in each individual standard.

COMBINED STANDARD SCORE						
Std 1	Std 2	Std 3	Std 4	Std 5	Std 6	TOTAL
31	17	23	25	16	13	125
STANDARD ACCEPTABLE/NOT ACCEPTABLE						
Std 1	Std 2	Std 3	Std 4	Std 5	Std 6	
Acceptable	Acceptable	Acceptable	Acceptable	Acceptable	Acceptable	

The table below communicates the QRF assessment outcome rating, which is expressed as a percentage, and its associated result expressed on a scale of acceptableness as outlined in Section 7, page 8 of this report.

No of criterion assessed	43
Maximum score available	172
63% of Max =	108
Assessment Results	
Total score achieved	125
Total score as percentage	73%
Assessment Outcome Rating	Moderately Acceptable

In accordance with the QRF Rating System and the assessment outcome, this QRF assessment does not trigger a formal requirement for PHECC to issue an improvement notice or attach conditions, and Council recognition of EMTS Training Solutions Ltd in accordance with Council Rules for Recognition of Institutions and Approval of Training Institutions (RUL006) is unaffected.

EMTS Training Solutions Ltd should continue to develop its Quality Assurance (QA) systems and are required to develop and submit a Quality Improvement Plan (QIP) to qrf@phecc.ie. The QIP will address any areas highlighted in the 'Area(s) for Improvement' within this report. The QIP will identify and outline improvements to be actioned or planned at EMTS Training Solutions Ltd in the upcoming licensing period.

Assessment Outcome Rating

Moderately Acceptable

Standard 1: Effective Governance

Statement – The intent here is to ensure that the Institution is effectively governed. All stakeholders are aware of the Institution’s mission, vision, and values, and are aware of their responsibilities towards governance. Effective governance systems are in place to oversee the academic arrangements for courses and to ensure that appropriate contracting of faculty and affiliated faculty is in place. Effective policies and processes are in place that facilitate staff and faculty recruitment and induction. The Institution monitors and manages their regulatory requirements, which includes protecting the confidentiality and security of data it generates, controls and processes. A risk management framework is essential to the day-to-day and strategic governance of the Institution. To ensure public confidence the Institution shares information about its quality management system and associated documents or reports.

Criteria		Rating Score
1.1	The Institution is structured to maintain effective corporate governance and accountability that is commensurate to the scope and size of operations.	4
1.2	The Institution identifies its mission, vision, and values to stakeholders to ensure a positive learning environment free from cultural bias or discrimination.	4
1.3	The Institution provides its stakeholders with clear and effective communication regarding the Institution’s governance processes and their related responsibilities.	2
1.4	The Institution maintains a Risk Management Framework that includes a reporting system and a process for identifying potential risks.	3
1.5	The Institution observes industry relevant regulatory requirements commensurate to the scope and size of operations.	3
1.6	The Institution ensures that its corporate and educational documentation, including PPPG and course material, are developed, controlled, and managed/maintained in a consistent manner.	3
1.7	The Institution ensures confidentiality, and that the security of data is protected.	3
1.8	The Institution ensures there are appropriate contracts in place with all faculty, and affiliate faculty.	3
1.9	The Institution makes PHECC QRF reports and key student facing policies, procedures, and related documentation available to the public, without request.	3
1.10	The Institution has effective systems for recruitment and induction of staff/faculty.	3

Standard 2: Course Development and Maintenance

Statement – The intent here is to ensure that the Institution’s academic governance is acceptable. The Institution’s capacity to design, develop, approve, and maintain quality educational content, within a pre-defined system, will be reviewed by examining the structure, policies, processes, and outcomes that support the development, approval, review, and maintenance of educational content. Educational content and its delivery must meet the requirement of the PHECC Education and Training Standards and be relevant to the learners’ needs.

Criteria		Rating Score
2.1	The Institution has a documented structure for academic governance and accountability that is commensurate to the size and scope of its operations.	3
2.2	The Institution has robust systems and processes in place for designing, developing, approving, and reviewing course content. This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.	2
2.3	All PHECC courses meet the requirements as outlined in the PHECC Education and Training Standard, and the PHECC Teaching Faculty Framework for that level.	4
2.4	Lesson plans effectively outline the requirements and content for each course and determine teaching and learning methodology. This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.	3
2.5	Course content is relevant to the learners' needs and achieves the learning objectives/outcomes of the course.	3
2.6	Systems and processes are in place to ensure that the course content is accurate and up to date. This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.	2

Standard 3: Delivery of Education		
<p>Statement – The intent here is to ensure that the Institution has systems in place to ensure that all its faculty are accredited and properly credentialed by the Institution, and that all faculty meet the criteria as outlined in the PHECC Teaching Faculty Framework. There should be adequate numbers of faculty, and where faculty is not a direct employee of the RI/ATI, the Institution shall ensure a signed contract is in place and retain records of all faculty, including affiliate faculty. The Institution retains oversight, records, and responsibility for all course delivery, and certification. All Institution's courses will have well-structured content and delivery methodology. Faculty are well supported and have suitable resources for successful course delivery. There will be criteria for assessing the locations where education is conducted to ensure that they are suitable learning environments. The Institution has a faculty monitoring system and supports its faculty in maintaining their competence and teaching currency.</p>		
Criteria		Rating Score
3.1	The Institution ensures it verifies all faculties qualifications/credentials to deliver PHECC courses.	3
3.2	Each course delivered by the Institution is supported by adequate numbers of faculty.	3
3.3	Each course has defined content delivery methodology aligned with effective teaching and learning practice. This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.	3
3.4	The Institution has systems in place to ensure that all locations where education is conducted are assessed and are suitable as learning environments.	2
3.5	The Institution ensures that faculty have access to suitable resources as necessary to support the delivery of PHECC courses.	4
3.6	The Institution ensures that PHECC course delivery is effectively recorded, and QA monitored.	3
3.7	The Institution has systems in place to ensure that faculty members maintain their teaching currency related to PHECC courses.	3
3.8	The Institution ensures an effective faculty competence monitoring and feedback system is in place.	2
Standard 4: Student Support		
<p>Statement – The intent here is that students are informed of policies, procedures, processes, and guidelines (PPPG) that support them in their learning and they are made aware of all relevant information related to assessment and its possible outcomes. The Institution should have systems in place to reasonably accommodate students who require additional learning supports. The Institution should actively seek feedback from their students and ensure that they know when and how they can appeal against any decisions of the Institution. If the Institution is approved by PHECC to deliver blended learning it will ensure that its content and associated support procedures are effective to support the learner.</p> <p>Recognised Institutions who deliver practitioner level courses will ensure that students are aware of how they complete the PHECC Practitioner registration processes and of their responsibilities as a registered healthcare professional. The Institution will ensure that students are fully informed of any internship requirements, and they are effectively monitored and supported during their internship.</p>		
Criteria		Rating Score
4.1	The Institution ensures students are informed of PPPG that are in place to support them on their learning journey.	4
4.2	The Institution ensures the student is informed about the assessment system and its potential outcomes.	4
4.3	The Institution has mechanisms in place to provide reasonable accommodation for students with additional learning needs.	4
4.4	Students are made aware of the opportunities and mechanisms to provide feedback to the Institution during, or after a course.	3
4.5	Students are made aware of their right to appeal, and how to appeal an institutional or academic decision.	3
4.6	The Institution ensures that blended learning content is supported with clear information regarding access to modules and how to access technical support, if required. <u>Applies only if Institution is providing PHECC course via blended learning.</u>	N/A
4.7	The Institution ensures that students undertaking a Practitioner level course are informed of their specific responsibilities related to Practitioner registration with PHECC. <u>N/A for Approved Training Institution – Applies only to Recognised Institution.</u>	4
4.8	The Institution ensures that students are fully informed of internship requirements and are effectively monitored and supported during the internship. <u>N/A for Approved Training Institution – Applies only to Recognised Institution.</u>	3

Standard 5: Assessment and Course Outcome Support		
<p>Statement – The intent here is that the Institution will ensure its assessment policies are implemented using effective processes and procedures that are aligned with the requirements of PHECC Education and Training Standards. The Institution's assessments should be systematically developed to meet the standards, well-managed, and be fair to learners. Students with additional needs during assessment should be reasonably accommodated. There should be performance feedback or remediation given to students after assessment to support their development. The Institution should conduct quality assurance-based monitoring of their assessment conduction against self-defined criteria. The Institution's results approval and verification processes follows a defined process, and, at Responder level, is in accordance with the PHECC Responder Level Certification Policy.</p>		
Criteria		Rating Score
5.1	The Institution has an effective assessment policy and implements its documented processes and procedures.	3
5.2	The Institution's assessment material is systematically developed to assess PHECC defined course objectives for each clinical level.	3
5.3	Learners receive feedback on their performance and remediation occurs as appropriate.	3
5.4	The Institution ensures that students with additional learning needs are reasonably accommodated during the assessment process.	3
5.5	The Institution ensures quality assurance-based monitoring of course assessment occurs, which is commensurate with the size and scope of operations.	2
5.6	The Institution has effective policies and procedures for results approval and course outcome certification.	2
Standard 6: Learning Organisation		
<p>Statement – The intent here is that the Institution can evidence its commitment to continuous Quality Improvement and seeks to continually improve through planned interrogation and review of the data and feedback that it generates. Self-analysis should drive incremental improvement in its performance systems and the outcomes of education/training. The learning organisation will ensure that it conducts review of its policies, procedures, processes, and guidelines (PPPG). It will constantly seek to ensure that course content, objectives, teaching practices, and content delivery are up to date, engaging and effective. The Institution will also review that there are adequate arrangements and teaching resources in place to support learners.</p>		
Criteria		Rating Score
6.1	There are effective institutional quality management systems in place to support self-analysis and to drive continuous quality improvement.	2
6.2	The Institution systematically monitors its education/training activities against internal quality indicators.	1
6.3	The Institution ensures review of its policies, procedures, processes, and guidelines (PPPG) related to its educational activities and institutional governance.	2
6.4	The Institution monitors the effectiveness of its teaching and learning methodologies.	2
6.5	The Institution conducts review to ensure its course activities meet the requirements of the relevant PHECC Standards.	4
6.6	The Institution reviews to ensure that the learners have access to appropriate resources to effectively support their learner needs.	2



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