

# Quality Review Framework

## Assessment Report

**Ayrton Consultancy Ltd t/a Ayrton Group**

**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 Ayrton Consultancy Ltd t/a Ayrton Group, an Approved Training Institution, authorised by PHECC to deliver pre-hospital emergency care education and training in Ireland since 2019. Ayrton Group 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) (Blended Learning)
- 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  Scarteen Business Park, Newmarket, P51AK40, Co Cork.																
Outcome Rating	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">No of criterion assessed</td> <td style="text-align: right;">42</td> </tr> <tr> <td>Maximum score available</td> <td style="text-align: right;">168</td> </tr> <tr> <td>63% of Max =</td> <td style="text-align: right;">106</td> </tr> <tr style="background-color: #2e5496; color: white;"> <td colspan="2" style="text-align: center;"><b>Assessment Results</b></td> </tr> <tr> <td>Total score achieved</td> <td style="text-align: right;">134</td> </tr> <tr> <td>Total score as percentage</td> <td style="text-align: right;">80%</td> </tr> <tr> <td colspan="2" style="background-color: #fff9c4;"><b>Assessment Outcome Rating</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Moderately Acceptable</b></td> </tr> </table>	No of criterion assessed	42	Maximum score available	168	63% of Max =	106	<b>Assessment Results</b>		Total score achieved	134	Total score as percentage	80%	<b>Assessment Outcome Rating</b>		<b>Moderately Acceptable</b>	
No of criterion assessed	42																
Maximum score available	168																
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<b>Assessment Results</b>																	
Total score achieved	134																
Total score as percentage	80%																
<b>Assessment Outcome Rating</b>																	
<b>Moderately Acceptable</b>																	
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"/> Not applicable																
Validated and Approved for Publication  Director Signature																	
Date	15 December 2025																

### 3. Assessment Participants

Organisation	PHECC Assessment Team
Director of Operations	Lead Assessor
Faculty Member - Consultant & Trainer	Onsite Assessor
Course Director & PHECC Faculty Lead	Onsite Assessor
Internal Verifier & Administrator	

### 4. Initial Feedback Given

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

The following areas were identified as areas requiring improvement, or further potential for improvement areas: course development process, internal and external verification polices, student sign in records for all Responder courses, Instructor monitoring process, Assessment and Awards Policy, recording of blended learning records and inclusion in internal verification, organisational chart and roles and responsibilities.

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
<b>Acceptable</b>	<b>Outcome rating of <math>\geq 88\%</math> of max available</b>	• Unaffected
<b>Moderately Acceptable</b>	<b>Outcome rating of <math>\geq 63\%</math> &lt;88% of max available</b>	• Unaffected
<b>Minimally Acceptable</b>	<b>Outcome rating of <math>\geq 38\%</math> &lt;63% of max available</b> 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
<b>Conditionally Acceptable</b>	<b>Outcome rating of <math>\geq 25\%</math> &lt;38% of max available</b> *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
<b>Unacceptable</b>	<b>Outcome rating of &lt; 25% of max available</b>	• 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 governance structures and processes described by the Institution's representatives do not capture current practice within its organisation. There is a listed Internal Verifier and Administrator to support and monitor course activity leading to certification. This provides assurance that student activity is correctly monitored and recorded.

It was evident that there is some oversight of PHECC Responder course activity through weekly and monthly quality meetings, however, this is not well documented.

The Training & Quality Manager is documented as having overall responsibility for education and training governance and delegated responsibilities yet was not present on assessment day.

Issues around governance and areas of responsibility identified were similar to those highlighted during the previous QRF Assessment.

### Area(s) of Good Practice

There are good internal verification processes and weekly meetings in place for each of the training centres.

### Area(s) for Improvement

The Institution should correctly document areas of responsibility and improve policies to reflect current activity. Improved recording of agendas and meeting minutes would allow for transparency and contemporaneous recording for areas of discussion and decisions made.

## 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 a detailed Mission Statement that includes dedication to high-quality training and consultancy, professionalism, accreditation, highly skilled trainers, support for practitioners through its consultancy business unit, facilitate innovative, accessible training and consultancy. The Institution is committed to providing adaptable, accessible, learner-centred training that meets the needs of its clients and treating all with respect and dignity, which is mirrored in its core values.

There is an Equality and Diversity Policy, and training for faculty is conducted by the Training and Quality Manager, which is recorded. There is a separate Equality Statement.

### Area(s) of Good Practice

The Institution has a well considered mission statement that supports the culture within its organisation.

### 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 Institution offers transparent and clear communications to students regarding governance processes. A digital Learner Handbook is provided to all learners at the time of booking. The handbook includes policy statements, contact lists and a link to the PHECC Quality Standards. There is an induction slide for all learners for PHECC courses.

Instructors complete induction training that includes orientation to the Institution's Policies, Processes, Procedures and Guidelines (PPPG), however, completion records were not available for review by the Assessment Team. There is an Instructor Handbook that provides a synopsis of policies as a reference guide.

### Area(s) of Good Practice

The Learner Handbook and induction slide for students ensures that they are made aware of the governance processes.

### Area(s) for Improvement

The Institution would benefit from improving records of induction training for all Instructors. This will ensure that all Instructors are aware of the Institutional processes and can support students should they need advice. The Instructor Handbook content could be further developed.

## 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

The Institution has a Hazard Identification, Risk Assessment and Control Procedure in place. This includes risk evaluation and suggested control measures. There is a training location risk assessment document for use by Instructors for courses outside of the training centre to identify location specific risk.

Instructors use a digital version to notify the Training and Quality Manager and Internal Verifier in the event the training location is not suitable. A printable version of the form is also provided if Internet access is not available at the training location. Completion is mandatory for every course.

If an issue is identified, the Training & Quality Manager and Internal Verifier receive a notification by email to take immediate action, and records of the outcome are stored on a digital help desk application. There is a policy in place to mitigate specific risks associated with PHECC Responder course content, data protection, student support and course communications.

### Area(s) of Good Practice

The Institution has a robust framework in place to identify and mitigate risk in relation to PHECC Responder course delivery. There is a proactive approach and good communication tools in place.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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 a comprehensive Safety Statement and an accredited Quality Management System to monitor and report on regulatory activity. There is good evidence of policies and procedures in relation to industry regulatory requirements are in place. In discussion with representatives, it was evident that safety, health and welfare concerns for Instructors and students are addressed.

### Area(s) of Good Practice

The Institution has good policies and processes in place in relation to regulatory requirements.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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 has a Documents Records and Electronic Data Control procedure in place. Documentation is stored securely and is version controlled, ensuring that only the latest version is available for use. There is a Course Development and Review Policy for PHECC courses, however, this policy does not clearly identify those with responsibility for developing course material and those who quality review the work.

Instructors have access to the current course materials and are kept informed of any changes or updates to course content.

### Area(s) of Good Practice

The Institution has a good Document Records and Electronic Data Control procedure to manage and regularly review its PPPG.

### Area(s) for Improvement

The Institution should review and update its Course Development and Review Policy to clarify the course development flow and identify those with responsibility for developing course material and those who quality review the work. The process for course development should be correctly recorded to include mapping educational objectives against the standards, reference material used and a separate quality review of the material developed.

## 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 Institution's GDPR policy and procedures for data protection are in line with legislative requirements. There is a separate one page PHECC specific policy. GDPR training is provided for all staff involved in education and records maintained. Guidance for the new requirement to include student emails has yet to be included. This is now required for the electronic certification process. There is a link on the website to the digital certification system data protection explainer document. Student registration is completed using Quick Reference (QR) Code on courses that includes student emails.

Procedures detail how the Institution stores data, how long it will be retained, and with whom it will be shared. There is a listed Data Protection Officer within the Institution's organisation.

### Area(s) of Good Practice

The Institution has strong policies and procedures regarding the management of student data. Use of a QR code for registration is innovative.

### Area(s) for Improvement

The Institution should review and amend its GDPR policy to include the requirement for student emails and clarify when and how the information will be used.

## 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 Institution has contracts in place with all faculty, which are issued and signed by both parties in advance of working for the Institution. Instructors effectively act as subcontractors and a signed sample agreement was reviewed by the Assessment Team.

The Assessment Team could not verify evidence of agreements in place for each Instructor during the onsite engagement. Representatives stated that there is a Sub-Contractor Management Procedure in place for the approval of subcontractors once insurances and training has been verified.

### Area(s) of Good Practice

No specific observations noted by the Assessment Team.

### Area(s) for Improvement

The Institution should further develop the subcontractor agreement, specifically to include the Quality requirements expected for all faculty. The Institution should ensure that subcontractor agreements are verified for all Instructors and that these can be evidenced.

## 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

The Institution provides a link to the Learner Handbook on its website, which includes relevant student facing policies. The previous PHECC QRF Assessment Report and the External Verification Report are also accessible online, thus providing transparency for all students accessing courses. There is an information provision document that specifies who has responsibility for disseminating and making information available.

### Area(s) of Good Practice

The Institution is transparent with all its policies and reports. These are openly available to access on the Institution's website and allows students make an informed decision when accessing courses.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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 Institution provides a digital handbook to all Instructors during the onboarding process. A copy of the handbook is also available in each PHECC accredited course folder online for easy access. The Communication Policy states that all staff complete induction. Records reviewed by the Assessment Team related more to Safety Induction rather than quality and course processes.

There is a comprehensive faculty recruitment, management and development procedure in place that includes the process for onboarding Instructors/faculty. This includes Instructor roles and responsibilities and quality assurance. There is a separate Human Resources and Training procedure and a Recruitment procedure.

### Area(s) of Good Practice

.The Institution has good processes in place for the recruitment and induction of faculty

### Area(s) for Improvement

The Institution should improve the recording of the induction process for Instructors.

# 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

The Institution's PHECC Policies and Procedures document provides the details of how academic governance and accountability is managed. There are policies and procedures in place to cover course design and delivery. The Institution monitors the implementation of these procedures through learner and Instructor evaluations and Instructor monitoring, however, there are no associated Key Performance Indicators (KPI). Course content and company branding is securely controlled. Examination Multiple Choice Questionnaire materials are managed as controlled documents. Student evaluations can be completed electronically using a QR code.

Oversight activities are conducted informally at present at the weekly course team meetings. Student supports, pass rates and examination material are discussed. There is a Quality Management Review meeting and the Institution's representatives stated that each Instructor has a yearly HR review. There is little formal evidence of meeting agendas or minutes available.

### Area(s) of Good Practice

The Institution's procedures detail roles and responsibilities for academic accountability.

### Area(s) for Improvement

The Institution should ensure that polices reflect actual oversight activity and that agendas and meetings minutes are kept as evidence. Development of simple KPI would help with monitoring and analysing student and Instructor feedback, equipment and other relevant areas. Informal processes should be formalised and records of implementation maintained.

## 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

There is a Course Design and Development Policy that provides guidance for the development of new course material. Representatives stated that there is an annual formal review of courses, however, there is no documented evidence that this has occurred. When a new version is completed, it is disseminated to Instructors. There is email evidence available that this has taken place. The course material reviewed is of a good standard and reflects the educational objectives in the PHECC Education and Training Standards. The pedagogical approach espoused in the course Design and Development Policy is welcomed, however, the course peer review procedure is loose from a quality review perspective.

### Area(s) of Good Practice

The Responder course material is of a good standard and reflects the current PHECC Education and Training Standards.

### Area(s) for Improvement

The Course Design and Development policy should be strengthened to ensure that initial design and quality review of the course material is structured, well managed and correctly documented. In the case where additional information outside of the PHECC material is being provided based on clients needs, the Institution should reference a subject matter expert in addition to the Training and Quality Manager as stated in the policy and additional time should be allocated to the course.

## 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

The Institution's Admissions Policy and ratio request procedure ensures that correct student/Instructor ratios are met. This policy allows a 1:8 ratio if there are appropriate circumstances cited by those wishing to complete the programme. The Assessment Team reviewed evidence of requests. Assessments policies and procedures are of reasonable quality yet lack detail for remediation and reassessment advice for students. It includes exam security and consistency of marking.

Representatives stated that reassessments for students on Responder courses are conducted as per the Assessment and Awards Policy yet the process is not actually describe within the policy.

Results approval meetings are held weekly and there is a Recognition of Prior Learning Policy in place. Instructor certificates are in date and records were verified.

### Area(s) of Good Practice

The Institution has good processes in place to ensure that PHECC Responder courses are delivered in line with the requirements of the Education and Training Standards and the PHECC Faculty framework.

### Area(s) for Improvement

The Institution's Assessment and Awards Policy requires amending to include advice for Instructors on the approach to remediation and reassessment for students as it does not describe the process for reassessment of students on Responder courses.

## 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

The Institution's lesson plans are comprehensive and timings for each of the Responder courses are included. There is a detailed timetable supplied for each of the Responder course offerings. The pedagogical approach described in the course development policy and the lesson plans, is evidence that a broad selection of teaching methodologies are employed to support learners.

### Area(s) of Good Practice

The lesson plans and timetables supplied are of a high standard and multiple teaching methodologies are used.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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

The learning objectives for each module are clearly identified within the course presentations. Instructor notes are included in the presentations to aid with consistency of delivery. Course registration is standardised using a QR code on the presentation slides. There is regular recapping of information for each module and formative assessment opportunities are built in to the presentations.

### Area(s) of Good Practice

The Institution's course content is well designed and reflective of the learning outcomes described in the PHECC Responder Level Education and Training Standards.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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

The Institution's course peer review process describes the approach for reviewing and updating course content. This process lacks the clarity of who is ultimately responsible and there is no definite requirements for final sign off of material. The accompanying meeting minutes do not show mapping process against the standard.

### Area(s) of Good Practice

The current material for each blended learning and classroom courses are suitable, meet students needs ,and reflects the current standards and Clinical Practice Guidelines (CPG).

### Area(s) for Improvement

The Institution's development and course review process requires strengthening and change to material is not well documented. If required changes are made, new versioning should be clearly recorded and communicated. Evidence of the stated annual review should also be documented.

# 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

The Institution conducts an annual review of staff records and certificates. Records were not available for review by the Assessment Team. The onboarding process for Instructors is described in the faculty recruitment procedure, which includes credentialling. Faculty must be qualified, and have relevant work experience.

HR ensures that the Instructors' Curriculum vitae, qualifications, and certificates are verified, valid and in date, and copies are stored on the Instructor's file. Access to the HR records was not made available to the Assessment Team to verify.

The Institution's IT system prevents Instructors who are not qualified from delivering training.

### Area(s) of Good Practice

The Faculty recruitment procedure describes a robust process for verifying Instructors' qualifications and credentials.

### Area(s) for Improvement

The Institution should improve ease of access to Instructor records for those that may require verification of certification dates.

## 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 PHECC ratios for Responder courses are clearly outlined. The Institution provided a complete named faculty list. Representatives stated they maintain adequate numbers of Instructors to deliver courses based on client demand and class sizes and Instructor/student ratios. Instructors are supported by administration staff and the supporting roles of Course Director, Training & Quality Manager and Internal Verifier.

### Area(s) of Good Practice

The Institution has sufficient numbers of Instructors and support staff available to manage the Responder level courses.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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 Assessment Team reviewed a full timetable and lesson plans as evidence of effective teaching and learning practice. The lesson plans reflect the PHECC Education and Training Standards and include confirmation of learning checks throughout the course. The slide set is detailed and duplicates some of the information already covered in the PHECC CFR DVD.

Teaching methodologies include various activities used, such as, videos, open questions, formative assessment questions, scenario based learning and skills practice. This is in keeping with the concepts recommended by a Universal Design for Learning (UDL) approach.

### Area(s) of Good Practice

The Institution has included multiple methodologies for delivery of course material, which supports many types of learner behaviour.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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 requires Instructors to complete location risk assessment forms in advance of each course where a training venue has not already been approved. There is also an application that allows faculty complete this online and to complete a corrective action form if required. The Assessment Team verified evidence of form completion. The form is detailed and includes health and safety considerations as well as infrastructure and IT requirements.

### Area(s) of Good Practice

The Institution's location risk assessment form is detailed and well designed. This evidence of good planning ensures that course venues are suitable for students.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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 ensures that Instructors have adequate quantities of suitable resources available for each course. Instructors are supplied with a training pack one week before course commencement, which includes textbooks, course documents and consumables e.g. dressings, bandages. The Institution's Resource Management Policy outlines the equipment required. Instructors supply their own manikins and this equipment is verified as they must complete a Resource Inventory Form every 6 months. This is included with the policy. The Training and Quality Manager monitors these forms and advises on required corrective actions. There is a section on the Institution's monitoring form to capture that correct equipment is in use for each course.

### Area(s) of Good Practice

The Institution's Resource Management Policy and supporting forms clearly define the minimum equipment required for each Responder course.

### Area(s) for Improvement

The Institution would benefit from including equipment and resource management as a KPI to measure compliance.

## 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

There is an Internal Verification Policy and procedure in place, and an appointed Internal Verifier. There are weekly result approval meetings. The Institution has an internal verification report template and a results approval summary sheet used to record this activity. During discussions, it was established that the policy does not reflect actual practice. The internal verifier's process is robust and 100% of courses are verified, however, this practice is not correctly captured in the policy.

The External Verifier's report is completed jointly with the Internal Verifier rather than as a standalone process.

### Area(s) of Good Practice

The internal verification of courses is well managed and ensures that student activity is correctly recorded.

### Area(s) for Improvement

The Institution should update its policy and processes to reflect actual practice.  
The Institution should ensure sampling strategy is chosen by the External Verifier and their report should be independent of the internal verification process.

## 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

Representatives stated that there is an annual Instructor performance review, however, there were no records available for review by the Assessment Team. Instructors are responsible for keeping their certification up to date and providing a copy for the Institution's records.

All Instructors are required to participate in refresher and upskilling training. The Institution updates Instructors with any changes to the PHECC Education and Training Standards or CPG via email. The HR records' system alerts the Institution one month in advance of the Instructor's certification going out of date and weekly notifications are sent to the Instructor.

### Area(s) of Good Practice

The Institution has systems in place to ensure that Instructors are current and informed of the information or changes to PHECC guidelines.

### Area(s) for Improvement

The Institution needs to develop and maintain a recording system of when annual performance reviews takes place.

## 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

The Institution has an Instructor monitoring procedure, which states that Instructors are monitored annually using the Institution's monitoring form to record this activity. In discussion, it was established that the Training and Quality Manager conducts monitoring activity rather than an experienced Instructor or tutor. The monitoring records for each Instructor were not available for review by the Assessment Team.

### Area(s) of Good Practice

An Instructor monitoring procedure is in place and the monitoring form is well designed to measure competency.

### Area(s) for Improvement

The Institution should ensure that monitoring is completed by experienced Instructors who possess the knowledge to ascertain if the Instructor's information is current and up to date. The Institution should also ensure that monitoring records are maintained. The monitoring rate could be used as a KPI for quality assurance.

# 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

Each student is provided with access to the Learner Handbook once they are confirmed on the course. This contains the Institution's main PPPG. This is also freely available to download from the Institution's website.

### Area(s) of Good Practice

The Learner Handbook supplied to students provides them with information of the Institution's main PPPG

### 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 process is detailed in the Learner Handbook and also as part of the presentation slide set, and is covered by the Instructor at the start of each course. Assessments are discussed as part of the course presentation, explaining the skill and Multiple Choice Questions (MCQ) assessment requirements.

### Area(s) of Good Practice

The Learner Handbook and induction slide fully explains the course assessment process to students.

### Area(s) for Improvement

The Institution may consider making a link to a digital version of the PHECC Responder examination handbook available should further information be required.

## 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

There is an Instructor Supports Policy that advises on assistance with physical access, additional time, and with language issues. Students are informed they must be proficient in the English language. The Learner Handbook asks students to identify any required supports and these are accommodated where possible. There is a reasonable accommodation form that must be complete 5 days in advance of a course. The Institution's Reasonable Accommodation Policy provides assistance to students during assessment. Individual needs of learners are accommodated during delivery of Responder assessment. Completed forms are kept on the course file by the Training and Quality Manager.

### Area(s) of Good Practice

The Institution's Instructor supports and reasonable accommodation policies offer a good approach to supporting students.

### 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

Feedback is completed using QR codes at the end of each Responder course. The Learner Handbook explains that feedback will be sought. Student feedback records are digitally maintained yet there is no evidence that this information has been collated and used for course improvement.

### Area(s) of Good Practice

The QR code is an example of good innovation to collect student feedback.

### Area(s) for Improvement

The Institution should ensure that student feedback is collated and reported on at governance meetings with a view to improving courses for quality assurance.

## 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 has an Appeals Policy and procedure in place to accommodate learners on Responder level courses. The Learner Handbook provides details to the learners. There have been no requests for appeals noted by the Institution.

### Area(s) of Good Practice

The Appeals Policy and procedure in place are appropriate for the scope and size of the Institution.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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

There is a brief Blended Learning Policy in place. The Institution has received approval from PHECC to deliver FAR and FAR recertification using blended learning. The webinar offerings are clearly detailed on the Institution's website. Technical support is available by phone on a one-to-one basis. Learners receive emails with instructions and technical information. The Learner Handbook advises that students must have the desktop version of a videoconferencing platform, must logon in advance to ensure any updates are completed, and check issues with broadband connectivity. The camera must work on their device and be on for the duration of the course.

Instructors are provided with a Webinar/Blended Training Courses Guide to support online teaching.

### Area(s) of Good Practice

There are good support mechanisms in place to support students for the Institution's blended learning courses.

### Area(s) for Improvement

The Institution should further develop its Blended Learning Policy as it does not provide robust guidance on the approach to blended learning design.

## 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

Blank area for recording assessment findings.

### Area(s) of Good Practice

Blank area for recording areas of good practice.

### Area(s) for Improvement

Blank area for recording areas for improvement.

## 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

Blank area for recording assessment findings.

### Area(s) of Good Practice

Blank area for recording areas of good practice.

### Area(s) for Improvement

Blank area for recording areas for improvement.

# 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

There is an Assessment Policy and procedure in place that describes the pass/fail criteria but does not include the approach that should be taken to re-assessment or remediation. The number of repeat attempts and timeframes for same are not included.

### Area(s) of Good Practice

The Institution has an Assessment Policy in place that describes the assessment requirements for students.

### Area(s) for Improvement

The Institution should review its Assessment Policy and provide advice for students on remediation and reassessment.

## 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

The Institution uses the appropriate standard PHECC examination material and there is evidence of this supplied. The PHECC MCQ are treated as controlled documents.

### Area(s) of Good Practice

The Institution uses appropriate assessment materials and correctly controls the examination material.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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

There is no evidence provided that there is a standardised approach to providing feedback and remediation. It occurs organically during courses, however, there is lack of forethought of the importance of feedback processes.

The Institution relies on individual Instructor experience to manage assessments and this appears to be sufficient for Responder level courses.

### Area(s) of Good Practice

No specific observations noted by the Assessment Team.

### Area(s) for Improvement

The Institution should formalise informal processes and improve its Assessment Policy to provide consistent advice on student feedback.

## 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

There is an Instructor Support Policy that details the Institution's approach and generic supports available to students. The Reasonable Accommodation Policy allows for supports during assessments, however, a form must be completed 5 days in advance of the programme. The standard approach is for additional time, translation, IT support, physical facilities or alternative assessments to be provided. This level of supports is appropriate for Responder level courses.

### Area(s) of Good Practice

The Institution's Reasonable Accommodation Policy allows supports for students during the examinations process.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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's internal verification (IV) process is robust and 100% of course returns are monitored, which was evidenced by the Assessment Team. The Internal Verification Policy does not reflect the actual work completed by the Internal Verifier.

There is a brief External Verification policy that ensures external oversight of education and training. The sample size is appropriate to the size of the Institution, however, the selection for assessment is selected by the Internal Verifier.

### Area(s) of Good Practice

The Institution has good quality monitoring processes for course assessments.

### Area(s) for Improvement

The Institution should ensure that there is complete separation of the internal and external verification activities. The External Verifier should solely select the samples for assessment.

## 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

There is a brief Results Approval Policy and accompanying template. The Institution also has a results approval process in place leading to eCertification. Results approval meetings are held weekly. During discussions with representatives and in reviewing course returns, the Assessment Team identified that student attendance is not verified each day using a signature.

### Area(s) of Good Practice

The Institution has a results approval process in place leading to eCertification.

### Area(s) for Improvement

The Institution should redesign its sign on sheets to ensure that student signatures are captured for each day they attend the Responder course.

# 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

There is a Quality Policy available with appendices for all activity in relation to quality Improvement. The Institution has developed a Quality Management System and an Occupational Health and Safety Management System. The Institution's roles and responsibilities document describe those with responsibility for quality activities, however, it does not reflect the current organisational structure. There is a template for a KPI tool to monitor performance.

### Area(s) of Good Practice

The Institution has good quality management systems in place to support QA activities.

### Area(s) for Improvement

The Institution should use its systems to gather and record evidence of quality management such as instructor monitoring, KPI, and agendas and quality meeting minutes.

## 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

The Institution conducts regular reviews of its PPPG. There are weekly reviews of student feedback, complaints and safety concerns, however, there is no evidence that these issues are discussed at senior management meetings. There are KPI tools to monitor performance yet there is little evidence that this is being regularly used.

### Area(s) of Good Practice

No specific observations noted by the Assessment Team.

### Area(s) for Improvement

The Institution should develop simple, more relevant KPI to measure training activities and regularly conduct reports.

## 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 Documents Records and Electronic Data Control Policy that describes how the Institution's PPPG are reviewed. The Training and Quality Manager monitors, reviews and updates the documents. There is a Standard Operating Procedure for version control.

### Area(s) of Good Practice

The Institution has good processes in place for managing and reviewing its PPPG.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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

The Institution monitors student and Instructor evaluations and the Training and Quality Manager can generate a corrective action report if negative feedback is identified. Lesson plans and course materials may be changed or Instructor may be scheduled for monitoring.

Representatives stated that the Institution regularly conducts Instructor monitoring sessions that also includes effectiveness of teaching and learning methods.

### Area(s) of Good Practice

The Institution has good processes for monitoring teaching and learning methodologies, including student and Instructor feedback.

### Area(s) for Improvement

There is little evidence that the Instructor monitoring is adequate. The Institution should improve activity and recording of monitoring sessions.

## 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 Institution has good lesson plans and course presentations. There is evidence that these have been updated and disseminated to Instructors, however, there was no evidence of the change process being documented. Instructor records are reviewed, which was evidenced by the Assessment Team.

The Institution monitors changes in the PHECC CPG following notification by PHECC and this triggers course review. Changes to the PHECC Responder Education and Training Standards are also monitored. The Assessment Team evidenced that changes following review is communicated to Instructors by email from the Training and Quality Manager.

### Area(s) of Good Practice

Changes to course material are communicated to Instructors.

### Area(s) for Improvement

The Institution should document the review and change process for Responder level courses.

## 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 Institution ensures that student resources are available for each course. Instructors are sent a course pack of First Aid Responder books, consumables, and course paperwork one week before course commencement. However, the Institution requires Instructors to complete a Resource Inventory Form every 6 months to ensure Instructors provide their own manikins and AED trainers. Instructors must use the Institution's course presentation to ensure uniformity of information delivery.

### Area(s) of Good Practice

The Institution has good processes in place to ensure students have access to course resources to support their learning.

### Area(s) for Improvement

No specific observations noted by the Assessment Team.

## 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	18	25	22	20	18	134
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	42
Maximum score available	168
63% of Max =	106
Assessment Results	
Total score achieved	134
Total score as percentage	80%
<b>Assessment Outcome Rating</b>	<b>Moderately Acceptable</b>

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 Ayrton Consultancy Ltd t/a Ayrton Group in accordance with Council Rules for Recognition of Institutions and Approval of Training Institutions (RUL006) is unaffected.

Ayrton Group should continue to develop their 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 Ayrton Group 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.	2
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.	3
1.4	The Institution maintains a Risk Management Framework that includes a reporting system and a process for identifying potential risks.	4
1.5	The Institution observes industry relevant regulatory requirements commensurate to the scope and size of operations.	4
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.	2
1.9	The Institution makes PHECC QRF reports and key student facing policies, procedures, and related documentation available to the public, without request.	4
1.10	The Institution has effective systems for recruitment and induction of staff/faculty.	2

**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.	2
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.	3
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.	4
2.5	Course content is relevant to the learners' needs and achieves the learning objectives/outcomes of the course.	4
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.	3

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.	2
3.2	Each course delivered by the Institution is supported by adequate numbers of faculty.	4
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.	4
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.	4
3.5	The Institution ensures that faculty have access to suitable resources as necessary to support the delivery of PHECC courses.	3
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. 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.	4
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.	3
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.	N/A
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.	N/A

**Standard 5: Assessment and Course Outcome Support**

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.

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.	4
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.	4
5.5	The Institution ensures quality assurance-based monitoring of course assessment occurs, which is commensurate with the size and scope of operations.	3
5.6	The Institution has effective policies and procedures for results approval and course outcome certification.	3

**Standard 6: Learning Organisation**

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.

Criteria		Rating Score
6.1	There are effective institutional quality management systems in place to support self-analysis and to drive continuous quality improvement.	3
6.2	The Institution systematically monitors its education/training activities against internal quality indicators.	2
6.3	The Institution ensures review of its policies, procedures, processes, and guidelines (PPPG) related to its educational activities and institutional governance.	4
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.	3
6.6	The Institution reviews to ensure that the learners have access to appropriate resources to effectively support their learner needs.	4



2nd Floor  
Beech House  
Millennium Park  
Osberstown  
Naas  
Co Kildare  
W91 TK7N

Phone: +353 (0)45 882042  
Email: [info@phecc.ie](mailto:info@phecc.ie)  
Web: [www.phecc.ie](http://www.phecc.ie)

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