Pre-Hospital
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Council

Quality Review Framework
Self-Assessment Toolkit

Mission Statement

"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"

Version History
(Please visit the PHECC website to confirm current version.)

Name: REP032 Quality Review Framework: Self-Assessment Toolkit		
Version	**Date**	**Details**
1	Feb 2019	New Document
2	June 2019	Edited for digital completion
3	October 2021	Updated for digital completion

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Quality Review Framework: Self-Assessment Toolkit

Institution and Report Details

Institution Details	
Institution Name	Occupli Limited
Address	Euro Business Park, Little Island, Cork
Institution Type (e.g. Private Company, University, State Body)	Private Company
PHECC Courses Delivered	First Aid Response, First Aid Response Re-certification, Emergency First Response (EFR), Defibrillator (AED) Course, First Aid Response Instructor, CFR Community Course, CFR Community Instructor, CFR Epinephrine (Adrenaline), Emergency First Aid Course.
Higher Education Affiliation	N/A
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Report Details		
Individuals and/or groups involved in the self-assessment	**Name**	**Role**
	Darren O'Keeffe	H&S Consultancy Director
	Philip O'Sullivan	Training Manager/Commercial director
	Ger Doyle	Safety Trainer and Consultant
	Lisa Angelini	Senior Training Administrator
	Sibrena Sullivan	Client Solutions Administrator
Report completed by	Deirdre Darmody	Quality Coordinator

1. Introduction

The Self-Assessment Toolkit (SAT) is a tool for institutions to evaluate their performance against the Quality Standards (QS). It is an opportunity to record what your organisation is

currently doing and information about the systems you have in place. Self-assessment enables you to:

- Confirm areas where the QS is being met and at what level
- Identify gaps in current systems and processes
- Plan actions to address any identified gaps, in systems and processes

The SAT has three parts:

1. The Self-Assessment Report
2. The Quality Improvement Plan
3. The Assessment Matrix

All parts must be complete before submission to PHECC, prior to external review.

2. Completing the Self-Assessment

2.1 Planning for Self-Assessment

Issues to consider in the planning phase include:

- Who will lead the self-assessment?
- Who else will be involved?
  - People from all parts of the organisation should be involved in the process. Set up a self-assessment working group with people who can bring different organisational perspectives.
  - For small organisations with limited personnel, consider how you can incorporate stakeholder feedback into the self-assessment.
- What resources will be needed? This includes people's time and any finance that may be required for organisational improvements.
- How long will it take? Set realistic and achievable timelines.
- How will the evidence be presented?

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- Is another quality management system or accreditation/certification process already in place?

2.2 Completing the Self-Assessment Report

The Self-Assessment Report (SAR) has four parts to be completed:

1. Evidence Examples: List the evidence you can provide to demonstrate compliance with each component.

2. Comments: Provide a brief summary of findings that describe why your organisation meets the QS or describe the identified gap.

3. Compliance Ratings: Rate your performance against each component and the overall rating against each Quality Standard (QS).

4. Compliance Level: Highlight the appropriate compliance level against each QS.

2.2.1 Providing Evidence

1. When carrying out the self-assessment, consider the source of the evidence, including:

   a) Documentation

   b) Stakeholder Discussions

   c) Observation

2. Any evidence you consider must be:

   a) Relevant: It clearly relates to the component and the question being asked.

   b) Reliable: It is from a source or person accepted as having relevant knowledge and/or experience in that area.

   c) Adequate: It provides enough information to answer the question being asked.

Note: The evidence provided may differ and depend upon the size and structure of the institution.

3. During the self-assessment you will be considering all sources, but you should only list the documentary evidence in the SAR. This will be supported during external review through stakeholder discussions and observation.

4. Any documentary evidence should always be:

   a) Consistent: Is practice consistent with policies and procedures? Are feedback forms used for every course? Are all relevant meetings recorded, etc?

   b) Accessible: Is documentation accessible to relevant stakeholders?

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c) Recent: Are policies and procedures up to date? Do they reflect current practice? Is the staff handbook up to date? Etc.

d) Dated: Is it clear when the evidence dates from? Is there a date on it?

5. It is not necessary to include lengthy information about policies and procedures or other types of evidence. It is acceptable to list the name and/or number of the document.

2.2.1.1 Sample Documents

This list is not exhaustive and is for sample purpose only. You may have additional documentation you can provide. The documents listed here may provide evidence for multiple components		
Governance Documents	Records of Meetings, Agenda, Minutes	Service-level Agreement
Policies and Procedures	Pre-Course Information	Job/Role Descriptions
Course Material	Application/Registration Forms	Recruitment Policy and Procedures
Organisational Chart	Assessment Briefs	List of Mentors, Supervisors and their Qualifications
Details of Third-Party Relationships	Examination Details	List of Faculty, including their Qualifications
List of Internship/Clinical Placement Sites	Staff/Student Handbook	Personnel Training Records
Insurance Details	Assessment Portfolios	Course Feedback Reports
Operational Plans	Student Attendance Records	Garda Vetting Details (if applicable)
Training Venue Details	Feedback Forms	Contracts/Agreements with external personnel
Course Promotional Material	Student Portfolios (If applicable)	Personnel and Student Induction Records
Terms of Reference for Sub-groups	RPL Records (if applicable)	Codes of Conduct
Data Reports, Certification Rates, Grade Analysis, Completion Rates, Satisfaction Rates, etc	Student Workbooks	Accident Reports
Incident Reports	Complaints forms	Quality Improvement Plan

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Financial Reports	Annual Reports	Risk Assessment
Risk Register	Faculty Observation Form	Resource Checklist

2.2.2 Providing Comments

These should be:

1. Brief

2. Relevant to the component

3. Provide a rationale for your rating

2.2.3 Compliance Rating and Level

The Compliance Ratings (CRs) are designed to establish a baseline, measure ongoing progress and encourage CQI. Ratings are given on a five-point scale (0-4) against each component. To calculate the overall Compliance Level (CL) for the relevant quality standard:

1. Add the CR for each component of the QS to get a total number.

2. Divide the total number by the number of applicable components to get the average.

Example: Total CR for applicable components = 6 ÷ 3 components = an average of 2 = CL of Moderately Met

Rating	Level	Descriptor
N/A	Not Applicable – N/A	The standard is not applicable.
0 – 0.99	Not Met – NM	No evidence of compliance in the organisation.
1 – 1.99	Minimally Met – MNM	Evidence of a low degree of organisation wide compliance.
2 – 2.99	Moderately Met – MDM	Evidence of a moderate degree of organisation wide compliance.
3 – 3.99	Substantively Met – SM	Substantive evidence of organisation wide compliance.
4	Fully Met – FM	Evidence of full compliance across the organisation.

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Theme 4: Course, Development, Delivery and Review		
QS4.1: Course Development and Approval – A systematic approach is taken to course development and approval.		
Component	**Evidence**	
	RI	**ATI – Delivering CFR**
4.1.1 Does the institution have a course development, delivery and review policy?	• Course development, delivery and review policy and procedures	• n/a
4.1.2 Does the institution have a documented procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards?	• Course development/amendment procedure	• Course development/amendment procedure
4.1.3 Does course development reflect PHECC requirements?	• Course delivery material: presentations, handouts, etc	• Course delivery material: presentations, handouts, etc
4.1.4 Does course development: a) Demonstrate an appropriate balance between theory and practice b) Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate c) Promote a commitment to self-directed learning, as appropriate?	• Lesson plans • Course schedule • Student handbook • Course material • Student feedback forms	• Course outline • Course timetable • Student feedback forms

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3. The Self-Assessment Report

3.1 Theme One: Organisational Structure and Management

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

Component		Evidence	Comments	CR
1.1.1	Is it clear what constitutes governance in the institution? (appropriate to its needs, size and complexity) - Does the organisational chart clearly reflect the institution's current structure and how that structure supports education and training activities? - Does it clearly indicate who has overall responsibility for education and training governance, and any delegated responsibilities?	Organisational Chart OC-002 in place. Available on Zoho for all staff to access.	Organisational chart OC-002 illustrates the governance systems being implemented and reflects how the current structure supports education and training activities. Responsibility cascades from the Managing Director to the Quality Group and Training Manager, to the Academic Council.	3
1.1.2	Are there procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight of: - Course approval/amendment - Results approval - Self-assessment? Is there up-to-date evidence of these activities taking place?	Academic Council Programme Review Development Committee Results Approval Panel Annual Quality Report	Academic Council aims to meet quarterly. Programme Review Development Committee aims to meet quarterly. Results Approval Panel meet in advance of each certification date and at a minimum of 6 times per year. The annual Quality Report consolidates areas of effective practice and addresses areas requiring improvement.	3
1.1.3	Are there terms of reference/role descriptions for all sub-groups/individuals carrying out oversight activities?	TOR 001 Academic Council	Terms of Reference for Academic Council, Programme Review Development Committee and Results Approval Panel in place.	3

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		TOR 002 Programme Review Development Committee TOR 005 Results Approval Panel		
1.1.4	Are there documented role descriptions for all activities associated with education and training? - Administration - Internal Verification - Instructor - Assistant Tutor - Tutor - Facilitator This is not an exhaustive list. Additional roles may be unique to each institution.	Training Centre Role Descriptions Aug 2024	Role Descriptions developed and defined for individuals involved in the Training Centre.	3
1.1.5	Are there procedures in place for identifying, assessing and managing risk? Is there evidence of these activities taking place?	Risk Register AF 050 Rev 5 Process Training – risk 45 AC meeting minutes.	Company Risk Register includes risks associated with education and training. Ref Risk No. 45. Academic council meetings include identification of risks.	3

Total CR	15	Average CR	4	Compliance Level	SM

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

Component		Evidence	Comments	CR
1.2.1	Is there evidence that the institution is an established legal entity that a) provides education and training as a principal function *or* b) provides PHECC education and training standards?	Tax clearance certificate	Institution is an established legal entity.	4
1.2.2	Are all tasks (from student entry to exit) associated with education and training documented?	FC 25 Learner Experience Flow Chart Rev 1. TCH 001 Training Centre Handbook - available on website at https://occupli.com/ under Policies and Procedures at https://occupli.com/policies-and-procedures/ LH 001 Learner Handbook - also available on website at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf	Training Centre Handbook TCH 001 and Learner Handbook LH 001 published on Occupli Limited website. Learner handbook contains learner experience flowchart. Link to learner handbook can be issued with booking confirmation email.	3

1.2.3	Is there evidence that the institution maintains up-to-date student records?
	  - Contact details
	  - Supports
	  - Attendance
	  - Completion
	  - Assessment
	  - Certification
	  - Progression to other courses
		A number of courses are randomly checked as part of quarterly ISO audits
		
		ISO audit reports provide evidence that the system is being used and up to date information is maintained
			Zoho CRM System is used to maintain up to date records. Attendance sheets, trainer and learner feedback forms saved under course name on Zoho, also hard copies maintained. Certificates are posted to the learners and soft copies are uploaded to CRM against the specific course.	3

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1.2.4	Is there evidence that the institution maintains up-to-date records of all members of faculty? - E.g. recruitments, contracts, PHECC certification and other qualifications, courses delivered, course evaluations, professional development, CPG upskilling, etc?	AP014 Recruitment of Trainers Policy Signed Contract/SLA for trainers Gerard Collins, Donal O'Mahoney, William Hayes. PHECC Faculty Review 2024 CRM system prompts when trainer certification is due to expire - Automated email notification. Training Feedback log maintained for PHECC courses Trainer observation audit reports.	Recruitment of Trainers Policy, Training Standard and Trainer contract agreements in place. Full faculty review completed on PHECC website versus Occupli Limited internal records and systems updated. PHECC faculty review template set up and monitored on a regular basis. Audit schedule in place for trainer observation. Feedback log set up and monitored.	3
1.2.5	Is a policy, associated procedures and supporting documents in place for data protection that meet legislative requirements? - Does the policy reflect current practice? - Do those involved in education and training activities understand what it means for their role?	Trainer contracts include data protection agreement (DPA) section. Training on GDPR conducted with staff – evidence on viewed on electronic training platform Data protection statements on website	Policies in place for data protection. Project completed with external consultants.	2
1.2.6	Where there is an affiliation/partnership with another institution or higher education authority, is there - A memorandum of understanding - A joint working group - An agreement outlining responsibilities for delivery, assessment and quality assurance?	Training Standard TOR 004 – Gerard Collins, Donal O'Mahoney, William Hayes.	All trainers delivering PHECC training on behalf of Occupli Limited are individually listed on PHECC faculty listing. Contracts in place for all trainers outlining responsibilities for delivery, assessment and quality assurance.	3
1.2.7	Is there evidence to demonstrate that the institution is in good financial standing (e.g. tax clearance certificate, etc)?	Yes, Tax Clearance Certificate available to upload.	Institution is in good financial standing.	4
1.2.8	Is there written confirmation that adequate insurance cover is in place to cover all education and training activities?	Yes, Insurance Cover available to upload.	Insurance cover is in place to cover all education and training activities	4

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1.2.9	Is the institution sufficiently resourced (finance and human) to carry out all quality assurance activities?	OC 003 Occupli Limited Training Dept. Organisational Chart Training Centre Roles 2023/2024 Available on Zoho for all employees.	New Quality Coordinator & Training Manager appointed in Jan 2024 to assist the Quality and Training team in further enhancing the management of QA (quality assurance) in training delivery and assessment. Resourcing under continual review as part of Quality Improvement Plan.	3
1.2.10	Is there a complaints policy and associated procedures relevant to all stakeholders, and are all stakeholders made aware of it?	Annual management review meeting provides evidence that complaints are being reported, investigated and discussed.	Training Centre Handbook and learner handbook published on website provides information to learners on policies and procedures including complaints. SOP004 in place – use of Zoho for reporting and investigating complaints	3
1.2.11	Is there a policy, associated procedures and supporting documents in place to ensure the institution is meeting its obligations under the Child and Vulnerable Persons ?	No policy or procedures in place, primarily deal with adults (18+) for all courses Received a letter from An Garda Siochana	Under 18s have not been on a course provided by Occupli Limited, trainees are typically from Industry. Query sent to PHECC to clarify if this is a relevant requirement – ref last letter received from An Garda Siochana regarding vetting.	n/a

Total CR	30	Average CR	2.72	Compliance Level	SM

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

Component		Evidence	Comments	CR
1.3.1	Is there a CQI/Quality policy and associated procedures that states the institution's commitment to systematic monitoring, annual self-assessment and quality improvement?	AP019 Self-evaluation policy in place. Annual Quality Report 2023 Quality Improvement Plan is live document and updated quarterly – last update in Jan 2024 Audit schedule and associated reports demonstrates systematic monitoring in place Monthly Quality co-ordination meetings held for training related activities	The annual Quality Report consolidates areas of effective practice and addresses areas requiring improvement. Actions from the Quality Report are included in the quality improvement plan with clearly defined responsibilities and completion timeframes. Progress is monitored on a regular basis Audit schedule and associated reports demonstrates systematic monitoring in place. Monthly Quality Co-ordination meetings held for training related activities.	3
1.3.2	Is it clear who has overall responsibility for the quality assurance of PHECC-approved courses?	Role Description for Training Centre Manager. See Section 4 Management of Quality of TCH 001 Training Centre Handbook - also available on website at https://occupli.com/ under Policies and Procedures at https://occupli.com/policies-and-procedures/	Role description for Training Centre Manager page 2, specifies overall responsibility for Quality Assurance of PHECC Courses. See Section 4 Management of Quality in Training Centre Handbook.	3
1.3.3	Is there evidence that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses?	Quality Assurance in Training and training attendance sheet. Signed Training Standard for new trainers. Recruitment of Trainer Policy. Trainer Induction Quality Programme. PHECC Faculty Review 2024	Formal training completed with the team by Quality Champion. Training standard and contracts in place for external faculty. Recruitment of trainer's policy. Trainer induction programme includes a module on Quality.	3

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			PHECC faulty review template developed and includes review and approval of tutors "approved", "on probation" "do not use.	
1.3.4	Are appropriate performance indicators (KPIs) in place for monitoring all aspects of education and training? For example: - Tutor/instructor rating - % of students completing courses - Dropout rates - Grade analysis - Course satisfaction rating	Learner Feedback Dashboard image PHECC Course Reports Quality meetings	Learner feedback dashboard set up for courses delivered online through Safeware for % Learner Feedback Forms received and % Satisfaction rating from the form. PHECC Course report details feedback summary, results, actions, average score, number of candidates, failures. Report on KPIs monthly at Quality meetings based on feedback from Doc Controller.	2
1.3.5	Is it clear in the documentation how monitoring is carried out, by whom and what indicators it should be seeking? - E.g. course evaluation forms reviewed by senior management after each course to monitor course rating and tutor/instructor rating	Audit schedule and QA coordination meeting minutes	Training centre handbook and role descriptions clearly sets out responsibilities for monitoring – for example document controller role, quality coordinator roles Audit schedule includes Trainer observation audits Monthly quality co-ordination meeting agenda.	3
1.3.6	Is there up-to-date evidence of the systematic collection, analysis and use of student, faculty and other stakeholder feedback? - Course content - Delivery - Teaching style - Learning resources - Assessment - Provision of information - Support This list is not exhaustive.	PHECC course reports Academic Council Meeting Quality meetings	Document controller reviews and collates data from learner and tutor feedback forms and completes a monthly course report which includes details of feedback summary, results, actions, number of courses, number of candidates, trainers. This information is discussed at the RAP meeting. Trainer and Learner Voice included in Academic Council	3

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			Academic Council Meeting minutes.	
1.3.7	Is there up-to-date evidence of the systematic collection and analysis of: - Student participation - Success (grade analysis) - Progression?	PHECC course reports RAP Meeting Minutes Annual quality report 2023	Document controller reviews and collates data from learner and tutor feedback forms and completes a monthly course report which includes details of feedback summary, results, actions, number of courses, number of candidates, trainers. This information is discussed at the RAP meeting. Annual Quality Report includes statistics on student participation and success.	3
1.3.8	Is there up-to-date evidence of the systematic review of learning resources and locations?	AF 005 Internal Audit Schedule 2024 Completed AF 008 Place Audit Dublin Completed AF 009 Place Audit Cork	Internal audit schedule in place. Place Audits are completed quarterly for Dublin and Cork venues.	3
1.3.9	Is there up-to-date evidence of the systematic review of policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation?	DIR 001 Register Audit reports	DIR 001 Directory of documented information including review cycle in place- minimum review frequency is every 3 years Audits take place quarterly as part of ISO accreditation – check that SOPs are reflective of current practice	3
1.3.10	Is there up-to-date evidence of quality improvement planning and implementation?	QIP Jan 2024 Annual Quality Report 2023	QIP in place and is a live document that is reviewed quarterly by Quality and Training Manager with progress updates documented. The annual Quality Report consolidates areas of effective practice and addresses areas requiring improvement. Actions from the Quality Report are included in the quality improvement plan with clearly defined	4

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				responsibilities and completion timeframes. Progress is monitored on a regular basis.	

Total CR	30		**Average CR**	3	**Compliance Level**	SM

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

Component		**Evidence**	**Comments**	**CR**
1.4.1	Is there up-to-date evidence of internal reporting at all levels in the institution?	FC26 reporting sequencing, responsibilities and procedures. SOP018 Results Authentication procedure FC 24 Results Approval Flow chart	Flow chart of reporting sequencing, responsibilities and procedures developed when and how the necessary forms/reports are completed, by whom and what the next steps are.	3
1.4.2	Is responsibility for all tasks (from student entry to exit) associated with education and training clearly allocated and linked to relevant KPIs?	FC 25 Learner Experience Flow Chart Learner Feedback Dashboard image Staff annual performance reviews on Zoho	FC 25 Learner Experience flow chart is included in the learner handbook and documents the responsibilities at each stage of the training process. Responsibilities also defined in role descriptions. Linked to annual performance goals. KPIs also in place for % Learner feedback forms returned and % Learner Satisfaction	2
1.4.3	Is there a procedure in place to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC?	Job Description outlines roles & responsibilities	It is the role of Training Administrators to ensure that these are completed, overseen by Quality/Training manager.	2

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1.4.4	Are prospective students provided with sufficient information to make an informed choice about course participation?	LH 001 Learner Handbook available on website at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf	Learner handbook published on the website. Includes links to PHECC website in the learner handbook	3
1.4.5	Are the general public made aware of any third-party relationships related to PHECC-approved courses and the responsibilities of those involved?	PHECC Faculty Review Signed Training Standards and Contracts for AP014 Recruitment of trainer's policy	Currently no third-party relationships related to PHECC-approved courses. PHECC faculty review in place and monitored on a regular basis. Training standard and trainer contract agreements in place stating standards expected. Recruitment of Trainers Policy	3
1.4.6	Is information about the institution's quality assurance system and external reviews made available to the public in an easily accessible format?	LH 001 Learner Handbook - available on website at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf Training Centre Handbook - also available on website at https://occupli.com/ under Policies and Procedures at https://occupli.com/policies-and-procedures/	Information about the institution's quality assurance system available is in an easily accessible format on the website.	3
1.4.7	Are there procedures in place to provide other stakeholders (internship sites, employers, etc) with information and to obtain information from them (feedback, updates, etc)?	AP 010 Communications Policy Rev 5 Feedback Log	Communications policy includes information on how we give information to other stakeholders and how we obtain feedback. Feedback log set up and monitored monthly.	3

Total CR	19	**Average CR**	2.71	**Compliance Level**	MDM

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3.2 Theme Two: The Learning Environment

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

Component		Evidence	Comments	CR
2.1.1	Is there evidence that the institution has a policy, associated procedures and supporting documents to demonstrate compliance with its safety, health and welfare at work legislative obligations?	AP 044 Occupational Health & Safety Policy SS 03 Company Safety Statement	Occupational Health & Safety Policy in place. Company Safety Statement demonstrates compliance with safety, health and welfare at work legislative obligations.	4
2.1.2	Is there evidence to demonstrate that appropriate training premises are selected and used to deliver PHECC-approved courses?	TCH 001 Training Centre Handbook - available on website at https://occupli.com/ under Policies and Procedures at https://occupli.com/policies-and-procedures/ Internal Audit Schedule 2023 AF 008 Place Audit Dublin April 2023 AF 009 Place Audit Cork April 2023 AF 002 Approved venues register – checked and verified	Training centre handbook Section 10.4 - Selection criteria defined. Audit schedule 2023 showing plant and place audits for Occupli Limited venues i.e.: Dublin, Cork and FRTC Place audits are carried out on Occupli Limited venues as per audit schedule. External venues are on the vendor approval list. Approved venues register in place and updated yearly	3
2.1.3	Are there documented selection criteria and a checklist for external premises to be used for course delivery?	TCH 001 Training Centre Handbook - available on website at https://occupli.com/ under Policies and Procedures at https://occupli.com/policies-and-procedures/ AF 002 Approved venues register is up to date	Training centre handbook Section 10.4 pg 41 - Selection criteria defined External venues are on the vendor approval list Approved venue registers in place an updated yearly	3
2.1.4	Is there evidence that appropriate equipment/resources are available and have been used for each course?	Training Standards and Contracts for Gerard Collins, Donal O'Mahoney, William Hayes.	Clear requirement in training standard and trainer contracts that trainers are required to maintain their own equipment and provide evidence upon request.	3

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		Completed AF 052 Trainer Observation form	The right to conduct random spot checks also included in the terms of the contract. point 2.3 Trainer observation form AF052 updated and includes spot checks on equipment and maintenance records on question 18. "18. If equipment was being used (i.e. for PHECC courses) were equipment and bandages in good condition and did the trainer have documentation to prove that it had been cleaned?"	
2.1.5	Is there a system in place to regularly maintain and update equipment, and evidence that this is done?	Training Standards and Contracts for Gerard Collins, Donal O'Mahoney, William Hayes. AF052 Training observation for trainers.	Trainers are required to maintain their own equipment and provide evidence upon request. Requirement to maintain equipment included in training standard and in contract i.e. points 1.3.5, 1.3.6, 1.3.7. Trainer observation form AF052 includes spot checks on equipment maintenance records.	3
2.1.6	Is there evidence that all resources used for courses are fit for purpose and accessible?	Training Standards and Contracts for Gerard Collins, Donal O'Mahoney, William Hayes. See Cleaning of Equipment Record	Trainers are required to maintain their own equipment and provide evidence upon request. Requirement to maintain equipment included in training standard and in contract i.e. points 1.3.5, 1.3.6, 1.3.7. Cleaning of Equipment Record is completed by trainers and is their responsibility to complete the checks, maintain records of checks. Trainer observation form AF052 updated and includes spot checks on equipment and maintenance records.	3

Total CR	19	**Average CR**	3.16	**Compliance Level**	SM

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QS2.2 Student Support	– A positive, encouraging, safe, supportive and challenging environment is provided for students.			
Component		**Evidence**	**Comments**	**CR**
2.2.1	Can the institution demonstrate that students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative, technical and clinical staff, appropriate to the level of the course?	Training Centre Roles August 2022 FC 25 Learner Flow Chart	Role descriptions include responsibility for provision of supports to both learners and tutors Learner flow chart developed and included in section 4 of the learner handbook.	3
2.2.2	Is there evidence that students are made aware of the supports available to them before, during and after their course?	FC 25 Learner Flow Chart Rev 1 viewed. LH001 Learner Handbook Section 4 – Learner supports viewed. Booking confirmation template viewed showing link to learner handbook. AP021 Support for learners' policy. Page 4 of file named 2.2.7 resources available to learner's summary viewed.	Learner flow chart illustrates the supports in place and included in pg 26 of the learner handbook. Learner handbook published on website and link can also be included in booking confirmation email that is sent. AP 021 Support for Learners Policy in place. Course programme includes section on Additional information on learner supports and email link	3
2.2.3	Can the institution demonstrate that it maintains appropriate tutor/ instructor-to-student ratios, in keeping with PHECC's course approval criteria?	Attendance sheet for PHECC FAR course viewed.	Attendance sheets with daily sign in for each learner. Bookings stopped when no places available on course. Tutor: learner ratios is never more than 8 learners for FAR and 6 for CFR	3
2.2.4	Are there opportunities provided for students to meet individually and collectively with faculty and/or management?	TOR 001 Terms of reference for Academic council Academic Council Meeting Minutes	Leaner and trainer voice included on the academic council - TOR001 page 1 section 2 (ii) to attend academic council meetings so that learner and trainer (external faculty) voice will be heard.	3
2.2.5	Are there procedures to obtain information from potential and existing students of any additional support needs they may have?	AF055 Request for reasonable accommodation Rev 0	Request for reasonable accommodation form in place.	2

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2.2.6	Are there mechanisms in place to provide reasonable accommodation for students with additional support needs?	Section 4 page 19 Learner Supports - https://www.cmse.ie/cmse-training-learner-handbook/	Learner handbook on website providing information to learners on supports that are available	3
2.2.7	Are sufficient up-to-date resources (appropriate to the level of the course) made available to students in a variety of formats? (hard copy, online, library, etc)	2.2.7 resources available to learner's summary	Course programme includes section on Additional information on learner supports and email link - see page 4 of file named 2.2.7 resources available to learner's summary	2

Total CR	19	**Average CR**	2.71	**Compliance Level**	MDM

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QS2.3: Equality and Diversity – There is a commitment to provide equal opportunities for students and personnel in compliance with relevant equality legislation.				
Component		**Evidence**	**Comments**	**CR**
2.3.1	Does the institution have an equality and diversity policy, and associated procedures?	AP 034 Equality & Diversity Policy	AP 034 Equality and Diversity Policy in place and includes specific reference to trainers.	4
2.3.2	Are all relevant policies and procedures legislatively compliant and do they promote equality? I.e. staff recruitment, development and management.	AP 034 Equality & Diversity Policy	AP 034 Equality and Diversity Policy is legislatively compliant and promotes equality and includes specific reference to trainers.	3
2.3.3	Is there evidence that students, faculty and other stakeholders have been made aware of the policy and procedures?	TCH 001 Training Centre Handbook - available on website at at https://occupli.com/ under Policies and Procedures at https://occupli.com/policies-and-procedures/ section 10.1 Facilitating Diversity LH 001 Learner Handbook - available on website at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf	Training Centre handbook and Learner handbooks published on website. Training centre handbook published to staff and faculty members via Zoho and email	3
2.3.4	Does the institution have codes of conduct for staff, faculty and other stakeholders?	TOR004 Training Standard Rev 1 sign off Section 3 of LH 001 Learner Handbook - also available on website https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf Training Centre Roles April 2023	Introduced code of conduct in the form of Training standard TOR004 for faculty members. Training Centre Roles include core competencies for all staff. Learner handbook Section 3.2 page 17 contains Learner charter.	3
2.3.5	Is there evidence that faculty are provided with up-to-date information and training on equality and diversity?	Equality and diversity training progress report	All staff and faculty have received training on equality and diversity via Safeware and ongoing monitoring of progress.	3

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2.3.6	Does course delivery accommodate the cultural backgrounds and different learning styles of students?	AF 055 Reasonable Accommodation Request Form Rev 0 2.2.7 resources available to learner's summary	Request for reasonable accommodation form Course programme includes section on Additional information on learner supports and email link to request reasonable accommodation - see page 4 of file named 2.2.7 resources available to learner's summary	3

Total CR	19	**Average CR**	3.16	**Compliance Level**	SM

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	QS2.4 Internship/Clinical Placement – Internship/clinical placement sites are appropriate to course content and the learning outcomes to be achieved (NQEMT courses only).			
Component		**Evidence**	**Comments**	**CR**
2.4.1	Is there a documented MOU/agreement in place between the institution and internship/clinical placement site(s)?	N/A	N/A	Click to enter text
2.4.2	Does the MOU/agreement between the institution and internship/clinical placement site: a) Outline the commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience? b) Provide details of the responsibilities of both in relation to quality assurance? c) Detail academic liaison and engagement to support practice-based learning?	N/A	N/A	Click to enter text
2.4.3	Is there evidence that all internship/clinical placement sites have been assessed and audited to ensure their suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval?	N/A	N/A	Click to enter text
2.4.4	Before using a new internship/clinical placement site, has verification of the completed assessment/audit endorsed by the institution been submitted to PHECC?	N/A	N/A	Click to enter text

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2.4.5	Can the institution demonstrate that only PHECC-approved internship sites are used for placement?	N/A	N/A	Click to enter text
2.4.6	Are there documented selection criteria for internship/clinical placement sites?	N/A	N/A	Click to enter text
2.4.7	Does the internship/clinical placement site(s) provide students with appropriate learning environments to support the development and achievement of their competencies?	N/A	N/A	Click to enter text
2.4.8	Are the systems in place for students to raise concerns about their placement? Is there a formal structure in place between the institution and internship/clinical placement site to follow up and resolve any student and preceptor concerns?	N/A	N/A	Click to enter text
2.4.9	Is a fair and transparent system in place for student placement?	N/A	N/A	Click to enter text
2.4.10	Is there a sufficient number of mentors and preceptors (clinical supervisor) in place with each internship site?	N/A	N/A	Click to enter text

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2.4.11	Are learning outcomes to be achieved during the internship/clinical placement period documented?	N/A	N/A	Click to enter text
2.4.12	Is a schedule and procedure in place for monitoring visits to internship/clinical placement sites?	N/A	N/A	Click to enter text
2.4.13	Is there evidence that appropriate documentation is in place to record student activities during their internship?	N/A	N/A	Click to enter text
2.4.14	Is an accurate and up-to-date record of student internship/clinical placement activities maintained by the student and made available for internal and external review (Learning Portfolio)?	N/A	N/A	Click to enter text

Total CR	N/A	Average CR	N/A	Compliance Level	N/A

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3.3 Theme Three: Human Resource (HR) Management

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

Component		Evidence	Comments	CR
3.1.1	Is there evidence of a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities?	AP 014 recruitment of trainer's policy TOR 004 Training Standard Signed contract & Training charter Trainer Induction Quality Programme PHECC faculty review 2024	Recruitment of trainer's policy in place Training standard and contracts in place for external faculty Trainer induction programme updated – found on Safeware PHECC faulty review template in place includes review of certification	4
3.1.2	Is a minimum standard in place for the academic and subject matter experience of: - Faculty (facilitators, tutors, assistant tutors, instructors etc) - Visiting subject experts - Internship/clinical placement mentors and preceptors (clinical supervisors)?	Training centre role descriptions 2023	Training centre role descriptions in place for staff	3
3.1.3	Can the institution demonstrate that it has adequate numbers of personnel in place to: - Meet the current and projected demand for its service - Carry out the activities described in its policies and procedures - Maintain PHECC requirements for course approval - Systematically organise, deliver and monitor the quality of courses and awards - Ensure full compliance with the QRF?	Training centre role descriptions 2024 Quality in Training presentation Quality in Training Attendance sheet	Training centre role descriptions in place. A new Quality Coordinator role reporting to the Quality/Training Manager was introduced in Jan '24. Resource needs for the training centre is continually being monitored and is the responsibility of the training centre manager.	3

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			Training on quality assurance for PHECC presentation by Quality Champion. Formal internal training commenced with the training team and is a continuing process. Ongoing training of staff as required – action in QIP, CPD day planned.	
3.1.4	Does the composition of the institution's personnel meet PHECC education and training standards for each course on offer?	QA & Training dept team remain up to date with any new standards	Training of personnel versus PHECC requirements reviewed and added to their L&D needs. QA & Training dept team remain up to date with any new standards etc and synopsis of any relevant information is formally relayed to relevant persons.	2
3.1.5	Is there evidence that all personnel involved in administering and delivering PHECC-approved courses: - Have been made aware of their quality assurance responsibilities - Are carrying out those activities consistently?	Completed Peer Review – Louise Dennison. Completed AF 052 Trainer Observation Form. QA Co-ordinator Meeting Minutes - Peer Reviews & Trainer Observation Audits Section	Structures in place including regular quality meetings, audits and self monitoring activities. Training of personnel versus PHECC requirements reviewed and added to their L&D needs for 2021. QA & Training dept team remain up to date with any new standards etc and synopsis of any relevant information is formally relayed to relevant persons. Peer Reviews are completed for new trainers onboarded. Trainer Observations are carried out on trainers. Any issues from trainer observation or peer review audits are discussed at the monthly Quality meetings.	2
3.1.6	Is there evidence that the institution is meeting its obligations under the Children and Vulnerable Persons Act 2012? - Policy and procedures in place - Garda Vetting policy and procedures, if required	No policy or procedures in place, primarily deal with adults (18+) for all courses Received a letter from An Garda Siochana stating requirements are not applicable to activities being carried out.	Under 18s have not been on a course provided by Occupli Limited, trainees are typically from Industry. Query sent to PHECC to clarify if this is a relevant requirement – ref letter received from An Garda Siochana regarding vetting.	n/a

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3.1.7	Is there a written job description specific to each position in the institution?	Training centre role descriptions August 2022	Training Centre Role descriptions in place.	3
3.1.8	Have all personnel been issued with a written statement of terms of employment/engagement?	AP 014 Recruitment of Trainers TOR 004 Training Standard Signed contract and training standard	Recruitment of trainers policy in place Training standard and contracts in place for contracted trainers.	4

Total CR	19	**Average CR**	2.37	**Compliance Level**	MDM

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	QS3.2: Personnel Development – The institution has a systematic approach to supporting and developing all personnel, ensuring they have the competencies required to deliver high quality education and training.			
Component		**Evidence**	**Comments**	**CR**
3.2.1	Is there a documented procedure to identify the training/upskilling needs of all personnel?	SOP 006 Performance, Training and Competency Rev 5	SOP 006 includes performance reviews of contracted trainers	3
3.2.2	Can the institution demonstrate that: a) It has a documented induction programme for all personnel b) The induction is consistent and appropriate to the relevant role c) All personnel have attended induction d) The induction clearly outlines responsibility for the quality assurance of PHECC-approved courses?	AP 014 Recruitment of Trainers AF 086 Induction Checklist for Trainers General Occupli Limited Induction Evidence and responsibilities for PHECC approved courses	Recruitment of trainer's policy includes onboarding process, induction training, quality expectations and induction refresher. Induction checklist specific to Trainers in place. There is a documented general Occupli Limited induction completed for all internal staff and external faculty on Safeware. Induction includes responsibilities for PHECC approved courses.	3
3.2.3	Is there evidence of a training and development plan/programme which details how the institution meets the support and development needs of relevant personnel?	SOP 006 Performance, Training and competency Rev 5 PHECC Faculty Review TOR 004 Training Standard Sign Off Peer reviews.	Review of trainers set up and includes feedback and findings from observations and peer reviews - see PHECC faculty review. Training standard includes "Maintain all relevant qualifications and certification required to be eligible to deliver training". Performance Reviews takes place for new trainers onboarded.	3
3.2.4	Is there evidence that support and development/upskilling has taken place?	Microsoft Teams Email Occupli Limited Communication to all Trainers Email. CPD evening workshop by Ger Doyle July 2024	Email - MS Teams - sent to trainers for training on MS teams as part of CPD for faculty delivering blended/online training. Email - communication to all trainers - sent to trainers informing them of requirement to	2

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		Email – Training Centre Role Descriptions	refresh induction training annually, peer reviews and trainer rep and other changes introduced. Includes distribution of the learner handbook and supports for learners.	
		Training department training register.	Role descriptions for training centre developed and circulated to all training centre employees.	
		Email from HR manager on status of training admin appraisals	Training department training register - training and completion of electronic signatures for all documents currently available to access on Zoho	
			Annual reviews take place for staff which includes support and development and identification of additional upskilling needs for their roles for learners.	
3.2.5	Is there evidence that practitioner upskilling has taken place within 18 months of new CPG publication?	Bulletins posted to ZOHO Connect PHECC Trainers Page	A number of bulletins were posted to ZOHO Connect PHECC Trainers page regarding updates to CPG publication.	3
3.2.6	Are there mechanisms in place for faculty to request support for training/upskilling and to achieve additional qualifications?	Completed Peer reviews for Louise Dennison/Eddie O'Hara Training Standard sign Off AP 014 Recruitment of Trainers Policy	Performance review process for all trainers which will includes identification of needs. Upskilling of external trainers is their own responsibility. SLA/contract and Training standard states the following requirement "Maintain all relevant qualifications and certification required to be eligible to deliver training". Recruitment of trainer's policy includes education assistance may be provided by exception if specific need is identified within the organisation.	2

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3.2.7	Is a formalised support and supervision and annual appraisal system in place?	OC 002 CMSE 02 Organisation Chart

Academic Council Meeting Minutes | Trainer rep appointed and trainer rep attends Academic council.

Performance review process for all trainers. | 2 |
| **3.2.8** | Can the institution demonstrate that personnel have completed training/upskilling relevant to their role?
- Manual Handling
- Patient Handling
- Infection Prevention and Control
- Train the Trainer
This list is not exhaustive. The institution may have training/upskilling requirements unique to its services. | Email – Training Centre Role Descriptions

Training department training register April 2021 | Role descriptions for training centre developed and circulated to all training centre employees.

Email from training team lead accepting role description and confirming that she will go through the details at the one-to-one meetings with the team in May.

Training department training register - Training and completion of electronic signatures for all documents currently available to access on Zoho | 2 |

Total CR	20	**Average CR**	2.5	**Compliance Level**	MDM

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	QS3.3: Personnel Management – A systematic approach is taken to managing all individuals and groups engaged in education and training activities.			
Component		**Evidence**	**Comments**	**CR**
3.3.1	Does the institution have systems in place for regular and appropriate communication between faculty and management?	3 - Academic council meeting Email – Occupli Limited communication to all trainers - sent to trainers informing them of trainer rep. AP010 Communication policy - new section highlighted	Communications policy updated to include new section on external communications and reference to trainer representative.	3
3.3.2	Is there evidence that faculty provide feedback during and after their course? - Course reports	QA meetings.	Quality meetings take place to enhance communication with faculty.	3
3.3.3	2 Is there a system in place that ensures that only personnel with valid certification deliver PHECC-approved courses?	PHECC Faculty Review Trainer Skills Expiry Email Audit Schedule 2024	Process for review of trainers, their certification, and performance and feedback set up and is reviewed monthly prior to QA co-ordination meeting - see PHECC faculty review. CRM system updated with details and CRM system will not allow a trainer to be scheduled if certification is out of date Trainer Skills Expiry notification set up to alert when trainer skills are due to expire. Annual review of all trainers to internal audit schedule to ensure this review is completed on an annual basis.	2
3.3.4	Is there evidence that the activities of faculty and visiting subject experts are systematically monitored through: a) Observation b) Analysis of relevant documentation?	Register of trainer observations QA meetings. Trainer Observations Peer Reviews	Trainer observations being carried out monthly - see register of trainer observations, requirement to report on findings added to QA meetings	3

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			Peer Reviews are completed for new trainers or trainers where there is a concern highlighted or negative feedback obtained	
3.3.5	Are procedures in place for dealing with poor and unacceptable performance of faculty?	Audit Schedule 2024 SOP006 Performance training and Competency procedure Appraisal Status email	Annual review of all trainers to internal audit schedule to ensure this review is completed on an annual basis. Audit schedule updated to include monthly trainer observation audits SOP006 Performance training and Competency procedure updated to include contracted trainers (external faculty) Email from HR manager on status of training admin team appraisals	3
3.3.6	Can the institution demonstrate that it has appropriate HR policies and procedures in place to meet its legislative obligations?	An audit is completed yearly by HR	Institution has appropriate HR Policies and Procedures in place to meet its legislative obligations.	3
Total CR	17	**Average CR**	2.8	**Compliance Level**	MDM

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

Component		Evidence	Comments	CR
3.4.1	Does the institution have a collaborative provision policy and associated procedures in place that: - Clearly states that the institution retains full control and responsibility for academic decisions and quality assurance - Clearly states that the institution is responsible for activities carried out in its name - Outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC-approved courses - Clearly details the responsibilities of each party for the quality assurance of PHECC-approved courses?	AP014 Recruitment of trainer's policy Signed Training Standards and Contracts	Recruitment of trainer's policy developed, including training standard, requirement to refresh induction annually. Peer review for new trainers or trainers where there is a concern highlighted or negative feedback obtained	3
3.4.2	Can the institution demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty? Is there evidence of these activities taking place?	Email "communication to trainers" Peer Reviews	Any issues identified are raised as a CAR as per SOP004 and to be brought to the attention of the trainer without undue delay - records of communications are maintained	3
3.4.3	Is a written and signed contract in place?	Signed Training Standards and Contracts	Training standard introduced and trainer contract agreements put in place.	Click to enter text
3.4.4	Does the institution maintain an up-to-date record of every member of contracted faculty, including: - their PHECC certification - Qualifications - Course delivery details - CPC?	PHECC Faculty Review 2024	Full faculty review completed on PHECC website versus Occupli Limited internal records and systems updated. PHECC faculty review template set up with categorisation "approved" "on probation" "do not use" and is being monitored on a regular basis.	3
3.4.5	Are contracted faculty details submitted to PHECC?	PHECC Faculty Review 2024	Full faculty review completed on PHECC Trainer Faculty Form versus Occupli Limited internal records	3

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				and systems updated in May 2022 an to be submitted to PHECC. PHECC faculty review template set up with categorisation "approved" "on probation" "do not use" and is being monitored on a regular basis.	
3.4.6	Is there evidence of agreed quality assurance standards between all parties involved?		Signed Training Standards and Contracts.	Training standard introduced and trainer contract agreements put in place.	3
3.4.7	Does the institution have evidence that: - It receives regular reports of contracted faculty education and training activities - These reports are analysed - Any actions arising from the analysis have been taken?		Feedback log QA Co-ordination meeting minutes Peer Reviews completed	Feedback log set up and monitored monthly at QA Meeting. Completed Peer Reviews	3

Total CR	21	**Average CR**	3	**Compliance Level**	SM

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3.4 Theme Four: Course Development, Delivery and Review

QS4.1: Course Development and Approval – A systematic approach is taken to course development and approval.

Component		Evidence	Comments	CR
4.1.1	Does the institution have a course development, delivery and review policy?	TOR 002 Programme Review Development Committee FC 06 Programme Review Development Committee Flow Chat FC23 Program Review Flow Chart FC 06 Description	Policy for programme review and development introduced, in line with TOR for Programme Review Development Committee, process flow FC06 and FC23, FC 06 Description	2
4.1.2	Does the institution have a documented procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards?	Training Centre Roles 2023/2024 Update notification evidence?	Role Descriptions for training centre updated to give more clarity on responsibilities and to ensure responsibility for course development/ amendment and updates in standards are fully defined. Training centre manager has overall responsibility for quality and for resources in the training centre including appointing of course director, internal verifier etc roles. Course Director receives update notifications and is responsible for reviewing updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.	2
4.1.3	Does course development reflect PHECC requirements?	FC 06 PRDC Flow Chart viewed. FC 06 Description viewed.	FC 06 PRDC Flow Chart and FC 06 Description describes the process by which a course programme is developed within the Occupli Limited training department and reflects PHECC requirements.	3

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4.1.4	Does course development: a) Demonstrate an appropriate balance between theory and practice b) Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate c) Promote a commitment to self-directed learning, as appropriate?	Course development flowchart Course Details	Course development must meet accrediting body standards. Course Details outline timetable and how training will be carried out	3
4.1.5	Does the development of course material include: a) Clearly outlined aims and objectives detailing competencies to be achieved by students b) Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons c) Detailed timetable, time on each topic, teaching method, tutor/instructor name, etc?	Design flowchart Course Details Submission details Timetables Lesson Plans	All elements must be included prior to submission to PHECC for approval	3
4.1.6	Is there evidence that a systematic approach is taken to course approval?	FC 06 PRDC Flow Chart. FC 06 Description.	FC 06 Description & FC 06 PRDC Flow chart details the systematic approach taken to course approval.	3

Total CR	16	**Average CR**	2.66	**Compliance Level**	MDM

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QS4.2: Course Delivery, Methods of Theoretical and Clinical Instruction – Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.				
Component		Evidence	Comments	CR
4.2.1	Is there evidence that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines?	Course Details Presentation material Assessments PRDC meeting minutes	All material and processes carried out in line with PHECC guidelines and are reviewed periodically through PRDC	3
4.2.2	Is there evidence that student induction takes place?	AF026 course attendance list Rev 11 Induction slides for revised PHECC FAR course	Induction slides introduced and AF02 course attendance list updated includes working for learners to confirm they have received induction.	3
4.2.3	Can the institution demonstrate that all courses are delivered by appropriately qualified personnel?	PHECC Faculty Review 2024 AP014 Recruitment of trainers Policy Signed Contract/SLA for trainers CRM system prompts when trainer certification is due to expire – Automated email notification Training Feedback Log Trainer observation audit report.	Completed a review of all faculty members and updated faculty listing to be sent to PHECC as part of this submission. Recruitment of Trainers Policy, Training Standard and Trainer contract agreements in place. Full faculty review completed on PHECC website versus Occupli Limited internal records and systems updated. PHECC faculty review template set up and monitored on a regular basis. Audit schedule in place for trainer observation. Feedback log set up and monitored monthly.	3
4.2.4	Are relevant instructor/tutor details recorded on course documentation?	Signed attendance sheet and trainer feedback form	Instructor details recorded on course documentation i.e. attendance sheet, instructor evaluation form, instructor course returns etc.	3
4.2.5	Is there evidence of student attendance at training?	AF026 completed attendance sheet	Attendance sheet completed by learners	3

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4.2.6	Is delivery of learning outcomes by third parties documented and monitored on a regular basis, including site visits as appropriate?	Trainer observations Course Reports Assessments	All courses monitored in the same way	3
4.2.7	Is structured one-to-one time (remediation, mentoring) available for students, and appropriate to their needs?	FC 25 Learner journey flowchart LH001 Learner handbook section 4 Learner Support also available on website at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf	Learner journey flowchart expanded to include one to one time and included in the learner handbook. Link to Learner handbook also issued with every booking confirmation email set out	3
4.2.8	*For NQEMT courses only*: Is a documented record of student activities (from the student) maintained and available for inspection by PHECC and relevant stakeholders (e.g. Learning Portfolio)?	N/A	N/A	N/A

Total CR	21	**Average CR**	2.62	**Compliance Level**	MDM

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QS4.3 Course Access, Transfer and Progression – Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.				
Component		**Evidence**	**Comments**	**CR**
4.3.1	Are there an admissions policy and procedures and/or clear entry criteria?	Slide 7 of FAR Refresher course details course pre-requisite. LH001 Learner handbook section 5.4.1 Access also available on website at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf Section 7.3 Admission, Progression and Recognition of TCH 001 Training Centre Handbook viewed - also available on website at https://occupli.com/policies-and-procedures/	FAR Refresher course details course pre-requisite. Learner handbook includes details on access and published on the website. Training centre handbook includes details on Training Centre Admission Policy.	2
4.3.2	Is information available to prospective students on course details, including: name, structure, duration, award type, fees, terms and conditions, transfer and progression opportunities, etc?	LH001 Learner handbook also available on website at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf Booking Confirmation Template with link.	Learner handbook published on website for ease of access to information's for prospective learners Learner handbook has been updated to include further details RPL, access, transfer and progression and published on the website. Learner journey flowchart expanded and included in the learner handbook. Link to Learner handbook can also issued with booking confirmation email	3
4.3.3	Is information available to students on the process for recognising prior learning (if applicable), whether through formal, non-formal or informal routes?	LH001 Learner handbook also available on website – section 5.6 Recognition of Prior Learning at https://occupli.com/wp-content/uploads/2024/07/LH-001-Learner-Handbook-Rev-2.pdf handbook/ AP-017 Recognised prior learning policy.	Learner handbook containing details on RPL published on website for ease of access for learners	3

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4.3.4	Do procedures for RPL adhere to the guidelines for each individual course in keeping with PHECC guidelines?	AP-017 Recognised Prior Learning	AP-017 details recognised prior learning accepted and is periodically reviewed.	3

Total CR	11	**Average CR**	2.75	**Compliance Level**	MDM

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

Component		Evidence	Comments	CR
4.4.1	Does the institution have documented procedures for course review?	FC 23 Programme Review Flowchart Course Review Schedule PRDC meeting minutes	FC 23 Flow Chart documents the training programme review process Course review schedule is in place and regular PRDC meetings are being carried out.	3
4.4.2	Do students have opportunities to provide feedback during and after their course?	FC25 Learner Flow Chart Rev1 viewed. AF 032 learner feedback form viewed. LH 011 Learner Handbook – Section 2.10	Learner journey flowchart illustrates communication with learners from entry to exit. Learners' complete learner feedback forms at the end of the course. Learner handbook provides detail of systems on place	3
4.4.3	Do faculty have opportunities to provide feedback during and after their course?	Trainer feedback form TOR 001 Terms of Reference of the Academic Council	Trainers complete Trainer feedback form at the end of the course.	3
4.4.4	Does the course evaluation process involve key stakeholders, including mentors, as appropriate?	Completed monthly PHECC reports	Course evaluation involves trainers	2
4.4.5	Are course evaluations documented by the tutor/instructor or course director?	Training Feedback Log 2023	Course evaluation is the responsibility of the PRDC (i.e. document controller, training centre manager, quality champion and subject matter expert)	2
4.4.6	Are areas for improvement identified and actions agreed and implemented as outlined in the course improvement plan and/or QIP?	QIP Jan 2024	New specific QIP developed in response to QRF	4
Total CR	17	Average CR	2.83	Compliance Level	MDM

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QS4.5: Assessment and Awards – Assessment of student achievement is carried out in a fair and consistent manner in line with PHECC assessment criteria.				
Component		**Evidence**	**Comments**	**CR**
4.5.1	Does the institution have an assessment policy and procedures?	SOP018 results authentication procedure viewed. IV and EA reports available. 1 – Results approval panel meetings.	Process for issuing certs revised and new results authentication process and procedure introduced.	3
4.5.2	*For NQEMT Paramedic and AP only*: Is an appropriate assessment schedule in place, which has been approved by PHECC?	N/A	N/A	N/A
4.5.3	Is there evidence that an appropriate assessment methodology is used for all courses?	Role Descriptions for training centre	Subject matter experts appointed to review assessment plans for each course and verify it is up to current PHECC standards. PHECC CFR, FAR and FAR refresher reviewed by Ger Doyle. Ger Doyle appointed course director for instructor level courses.	3
4.5.4	Is it clearly stated when PHECC assessment material is used?	LH 01 Learner Handbook Section 2.4 Examinations viewed. PHECC logo branding on assessments and course materials FAR MCQ Examination B 2018, MCQ A 2017 Candidate Answer Sheet, MCQ A B 2018 Candidate Answer Sheet, MCQ B 2018 Examiner Answer Matrix viewed. LH 001 Learner Handbook Section 1.7 Accrediting Bodies – PHECC viewed.	Reference in learner handbook 2.4 in examination section that only governing body assessment material will be used. PHECC logo branding clearly on assessments and course materials. Link on learner handbook to PHECC website section 'Exams and Candidates' learners can access CFR EFR and FAR candidate resources.	3

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4.5.5	Do students: a) Have access to the information (e.g. course material) necessary for them to participate in assessment b) Receive feedback on their assessment/results?	Link on course programme LH 001 Learner handbook – section 2 - Assessment	Link added on course programme to PHECC website section 'Exams and Candidates' so that learners can access CFR EFR and FAR candidate resources. Added to SAFEWARE platform as additional resources Learner handbook updated to include feedback of preliminary results, failure of exam communicated in writing to learner by email and includes details as to when to expect a cert.	3
4.5.6	Does the institution have procedures to adapt assessment methodologies to cater for students with additional support needs?	LH 001 Learner handbook Section 4 Learner Supports AF055 Reasonable accommodation request form available	Learner supports section expanded in Learner handbook to provide more information to learners on supports available (includes a line where practicable without compromising the integrity of the course) Provision of application form for learner to outline course they will be attending and parameters of their disability and what they may require	3
4.5.7	Is there evidence that: a) Responsibility for assessment material is designated b) Assessment materials are securely stored?	TOR 004 Training Standard viewed. Training Centre Role Descriptions 2023. AF 090 Integrity of Assessments Form viewed	Training standard (TOR 004) includes security of assessment materials. Role descriptions for training centre documented both documents include responsibilities in relation to assessment materials. REP032 QRF Self-Assessment Toolkit Uncontrolled document V3 Approved: Page 51 of 49 training team lead and Doc controller role descriptions state responsibility for integrity of assessments (pages 3 &4). Integrity of assessment form introduced. Assessments in sealed envelopes and trainer and an attendee both sign to declare that the envelope is sealed.	3

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4.5.8	Is it clear who has responsibility for managing the PHECC certification system at responder level and practitioner (NQEMT) level?	Role Descriptions for training centre April 2023	Training and Quality Manager a.k.a Centre manager - overall responsibility for Quality and appoints course director (pg 2)	2
4.5.9	Is there evidence that students are authorised to apply for NQEMT examination at the appropriate time?	N/A	N/A	N/A
4.5.10	Does the institution have a procedure for internal verification? Is there evidence that internal verification takes place?	SOP018 results authentication procedure section 7.2 IV reports available	Results Authentication procedure SOP018 in place. IV completed on PHECC courses	3
4.5.11	Does the institution have a procedure for external authentication? Is there evidence that external authentication takes place?	SOP018 results authentication procedure section 7.3 EA reports available.	Results Authentication procedure SOP018 in place. EA completed on PHECC courses; certificate not issued until results approval process completed.	3
4.5.12	Does the institution have a procedure for results approval? Is there evidence that results approval takes place?	SOP018 results authentication procedure OC-002 Occupli Limited Org Chart and TOR005 Results Approval Panel 4- Results approval panel meeting minutes	Governance structures in place includes a results approval panel.	3
4.5.13	Does the institution have a student appeals policy and procedures?	AP 092 Appeals Policy Appeals handled as customer complaints and detailed in SOP004 Non-conformances, customer complaints and corrective action management.	Appeals policy and procedure in place.	3
Total CR	32	**Average CR**	2.46	**Compliance Level**	MDM

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4.0 The Quality Improvement Plan

The QIP should include the following detail:

- the **QS Component** the improvement action is relevant to

- the **issue** to be dealt with

- the **planned activity** to address the issue

- the **individual responsible** for completing the action

- the **date** the action is to be completed

- the **status** of the activity (i.e. open or closed)

The institution is responsible for developing and maintaining a QIP. Quality improvement actions identified during systematic monitoring, self-assessment and external review should be recorded in the QIP. This will demonstrate the institution's commitment to CQI.

All improvement actions identified during the external review should be completed within 20 weeks of the on-site review. Evidence of compliance must be submitted.

The QIP should be considered as a live document, used to maintain a record of all improvement activities.

A QIP sample is provided below.

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	Quality Improvement Plan				
QS/Component	**Issue**	**Planned Activity**	**Responsibility**	**By When**	**Status (open/closed)**
1.1.1	The organisational chart does not reflect current practice.	Update the Org. Chart	Administrator	17-03-19	Open
1.1.2	Not all sub-group meetings are fully recorded.	Designate a minute taker for each sub-group meeting	TM	10-01-19	Closed
1.1.3	The training manager and administrator role descriptions are out of date.	Update the role descriptions at the next one-to-one meetings	CEO for TM TM for Admin	10-02-19	Open

Note: to complete the Quality Improvement Plan please use the template at Appendix 1

5. The Assessment Matrix

Rating	Level	Descriptor
N/A	Not Applicable – N/A	The standard is not applicable.
0 – 0.99	Not Met – NM	No evidence of compliance in the organisation.
1 – 1.99	Minimally Met – MNM	Evidence of a low degree of organisation wide compliance.
2 – 2.99	Moderately Met – MDM	Evidence of a moderate degree of organisation wide compliance.
3 – 3.99	Substantively Met – SM	Substantive evidence of organisation wide compliance.
4	Fully Met – FM	Evidence of full compliance across the organisation.

Self-Assessment Matrix	
Theme 1: Organisational Structure and Management	
Quality Area	
1.1 Governance	**Substantively Met - SM**
1.2 Management Systems and Organisational Processes	**Moderately Met - MDM**
1.3 Continuous Quality Improvement	**Substantively Met - SM**
1.4 Transparency and Accountability	**Moderately Met - MDM**
Theme 2: The Learning Environment	
2.1 Training Infrastructure	**Substantively Met - SM**
2.2 Student Support	**Moderately Met - MDM**
2.3 Equality and Diversity	**Substantively Met - SM**
2.4 Internship/Clinical Placement	**Not Applicable - N/A**
Theme 3: Human Resource Management	

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3.1	Organisational Staffing	**Moderately Met - MDM**
3.2	Personnel Development	**Moderately Met - MDM**
3.3	Personnel Management	**Moderately Met - MDM**
3.4	Collaborative Provision	**Substantively Met - SM**
Theme 4: Course Development, Delivery and Review		
4.1	Course Development and Approval	**Moderately Met - MDM**
4.2	Course Delivery – Methods of Theoretical and Clinical Instruction	**Moderately Met - MDM**
4.3	Course Access, Transfer and Progression	**Moderately Met - MDM**
4.4	Course Review	**Moderately Met - MDM**
4.5	Assessment and Awards	**Moderately Met - MDM**

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6. Self-Assessment Checklist

Self-Assessment Checklist	
Please ensure you have completed the following information before submitting your self-assessment.	
Your institution details	☒
Report details	☒
Provided evidence for all applicable components - *(Note this evidence is required only in preparation for a Quality Review, it is not required for the <u>annual renewal</u> application)*	☒
Included comments where relevant	☒
Completed the compliance rating for all applicable components	☒
Completed an overall compliance rating for each quality standard	☒
Completed the compliance level for each quality standard	☒
Included all improvement actions in the QIP	☒
Included all relevant information in the QIP	☒
Completed the Assessment Matrix	☒

Print: *(name of person completing this form)*: **Deirdre Darmody**

Company Position: Quality Coordinator   **Date:** 02/08/2024

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Appendix 1. Quality Improvement Plan Template

Quality Improvement Plan					
QS/Component	**Issue**	**Planned Activity**	**Responsibility**	**By When**	**Status (open/closed)**
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.

QS/Component	Issue	Planned Activity	Responsibility	By When	Status (open/closed)
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
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Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.

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QS/Component	Issue	Planned Activity	Responsibility	By When	Status (open/closed)
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
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Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.

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QS/Component	Issue	Planned Activity	Responsibility	By When	Status (open/closed)
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
Click to enter QS/Component	Click to enter text	Click to enter text	Click to enter text	Insert date	Choose an item.
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