



Quality Review Framework

Assessment Report

FRS Training Society Ltd

October 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 FRS Training Society Ltd, an Approved Training Institution, authorised by PHECC to deliver pre-hospital emergency care education and training in Ireland since 2018. RS Training Society Ltd is recognised by PHECC under S.I 109 of 2000 as amended by SI 575 of 2004 for the following courses:

Practitioner Level Courses

- ☐ Emergency Medical Technician
- ☐ Paramedic
- ☐ Advanced Paramedic

Responder Level Courses

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

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

2. Assessment Report Overview and Validation

Assessment Type	☒ Planned ☐ Unscheduled																
Process	☒ Desktop Review ☒ Online Management Engagement ☐ Onsite Management Engagement																
Outcome Rating Technical Weighting Applied Yes ☐ No ☒	<table border="1"> <tr> <td>No of criterion assessed</td><td>41</td></tr> <tr> <td>Maximum score available</td><td>164</td></tr> <tr> <td>63% of Max =</td><td>103</td></tr> <tr> <td colspan="2">Assessment Results</td></tr> <tr> <td>Total score achieved</td><td>121</td></tr> <tr> <td>Total score as percentage</td><td>74%</td></tr> <tr> <td colspan="2">Assessment Outcome Rating</td></tr> <tr> <td colspan="2">Moderately Acceptable</td></tr> </table>	No of criterion assessed	41	Maximum score available	164	63% of Max =	103	Assessment Results		Total score achieved	121	Total score as percentage	74%	Assessment Outcome Rating		Moderately Acceptable	
No of criterion assessed	41																
Maximum score available	164																
63% of Max =	103																
Assessment Results																	
Total score achieved	121																
Total score as percentage	74%																
Assessment Outcome Rating																	
Moderately Acceptable																	
Follow Up Action Required	☒ Continue with normal quality improvement activities ☐ Improvement notice - follow up evidence required ☐ Conditional Approval ☐ Suspension notice ☐ Delisting process initiated																
Reassessment Costs	☒ Not applicable																
Validated and Approved for Publication Director Signature Date	 17/06/2026																

3. Assessment Participants

Organisation	PHECC Assessment Team
Quality Assurance Manager	Lead Assessor
Head of Operations	Assessor
Internal Verifier	

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: review of PPPG, corporate and academic governance, risk management, systems and processes related to course content and lesson plans, venue selection, effective monitoring processes, assessment policy and processes, and data collection .

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 compliance in the organisation.
1	Minimally Met: Evidence of a low degree of organisation-wide compliance.
2	Moderately Met: Evidence of a moderate degree of organisation-wide compliance.
3	Substantively Met: Substantive evidence of organisation-wide compliance.
4	Fully Met: Evidence of full compliance across the organisation.

6. Weighting Tolerance

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

7. Outcome Rating

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

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

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

8. Assessment Findings

The following are points of note:

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

Standard 1

Effective Governance

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

Standard 1

Criterion

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☒ Moderately Met
 ☐ Substantively Met
 ☐ Fully Met

Assessment Findings

The Institution is part of a wider corporate group structure. Evidence of a variety of management, board, and academic Council governance meetings were reviewed by the Assessment Team. There are a number of Internal governance structures that support corporate governance and to maintain operations at the Institution. The Institution has a long-standing cohort of Instructors that act as its Faculty; they are mostly external to the Institution. The Assessment Team observed that while internal structures exist and are maintained accordingly, not all Instructors are contracted directly to the Institution, which is a concern. Governance related documentation is lacking reference to PHECC.

Area(s) of Good Practice

The Institution has Internal governance structures that support corporate governance.

Area(s) for Improvement

The Institution should review and establish direct governance relationships with all external Instructors who deliver training on the Institution's behalf.

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 Assessment Team acknowledges the high-quality statements produced in this area. There are defined mission and values statements that indicate a positive approach to the Institution's delivery of education and training. The Institution delivers educational content that satisfies regulatory requirements, and for ease they have elected to maintain generic Mission and Values statements that do not reference the governing bodies.

Area(s) of Good Practice

The Mission and Values statements are positive in intent and should satisfy learners of the Institution's approach to ensure an environment free from bias or discrimination.

Area(s) for Improvement

The Institution may consider the addition of information in its mission/value statement to indicate it successfully satisfies regulatory quality standards from PHECC and other governing bodies as appropriate.

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 has policies, documentation and procedures in place and communicates its governance structure to its staff and learners. Terms and condition related to course enrolment are communicated to students and other stakeholders. Policies and communications reviewed by the Assessment Team indicate processes and responsibilities involved regarding the planning and delivering of courses, however the Institution expressed an intention to review its policies to increase accessibility.

Area(s) of Good Practice

The institution communicates its governance structure to staff and learners.

Area(s) for Improvement

The Institution is advised to conduct a review of the Institution's governance related documentation, specifically addressing content and structure, with a view to simplifying the information and increasing PHECC visibility and documentation accessibility.

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 maintains a general risk register with appropriate categories of risk for an Institution. The risk management framework indicates the risk owner and mitigation actions for a variety of risks that have been identified. One risk identified by the Assessment Team related to new site checks suitability, and how some issues were only discovered after training had occurred.

Area(s) of Good Practice

The Institution maintains a general risk register with appropriate categories of risk identified.

Area(s) for Improvement

The Institution is advised to review its current risk register and consider all risks, in particular risk related to control of external Faculty and new site/venue suitability, and the clarity of policy and process related documentation.

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 is confirmed as a legal entity and the Assessment Team has reviewed policies related to Health and Safety Statement and Safeguarding arrangements. There is evidence that the Institution complies with other key relevant legislation including data protection and standard HR/H&S legislation.

Area(s) of Good Practice

The Institution observes industry relevant 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 defined approach to its educational programme development. The Assessment Team reviewed the detailed process document outlining the steps and the responsibilities involved, which involves project planning, design, and development followed by review and evaluation. Educational material development is separated from the content approval process. However, the supporting document does not refer to PHECC material and was primarily created to support an unrelated regulatory process.

Area(s) of Good Practice

The Institution ensures educational material development is separated from the content approval process.

Area(s) for Improvement

The Institution should review its documentation and increase the quality of the documents and increase the visibility of PHECC regulatory requirements in its documentation.

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

There is satisfactory evidence that the Institution management pro-actively addresses its responsibilities related to the security of data. There is a Data Protection and GDPR policy in place with an identified Data Protection Officer. Destruction certificates for off-site shredding were reviewed. The Assessment Team confirmed that the Institution's specified Data Retention Guidelines are in line with PHECC guidelines.

Area(s) of Good Practice

The Institution includes GDPR as part of Instructor induction training.

Area(s) for Improvement

The Institution is advised to strengthen data protection by increasing the reliance on electronic/cloud-based storage of key course material.

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

There was evidence reviewed that indicates the Institution has appropriate contracts in place with most of its Faculty, however, a general issue related to control of a small cohort of external Faculty was observed. The relationship with this third-party cohort was deemed inappropriate by the Assessment Team and is out of alignment with PHECC Council Rules of recognition/approval (RUL006) and the requirements for direct relationships with Faculty. The Institution's Representatives were informed of this finding and it was viewed as an oversight on their part that will be rectified.

Area(s) of Good Practice

The Institution has contracts in place for its internally employed Faculty.

Area(s) for Improvement

The Institution shall review its contracting relationship with all its Instructors to ensure that there is effective governance and control in place with all Faculty members.

Standard 1

Criterion

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☐ Moderately Met
 ☒ Substantively Met
 ☐ Fully Met

Assessment Findings

There is evidence that the Institution pro-actively addresses its public communication with its students. The Institution's Learner Handbook is available on its website alongside descriptive dialogues related to a number of policies and procedures. Prospective customers and students can also access previous PHECC QRF reports on the website.

Area(s) of Good Practice

The Institution's Learner Handbook and QRF Reports are available on its website.

Area(s) for Improvement

The Institution would benefit by increasing the quality of governance-related information that is available on the website. Students and potential customers should be able to review the actual policy documents.

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

A review of submitted documentation verified that the Institution has clearly undertaken improvement development in this area as there is evidence of a defined Instructor Induction Checklist, which contains appropriate content. The Assessment Team reviewed content from the Induction process and noted it to be of good quality.

Area(s) of Good Practice

The Institution ensures that all Instructors have taken part in the induction process.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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

There is a clear structure for academic governance that includes an identified process for the development and delivery of education, and the post course verification of results. An Academic Council is in place to support the processes. The Assessment Team reviewed evidence of Academic Council, Board, and Monthly Team Meeting agenda and minutes. Unfortunately, this well-structured academic governance is not formally extended to a small number of external staff.

Area(s) of Good Practice

The Institution holds regular academic council meetings, actions are taken as required and are noted.

Area(s) for Improvement

The Institution should make changes to improve its academic governance related to all Faculty.

Standard 2

Criterion

2.2 The Institution has robust systems and processes in place for designing, developing, approving, and reviewing course content.

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☒ Moderately Met
 ☐ Substantively Met
 ☐ Fully Met

Assessment Findings

The Assessment Team reviewed evidence of FAR teaching material receiving an annual review and adjustment. The Institution also submitted evidence documents and a policy related to the development and approval of course material and content that was deemed appropriate for the size and scope of its operations.

The course design system is flawed as the FAR course is not supported by effective lesson plans; the lesson plan submitted currently functions as a course schedule. Some supporting video items were outside the scope of the FAR curriculum. There is some concern as to the value of video material outside the scope of FAR curriculum and the possibility of mixed messages being delivered to FAR students.

Area(s) of Good Practice

The Institution's course is obviously engaging learners, as student feedback is broadly positive.

Area(s) for Improvement

The Institution is advised to immediately review its lesson planning to standardise its course offering across the Faculty. This should be introduced to the Faculty through update training to ensure standardisation of training content delivered.

The Institution is advised to ensure that all Instructors concentrate on, and maximise delivery of the FAR curriculum, which is vital in a course that is delivered over a short timeframe.

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 Assessment Team acknowledges the Institution's FAR presentations, which are well presented and address PHECC requirements. Reviewed feedback from learners cite that course experience and expectations were fully met, and in many cases exceeded.

Area(s) of Good Practice

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

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 2

Criterion

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

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☒ Moderately Met
 ☐ Substantively Met
 ☐ Fully Met

Assessment Findings

The Assessment Team noted good quality educational content, which is delivered through the Institution's Faculty. Clearly the Faculty understand their responsibilities and the feedback on the quality of the courses they run is very good. The Assessment Team reviewed the current lesson plans that support the FAR Programme, and during discussions with Representatives there was agreement that they do not effectively direct the lesson delivery to ensure standardised delivery of courses.

Area(s) of Good Practice

The Institution has good quality educational course content.

Area(s) for Improvement

The Institution is advised to review the supporting FAR lesson plans with a view to ensuring alignment with FAR Standard and the standardisation of lesson delivery by the instructor cohort.

The instructional material and teaching methodology should be successfully aligned with the presentations.

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

It was noted by analysis of student feedback that the course content delivered a positive student experience, and that the learners needs were well met. The Institution's suite of presentations is also supported by a series of video resources that mostly aid student understanding of the principles of First Aid Response.

Area(s) of Good Practice

The Institution ensures course content is relevant to learners' needs.

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 need to update course material on a regular basis is adhered to. The Assessment Team reviewed evidence related to the review and updating of course content and are satisfied that the current courses are maintained up to date. The Institution engages in internal and external verification process and identified issues are addressed as they arise.

Area(s) of Good Practice

The Institution deals with issues as they arise to ensure course content is up to date and accurate.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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 Assessment Team validated that the Institution maintains good quality records related to staff qualifications/credentials. There is a specific procedure for verifying contracted Instructors to deliver PHECC Courses, within this document the Institution cites its responsibility to ensure that all contracted Instructors meet the necessary standards to deliver and assess the PHECC First Aid Response (FAR) and CFR courses. Instructors are required to submit PHECC Instructor Certification, Proof of Qualifications, Professional Indemnity Insurance and undergo Garda Vetting to ensure safeguarding. All submitted documentation is validated and a practical evaluation of teaching is undergone by the new Instructor before a contract is offered.

Area(s) of Good Practice

The records regarding certifications are well maintained by the Institution.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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

A review of the available FAR course records was conducted by random selection by the Assessment Team, which validated that the Institution's FAR courses checked were supported by appropriate numbers of Faculty. The Assessment Team note that the Institution generally runs small classes and records verified that they never exceed 8 learners.

Area(s) of Good Practice

The Institution's activities are supported by adequate numbers of Faculty.

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 Institution submitted a lesson plan that supports the FAR course, which was reviewed by the Assessment Team. The lesson planning framework utilised by the Institution is lacking in that it fails to provide valuable support to the Faculty; poor lesson planning poses a risk to course standardisation.

Area(s) of Good Practice

The Institution has a lesson planning framework in place.

Area(s) for Improvement

The Institution is advised to conduct research in this area to develop a more comprehensive approach to development of supportive lesson planning and standardise teaching of FAR.

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 understand its responsibilities related to providing suitable venues for learning to occur and have a system in place to review the suitability of learning environments. Pre-course checks do take place, however, in discussion it was identified that there were occasions where timely pre-course checks did not occur due to internal failures, and on at least one occasion location suitability issues did occur and drew negative student feedback.

Area(s) of Good Practice

The Institution is aware of its responsibilities to provide suitable venues for learning to occur.

Area(s) for Improvement

The Institution is strongly advised to further develop and improve its internal procedures to ensure that a pre-course inspection occurs whenever a new venue is suggested or a location is identified to host a course.

Standard 3

Criterion

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☐ Moderately Met
 ☐ Substantively Met
 ☒ Fully Met

Assessment Findings

The Institution has a course equipment and resources checklist for the FAR course, and submitted Instructor signed and dated evidence of the list being checked. The Assessment Team is satisfied that there are sufficient and suitable resources available to the Faculty to support course delivery as it can be deduced from student feedback that no issues arose related to equipment availability.

Area(s) of Good Practice

The Institution uses an equipment and resources checklist to ensure Faculty are supported during course delivery.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 3

Criterion

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☒ Moderately Met
 ☐ Substantively Met
 ☐ Fully Met

Assessment Findings

The Assessment Team verified that the Institution has a procedure in place to evidence course delivery and maintain records of the learners' journey from entry to certification. The Assessment Team verified records of Internal Verification (IV) and External Verification (EV) being conducted and course records being maintained.

Area(s) of Good Practice

The Institution has entry to certification procedures in place to record the learner's journey.

Area(s) for Improvement

The Institution is advised to concentrate on improving and strengthen its processes related to IV and EV of its courses. The Institution is advised to develop policy focussed on supporting Quality Assurance (QA) and Quality Improvement (QI) with associated process QA monitoring documentation to definitively evidence implementation at the Institution.

Standard 3

Criterion

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☐ Moderately Met
 ☐ Substantively Met
 ☒ Fully Met

Assessment Findings

The Assessment Team verified that records of Instructors' qualification are maintained by the Institution. The Institution's Faculty are long-standing, and the Institution manages notification of upcoming certification issues to Instructors in a timely manner. Satisfactory evidence of Faculty in-date certification was reviewed by the Assessment Team.

Area(s) of Good Practice

The Institution has a system in place to ensure Faculty maintain teaching currency.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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 Assessment Team verified historic evidence of a system of Faculty monitoring, however, due to internal changes and personnel change at the Institution this system had lapsed until recent times. Evidence of Trainer monitoring was reviewed, and Representatives discussed the future monitoring plans. The Assessment Team are satisfied that the Institution have recently restarted their Instructor monitoring process, however this area lacks supporting policy and procedural documentation.

Area(s) of Good Practice

The Institution engages in monitoring of Faculty.

Area(s) for Improvement

The Institution should develop a policy and implement procedures to oversee the Faculty Monitoring system. Records of all monitoring should be maintained and monitored by an appropriate committee within the academic governance system.

Standard 4

Student Support

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

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

Standard 4

Criterion

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☒ Moderately Met
 ☐ Substantively Met
 ☐ Fully Met

Assessment Findings

The Institution has elected to inform its students about its learner related policies by placing short and inadequate descriptive text regarding its policies in the Learner Handbook. The Handbook is downloadable from the Institution's website for student consumption; however it does not contain required detail in many places. There is text related to complaints and compliments on the website. The appeals process is referred to, however, information on to access it is not stated.

Area(s) of Good Practice

The Institution has a Learner Handbook.

Area(s) for Improvement

The Institution is strongly advised to review its student facing PPPG and make them more descriptive and robust. PPPG should be available to the student in their complete form so that the student is kept aware of available supports and their rights in any given situation. The Institution is advised to also consider how it communicates its expectations of students through these documents.

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

Students are informed of the assessment requirements in the Learner Handbook and also in the presentations at the start of the course.

Area(s) of Good Practice

Information on assessment requirements is contained in the Institution's Learner Handbook.

Area(s) for Improvement

As per Criterion 4.1 area for improvement, the Institution should fully develop its policy and process for all aspects related to student assessment, including potential outcomes.

Standard 4

Criterion

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

Rating

☐ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☐ Moderately Met
 ☒ Substantively Met
 ☐ Fully Met

Assessment Findings

The Learner Handbook contains a short section on the availability of Reasonable Accommodation to each student, which lacks details. Students are encouraged to advise the Institution early of their needs in this respect. A practical and supportive culture was presented by Representatives, who stated that the system has never been used.

Area(s) of Good Practice

The Institution has a system to provide reasonable accommodation for students with additional learning needs.

Area(s) for Improvement

As per Criterion 4.1, the Institution should fully develop its policy and process for all aspects related to Reasonable Accommodation.

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

The Assessment Team are satisfied that students are given opportunity to feedback to the Institution on their experience in completing the course and the quality of the course content. Several examples of student feedback were revied by the Assessment Team, which were complementary to the Institution and its Faculty.

Area(s) of Good Practice

The Institution provides opportunities for feedback from students.

Area(s) for Improvement

The Institution may benefit from increasing its pre-active capability to receive independent feedback via alternative methods to the current feedback form. e.g. web-link or QR code to online form.

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

Students are informed of their rights in this respect via an assessment appeals section within the Learner Handbook, which refers the student to the Training Administrator to explain the process. The Assessment Team consider that this is an insufficient approach to inform students who can consider the context, and the available grounds, if applicable, and to support their decision-making process as to whether to launch an appeal or not.

Area(s) of Good Practice

The Institution has an Appeals Policy in place.

Area(s) for Improvement

The Institution is strongly advised to review its student Appeals Policy and associated process and make them more descriptive and robust and readily available to students.

Standard 4

Criterion

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

Rating

☒ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☐ Moderately Met
 ☐ Substantively Met
 ☐ Fully Met

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

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

Rating

☒ Not Applicable
 ☐ Not Met
 ☐ Minimally Met
 ☐ Moderately Met
 ☐ Substantively Met
 ☐ Fully Met

Assessment Findings

Area(s) of Good Practice

Area(s) 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

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

4.9 The Institution ensures that students are fully informed of Open Disclosure, which is mandatory for all personnel.

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

Area(s) of Good Practice

Area(s) 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

The Institution presented two documented assessments and marking transcripts, which are instructional documents aimed at Faculty members. They are relatively impractical as guides and do not follow standard policy formatting or structure. In discussions with Representatives, it was clear they were aware of an assessment process, however, it was noted that the documents reviewed were developed to satisfy a different statutory regulatory process, as they do not refer to a typical PHECC FAR examination process.

Area(s) of Good Practice

The Institution has a marking record in place.

Area(s) for Improvement

The Institution is strongly advised to review and improve its policy and associated processes and procedures related to assessment management with a view to making them more robust, accessible and implementable by the Faculty.

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 Assessment Team reviewed evidence that confirmed the assessment material as being relevant to the PHECC courses delivered.

Area(s) of Good Practice

The Institution uses PHECC Material for assessment purposes.

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

The Institution submitted evidence to verify that assessment was conducted, and remediation was delivered to support learners. Feedback forms from students were generally positive regarding support received during the course and many reviewed also indicated the supportive nature of the Institution's Instructors. There are remediation comments included on assessment sheets and the Institution's approach regarding remediation comments was discussed with Representatives.

Area(s) of Good Practice

The Institution ensures learners receive feedback on performance with remediation as required.

Area(s) for Improvement

The Institution is advised to develop a formal policy and process to oversee aspects related to remediation, which should include a structured approach where remediation comments are recorded on a dedicated sheet and maintained for IV/EV and record keeping purposes.

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

The reviewed Quality Assurance Policy related to Reasonable Accommodation includes a commitment to ensuring that learners have access to all programmes. Representatives could not provide one example of this policy being applied throughout all the courses that it delivers. Given the nature of the course delivered, the student profile, and the frequency of issues encountered in other similar Institutions the Assessment Team were unconvinced that this is a true reflection of the actual situation and questioned the quality of information being returned by the Institution's external Faculty.

Area(s) of Good Practice

The Institution expressed a commitment to supporting students who may have additional learning needs.

Area(s) for Improvement

The Institution expressed a commitment to supporting students who may have additional learning needs. The Institution is advised to address reasonable accommodation activity with its external Faculty to increase reporting. There should be an increased focus in this area in induction training of all Instructors.

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 conducted monitoring of Faculty in 2023, the Assessment Team reviewed evidence of this, however, the monitoring programme did not continue in 2024 although many courses were validated with none being observed. Representatives informed the Assessment Team that they had initiated the monitoring system in Q4 2025, and to date two Faculty members have been monitored; evidence was produced in this respect. The Assessment Team consider that the effective monitoring of course assessment is crucial particularly where externally contracted Faculty members are delivering course on behalf of the Institution.

Area(s) of Good Practice

The Institution has recommenced quality assurance-based monitoring of course assessment.

Area(s) for Improvement

The Institution should increase the focus on maintaining its monitoring programme and develop process to include monitoring of assessment conditions, material used, equipment, suitability of facilities and space, learners' comfort, privacy during assessment, and remediation arrangements.

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

Following review of the Institutions Internal and External Verification systems, documentation, and processes the Assessment Team considered them to be appropriate for the size and scope of the Institution. There is a structured results approval process where records of course delivery, attendance and return of examination information is internally verified by the Institution. Later the course documentation is externally examined, and further reports are produced. The Academic Council has only one member who is clinically qualified.

Area(s) of Good Practice

The Institution has an academic Council with an independent chair that oversees the results approval process and monitors internal and external verification activity at the Institution.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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

The Assessment Team are of the opinion that the Institution has the requisite policies and documented processes to monitor and drive continuous improvement at the Institution. During discussion it was identified that Representative are in the middle of a redevelopment process following internal changes, and where procedures and processes that are crucial to the delivery of the Institution's policies are being reviewed with a focus on making them more effective.

The Assessment Team noted a general lack of evidence of various processes being implemented; however, this was balanced by the level of positive feedback evidence that the Institution's course are successfully run and students have a good learning experience.

Area(s) of Good Practice

The Institution has policies and documented processes to monitor and drive continuous improvement.

Area(s) for Improvement

The Institution is advised to review and formalise its PPPG with a focus on the elements within that will require evidence to be produced during subsequent QRF assessments. The PHECC QRF Assessment Guidance document (GUI047) should be consulted during this process as the required elements are identified within.

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 does not have a systematic process to monitor its inputs or outputs against specified internal quality measures or key performance indicators (KPI) and uses student feedback, which is mostly positive, as indication that courses are being well received.

In discussion, Representatives identified several areas that could be successfully monitored. The Institution is not focused on Institutional processes and their generated information as data to be formally monitored, much available data is not currently being captured and formally analysed for quality assurance purposes.

Area(s) of Good Practice

The Institution's education courses are well received by students and attract much positive feedback.

Area(s) for Improvement

The Institution would benefit by gathering data that is not currently being captured to support formal analysis of internal KPI to drive quality assurance and increase record keeping capabilities. The Academic Council could have an increased role in this domain and assist in the development and monitoring of KPI to drive quality improvement.

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 Assessment Team note that the Institution has self-identified an existing need for improvement in its existing policies. It also considered that some Policies did not provide clarity to staff and Instructors on what is required to implement the policy. In discussion with Representatives, it was determined that associated procedures and processes are carried out informally, lacking supporting documentation.

Area(s) of Good Practice

The Institution has self-reflected and begun the process to create improvements in this area.

Area(s) for Improvement

The Institution is advised to review and further develop its policies from the perspectives of reducing complexity and making them more accessible to the implementer.

The Institutions existing and new policies should be examined for the requirement to create associated processes, procedures, and guidelines to aid implementation. All informal practices should be formalised and documented.

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 Assessment Team discussed the effectiveness of the Institutions teaching and learning methodologies and established that currently the Internal Verification information, i.e. course records and student feedback, is utilised to monitor teaching and learning methodologies. Student and Instructor feedback is utilised to drive adjustment.

Area(s) of Good Practice

The Institution periodically reviews and approves the course content.

Area(s) for Improvement

The Institution may consider utilising the Academic Council to formally conduct a review of the Institution's teaching methodology operated within its courses. This process would likely involve redevelopment of the lesson plans and specify the salient points to raise and the teaching methodology to be utilised in each area of the course and the associated lessons.

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 Assessment Team verified evidence that the Institution conducts academic review and bring these to associated meetings. There is evidence of Internal and External Verification being conducted, with occasional actions being identified and implemented.

Area(s) of Good Practice

The Institution is committed to ensuring course activities meet PHECC Standards.

Area(s) for Improvement

The Institution is advised to further develop its capabilities of providing evidence of its records related to course activities in accordance with the PHECC QRF Assessment Guidance document (GUI047) The Institution is advised to consider expanding the brief of the Academic Council to review Faculty monitoring, examine all aspects of course design and delivery, and consider the Faculty induction system, include developing induction lesson plans to ensure Faculty alignment.

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 Assessment Team verified that the Institution has identified several policy-based initiatives and inform learners within the Learner Handbook and through information on the Institution's website.

Area(s) of Good Practice

The Institution's students have access to appropriate resources that support their learner needs.

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
28	18	26	14	18	17	121
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	41
Maximum score available	164
63% of Max =	103
Assessment Results	
Total score achieved	121
Total score as percentage	74%
Assessment Outcome Rating	Moderately Acceptable

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

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

FRS Training Society Ltd			
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.		3
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.		2
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.		1
1.9	The Institution makes PHECC QRF reports and key student facing policies, procedures, and related documentation available to the public, without request.		3
1.10	The Institution has effective systems for recruitment and induction of staff/faculty.		4
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.		4
2.4	Lesson plans effectively outline the requirements and content for each course and determine teaching and learning methodology. This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.		2
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.		4

Standard 3: Delivery of Education		
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.		
Criteria		Rating Score
3.1	The Institution ensures it verifies all faculties qualifications/credentials to deliver PHECC courses.	4
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.	3
3.4	The Institution has systems in place to ensure that all locations where education is conducted are assessed and are suitable as learning environments.	2
3.5	The Institution ensures that faculty have access to suitable resources as necessary to support the delivery of PHECC courses.	4
3.6	The Institution ensures that PHECC course delivery is effectively recorded, and QA monitored.	2
3.7	The Institution has systems in place to ensure that faculty members maintain their teaching currency related to PHECC courses.	4
3.8	The Institution ensures an effective faculty competence monitoring and feedback system is in place.	3
Standard 4: Student Support		
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.		
Criteria		Rating Score
4.1	The Institution ensures students are informed of PPPG that are in place to support them on their learning journey.	2
4.2	The Institution ensures the student is informed about the assessment system and its potential outcomes.	3
4.3	The Institution has mechanisms in place to provide reasonable accommodation for students with additional learning needs.	3
4.4	Students are made aware of the opportunities and mechanisms to provide feedback to the Institution during, or after a course.	3
4.5	Students are made aware of their right to appeal, and how to appeal an institutional or academic decision.	3
4.6	The Institution ensures that blended learning content is supported with clear information regarding access to modules and how to access technical support, if required. Applies only if Institution is providing PHECC course via blended learning.	N/A
4.7	The Institution ensures that students undertaking a Practitioner level course are informed of their specific responsibilities related to Practitioner registration with PHECC. 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
4.9	The Institution ensures that students are fully informed of Open Disclosure, which is mandatory for all personnel. 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.	2
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.	3
5.5	The Institution ensures quality assurance-based monitoring of course assessment occurs, which is commensurate with the size and scope of operations.	2
5.6	The Institution has effective policies and procedures for results approval and course outcome certification.	4
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.	2
6.4	The Institution monitors the effectiveness of its teaching and learning methodologies.	3
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



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