Quality Review Framework

Assessment Report

**CPL Learning & Development Ltd
T/A The Cpl Institute**

March 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 CPL Learning & Development Ltd t/a The Cpl Institute, an Approved Training Institution, authorised by PHECC to deliver pre-hospital emergency care education and training in Ireland since 2017. The Cpl Institute 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)

Assessment Type	☑ Planned ☐ Unscheduled
Process	☑ Desktop Review ☐ Online Management Engagement ☑ Onsite Management Engagement North Street, Swords, Co Dublin.
Outcome Rating **Technical Weighting Applied** **Yes** ☐ **No** ☑	

No of criterion assessed	41
Maximum score available	164
63% of Max =	103
Assessment Results	
Total score achieved	128
Total score as percentage	78%
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 intiated
Reassessment Costs	☑ Not applicable
Validated and Approved for Publication **Director Signature**	
Date	13 November 2025

3. Assessment Participants

Organisation	PHECC Assessment Team
Associate Director	Lead Assessor
Quality Manager	Assessor
Training Manager	

4. Initial Feedback Given

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

The following areas were identified as areas requiring improvement, or further potential for improvement areas:
In class monitoring of Faculty during course delivery, equipment maintenance and management, and Internal and External Verification activities.

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

5. Rating Scale and Outcome Rating

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

Rating Scale	Rationale
N/A	Not Applicable. The Standard is not applicable.
0	Not Met: No Evidence of a low degree of organisation-wide compliance.
1	Minimally Met: Evidence of a low degree of organistation-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 ≥ 88% of max available**	• Unaffected
Moderately Acceptable	**Outcome rating of ≥ 63% <88% of max available**	• Unaffected
Minimally Acceptable	**Outcome rating of ≥ 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 ≥ 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 Assessment Team consider that the Institution has structures in place to ensure that governance activities are identified, implemented and monitored. The Institution has a documented quality system in place., which it maintains. The current organisational chart is not clear on all the roles of the organisation, however, the Assessment Team note that there is evidence of review work having begun, which was provided during discussion with representatives.

The Assessment Team confirmed that separation of commercial and academic activities are in place. Evidence of Programme Development, Examination Board and Academic Council activities was provided. and reviewed. The Institution manage faculty using an electronic database and its use was demonstrated to the Assessment Team by the Institution's representatives.

Area(s) of Good Practice

The Institution has a quality system in place that details ownership, accountability and implementation of governance activities. The Institution has put an academic council in place to separate the academic and commercial activities.

Area(s) for Improvement

The Institution would benefit from a review of its organisation chart and further development of supporting documents to ensure that the documentation reflects the reality.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Institution has developed a comprehensive set of policies, procedures, processes, and guidelines that outline the commitment and process to ensure a fair and open environment for learners, Instructors and employees.

Among the documents reviewed were The Mission Statement and Values, Equality, Diversity, Inclusivity, and Accessibility in Learning and Teaching Policy, Anti-Bullying & Harassment, Customer Complaints, Rechecks and Appeals Policy and The Supports for Learners, Reasonable Accommodation and Diversity Policy.

Documents relevant to the learner journey are readily available on the Institution's website.

Area(s) of Good Practice

The Institution has multiple documents in place to ensure that the learning environment provides a positive experience for learners.

Area(s) for Improvement

The Institution would benefit from a review of their policies, procedures, processes, and guidelines (PPPG) to bring them into line with its document control policy to ensure consistency in all documentation.

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's QMS Manual includes a Communication Matrix with all stakeholders identified, and communication processes and schedule outlined. A Communication Policy that outlines the approach and control of communication processes within its organisation was also reviewed by the Assessment Team.

The Assessment Team evidenced that Faculty Induction records and contracts are in place. Evidence of detailed recording of feedback (learner and tutor), within the management tools applied within the Institution's organisation was observed. A log that detailed communication with Faculty was also reviewed.

Area(s) of Good Practice

The Institution displays a commitment to communicating with stakeholders.

Area(s) for Improvement

As the induction process of new Faculty does not include an assessment of the training capability through an observation/monitoring process, the Institution should consider implementing a review of the in-classroom performance of new faculty.

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's approach to Risk Assessment is outlined in its QMS Manual. A Risk Register and Risk Assessment programmes are in place. The Assessment Team observed that Faculty are not identified in the list of interested parties in the matrix reviewed during the assessment process.

The Institution's Code of Conduct outlines the requirements that Instructors are Garda vetted as/if required. Documentation states that Instructors will complete Safeguarding training during induction. There was no evidence provided to confirm if this has taken place.

Area(s) of Good Practice

The Institution has a Risk Register and Risk Assessment programmes in place.

Area(s) for Improvement

The Institution should review its current Safeguarding policies and procedures to ensure that Faculty have appropriate vetting in place along with induction training in Safeguarding.

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 aware of the relevant regulatory requirements, outlining its responsibility and the requirements in a series of documents including Equality, Diversity, Inclusivity, and Accessibility in Learning and Teaching Policy, Safety Statement, and Anti-Bullying & Harassment, which were reviewed by the Assessment Team. There are a number of references to applicable legislation, however they have not been complied into a register.

Area(s) of Good Practice

The Institution has documents in place that address applicable legislative requirements.

Area(s) for Improvement

The Institution may consider implementing a formalised register for all applicable regulations, legislation and standards and develop a process to monitor applicability, compliance, and changing regulations applicable to its organisation.

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 detailed process for Document Control, including a requirement that all documents are reviewed annually, however, the Assessment Team noted that a number of documents reviewed did not meet the requirements of the Document Control standard operating procedures (SOP).

Area(s) of Good Practice

The Institution's procedures and processes are well documented.

Area(s) for Improvement

The Institution would benefit from reviewing its document set to ensure that all documents are formatted as per Document Control SOP and reviewed in the timeframe outlined in the SOP.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Control of Records and Data is outlined in the Institution's QMS Manual and a Privacy Notice details how the Institution collects, uses, stores, and shares personal data. These policies are available on its website.

During assessment, representatives demonstrated the use of the Institution's internal IT based system, which is a secure record management system. The Institution has reviewed the document protection requirements of the PHECC e-certification process and is currently in the process of updating the documentation.

A review of a sample of GDPR Training records for Faculty indicated that evidence of GDPR training was not in place for all Faculty.

Area(s) of Good Practice

The Institution has Data Management PPPG in place.

Area(s) for Improvement

The Institution would benefit from implementing a mechanism to ensure all Faculty are familiar with new or updated GDPR policies.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Assessment Team observed effective mechanisms to ensure that contracts are in place for employees and Faculty. A template contract/service level agreement was submitted for review by the Assessment Team and completed contracts were observed during the assessment showing suitable legal frameworks for Faculty and employees.

Area(s) of Good Practice

The Institution's contract management process is robust.

Area(s) for Improvement

No specific observation noted by the Assessment Team.

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

As evidenced by the Assessment Team, multiple policies including Bullying & Harassment, Recognition of Prior Learning (RPL), Learner Supports, Complaints, and Privacy are readily available to the public, and easily accessed, on the Institution's website.

Area(s) of Good Practice

Documents and Policies are readily available and easily accessed on the Institution's website.

Area(s) for Improvement

No specific observation noted by the Assessment Team.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Institution's QMS Manual addresses the Recruitment and Induction of Instructors and outlines the roles and responsibilities of its Training Quality and Compliance Manager, Training Manager, Training Administrator, Sales Executive and PHECC Tutor.

The Recruitment and Management of Instructors Approval Status Policy requires that new Instructors must complete the Institution's GDPR and Equality and Diversity e-learning modules. The Assessment Team noted that not all Faculty meet this requirement. While the Institution has an established procedure for induction of Faculty,, including checklists, there is no evidence of the monitoring of new Faculty in the classroom prior to sign off.

Area(s) of Good Practice

The Institution has detailed process in place for recruitment and induction of new Faculty.

Area(s) for Improvement

The Institution should explore and develop mechanisms to facilitate the monitoring of new Faculty in the classroom prior to sign off. Records of monitoring activities should also be maintained.

Standard 2

Course Development and Maintenance

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

Standard 2

Criterion

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

Rating

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

Assessment Findings

The system in place for academic governance was observed by the Assessment Team and considered to be fit for purpose and appropriately implemented. The Assessment Team also reviewed the Academic Council meeting minutes for 2023 were reviewed and observed that plans are in place for the 2024 review.

Area(s) of Good Practice

The Institution operates a well-structured process of academic governance.

Area(s) for Improvement

The Institution shouldconsider a more formalised schedule for Faculty monitoring.

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 Institution has a documented system in place for design, development, approval and review of course content, as detailed in its QMS Manual, including SOP on new course development and changes and updates to course materials.

Area(s) of Good Practice

The Institution has documented processes in place for the design and development of courses.

Area(s) for Improvement

No specific observation noted by the Assessment Team.

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 were satisfied that the Institution's PHECC courses meet the requirements of the Education and Training Standards, and the PHECC Teaching Faculty Framework. Lesson plans for all courses were available, and a sample of lesson plans was reviewed by the Assessment Team. It was also observed that PHECC test materials were in use.

Area(s) of Good Practice

The Institution has a comprehensive set of lesson plans in place.

Area(s) for Improvement

No specific observation 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

Lesson plans for all courses were made available to the Assessment Team, and a sample of lesson plans was reviewed in discussion with representatives. Lesson plans include consideration for facilitating learners with additional needs. The Institution identifies areas for improvement through student feedback, which is captured electronically. Noted deficiencies are managed through the non-conformance process. However, the Assessment Team noted that lesson plans were not reviewed in line with the Institution's Annual Review Policy.

Area(s) of Good Practice

The Institution has a comprehensive set of lesson plans in place that facilitate learners with additional needs.

Area(s) for Improvement

The Institution would benefit from reviewing its annual review schedule to ensure lesson plans are reviewed as per policy.

Standard 2

Criterion

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

Rating

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

Assessment Findings

During the Assessment Team's reveiw, it was clear that the Institution has systems in place to ensure that course content is relevant to learners and up to date. Changes to Clinical Practice Guidelines (CPG) are tracked using software. Course learning objectives for FAR and EFR are published on the Institution's website and in training materials. FAR Course slide presentations that included learner outcomes at the start of each module were reviewed by the Assessment Team.

Area(s) of Good Practice

Course objectives are readily available on the Institution's website and in training materials.

Area(s) for Improvement

No specific observation 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 Assessment Team were satisfied that the Institution has adequate policies in place to ensure that course content is up to date. In the Instution's QMS Manual. Design & Development of Course Materials details the approach taken by the Institution. Changes to CPG are tracked using software. the reviewed Changes & Updates to Courses Policy outlines the change process, however, it does not detail how changes are communicated to Faculty or a feedback loop where Faculty confirm receipt and implementation of changes.

Area(s) of Good Practice

The Institution's systems and processes are documented.

Area(s) for Improvement

The Institution should review its current document set to ensure consistency in communicating change to Faculty and implementation of said change.

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

In discussion, representatives demonstrated the Institution's internal IT based system for management of Faculty, which the Assessment Team considered to be fit for purpose and appropriately implemented. The system is used to manage all Trainer/Tutor records, including Continuous Professional Development (CPD) certificates, Induction Records and Instructor Certificates. The tool is used to ensure only current certified Tutors are allocated courses. Sampled records of the Institution's Faculty verified that it has maintained required CFR Certification/ Instructor Certification.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that Faculty maintain currency in certification.

Area(s) for Improvement

No specific observation 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

The Student:Instructor ratios are set out in the Institution's PHECC Course Requirements procedure. The Assessment Team's review of multiple course records confirmed that the courses are supported by adequate numbers of Faculty.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that appropriate Student:Instructor ratios are in place.

Area(s) for Improvement

No specific observation 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

Lesson plans for all courses were made available, and a sample of lesson plans was reviewed by the Assessment Team. Lesson plans include consideration for facilitating learners with additional needs. Evidence of Instructor monitoring activities was also reviewed, although, while a process is in place, it is the view of the Assessment Team that the monitoring activities are not at the level expected within the Quality Review Framework Standard (QRF).

Area(s) of Good Practice

The Institution displayed a commitment to providing effective teaching.

Area(s) for Improvement

The Institution would benefit from developing a more formalised and regular process of monitoring activities. Records of monitoring should also be maintained.

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 Assessment Team reviewed a sample of course records and noted evidence that Training Facilities Inspection and Course Equipment Inventory Checklists are in use, and are generally completed without omission.

Area(s) of Good Practice

The Institution has a good venue management system in place.

Area(s) for Improvement

The Institution should communicate the expected equipment ratio to all Faculty and maintain records of communication.

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

A course pack is issued to Instructors for each course by the Institution, which includes all course documentation. While a Course Equipment Inventory Checklist is in use, and equipment maintenance is included in contracts, and there was no evidence provided to demonstrate that equipment is properly maintained.

Area(s) of Good Practice

The Institution maintains documented Venue and Equipment checks taking place.

Area(s) for Improvement

The Institution should explore and develop mechanisms to implement an equipment maintenance register.

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 Institution maintains student and course records using an IT system, which was observed by the Assessment Team and considered to be fit for purpose and appropriately implemented. Evidence was provided to confirm that Internal and External Verification activities are taking place, however, the Assessment Team note that the activity is not at the expected level.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that student records are maintained for each step of their learning journey.

Area(s) for Improvement

The Institution should develop a process for ongoing analysis of Internal and External Verification inputs and the use of process outputs to drive continuous improvement.

Standard 3

Criterion

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

Rating

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

Assessment Findings

The IT system in place for management of Faculty was observed by the Assessment Team and considered to be fit for purpose and appropriately implemented.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that Faculty maintain currency in certification.

Area(s) for Improvement

No specific observation 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

It is clear to the Assessment Team that, while the Institution has a monitoring programme in place, it was not appropriate for the size and scope of its operations. A sample of monitoring activities completed for four faculty members were reviewed as part of the assessment process. It was noted by the Assessment team that the issue of monitoring is included in the Institution's Quality Improvement Plan.

Area(s) of Good Practice

No specific observation noted by the Assessment Team.

Area(s) for Improvement

The Institution should consider implementation of a more robust process, giving consideration to technical solutions, to ensure that monitoring activity targets are achieved.

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's Communications Policy and Plan outlines how students receive clear communication and information regarding the learning journey. Documents such as Communication with Learners and Communication Methods & Technologies are included in the Institution's QMS Manual, which is available on the Institution's website. A Student Handbook is also available that includes information on all elements of the learning journey. The QMS Manual includes details of the supports available to students.

Area(s) of Good Practice

The Institution provides clear information to students via various communication channels.

Area(s) for Improvement

No specific observation noted by the Assessment Team.

Standard 4

Criterion

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

Rating

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

Assessment Findings

The Institution's Assessment Policy is included in its Student Handbook, FAR Course Slides and PHECC FAR Learner Sheet and Course Information. Both the format of the assessment process and the potential outcomes are documented and shared with learners.

Area(s) of Good Practice

Information regarding assessment system is provided by the Institution in multiple documents on various platforms.

Area(s) for Improvement

No specific observation noted by the Assessment Team.

Standard 4

Criterion

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

Rating

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

Assessment Findings

The Institution's QMS Manual details its Policy on Reasonable Accommodation. The policy is available on the Institution's website and in the Student Handbook. The Assessment Team were provided with evidence that indicates that the Institution pro-actively addresses the provision of reasonable accommodation.

Area(s) of Good Practice

The Institution's process is well documented, and mechanisms are in place.

Area(s) for Improvement

The Institution may benefit by maintaining a register of accommodations provided.

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 Institution uses QR codes on course slides, course paperwork and in the Student Handbook to capture feedback from learners. Feedback is collated using the IT system. The Assessment Team observed effective mechanisms in place to capture feedback from learners. Feedback is added in a non-conformance table that is used to drive continuous improvement activities. It was not clear to the Assessment Team how trends identified from feedback are communicated to Faculty.

Area(s) of Good Practice

The Institution provides several different channels for students to provide feedback.

Area(s) for Improvement

The Institution should consider a formalised method for sharing trends with Faculty for quality assurance purposes.

Standard 4

Criterion

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

Rating

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

Assessment Findings

The Institution's QMS Manual outlines the Customer Complaints, Rechecks and Appeals Policy, which is available to learners both on the Institution's website and in the Student Handbook. A dedicated email address is also provided. The Assessment Team were satisfied that the Institution has policies and procedures in place to manage appeals.

Area(s) of Good Practice

The Institution's appeals process is well documented and available to students.

Area(s) for Improvement

No specific observation noted by the Assessment Team.

Standard 4

Criterion

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

Rating

| | Not Applicable ☑ | | Not Met ☐ | | Minimally Met ☐ | | Moderately Met ☐ | | Substantively Met ☐ | | Fully Met ☐ |

Assessment Findings

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 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

An Assessment Policy and associated procedures are in place. The course assessments are aligned with the current PHECC Education and Training Standards. Assessment process information is readily available to learners (see 4.2 above). While evidence of Internal and External Verification activity was also provided, it should be noted that the Internal Verification report does not include any analysis of results or performance against 2024 KPI. Similarly, the performance against KPI is not mentioned in the External Verification report.

The Assessment Team noted that there is no process in place for an independent review of the learner and tutor processes and paperwork prior to issuing certificates. Processes are in place for Internal and External Verification, however, there is no verification of completeness prior to issuing the certificates. The responsibility for issuing certificates is not clearly identified and mapped to ensure independence.

Area(s) of Good Practice

The Institution has an Assessment Policy in place and it is implemented.

Area(s) for Improvement

The Institution should carry out an analysis of performance against established KPI in both Internal and External Verification reports. Implementation of a process for independent verification prior to issuance of certificates should be considered.

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 consider that the Institution has an appropriate system in place for assessment. Evidence of the use of PHECC approved Multiple Choice Questions and Practical Assessment Sheets was reviewed for a sample of courses. Assessments were completed as per PHECC guidelines and a remediation process is in place.

Area(s) of Good Practice

The Institution has adequate assessment policies in place.

Area(s) for Improvement

No specific observation 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

Evidence of the implementation and application of remediation was reviewed, which indicated that the Institution has appropriate arrangements in place. While remediation is applied, there is no evidence that the Institution is analysing the application to identify trends in remediation required.

Area(s) of Good Practice

The Institution operates a well-structured process to ensure that remediation is applied as appropriate.

Area(s) for Improvement

The Institution would benefit from the development of a process to track and trend remediation provided.

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 process for provision of reasonable accommodation is well documented and readily available to potential learners. The Assessment Team acknowledges the high quality process in place in this area.

Area(s) of Good Practice

The Institution operates an open and transparent mechanism for provision of reasonable accommodation that is considered robust.

Area(s) for Improvement

No specific observation noted by the Assessment Team.

Standard 5

Criterion

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

Rating

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

Assessment Findings

In discussions about continuous improvement, representatives outlined the Institution's approach where feedback is reviewed and recommendations implemented. Results and findings from the on-going monitoring and evaluation activities feed into an annual quality improvement plan. Evidence of these activities was provided to the Assessment Team.

Discussion also took place regarding the need for PHECC monitoring and the needs of the Institution The Assessment Team observed that, while there is a monitoring programme in place, it was not appropriate for the size and scope of the operation.

Area(s) of Good Practice

No specific observation noted by the Assessment Team.

Area(s) for Improvement

The Institution should consider the development and implementation of a more robust process, giving consideration to technical solutions, to ensure that monitoring activity targets are achieved.

Standard 5

Criterion

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

Rating

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

Assessment Findings

The Assessment Team observed that the Institution has established procedures for results approval and certification. Minutes of a recent Examinations Board meeting were reviewed along with evidence of Internal and External Verification activities. However, it was clear that Internal and External Verification activities were not at the expected level.

Area(s) of Good Practice

Procedures are in place and implemented by the Institution.

Area(s) for Improvement

The Institution should develop a process for Internal and External Verification to ensure expected targets are met and maintain records of activities.

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 Institution implements a Plan-Do-Check Act model to drive continuous improvement. The Institution maintains a non-conformance log, which was reviewed by the Assessment Team. Inputs to the non-conformance log originate from multiple sources including learner feedback, Instructor feedback and internal audit activities.

The Institution's Quality Improvement Plan (QIP) was reviewed. It was noted that the QIP did not identify and plan all improvement opportunities, only the opportunities being currently worked on.

Area(s) of Good Practice

The Institution displayed a commitment to driving continuous improvement.

Area(s) for Improvement

The Institution would benefit from expanding its QIP to capture all improvement opportunities.

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 has an established KPI process in place. A detailed 2023 report was shared with the Assessment Team shared during the onsite visit. This included analysis of performance and details of corrective actions put in place. The 2024 review has been completed and was shared with assessors during this audit. Five KPI were in place for 2024, three measuring learner satisfaction, one measuring instructor satisfaction, and one measuring return of instructor feedback.

Area(s) of Good Practice

The Institution has been proactive in using KPI to drive quality improvement.

Area(s) for Improvement

The Institution may benefit from including a KPI measurement for monitoring activities.

Standard 6

Criterion

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

Rating

| | Not Applicable | | Not Met | | Minimally Met | ☑ Moderately Met | | Substantively Met | | Fully Met |

Assessment Findings

The Institution has a detailed Document Control Policy in place. As per the policy, all documents should be reviewed annually, however, while reviewing the Institution's submitted PPPG, the Assessment Team noted a number of documents have not been reviewed within this timeframe. The Assessment Team also reviewed the Document Register and noted that a current review of documentation was being carried out by the Institution.

Area(s) of Good Practice

The Institution has developed a comprehensive set of PPPG.

Area(s) for Improvement

The Institution would benefit from a review of its current Document Control Policy and ensuring the document review process was being implemented within the designated timeframe.

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

Feedback from learners regarding teaching effectiveness is gathered electronically and collated on a database. This data is reviewed by the Internal Verifier. Issues raised are managed through the non-conformance log. Samples of learner and instructor feedback, exam results, Internal and External Verification activities, and KPI results were reviewed by the Assessment Team.

Area(s) of Good Practice

The Institution displayed a commitment to process monitoring.

Area(s) for Improvement

The Institution would benefit from a review of Internal and External Verification inputs and the use of process outputs to drive continuous improvement.

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

Internal audit, monitoring, Internal and External Verification activities are taking place along with self-assessment as part of PHECC renewal process.

Area(s) of Good Practice

The Institution has developed a comprehensive system of course monitoring activities.

Area(s) for Improvement

The Institution may benefit from including a review of course Internal and External Verification activities to ensure compliance with the requirements of the PHECC Education and Training Standards.

Standard 6

Criterion

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

Rating

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

Assessment Findings

The Institution's policy on PHECC Equipment Provision and Maintenance outlines the equipment requirements for CFR and FAR courses delivered on behalf of the Institution. The Assessment Team noted the use of a Course Equipment Inventory Checklist in course records reviewed.

Area(s) of Good Practice

The Institution has policies and procedures in place detailing equipment requirements.

Area(s) for Improvement

No specific observation 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
30	20	24	18	18	18	128
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	128
Total score as percentage	78%
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 The Cpl Institute in accordance with Council Rules for Recognition of Institutions and Approval of Training Institutions (RUL006) is unaffected.

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

CPL Learning & Development Ltd t/a The Cpl Institute		Pre-Hospital Emergency Care Council

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.	3
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.	3
1.6	The Institution ensures that its corporate and educational documentation, including PPPG and course material, are developed, controlled, and managed/maintained in a consistent manner.	3
1.7	The Institution ensures confidentiality, and that the security of data is protected.	3
1.8	The Institution ensures there are appropriate contracts in place with all faculty, and affiliate faculty.	4
1.9	The Institution makes PHECC QRF reports and key student facing policies, procedures, and related documentation available to the public, without request.	4
1.10	The Institution has effective systems for recruitment and induction of staff/faculty.	2

Standard 2: Course Development and Maintenance

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

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

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.	3
3.5	The Institution ensures that faculty have access to suitable resources as necessary to support the delivery of PHECC courses.	2
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.	2

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.	4
4.2	The Institution ensures the student is informed about the assessment system and its potential outcomes.	4
4.3	The Institution has mechanisms in place to provide reasonable accommodation for students with additional learning needs.	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.	4
4.6	The Institution ensures that blended learning content is supported with clear information regarding access to modules and how to access technical support, if required. Applies only if Institution is providing PHECC course via blended learning.	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

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 conduct 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.	4
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.	3

Standard 6: Learning Organisation	

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

	Criteria	Rating Score
6.1	There are effective institutional quality management systems in place to support self-analysis and to drive continuous quality improvement.	3
6.2	The Institution systematically monitors its education/training activities against internal quality indicators.	3
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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