

Quality Review Framework

Assessment Report

City of Dublin Educational & Training Board

March 2026

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 City of Dublin Educational & Training Board, an Approved Training Institution, authorised by PHECC to deliver pre-hospital emergency care education and training in Ireland since 2009. City of Dublin Educational & Training Board 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>156</td></tr> <tr> <td>Total score as percentage</td><td>95%</td></tr> <tr> <td colspan="2"> </td></tr> <tr> <td>Assessment Outcome Rating</td><td>Acceptable</td></tr> </table>	No of criterion assessed	41	Maximum score available	164	63% of Max =	103	Assessment Results		Total score achieved	156	Total score as percentage	95%			Assessment Outcome Rating	Acceptable
No of criterion assessed	41																
Maximum score available	164																
63% of Max =	103																
Assessment Results																	
Total score achieved	156																
Total score as percentage	95%																
Assessment Outcome Rating	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	 28 August 2026																

3. Assessment Participants

Organisation	PHECC Assessment Team
Director of Transformation & Knowledge (FET) City of Dublin ETB	Lead Assessor
Principal Organiser Educational Service to Prisons City of Dublin ETB	Assessor
Librarian City of Dublin ETB Curriculum Development Unit City of Dublin ETB PHECC Coordinator	
Tutor x 4 (of which 2 are Internal Verifiers) Student x 2	

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: Communications, recruitment, lesson plans, and key performance indicators (KPI).

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 has an extensive governance structure commensurate to its role and scope and size of operations. There is a specific structure to address the delivery and quality of PHECC courses. There is a clear organisational chart, supported by documentation that details roles and responsibilities of each position. There is a Director of Operations and Quality, and a PHECC Coordinator supported by Instructors and a PHECC Tutor, a librarian, Internal Verifiers and an Online Learning Platform Supporter. External Authenticator is carried out by a panel of trained personnel within the Institution who are current and retired teachers, however, they are independent of the Institution.

Area(s) of Good Practice

The Institution has specific named individuals with specific responsibilities relating to the provision of PHECC courses.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Institution has, through its website, identified its mission, vision and values to stakeholders. There are extensive policies, procedures and guidance relating to Equality and Dignity at work. The student profile has changed significantly in recent years and includes many nationalities and educational backgrounds. There is a wide range of supports available to facilitate the many students who come from a wide variation of educational and cultural backgrounds.

Area(s) of Good Practice

The Institution has good support in place for students in need of additional structures.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Institution provided samples and examples of communications to stakeholders regarding its governance processes and related responsibilities. Prisons obviously have different access to the Internet, which is designed to give equivalent support. Posters and infographics (with AI assistance) are in use. There are regular meetings documented at Senior Management level. Communication from Senior Management to educators currently takes place mainly through email and documentation.

Area(s) of Good Practice

Good method of communication from the Institution to individual sites and Instructors.

Area(s) for Improvement

The Institution is advised to improve the feedback loop on communications to Instructors to ensure communications are read and understood.

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 Assessment Team reviewed a strong risk management framework. In discussion, Representatives of the Institution gave good examples of the identification of potential risks. The risk management model in use comes from the insurance industry. The risk register is reviewed annually. Feedback is sought from all centres.

Area(s) of Good Practice

The Institution has a strong risk management framework with responsibilities clearly defined.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Institution provided the Corporate Safety Statement as evidence. It is obvious from the various submitted documents that the Institution is aware of and compliant with various other pieces of legislation. There is a comprehensive section in policies that relates to relevant regulatory requirements.

Area(s) of Good Practice

The relevant legislation is inbuilt in the Institution's policies.

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 Assessment Team evidenced that documentation including policies, procedures, protocols and guidance (PPPG) and course material is developed, controlled, and managed/maintained in a consistent manner. Evidence of serial review meetings was reviewed, and there is feedback considered from all stakeholders, and External and Internal Verifiers. Planning is already in place for 2026 Clinical Practice Guidelines (CPG) and for the upcoming First Aid Essentials (courses).

Area(s) of Good Practice

The Institution ensures its PPPG and course material is developed, controlled, and managed in a consistent manner, with evidence of serial review meetings and stakeholder feedback informing the process.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 1

Criterion

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

Rating

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

Assessment Findings

The Institution has extensive policies and guidance in place to ensure confidentiality and security of data is protected. There is a Data Protection Officer and a team at corporate level for the overall organisation. There is further data protection training for all centres and special considerations within the prison service. There is a risk management strategy that ensures all relevant data is disposed of confidentially when required. There are multiple sites across the organisation that have confidential waste bins.

Area(s) of Good Practice

The Institution maintains confidentiality and data security, supported by a Data Protection Officer at corporate level, dedicated training for all centres, and confidential waste arrangements across multiple sites.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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 verified appropriate contracts in place with all Faculty. All Instructors delivering PHECC courses are initially recruited as teachers by the Institution.

Area(s) of Good Practice

The Institution has appropriate contracts in place for all Faculty and affiliate Faculty.

Area(s) for Improvement

No specific observations 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

The previous PHECC QRF Assessment Report is available through the Institution's website and key student facing PPPG, and related documentation is also available on the its website.

Area(s) of Good Practice

The Institution makes the previous PHECC QRF Assessment Report and key student-facing PPPG and related documentation available to the public without request through its website.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 1

Criterion

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

Rating

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

Assessment Findings

Evidence of induction for PHECC Instructors was reviewed. Staff is mostly permanent and there is little turnover. There is good succession planning in place; each centre has an annual meeting with Head Office predicting staff requirements. Staff are flexible in filling gaps as necessary for PHECC courses. Instructors are already teachers in the wider organisation and there is some recruitment within the Institution for PHECC Instructors. Many of the Instructors have experience within voluntary organisations. All Instructors are qualified with the Teaching Council. Representatives explained that constrained budgets and other teaching duties may be impacting on the availability of Instructors, and expanding workforce skill set requires constant management.

Area(s) of Good Practice

Induction takes place for personnel involved in teaching PHECC courses.

Area(s) for Improvement

The Institution may benefit from recruiting or training further PHECC Instructors or from having existing PHECC Instructors released from other duties.

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 documented structure for academic governance. There is a Coordinator appointed for PHECC courses across the Institution. There is a structure for monitoring of Instructors, upskilling and recertification. Instructors are monitored annually in person by the PHECC coordinator and Internal verification is also monitored.

Area(s) of Good Practice

The Institution maintains a documented academic governance structure with a designated PHECC Coordinator and a structured annual monitoring framework for Instructors and Internal Verifiers.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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 systems and processes in place for designing, developing and reviewing course content. There is a well-qualified PHECC Tutor in place who oversees this process. Approval of course content occurs by Faculty review and updates. Strategy meetings take place for governance and verification of content.

Area(s) of Good Practice

The Institution operates systems and processes for designing, developing, and reviewing course content, overseen by a well-qualified PHECC tutor, with content approval via Faculty review and strategy meetings for governance and verification.

Area(s) for Improvement

No specific observations 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 verified adequate evidence to demonstrate that all PHECC courses meet the requirements as outlined in the PHECC Education & Training Standards, and the PHECC Teaching Faculty Framework for that level. In many cases, additional time and skills practice is available to students and especially so where students require additional support.

Area(s) of Good Practice

The Institution ensures that additional time is given to students who require additional support.

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

Lesson plans reflect the requirements in the PHECC Education & Training Standards for each course. The teaching and learning methodology is outlined. Timings for each section are given, however, they are designed to be flexible to provide additional practice if required. Lesson plans lacked detail to ensure consistency between educators.

Area(s) of Good Practice

There are lesson plans for each PHECC course.

Area(s) for Improvement

The Institution should consider making lesson plans more detailed so other educators would maintain the Institution's messages efficiently and cohesively.

Standard 2

Criterion

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

Rating

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

Assessment Findings

The presentations submitted show that course content is relevant and with good instruction and practice, and is likely to achieve the desired learning outcomes and objectives. Course returns show that Instructors are supportive and provide additional remediation as required. Student feedback is complimentary.

Area(s) of Good Practice

The Institution's course content is relevant to learners' needs, with presentations evidencing achievement of learning outcomes.

Area(s) for Improvement

No specific area of improvement was 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 verified that there are adequate systems and processes in place to ensure that the course content is accurate and up to date. The Institution's online learning platform is put to good use to keep Instructors informed and the PHECC website is monitored for any changes.

Area(s) of Good Practice

The Institution uses its online learning platform effectively to keep Instructors informed.

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 reviewed documents that show that all Faculty have up to date credentials for the courses taught and that recertification has recently taken place. Recertification was managed in house by PHECC Tutor/Senior Instructor.

Area(s) of Good Practice

Recertification is well managed 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

The Assessment Team verified that there are adequate numbers of Faculty to deliver the number of courses currently anticipated. However, there is some difficulty in recruiting PHECC Instructors, which may constrain the number of courses that can be taught.

Area(s) of Good Practice

The Institution has adequate numbers of Faculty to deliver the courses currently anticipated.

Area(s) for Improvement

The Institution may benefit from the recruitment of more Instructors.

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

Courses have defined content and delivery methodology. The Assessment Team note that although there is content delivery methodology, further detail is lacking particularly in relation to student activity and outcomes.

Area(s) of Good Practice

The Institution operates defined content delivery methodologies aligned with effective teaching and learning practice across all PHECC courses delivered.

Area(s) for Improvement

The Institution should review its lesson plans to bring in more defined activities and outcomes for students.

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

There was adequate evidence presented that verified locations used for teaching PHECC courses are assessed and suitable as learning environments. All sites used for teaching are classrooms in normal use in by the Institution.

Area(s) of Good Practice

The Institution has good classroom facilities.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 3

Criterion

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

Rating

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

Assessment Findings

Resources necessary to support the delivery of PHECC courses are adequate for the needs of the Faculty. There is specific Online Learning Platform access for PHECC courses with all the material and information they might require for courses.

Area(s) of Good Practice

The Institution provides a dedicated Online Learning Platform for PHECC courses containing all course material and information required by Faculty, supporting consistent course delivery across sites.

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

Adequate evidence of recording and quality assurance monitoring was reviewed by the Assessment Team. There was good feedback from the Internal Verifier to Instructors. Monitoring of Instructors is taking place on an annual basis.

Area(s) of Good Practice

The Institution conducts quality assurance monitoring of PHECC course delivery.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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

Evidence was presented and reviewed, which demonstrated that Faculty members have maintained their teaching currency relating to PHECC courses. Recertification has taken place in 2025 with plenty of two-way communication between Instructors and PHECC Tutor before and after.

Area(s) of Good Practice

The Institution's Faculty was recertified in 2025.

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

There is an effective Faculty competence monitoring system in place. The Assessment Team reviewed evidence of monitoring taking place annually.

Area(s) of Good Practice

The Institution has an effective Faculty competence monitoring system is in place.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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 Assessment Team verified that Students have access to an Online Learning Platform and there is access to PPPG on the Institution's website for prospective students. There is further evidence that students have access to other support services if required. Information would be provided for students who may not necessarily have access to the Online Learning Platform or Internet. Student feedback was very good in this regard.

Area(s) of Good Practice

Access to supports is covered in Induction and there are formal and informal procedures for students with particular needs to access supports as necessary.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

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

Rating

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

Assessment Findings

The Assessment Team verified that students are informed about the assessment system and its potential outcomes during the first lesson on the course. In discussion, students were fully aware of the pathway and when and how assessments would be happening.

Area(s) of Good Practice

The Institution ensures students are informed about the assessment system and its potential outcomes during the first lesson.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

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

Rating

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

Assessment Findings

The Assessment Team note that the Institution has adequate mechanisms in place to inform students about, and to provide, reasonable accommodation for students with additional learning needs. Any request for accommodation is considered, and every effort is made to accommodate same. There is a dedicated team to address support. Assessment of learning needs is also in place and utilised to assess the need to provide additional support.

Area(s) of Good Practice

The Institution maintains comprehensive documentation of application and decisions/appeals.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

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

Rating

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

Assessment Findings

The Assessment Team verified that students have adequate opportunities and mechanisms to provide feedback to the Institution with end of course questionnaires, online surveys and direct feedback to Instructors.

Area(s) of Good Practice

The Institution provides adequate opportunities and mechanisms for student feedback and employs several methods to feedback.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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

There are adequate mechanisms in place to make students aware of their right to appeal an institutional or academic decision. Students are made aware of and can access the appeal process.

Area(s) of Good Practice

The Institution ensures students are aware of their right to appeal and how to access this process.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 4

Criterion

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

Rating

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

Assessment Findings

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 has an effective Assessment Policy and implements its documented processes and procedures. The Assessment Policy and procedures for PHECC courses have been aligned with the general assessment policies of the Institution while still meeting PHECC requirements demonstrating an integrated and effective approach to assessment governance.

Area(s) of Good Practice

The Institution's Assessment Policy meets PHECC requirements.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 5

Criterion

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

Rating

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

Assessment Findings

The Institution has developed assessment material appropriate to the Instructor courses taught at CFR-C and FAR levels. Evidence of development meetings was reviewed.

Area(s) of Good Practice

The Institution has developed assessment material appropriate to the CFR-C and FAR Instructor courses delivered.

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 Assessment Team reviewed samples of very detailed feedback to students and of evidence of remediation, which meets the requirements of this criterion. Good evidence of remediation.

Area(s) of Good Practice

The Institution ensures detailed feedback is recorded and retained.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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 Institution provides adequate opportunities for students to make requests for reasonable accommodation during the assessment process and there are suitable arrangements in place to facilitate same.

Area(s) of Good Practice

Students are made aware of the process to apply for additional learning needs.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 5

Criterion

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

Rating

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

Assessment Findings

The Institution provided adequate evidence of Quality Assurance-based monitoring of course assessment. There is appropriate Internal Verification and a thorough External Authentication process in place.

Area(s) of Good Practice

The Institution has dedicated Internal Verifiers.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

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 reviewed policies, procedures and evidence that verified that the Institution meets the requirements of this criterion.

Area(s) of Good Practice

The Institution has effective policies and procedures in place.

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 Institution has quality management systems in place and strives to have continuous quality improvement. The Assessment Team verified that the Institution monitors education material including session delivery by educators via the Internal Verifier. Feedback is given to the educators. Information is shared across the training sites. The Assessment Team note a lack of Key Performance indicators (KPI) for some relevant areas.

Area(s) of Good Practice

The Institution operates quality management systems including monitoring of education material and session delivery by Internal Verifiers, with feedback provided to educators and information shared across training sites.

Area(s) for Improvement

The Institution should review activities and create relevant KPI to measure metrics and trends.

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 KPI, which are more of a to-do list reflecting completion of items. External Verification was brought in last year and was used as an example of achievement of a KPI.

The Institution monitors activities relating to education and training. The data is used to create reports that are reviewed at Senior Management meetings. The Assessment Team note a lack of KPI for relevant areas.

Area(s) of Good Practice

The Institution systematically monitors training activities, producing reports for Senior Management meetings, with the External Authenticator engagement during the previous year evidencing institutional commitment to quality assurance.

Area(s) for Improvement

The Institution is advised to review its KPI to reflect measurable improvable items in all relevant areas.

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 reviews its policies, procedures, processes and guidelines (PPPG) regularly and has clear institutional governance. There was clear evidence of regular review of PPPG. Some documentation had not been reviewed within its review date.

Area(s) of Good Practice

The Institution maintains a regular review schedule for its PPPG, with clear institutional governance underpinning the review framework.

Area(s) for Improvement

The Institution is advised to use the system already in place to ensure all of its PPPG are reviewed within the appropriate 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

The Institution has mechanisms in place to monitor the effectiveness of its teaching and learning methodologies.

Area(s) of Good Practice

Instructors are monitored annually and student evaluations are reviewed and are very good.

Area(s) for Improvement

The Institution is advised to review its lesson plans to bring in more defined activities and outcomes for students, and to review its KPI to reflect measurable improvable items.

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 and External Verification both take place. Course reports from Instructors and student feedback are reviewed. Instructors are monitored for compliance with PHECC standards and the use of PHECC teaching and examination material where appropriate.

Area(s) of Good Practice

The Institution conducts both Internal and External Verification of its course activities, reviewing course reports and student feedback, and monitoring Instructors for compliance with PHECC Standards.

Area(s) for Improvement

No specific observations noted by the Assessment Team.

Standard 6

Criterion

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

Rating

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

Assessment Findings

There is adequate evidence to confirm that students have access to good quality classrooms and equipment for PHECC courses. Further, the students have access to an online learning platform and have ample opportunities to request support before, during, and after their training course. Alternative arrangements are in place for students who may not have the means of accessing the learning platform or Internet.

Area(s) of Good Practice

The Institution provides appropriate resources to effectively support students' 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
38	23	30	20	24	21	156
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	156
Total score as percentage	95%
Assessment Outcome Rating	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 City of Dublin Education Training Board in accordance with Council Rules for Recognition of Institutions and Approval of Training Institutions (RUL006) is unaffected.

City of Dublin Education Training Board 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 City of Dublin Education Training Board in the upcoming licensing period.

Assessment Outcome Rating

Acceptable

Standard 1: Effective Governance

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

Criteria		Rating Score
1.1	The Institution is structured to maintain effective corporate governance and accountability that is commensurate to the scope and size of operations.	4
1.2	The Institution identifies its mission, vision, and values to stakeholders to ensure a positive learning environment free from cultural bias or discrimination.	4
1.3	The Institution provides its stakeholders with clear and effective communication regarding the Institution's governance processes and their related responsibilities.	3
1.4	The Institution maintains a Risk Management Framework that includes a reporting system and a process for identifying potential risks.	4
1.5	The Institution observes industry relevant regulatory requirements commensurate to the scope and size of operations.	4
1.6	The Institution ensures that its corporate and educational documentation, including PPPG and course material, are developed, controlled, and managed/maintained in a consistent manner.	4
1.7	The Institution ensures confidentiality, and that the security of data is protected.	4
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.	3

Standard 2: Course Development and Maintenance

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

Criteria		Rating Score
2.1	The Institution has a documented structure for academic governance and accountability that is commensurate to the size and scope of its operations.	4
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.	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.	3	
3.3 Each course has defined content delivery methodology aligned with effective teaching and learning practice. This Criterion will not apply to institutions who teach only CFR-C. It will apply to all other PHECC courses.	3	
3.4 The Institution has systems in place to ensure that all locations where education is conducted are assessed and are suitable as learning environments.	4	
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.	4	
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.	4	
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.	4	
4.4 Students are made aware of the opportunities and mechanisms to provide feedback to the Institution during, or after a course.	4	
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	
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.	4
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.	4
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.	4
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.	3
6.3	The Institution ensures review of its policies, procedures, processes, and guidelines (PPPG) related to its educational activities and institutional governance.	4
6.4	The Institution monitors the effectiveness of its teaching and learning methodologies.	3
6.5	The Institution conducts review to ensure its course activities meet the requirements of the relevant PHECC Standards.	4
6.6	The Institution reviews to ensure that the learners have access to appropriate resources to effectively support their learner needs.	4



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