

Quality Review Framework

Composite Report

Irish Heart Foundation

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### 1. Institution Details

|                                     |   |
|-------------------------------------|---|
| <b>Name</b>                         | Irish Heart Foundation                        |
| <b>Address</b>                      | 17-19 Rathmines Road Lower, Dublin, D06C780   |
| <b>Type of Organisation</b>         | Voluntary Organisation                        |
| <b>Profile</b>                      | Approved Recognised Institute since 2009      |
| <b>PHECC Courses Delivered</b>      | CFR Community<br>CFR Community Instructor tor |
| <b>Higher Education Affiliation</b> | Not Applicable                                |

### 2. Review Details

|                                   |   |
|-----------------------------------|---|
| <b>Purpose</b>                    | <ul style="list-style-type: none"> <li>To facilitate the enhancement of a successful learning experience for students</li> <li>To foster a culture of Continuous Quality Improvement in Institutions</li> <li>To generate public confidence in the standard of education and training in pre-hospital emergency care</li> </ul> |
| <b>Scope</b>                      | <ul style="list-style-type: none"> <li>The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework.</li> </ul>   |
| <b>Date of the Desktop Review</b> | January and February 2024   |
| <b>Date of Onsite Review</b>      | 11th March 2024   |

### 3. Report Details

|  |   |
|--|---|
| <b>Draft report sent to Institution for feedback</b> | 17th May 2024   |
| <b>Final report sent to Institution</b>              | 24th June 2024  |
| <b>Director Approval</b>                             |  |
| <b>Date</b>  | 21st june2024   |
| <b>Report Compiled by</b>                            | QRF Assessment Team   |

## 4. Review Activities

### 4.1 Meetings

| <b>Opening Meeting</b> |  |
|------------------------|--|
| <b>Organisation</b>    | <b>Role</b>                            |
| PHECC                  | Lead Assessor                          |
| PHECC                  | Quality Review Panel Member            |
| PHECC                  | Accreditation Manager (Observer)       |
| Irish Heart Foundation | Resuscitation Programme Manager        |
| Irish Heart Foundation | ACLS Co-ordinator                      |
| Irish Heart Foundation | Resuscitation Department Administrator |
| Irish Heart Foundation | Resuscitation Department Administrator |
| <b>Closing Meeting</b> |  |
| <b>Organisation</b>    | <b>Role</b>                            |
| PHECC                  | Quality Review Panel                   |
| PHECC                  | Accreditation Manager (Observer)       |
| Irish Heart Foundation | Resuscitation Programme Manager        |
| Irish Heart Foundation | ACLS Co-ordinator                      |

### 4.2 Stakeholder Discussions

| <b>Title/Group</b>     | <b>Role</b>                                |
|------------------------|--|
| Irish Heart Foundation | Resuscitation Programme Manager            |
| Irish Heart Foundation | ACLS Co-ordinator                          |
| Irish Heart Foundation | Resuscitation Department Administrator x 2 |

### 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and online reviews.

|   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Irish Heart Foundation Website</li> <li>Complaints Procedure</li> <li>Management policies and procedures</li> <li>Processes for Administering Resus programme</li> <li>Affiliation Information 2023</li> <li>Guide sheet for Institution instructor course 2021</li> <li>Instructor course 2020 final presentation</li> <li>Instructor</li> <li>Code of conduct policy including equality &amp; diversity</li> <li>Safety Statement 2023 v2</li> <li>Course development delivery &amp; review policy &amp; procedures</li> <li>IHF CFR community course outline for instructors</li> </ul> | <ul style="list-style-type: none"> <li>Organisational details</li> <li>Organisational chart</li> <li>Faculty recruitment &amp; Development policy</li> <li>Privacy policy &amp; data protection statement v2.</li> <li>Summary of Institution and glossary of terms 2024</li> <li>IHF Instructor monitoring form and checklist</li> <li>AHA International agreement 2023</li> <li>Quality assurance document</li> <li>Instructor course materials             <ul style="list-style-type: none"> <li>Reference Guide for training site co-ordinators</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Reference Guide for BLS Provincial faculty members 2024</li> <li>AHA Programme Administration Manual (PAM)</li> <li>Instructor portal for instructor information</li> <li>Child Protection Welfare policy 2022</li> <li>Garda Vetting policy and procedure 2023</li> <li>Quality Assurance doc 2024</li> </ul> |
|---|---|---|

### 4.4 Observation of Practice, Facilities and Resources

**Practice – e.g. Course delivery, administration, clinical placement** (add rows as required)

| Location                      | Comments |
|-------------------------------|----------|
| Not applicable, online review |          |

**Facilities** (add rows as required)

| Location                      | Comments |
|-------------------------------|----------|
| Not applicable, online review |          |

**Resources – e.g. equipment, ICT, course material, etc** (add rows as required)

| Location                      | Comments |
|-------------------------------|----------|
| Not applicable, online review |          |

## 5. Compliance Rating and Level

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

1. Add the CR for each applicable component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.
3. Check for the compliance level on the matrix and record on the SAR.

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

## 6. QRP Findings

### 6.1 Theme 1: Organisational Structure and Management

| Quality Area  | 1.1 Governance  | Level |
|---|---|-------|
| Quality Standard  | The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses. | SM    |
| <b>QRP Findings</b>   |   |       |
| The Institution is led by the Board, which is responsible for overall strategic direction, leadership, governance and oversight and management of the organisation. There is a well-defined organisational chart that details the governance structure. The senior management team report to the Board and the Chief Executive officer. In relation to PHECC approved courses, the Lead of the Health Promotion, Information and Training team (HPIT) regularly reports into the senior management team. The resuscitation team lead (Manager) informs the lead of the HPIT of relevant information. There is evidence of regular meetings between all internal structures. |   |       |
| <b>Areas of Good Practice</b>   |   |       |
| There is a good culture of internal communication that ensures important information is delivered freely, which contributes to the quality improvement process.   |   |       |

| <b>Areas for Improvement</b>   |  |           |
|--|--|-----------|
| The Institution could improve minute taking of the regular governance meetings.  |  |           |
| Quality Area   | 1.2 Management Systems and Organisational Processes  | Level     |
| Quality Standard   | The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.                     | <b>SM</b> |
| <b>QRP Findings</b>  |  |           |
| The Institution is a heart and stroke charity that delivers education in resuscitation that includes the PHECC CFR community and instructor programmes. There is an international training agreement in place with an external association and a historic agreement with PHECC that allows for their material be used in conjunction with PHECC proprietary material in achieving the award of PHECC CFR community certification. There is an appointed, very active data protection officer in place. The Institution ensure that required insurances are place for each affiliated training site. There is a verified complaints policy and a child safeguarding policy and statement. |  |           |
| <b>Areas of Good Practice</b>  |  |           |
| There are very good processes in place regarding data protection and training site affiliation. The Institution have produced excellent guides for training site coordinators and have a very open approach to complaints.   |  |           |
| <b>Areas for Improvement</b>   |  |           |
| The Institution should revisit their child safeguarding policy and include vulnerable adults. Insurance checks are in place, however, these should be reviewed annually. The Institution should revisit their complaints policy and standardise information on how to make a complaint.  |  |           |
| Quality Area   | 1.3 Continuous Quality Improvement   | Level     |
| Quality Standard   | The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities. | <b>SM</b> |
| <b>QRP Findings</b>  |  |           |
| The Institution complete an annual Self-Assessment Report and Quality Improvement Plan. The Institution receives feedback from training sites that relates to course evaluations. When new course material is developed by the external association and PHECC, the Institution roll out and advise all instructors of new changes. There is evidence that the provincial faculty and training site co-ordinators conduct systematic monitoring of instructors and course returns, respectively.  |  |           |
| <b>Areas of Good Practice</b>  |  |           |
| The roles of the training site coordinators and provincial faculty are well established and developed to ensure a quality approach is applied to all training activities.  |  |           |
| <b>Areas for Improvement</b>   |  |           |
| The Institution should develop a system to allow training sites collate student feedback and report trends to the resuscitation manager who can better inform the governance structure.  |  |           |

| Quality Area  | 1.4 Transparency and Accountability   | Level |
|---|---|-------|
| Quality Standard  | The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders. | SM    |
| <b>QRP Findings</b>   |   |       |
| There is evidence of a clear reporting structure within the Institution. This was evidenced during the engagement by reviewing meeting minutes that captured these interactions. The organisational chart outlines the responsible individual in each area. The detail of each affiliated site is displayed on the Institution's website. This includes location, phone and email details and courses delivered on behalf of the Institution. Annual reports are published and easily accessible on the website to ensure transparency. |   |       |
| <b>Areas of Good Practice</b>   |   |       |
| All annual reports and financial statements are available and easily accessible on the Institution website.   |   |       |
| <b>Areas for Improvement</b>  |   |       |
| The annual report is made available to the public and the Quality Review Framework Report is available on the PHECC website. It would be beneficial for the public if the Institution provided access links on their website to their QRF Report on the PHECC website.  |   |       |

## 6.2 Theme 2: The Learning Environment

| Quality Area  | 2.1 Training Infrastructure  | Level |
|---|--|-------|
| Quality Standard  | Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards. | SM    |
| <b>QRP Findings</b>   |  |       |
| There is evidence of health and safety education delivered during the instructor programmes. The affiliation process requires that each site maintains their respective policies and procedures for Health and Safety. There are policies and procedures in place for all internal office staff. The Institution issues strict guidelines for manikin/student ratios and manikin hygiene. This is part of the criteria included on the instructor monitoring form that is completed by Provincial Faculty members. The Institution relies on training sites to maintain and update equipment locally. There are periodic inspections of training sites, and this is part of the criteria included on the instructor monitoring form that is completed by Provincial Faculty members. The Institution issues a reference guide to all training site coordinators that includes directions regarding equipment and resources. The Provincial Faculty monitor compliance during the recertification process. |  |       |
| <b>Areas of Good Practice</b>   |  |       |
| There is clear guidance provided by the Institution to ensure the quality of course delivery in relation to equipment and resources.  |  |       |
| <b>Areas for Improvement</b>  |  |       |
| The Institution would benefit from the development of a venue suitability checklist for use by instructors to evidence that appropriate facility checks have been carried out.  |  |       |



| Quality Area   | 2.2 Student Support   | Level |
|--|---|-------|
| Quality Standard   | A positive, encouraging, safe, supportive and challenging environment is provided for students.   | FM    |
| <b>QRP Findings</b>  |   |       |
| <p>The Institution maintains an instructor database and only those in date may deliver courses. Training site coordinators ensure that all administrative paperwork is correct before certificates can be issued. The CFR course is delivered using the external association material in combination with the PHECC Institution supplemental material. The Institution has strict guidelines in place to ensure that students receive a quality learning experience. Course rosters are supplied and allow a maximum of one instructor per six students for certification. Instructors highlight the availability of additional supports for students and the PHECC material ask students to identify an issue they may have to the instructor. Reasonable accommodation is allowed for students with documented learning difficulties or physical issues.</p> |   |       |
| <b>Areas of Good Practice</b>  |   |       |
| <p>There is a positive and open attitude towards students and a robust system in place to ensure a low instructor student ratio is maintained.</p>   |   |       |
| <b>Areas for Improvement</b>   |   |       |
| <p>None identified.</p>  |   |       |
| Quality Area   | 2.3 Equality and Diversity  | Level |
| Quality Standard   | There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.        | SM    |
| <b>QRP Findings</b>  |   |       |
| <p>There is a documented equality and diversity policy noted in the guide for training site coordinators. There is a separate policy in place for Institution staff. The CFR course is a proprietary course that provides the best learning experience for most learner types. The 'practice while watching' approach encompasses many learning styles and particularly targets kinaesthetic type learners.</p>  |   |       |
| <b>Areas of Good Practice</b>  |   |       |
| <p>There is a practical approach to equality and diversity.</p>  |   |       |
| <b>Areas for Improvement</b>   |   |       |
| <p>The Institution would benefit from developing a more detailed standalone equality and diversity policy for use by all faculty and training sites.</p>   |   |       |
| Quality Area   | 2.4 Internship/Clinical Placement   | Level |
| Quality Standard   | <i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved | N/A   |
| <b>QRP Findings</b>  |   |       |
| <p>Not Applicable</p>  |   |       |

|                               |
|-------------------------------|
| <b>Areas of Good Practice</b> |
| Not Applicable                |
| <b>Areas for Improvement</b>  |
| Not Applicable                |

### 6.3 Theme 3: Human Resource Management

| Quality Area  | 3.1 Organisational Staffing   | Level     |
|---|---|-----------|
| <b>Quality Standard</b>   | The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities. | <b>SM</b> |
| <b>QRP Findings</b>   |   |           |
| <p>The Institution's instructor courses are commercially advertised. Each training site ensures that they have sufficient faculty members to run the required number of CFR community courses. The high number of instructors and training sites ensures that all training activities can be maintained. Each instructor completes an instructor programme and must recertify every two years. It is agreed with PHECC that the Heartsaver and BLS courses with the additional Institution supplement meets the education and training requirements for the CFR course. Each instructor is provided with access to the instructor portal. This allows access to course rosters, skills assessment sheets, and student evaluations, and ensures consistency in how each course is administered. There is a combined child protection policy and safeguarding statement available on the Institution's website but this does not reference vulnerable adults. The Institution do not request that instructor's complete child safeguarding training or Garda vetting but makes the training sites aware that many organisations requiring CPR training may request this in advance of a course. Instructors are expected to conduct themselves in a manner that would never bring the Institution into disrepute or potentially impact any of the candidates who are attending classes. There is a contract in place for all Institution staff. New instructors and recertifying instructors receive an information sheet detailing the roles and responsibilities of the role.</p> |   |           |
| <b>Areas of Good Practice</b>   |   |           |
| The instructor portal is a beneficial system that ensures uniformity of course records and acts as a repository for instructor resources.   |   |           |
| <b>Areas for Improvement</b>  |   |           |
| The Institution should revisit policies to include considerations of vulnerable adults. It would also be beneficial to standardise the formatting of all policies and improve version control of the documents.   |   |           |

| Quality Area   | 3.2 Personnel Development   | Level     |
|--|---|-----------|
| <b>Quality Standard</b>  | The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training. | <b>SM</b> |
| <b>QRP Findings</b>  |   |           |
| <p>The Institution emails updates and new information to each instructor’s individual email. When the external association or PHECC issue new guidelines, the Institution arrange for an update programme to be delivered to all faculty This includes orientation to new materials and explanation of the guidelines. Each instructor completes a standardised Institution instructor programme. There is an annual training site coordinator workshop that provides information about the roles and responsibilities for all PHECC courses. The Institution database maintains records of all courses that instructors teach on. There is currently no Continuous Professional Competence requirements for PHECC instructors in the PHECC Education and Training Standards other than the requirement to teach four courses over a two-year period. The Institution ensures this requirement is met for all instructors delivering the CFR programme. There is a performance management system in place for Institution staff. Provincial faculty members appraise instructors during the recertification process.</p> |   |           |
| <b>Areas of Good Practice</b>  |   |           |
| <p>There are regular communications and updates to all instructors, and this was evidenced during the engagement.</p>  |   |           |
| <b>Areas for Improvement</b>   |   |           |
| <p>The Institution would benefit from arranging the annual provincial faculty meeting as this cohort provide support and monitoring of all Institution instructors. This would be an opportunity for feedback and disseminating the Institution’s goals. This has previously been done but has not recommenced since COVID.</p>  |   |           |
| Quality Area   | 3.3 Personnel Management  | Level     |
| <b>Quality Standard</b>  | A systematic approach is taken to managing all individuals and groups engaged in education and training activities.   | <b>SM</b> |
| <b>QRP Findings</b>  |   |           |
| <p>Memos are circulated to provincial faculty members, training site coordinators and instructors. Feedback from faculty is provided informally to the training site coordinator or the resuscitation manager. There is an open-door policy in place, but the Institution does not formally seek instructor feedback. Ratios and instructor certification are reviewed by the training site coordinators. Instructor identification cards and expiry dates are required when submitting all course rosters. The Institution’s database stores dates of and numbers of courses taught by instructors. All course paperwork is audited. It is mandatory to have completed an Institution instructors' course to use the external association’s material. There are no external visiting experts delivering this course. All Institution instructors are monitored and observed delivering a course every 2 years by provincial faculty and there is a remediation process in place. There is evidence of lapsed instructors repeating the full course, which supports robustness of the quality processes in place.</p>    |   |           |
| <b>Areas of Good Practice</b>  |   |           |
| <p>The system for course returns and the approach to instructor monitoring demonstrates good oversight of instructors.</p>   |   |           |

| <b>Areas for Improvement</b>  |  |           |
|---|--|-----------|
| The Institution would benefit from regularly seeking feedback from instructors and provincial faculty, collating this information, and providing suggestions for improvement for each affiliated site.  |  |           |
| Quality Area  | 3.4 Collaborative Provision  | Level     |
| Quality Standard  | Appropriate contractual and quality assurance arrangements are in place with contracted staff. | <b>FM</b> |
| <b>QRP Findings</b>   |  |           |
| All training sites offering PHECC approved courses must have a contract of affiliation with the Institution. The Institution training site administration manual contains clear guidelines on who can carry out activities on behalf of the Institution. Review of training site activity is completed by the Institution and evidence was viewed during the engagement. Provincial faculty complete monitoring forms when observing on recert courses. Instructor and provincial faculty details, certification status, expiry dates, and number of courses taught are recorded on the Institution's systems. Training site coordinators, Provincial Faculty members and instructors are aware of their roles and responsibilities in relation to quality assurance, and course delivery, and this is available for them to view in the guides provided. Training site coordinators submit course returns sheets that include student and instructor information. These are viewed by the Institution's resuscitation team and recorded on the Institution's databases. Provincial faculty members return instructor monitoring/renewal paperwork to the Institution and this paperwork is reviewed by the administration team or the resuscitation manager. |  |           |
| <b>Areas of Good Practice</b>   |  |           |
| The affiliation and course returns processes ensure that good quality assurance of all courses is evidenced.  |  |           |
| <b>Areas for Improvement</b>  |  |           |
| None identified.  |  |           |

#### 6.4 Theme 4: Course Development, Delivery and Review

| Quality Area   | 4.1 Course Development and Approval                                | Level     |
|--|--|-----------|
| Quality Standard   | A systematic approach is taken to course development and approval. | <b>FM</b> |
| <b>QRP Findings</b>  |  |           |
| The Institution cannot develop PHECC or AHA course policies. The Heartsaver and CFR community courses are devised by the external association and PHECC, and their delivery in this format is obligatory. Any PHECC course updates are uploaded to the instructor portal, which includes all up to date paperwork. Memos detailing changes are sent to Provincial Faculty, instructors and training site coordinators. As the Institution are only approved to deliver the CFR proprietary courses that are pre-designed, they cannot make changes. Course timetables and lesson plans are available to instructors who are expected to use these when teaching. |  |           |
| <b>Areas of Good Practice</b>  |  |           |
| The Institution deliver the course in the format agreed with PHECC.  |  |           |

| <b>Areas for Improvement</b>  |   |       |
|---|---|-------|
| None identified.  |   |       |
| Quality Area  | 4.2 Course Delivery – Methods of Theoretical and Clinical Instruction   | Level |
| Quality Standard  | Courses are delivered in a manner that meets students’ needs and in accordance with PHECC guidelines.               | FM    |
| <b>QRP Findings</b>   |   |       |
| <p>The Heartsaver/PHECC CFR DVD is used to deliver this proprietary course. Lesson plans available on the Institution’s instructor portal. The course is designed using a kinaesthetic approach to benefit students. Ongoing monitoring of instructors at renewal by Provincial Faculty members is conducted every 2 years. All course rosters are required to have the unique instructor ID number and expiry date recorded to ensure the students are instructed by current faculty. All paperwork is audited. Only affiliated faculty can deliver course material. The Institution periodically audit training sites and monitoring of instructors at renewal is regularly completed to ensure student needs are met. The Institution has a standardised remediation policy applicable to all courses offered through training programmes.</p> |   |       |
| <b>Areas of Good Practice</b>   |   |       |
| The ‘practice while watching’ approach ensures higher information retention levels are achieved.  |   |       |
| <b>Areas for Improvement</b>  |   |       |
| None identified.  |   |       |
| Quality Area  | 4.3 Course Access, Transfer and Progression   | Level |
| Quality Standard  | Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate. | FM    |
| <b>QRP Findings</b>   |   |       |
| <p>There are no entry criteria for CFR community training – the public can complete this course. CFR community instructors must be 18 years of age or older and do not need a medical background/qualification. The Institution’s website has information on all courses delivered by them. The Institution does not set fees for CFR community course – this is supplied by the training site delivering the course. There is no recognition of prior learning for this standalone short course.</p>   |   |       |
| <b>Areas of Good Practice</b>   |   |       |
| The policy of the Institution encourages all students to access the CFR programme.  |   |       |
| <b>Areas for Improvement</b>  |   |       |
| None identified.  |   |       |

| Quality Area  | 4.4 Course Review   | Level |
|---|---|-------|
| Quality Standard  | Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.                             | SM    |
| <b>QRP Findings</b>   |   |       |
| <p>The CFR community course is developed by PHECC and while the Institution contributed to the initial review during course development, there is no ongoing review. All students complete feedback/evaluation forms. Feedback is encouraged by the Institution. Instructors can provide feedback at their instructor renewal via the monitoring form. Evaluation forms on CFR community add-on courses are retained by training site co-ordinators who collate them and provide feedback to instructors.</p>   |   |       |
| <b>Areas of Good Practice</b>   |   |       |
| <p>Student feedback is sought for every course delivered.</p>   |   |       |
| <b>Areas for Improvement</b>  |   |       |
| <p>The training site co-ordinators should collate the evaluation forms and review any trends and update the Institution with feedback. This is not formally done at present. The Institution should also seek regular feedback from instructors.</p>  |   |       |
| Quality Area  | 4.5 Assessment and Awards   | Level |
| Quality Standard  | Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria. | MDM   |
| <b>QRP Findings</b>   |   |       |
| <p>Standardised assessments are used for CFR community courses. There is no standalone assessment policy in place. Standard assessment skill sheets are used in the delivery of the course, which includes the add-on PHECC module. All paperwork is reviewed and retained by the training site coordinator. All CFR community assessment material is available on the Institution's instructor portal. PHECC CFR community is assessed using the skills assessment sheets. Students must be able to demonstrate the skill to pass the assessment. Feedback and remediation skills are taught on the instructor course and this was evidenced during the engagement. The resuscitation manager has overall responsibility for the quality in delivery of PHECC approved courses, including assessments. The resuscitation administration team review 100% of course returns. Skills sheets are not controlled documents and are freely available on the Institution and PHECC websites so there is no issue regarding security of assessment material. The required PHECC excel spreadsheet is hosted securely on the instructor portal and access is restricted. Only those with responsibility and clearance can access and manage the system. During discussions it became apparent that the training site coordinators perform internal verification, by reviewing and confirming the correctness of all course paperwork, prior to uploading it, and the excel spreadsheet, for the Institution. This process is not documented, and neither is the reality that they are the de facto internal verifiers. The Institution hold weekly online meetings with external verifiers from the external association, however this needs to be reflected in a documented policy.</p> |   |       |
| <b>Areas of Good Practice</b>   |   |       |
| <p>All course returns are inspected by the Institution resuscitation administration team.</p>   |   |       |
| <b>Areas for Improvement</b>  |   |       |
| <p>The Institution would benefit from developing a standalone Internal verification policy, outlining the training site coordinators roles and responsibilities in the internal verification process. A results approval policy</p>   |   |       |

should be developed by the Institution to document how and when certificates are issued for CFR community and CFR community instructor courses. An appeals policy and related procedures should be developed by the Institution to include grounds for appeal that includes referral to an external referee.

## 7. Conclusion and Outcome

|                   |  |
|-------------------|--|
| <b>Rating</b>     | <b>3.61</b>  |
| <b>Level</b>      | <b>Substantively Met</b>   |
| <b>Conclusion</b> | <p>The PHECC QRF Assessment Team had the opportunity to review a range of documentation provided for a desktop review and also when requested during discussions. The review was carried out virtually and provided the Assessment Team with the opportunity to discuss a range of topics with the Institution's representatives</p> <p>While the Institution only deliver the CFR community and the CFR community instructor courses on behalf of PHECC, there is a high degree of oversight and confidence that there is a robust governance process in place to ensure students receive a quality educational experience. The Institution resuscitation team demonstrated professionalism and good communication throughout the engagement and are focused on improving the quality of the education provided by the Institution.</p> |



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