



ASSOCIATION OF EMERGENCY CARE TRAINING PROVIDERS INC
Promoting quality in emergency care training

10 December 2024

New Zealand Qualifications Authority (NZQA)

Email: QAFredesign@nzqa.govt.nz

Submission: Draft integrated quality assurance framework (iQAF)

This submission is made on behalf of the membership of the Association of Emergency Care Training Providers (AECTP). It is made in good faith in my role as Chair of the AECTP.

Please contact the AECTP NZ Executive Officer at the email address provided below for any further information regarding this submission.

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Chair

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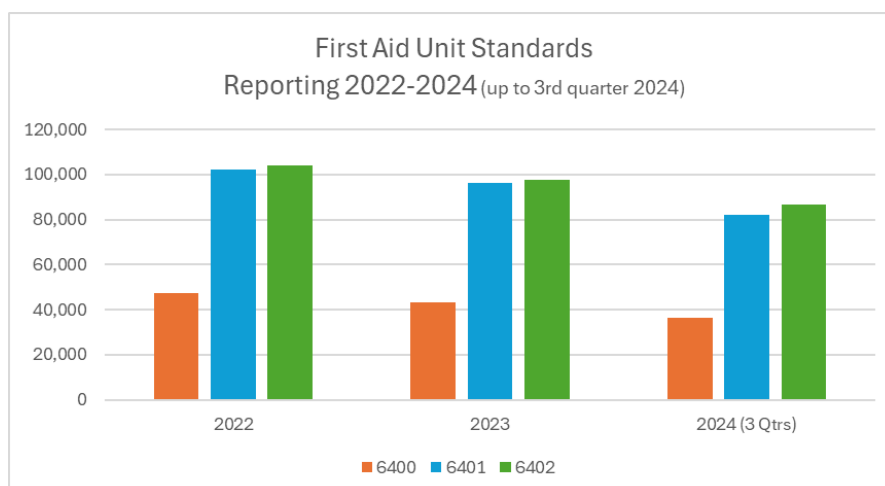
The Association of Emergency Care Training Providers (AECTP)

The Association of Emergency Care Training Providers, also known as AECTP, was formed in 2011 from a desire to drive quality first aid training across New Zealand. Currently the AECTP has over 20 members, including Private Training Establishments (PTEs), Institutes of Technology and Polytechnics, and schools. The PTEs represented by the AECTP (in this submission referred to as *First Aid PTEs* or *TEOs*) comprise approximately 80% of NZQA accredited first aid training providers. First Aid PTEs provide first aid training to a wide range of industries, education organisations, and communities. Some First Aid PTEs operate on a national scale, while others operate regionally.

The AECTP Board consists of eight member representatives, comprising two appointed by New Zealand Red Cross, two appointed by Hato Hone St John, and four elected from the independent member organisations by the AECTP membership.

Since 2014 the AECTP has been recognised by NZQA as a “Peak Body” representing the first aid training industry. We work collaboratively within our membership and with external stakeholders, including NZQA, Toitū te Waioira, Tertiary Education Commission and WorkSafe to strengthen quality of and confidence in the emergency care training sector and improve first aid treatment and survival outcomes across Aotearoa New Zealand.

Our members predominantly assess against unit standards 6402, 6401, and 6400. Our sector awards approximately 250,000 unit standards per year (see graph below, data kindly provided by Toitū te Waioira).



Submission

Introduction

Our understanding of this review

The AECTP understands that NZQA is reviewing the quality assurance of tertiary education organisations to ensure the quality assurance arrangements function as intended.

NZQA have created a draft integrated quality assurance framework (iQAF) and are now seeking feedback and ideas on the proposed iQAF. We understand that NZQA will use the feedback to help fine-tune the framework and develop the quality assurance rules, tools, processes and associated fees, which we be consulted in separately in 2025. The current plan is to implement the iQAF in 2026.

NZQA quality assurance of AECTP members

AECTP members operate as Private Training Establishments and have undergone quality assurance by NZQA for decades, including external evaluation and review (EER) since these were established in 2009. The proposed discontinuation of EER and the move to a “real time view of integrated monitoring reflecting the TEO’s risk profile” is a key change for our members and a core focus of our submission.

We estimate that AECTP members have participated in ~80 EERs since 2008. To inform our submission we have sought feedback from our members on their experience with EER and associated engagements with NZQA. This feedback has been used to inform this submission.

Structure of our submission

We provide feedback on the proposed changes under the following structure:

1. AECTP member experience with the NZQA quality assurance
2. Response to the questions in the consultation document
3. Conclusion

1. AECTP members’ experience with NZQA quality assurance

To ensure our feedback on the redesigned quality assurance framework focusses on the needs of our sector, we collated our members’ experiences with past quality assurance processes, specifically EER. We note that the consultation document does not explicitly refer to reflections on past experiences and does not include an objective to maintain aspects of the current quality assurance framework that worked well and improve those that may not have functioned as intended. We consider this to be an important aspect of the review process.

In this section we provide a summary of our members’ experiences and views as shared with us for the purpose of this submission. We encourage you to reflect on these experiences and are happy to provide examples or more detail if you would consider this helpful. The experiences of our members also informed our responses to your questions (next section). We note that the matters described in this submission were not experienced by all AECTP members.

Positive AECTP experience with past NZQA quality assurance:

1. The EER process as described in the Guide to EER¹ is purposeful, clear, and reasonable. If conducted as described, EER provide an effective and fair approach for quality assurance.
2. The 4-yearly cycle is considered positive because it creates an appropriate cycle of relatively short high intensity periods around the time of the EER (the period from scoping to reporting) during which considerable staff time needs to be allocated and longer periods in which staff can be allocated to other organisational priorities.
3. The confidence statements provide a clear assessment of provider performance by NZQA.

Negative AECTP experience with past NZQA quality assurance:

1. The cost (NZQA fees) of EER is disproportionately high for the first aid TEO context, specifically the size of most providers and the nature of first aid training (typically courses of no more than 12 hours duration). We understand that costs reflect time spent by NZQA evaluators on the EER process. Based on our members' experience, it is our view that the EER process contains many inefficiencies (see points below), which are the primary cause of the disproportionate cost.
2. Despite the similarities among providers in regard to courses they offer, compliance requirements, and the type and needs of learners and stakeholders, there have been inconsistencies in how evaluators approached EERs of different first aid providers or successive EER of the same provider.
 - a. Inconsistencies include information evaluators request, questions they ask, and the general focus they place on different aspects of the PTEs' processes and performance. We understand that there is a need for evaluators to focus on specific aspects, however, based on our members' feedback there is a large degree of inconsistency among EER, including those that of providers with similar backgrounds and EERs taking place at similar time.
 - b. There are large inconsistencies in how evaluators rate, rank, and weigh evidence among first aid PTE during EER. For example, core topics, such as trainer qualifications or international students have been dealt with in very different ways among evaluators and providers. While the same factual situation features heavily (and punitively) in the ratings of some providers, they are dealt with as minor matters in EER reports of other providers.
3. There is a lack of clarity and inconsistency on how evaluators interpret the Tertiary Education Indicators for the first aid industry. This has been adding to inconsistency among evaluators and EERs.
4. Most evaluators had no or limited experience with the first aid industry and short courses in general. It is our experience that evaluators tend to apply expectations and educational concepts to the industry that are not relevant for the first aid industry and fail to recognise and value industry-specific concepts that optimise learner outcomes. For example, for the majority of learners, first aid education is not a step on an educational pathway to

¹ <https://www2.nzqa.govt.nz/tertiary/quality-assurance/eer/guide-to-eer/> and <https://www2.nzqa.govt.nz/assets/Tertiary/External-evaluation-and-review/Guide-to-EER/eer-guidelines.pdf>

employment but instead a health and safety compliance requirement for their employment. Many evaluators fail to reflect this in their approach.

5. Many evaluators have no or limited knowledge of industry-specific compliance requirements, including the First Aid as a Life Skill document, which outlines key compliance requirements. This results in inefficiencies, as providers frequently have to educate evaluators about these compliance requirements. It is apparent that evaluators with adequate background knowledge conduct EER in a much more efficient manner.
6. Our members are aware of considerable inefficiencies in internal NZQA processes. They have been informed by evaluators or discovered through information provided by NZQA that evaluators spent excessive time searching for NZQA internal information and documents about providers (searching in electronic systems or having to ask colleagues).
7. Evaluators have made judgment on first aid subject matter that they are not qualified to make and that is outside the scope of their role as evaluator. Evaluators have also sought subject matter expertise from individuals who are not subject-matter experts, both within NZQA and external organisations.
8. Several providers have raised that it was unclear to them what evidence evaluators expect to see and what evidence would make the process more efficient. Evaluators generally say it is up the PTE, but it later becomes apparent that they have clear expectations they don't share. This leads to inefficiencies, frustration, and, in several cases, negative ratings.
9. Some EERs evaluators did not follow the documentation process of the NZQA EER guidelines. In addition to their experience during the EER process, some providers made requests for information under the Official Information Act, which enabled them to review the documentation and record keeping of evaluators. The failure to adequately document the evaluation process made it difficult for providers to recreate the evaluator's decision-making. This is a critical problem, as it creates challenges for providers in responding to draft reports, deciding on whether to request a review, or engaging in a complaint process.
10. Our members' experience is that there is a lack of improvement within NZQA in relation to EER. Issues that were identified in EER many years ago still arise despite feedback provided by providers, both to evaluators and NZQA management. Experience with successive EER of individual PTEs and shared experiences among PTEs identified little evidence of issues being addressed by NZQA and improvements being made for subsequent EER.

In summary, our view is that the current EER process as described in the Guide to EER², provides an effective and fair approach for quality assurance. However, mostly due to inconsistencies and inefficiencies in the conduct of EER of first aid providers, the current quality assurance approach has often been problematic for first aid providers. Some of the specific issues our members identified reflect unique characteristics of the first aid industry, however, most are generic. Our members also identified important positive aspects of the current past quality assurance approach.

We appreciate that the proposed draft iQAF aims to address some of the issues we identified, and we look forward to engaging with NZQA to ensure that the new approach avoids the past issues our members have experienced.

² <https://www2.nzqa.govt.nz/tertiary/quality-assurance/eer/guide-to-eer/> and <https://www2.nzqa.govt.nz/assets/Tertiary/External-evaluation-and-review/Guide-to-EER/eer-guidelines.pdf>

2. Responses to your questions

Quality assurance cornerstones

Question 1: *Do the four cornerstones describe the important elements of quality assurance? What would you change or add?*

Answer:

The four cornerstones provide a strong foundation for quality assurance. However, they should emphasise sector-specific nuances, for example the unique nature of short-course training in the first aid industry. Additionally, clarity and consistency in their application are vital to ensure fair evaluations. NZQA evaluators must be familiar with sector-specific documents, for example the 'First Aid as a Life Skill' document to accurately assess first aid training providers. Furthermore, including best-practice guidelines specific to short courses would enhance the 'cornerstones' relevance and applicability.

Some Considerations to apply to the Cornerstones:

- **Industry Alignment:** Recognise and adapt to the specific needs of different industries, such as first aid, ensuring that the QA process is relevant, fair, and efficient for the type of training provided.
- **Evaluator Consistency and Competence:** Establish robust training and guidelines for evaluators to promote consistency in focus, interpretation, and weighting of evidence. Evaluators should also demonstrate competence in the relevant industry before conducting assessments.
- **Transparent Expectations:** Clearly outline the evidence expected from TEOs, including templates or examples of continuous improvement practices, to reduce ambiguity and streamline the process.

Enablers

Question 2: *Do you think the proposed enablers will be effective in supporting the overall quality assurance approach? What would you change or add?*

Answer:

The proposed enablers could be effective but must address sector-specific challenges. For the first aid industry, enablers should focus on clear communication of expectations, tailored guidance on quality indicators, and support for implementing improvements. A major gap is the lack of familiarity evaluators seem to have with short courses. Having evaluators (term used in our submission to refer to NZQA staff involved with TEO in quality assurance processes) that are familiar with first aid-specific standards and practices, and creating templates or examples for self-review and action plans, would greatly enhance effectiveness.

The proposed enablers could be effective, but their impact depends heavily on implementation. Currently, the lack of evaluator expertise in the first aid industry, inconsistencies in evaluations, and limited documentation of processes hinder their effectiveness.

To enhance these enablers:

- Provide tailored training for evaluators in industry-specific contexts, such as first aid and short courses, so they understand unique challenges and best practices.
- Develop industry-specific best practice guidance and templates (e.g., interpreting Tertiary Education Indicators for first aid providers). This would enable TEOs to meet requirements more efficiently and consistently.
- Improve internal NZQA processes to reduce inefficiencies, such as evaluators needing to search for documents or rely on internal and external advice from less-qualified sources.
- Ensure internal NZQA processes, including data analysis, are consistently and robustly documented.

Levers

Question 3: *Do you think the proposed activities under ‘Set rules’ will help TEOs get things right the first time? What would you change or add?*

Answer:

While setting clear rules is essential, it is equally important to ensure those rules are tailored to the unique context of short courses like first aid. The process must provide unambiguous guidance on evidence requirements and compliance expectations. The rules should also include consistent interpretation by evaluators to minimize discrepancies. AECTP could play a role in co-developing industry-specific rules with NZQA to ensure alignment with first aid sector needs.

The proposed activities under “Set rules” are a good start, but additional clarity and support are required. Many TEOs struggle because expectations are not clearly communicated, and evaluators apply subjective interpretations.

Some additions could be:

- Clearly define the evidence expectations and standards for each rule, particularly for short courses like first aid, where conventional metrics (e.g., for an apprenticeship or university degrees) do not always apply.
- Ensure consistency in the application of these rules by providing very clear documentation for evaluators.
- Introduce templates and examples of continuous improvement strategies tailored to short courses to help TEOs streamline their processes.

Educate

Question 4: *Do you think the proposed activities for ‘Educate and inform’ will contribute to TEO capability? What would you change or add?*

Answer:

Yes, however, the activities need to focus on practical, industry-relevant education. Workshops or webinars specifically for short-course providers on interpreting tertiary education indicators and creating effective self-reviews would be beneficial. NZQA should provide consistent, transparent feedback and share anonymised examples (or templates) of best practices to educate TEOs on the expected standards.

Information shared with TEOs must be consistent (at least within industries), i.e., shared with all TEOs and NZQA staff involved in quality assurance. Information must also be made publicly available. This is critical so that it can be relied upon by all. NZQA could consider creating a central, online hub for sharing information, including best practice and procedures. It would also be helpful if TEOs could access peer-driven resources and case studies that demonstrate successful quality assurance implementation.

Approve

Question 5: *Do you think the proposed activities under ‘Approve’ could drive more effective and efficient processes? Do you have other suggestions?*

Answer:

The approval processes could be streamlined by ensuring evaluators are well-versed in the specific requirements of the industries they assess. Approval activities should include clear timelines, guidance on documentation, and support for smaller TEOs, which often face disproportionate burdens. Simplifying and standardising approval documentation and processes would reduce inefficiencies and ensure fairness.

One potential improvement could be a simplified or expedited approval process for well-established TEOs with proven performance histories, thus reducing the administrative burden and speeding up accreditation for new programmes or micro-credentials within established subject areas.

TEO review

Question 6: *What should be included in a succinct self-review report to assist with a TEO’s reflection and ensure the self-review is authentic?*

Answer:

A succinct self-review should include:

- Clear alignment with relevant performance / quality indicators.
- Evidence of continuous improvement and learner outcomes.
- Sector-specific performance metrics, e.g. tailored to the first aid industry.

- Honest reflections on challenges and areas for growth.
- A practical action plan with timelines for implementation.

Including a template or exemplar for short-course industries would help ensure clarity and consistency.

To ensure authenticity, the self-review should include evidence of reflective practices, such as learner feedback, staff surveys, or audit results, to back up conclusions and action plans. This should be complemented by a commitment to transparent action, showing how any challenges identified will be addressed. How NZQA ensures that this is equitable to individual TEOs will be a challenge - This should not be a one size fits all!

Question 7: *Do you like the idea of an annual discussion with NZQA based on a TEO's action plan? Please give your reasons.*

Answer:

An annual self-review and discussion requires a substantial time investment by TEO. The proposed iQAF creates a risk of staff members being almost permanently allocated to NZQA quality assurance tasks due to the high frequency of self-review and associated NZQA engagement.

Potentially, even up to 3-yearly could suffice. Whatever schedule is decided on, a periodic discussion could promote collaboration and continuous improvement. However, it must be constructive and tailored to the provider's scope. This discussion could help clarify expectations, address compliance questions, and support implementation of action plans. For smaller TEOs, the process should be proportionate to their size and scope of their courses and delivery to avoid undue burdens.

NZQA staff involved in the discussions must have minimum level of knowledge about first aid industry, including key compliance requirements and industry characteristics. There is a need for clearer communication by NZQA and better guidance around documentation and expectations.

NZQA could better support providers by:

- Developing specific guidance documents and templates tailored to the first aid sector and short courses, so providers have a clear understanding of expectations.
- Providing more transparent and consistent communication about what evaluators expect to see in terms of evidence and performance standards.
- Offering training for evaluators on the unique aspects of first aid and short-course delivery, so they understand the context in which providers operate.
- Ensuring evaluators have a clear and shared understanding of the relevant Tertiary Education Indicators, particularly how they apply to short courses and industry-specific training like first aid.
- Ensuring that evaluators follow the official NZQA documentation guidelines to ensure clarity and consistency throughout the evaluation process.
- Ensuring NZQA follows best practice for documentation in government organisations.
- Consider extending the frequency of self-reviews and discussions.

- Ensuring that the self-review process is efficient and proportionate to the complexity of the TEO (e.g., size, past performance) and training provided.

Monitor

Question 8: *Do you support a shift to more targeted, risk-informed monitoring supported by periodic monitoring? Please give your reasons.*

Answer:

A risk-informed approach could reduce unnecessary burdens for low-risk providers while focusing resources on areas needing improvement. However, the criteria for determining risk must be transparent and consistently applied. Monitoring should also account for the specificities of short courses and ensure that evaluations relevant/industry specific.

In the way it is drafted at this stage, specifically due to the absence of performance criteria or indicators, the proposed iQAF creates a risk of unclear performance assessment and associated uncertainty. As such it is difficult to see how the proposed approach will be more targeted.

Over time NZQA changed their quality assurance approach from audits to EER. It is worth exploring aspects of the first aid industry that lend themselves better to an audit process than an EER process because of their high level of structure and limited ability for TEOs to be flexible in their approach.

Question 9: *Do you consider that the proposed integrated monitoring activities are sufficient to give confidence about a provider's performance, without category ratings? Please give your reasons.*

Answer:

Integrated monitoring could be sufficient if supported by clear guidelines, consistent evaluator training, and industry-specific metrics. Removing category ratings could reduce stigma and focus on growth, but the new system must ensure transparency in how decisions are made and communicated.

Compliance and enforcement

Question 10: *Do you think the proposed risk-informed approach to managing compliance and applying interventions will be effective? What would you change or add?*

Answer:

The risk-informed approach has potential, but it needs to address inefficiencies and inconsistencies in evaluator processes and judgments. Clear, measurable criteria and better documentation of decision-making processes would enable trust in the quality assurance system.

NZQA will need to have robust documentation of processes and decision-making that is shared within NZQA to ensure that evaluators have access to all relevant information related to the TEO. The quality assurance framework must ensure that previous processes and decisions can be relied upon, including if NZQA staff change over time.

System performance and improvement

Question 11: *To what extent do you think these activities will be effective in supporting system performance and improvement?*

Answer:

NZQA must prioritise consistency, transparency, and collaboration with industry peak bodies like AECTP. Support for continuous improvement, clear feedback loops, and tailored training for evaluators would also enhance system performance and provider confidence. The in-depth examinations of the system described under 'Conduct thematic reviews' need to be independent and not conducted by NZQA staff involved in the routine quality assurance processes.

While the EER process is essential, its current implementation is inefficient, inconsistent, and often not suited to the unique needs of first aid training providers. The cost of EER, both in terms of time and financial resources, is disproportionately high for the first aid TEO context, specifically the size of most providers and the nature of first aid training (typically courses of no more than 12 hours duration). A more proportionate quality assurance framework would benefit from a more tailored approach that recognises the differences between short courses and longer qualifications. Consistency across evaluations, better training for evaluators, and clearer guidance would help to address many of the current inefficiencies and improve the fairness and transparency of the process.

Improving efficiency in quality assurance processes by NZQA is a key need of first aid training providers. This could easily be improved by creating best practice guidance for the first aid industry on how to interpret and measure performance in relation to the relevant indicators. AECTP would be happy to collaborate on or lead the guidance development.

3. Conclusion

In conclusion, the Association of Emergency Care Training Providers (AECTP) agrees that the way NZQA quality assures providers requires change. While the design of the EER process may be fit for purpose, its current implementation is inefficient, inconsistent, and often not suited to the unique needs of first aid training providers. A key concern raised by our members is that the cost of EER, both in terms of time and financial resources, is disproportionately high for the first aid TEO context, specifically the size of most providers and the nature of first aid training (typically courses of no more than 12 hours duration). The high cost is largely driven by inefficiencies in quality assurance processes. Our submission identified a range of specific actions that would improve efficiency in the proposed draft iQAF.

A revised quality assurance approach would benefit from a more tailored approach that recognises the differences between short courses and longer qualifications. Consistency across evaluations, better training for evaluators, and clearer guidance would help to address many of the current inefficiencies and improve the fairness and transparency of the process.