



QQI

Quality and Qualifications Ireland
Dearbhú Cáilíochta agus Cáilíochtaí Éireann

QQI Consultation on:

**Quality Assurance Guidelines and
Criteria for Voluntary Providers
of Further Education and Training
V.01**

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Part 1: Context and Scope

1. Foreword

The Qualifications and Quality Assurance (Education and Training) Act (2012) obliges QQI to issue guidelines for providers to inform their development of quality assurance procedures and obliges providers to submit their draft procedures to QQI for approval. (See Appendix 2)

This document sets out such guidelines for voluntary providers of further education and training. The guidelines and associated approval criteria are for the attention of and use by providers when:

- Establishing policies, systems and procedures to quality assure the further education and training programmes they offer.
- Monitoring and evaluating the quality of all programmes and the effectiveness of the quality assurance infrastructure underpinning them.

These guidelines promote the establishment of higher order quality assurance procedures to ensure a holistic and comprehensive approach to quality in:

- **Academic Governance:** to provide oversight of policy and programme development and implementation.
- **Policy development:** to provide leadership, transparency of purpose and consistency of practice across the diversity of the provider's provision
- **Continuous Professional Development:** to assure further professional development of people engaged in programme and service delivery
- **Stakeholder Engagement:** to manage the provider processes for engaging with relevant stakeholders e.g. learners, employers, funding / regulatory bodies and higher education institutes, to identify and understand their expectations.
- **Access, Transfer and Progression:** to ensure the quality of processes for learner entry / transfer and progression to programmes, recognition of prior learning and facilitation of diversity.
- **Programme Development, Approval and Review Processes:** to assure the appropriateness and effectiveness of provision within the provider and the adequacy of resources and expertise
- **Publication of Information:** to assure that learners and other stakeholders have access to relevant information about programmes, related services and the quality of same
- **Assessment:** to ensure that all assessment processes are fit for purpose and that outcomes of assessment are consistent with national standards.
- **Collaborative activity:** to ensure that for any initiative or programme(s) wholly or partly involving another provider, there is clarity as to each party's responsibilities and evidence that the activity is subject to self-monitoring and periodic review.
- **Information Management:** to ensure that information systems are sufficient to enable evidence based decision making
- **Monitoring:** to assure that management and academic governance structures have adequate information to identify areas of excellence and areas of potential concern. [Ref: [QQI Monitoring Policy 2014](#)]
- **Self-Evaluation:** to assure that programmes and processes are reviewed systematically to measure attainment of objectives and stakeholder satisfaction and to facilitate improvement planning. .

2. Purpose of Guidelines

These guidelines and criteria, to be read in conjunction with current QCI policies, are intended to assist providers, either individually or collaboratively, in the development of appropriate quality assurance systems which will promote and support quality in programmes and services.

Policy Reference

[QCI Policy on Quality Assurance Guidelines 2014](#)

The guidelines do not prescribe *how* providers are to carry out their work but will specify the areas of management and provision which research and consultation have shown are crucial to quality and for which providers are expected to establish and implement policies and procedures.

Although development of quality assurance procedures is a requirement on providers, it is essential that these guidelines not be interpreted as a 'how to' manual for the various processes associated with provision of education and training programmes. The guidelines will assist to establish quality assurance procedures to:

- provide transparency of policy and process
- monitor and review effectiveness
- enhance programmes and services

The importance of quality assurance in ensuring that education and training is at an appropriate standard, of high quality and responsive to learners needs is accepted nationally and internationally. It is the norm for awarding bodies to require education and training providers to demonstrate their capacity to quality assure what they do. QCI recognises that providers may offer awards of a variety of awarding bodies and it is intended that these guidelines should be sufficiently generic to be used in any such context.

3. Principles

The principles underpinning these guidelines are:

- Quality must be understood in terms of the needs and expectations of learners and other stakeholders
- The primary responsibility for quality lies with the provider
- Quality assurance requires leadership, planning, resources and strategic commitment
- Quality assurance requires evaluation of outcomes, including quantitative and qualitative indicators and appropriate follow up action
- Continuous improvement must be the goal of a quality assurance system
- Quality systems should enhance transparency
- Quality systems are context dependent i.e. the scale and scope of a provider's provision will impact on how it operates quality assurance
- Ownership and understanding of a quality system by its management and staff are crucial.
- Simple, easily communicated systems are more likely to be successful

It is important that these principles inform the development of quality assurance systems.

4. Quality Assurance in Further Education and Training

4.1. Quality and Quality Assurance

Quality in education and training cannot be precisely defined, but cannot be separated from what is seen by learners as, at a minimum, a level of service that meets their needs and expectations.

In simple terms then, *quality assurance* in education and training is anything that a provider does to ensure that its learners experience quality in the teaching and learning environment. It will require systematic processes of evaluation, reporting and improvement as well as a pervasive and collective commitment to quality at all levels of the organisation.

Quality assurance should underpin *all* activities of a provider, not just those related to the design, delivery and assessment of programmes. It should be seen, not as an extra layer of activities carried out because of external regulatory requirements, but as a supportive infrastructure within which a provider can carry out its responsibilities in a manner likely to achieve success.

4.2. Provider-owned Quality Assurance

Within those parts of its remit relating to education and training and related services, a provider's quality assurance system will address all its legislative obligations as well as the legitimate needs and expectations of its learners and other stakeholders. The scope of the quality assurance system will include the quality of processes for programme and curriculum development, teaching and learning, assessment, monitoring and review. It will also include the quality of the learning environment, human resources, learner support services, learning and IT resources, programme collaborations and any other areas which contribute to the experience of learners on the provider's programmes. The quality assurance system will be an integral part of the provider's academic and corporate governance.

Provider quality assurance is predicated upon provider responsibility and the professional competence of its staff. It will involve:

- Taking full responsibility for the quality of programmes and all related services offered to learners.
- Regularly checking the quality of provision through the monitoring of feedback from learners and other stakeholders
- Sharing and highlighting effective practice and availing of opportunities for improvement and innovation
- Portraying quality assurance as a positive, dynamic process, capturing and disseminating best practice in all activities.
- Establishing and proactively monitoring critical indicators of quality
- Promptly remedying any serious deficiencies identified
- Seeking ways to improve performance against indicators
- Using benchmarking and independent peer review to share with and learn from peers nationally and/or internationally
- Credible and meaningful reporting on institutional and programme quality

Successful quality assurance must permeate the whole organisation and form a community of practice based on common purpose. Leadership is critical for such a community of practice to form and be sustained – quality and quality assurance must be seen as of the utmost importance in themselves, not for any externally driven reasons and not just for centre level activities. If such a message is delivered and supported, a self-sustaining community of practice can develop.

4.3. External Quality Assurance

Under the Qualifications and Quality Assurance (Education and Training) Act 2012, while providers have a responsibility for internal quality assurance, QQI has a responsibility for *external* quality assurance. While external quality assurance generally involves regulation, it also shares the same broad objectives as provider-owned quality assurance—maintenance of a desired level of quality in education and training provision, related services and products. These dual objectives are achieved by QQI through:

- Establishing criteria and guidelines for approval of providers' quality assurance procedures;
- Programme validation, external monitoring and statutory review processes to ensure the implementation and effectiveness of provider owned quality assurance procedures.

QQI approval of provider QA procedures forms the basis of all consequent interactions between providers and QQI as set out in a Lifecycle of Provider Engagements with QQI – See Appendix 3. The concept of a Lifecycle of Provider Engagements has been developed by QQI and is equally applicable to all providers. It identifies, organises and communicates the range of engagements between QQI and a given provider.

There is a diverse range of providers that have relationships with QQI. There are also many kinds of interactions between QQI and providers based on the functions set out in the 2012 Act. Each type of provider will have a particular set of obligations and entitlements based on their particular status and services sought from QQI. The obligations and entitlements of providers are also closely linked to the concepts of scope of provision and capacity to provide.

In establishing the Lifecycle, providers will engage with QQI on the basis of a common understanding between the provider and QQI about the scope of their provision and an assurance that their capacity is commensurate with this. Any substantive changes to either scope or capacity will require a reappraisal of the agreed Lifecycle.

4.4. What is a provider?

This document contains many references to providers and what they should be doing in terms of quality assuring their programmes and services. It is important to clarify what is meant by the term 'provider' and the primary attributes are set out hereunder.

To be considered a provider, an organisation must

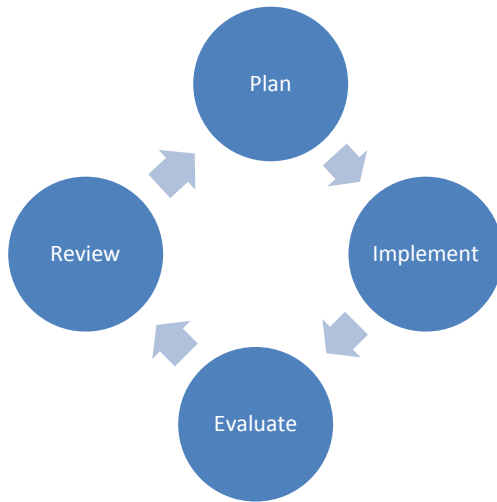
- be an established legal entity, with education and training as a principal function
- have sufficient resources as well as corporate, structural and internal quality assurance systems in place to sustainably provide education and training programmes
- be able to demonstrate the ability to design, develop, provide and review programmes

See section 10 below for expanded criteria to be used in establishing an organisation's capacity to act as a provider and develop programmes capable of meeting the criteria for validation.

5. European Context - EQAVET

In designing their quality assurance systems, providers are directed to the EQAVET Framework, the European initiative for quality assurance in VET, designed to provide supportive tools for the management of quality in vocational education and training.

This framework is based on the Quality Cycle (Fig 1) supplemented by indicators, case studies and



learning material. This adherence to a high level quality model supported by focused resources, allows entities at both provider and system levels in countries across the EU to comply with the framework, but also to reflect the context and constraints imposed by national / regional requirements.

Fig1. Quality Cycle

For further details please refer to www.eqavet.eu. An

[online tool](#) offers support and advice to providers in relation to implementation processes aligned to the EQAVET framework. In addition, the framework provides [case studies](#) and [indicators](#) (see Appendix 3) which will be valuable resources for providers wishing to learn from the work of others.

CEDEFOP, the European Centre for Development in Vocational Training, has produced a [handbook on quality assurance in VET](#)¹ which is built on the EQAVET Framework and which is a useful resource for providers.

¹ <http://www.cedefop.europa.eu/en/publications-and-resources/publications/3068>

Part 2: System Structure and Content

6. Components of a Provider's Quality Assurance System

6.1. Overview

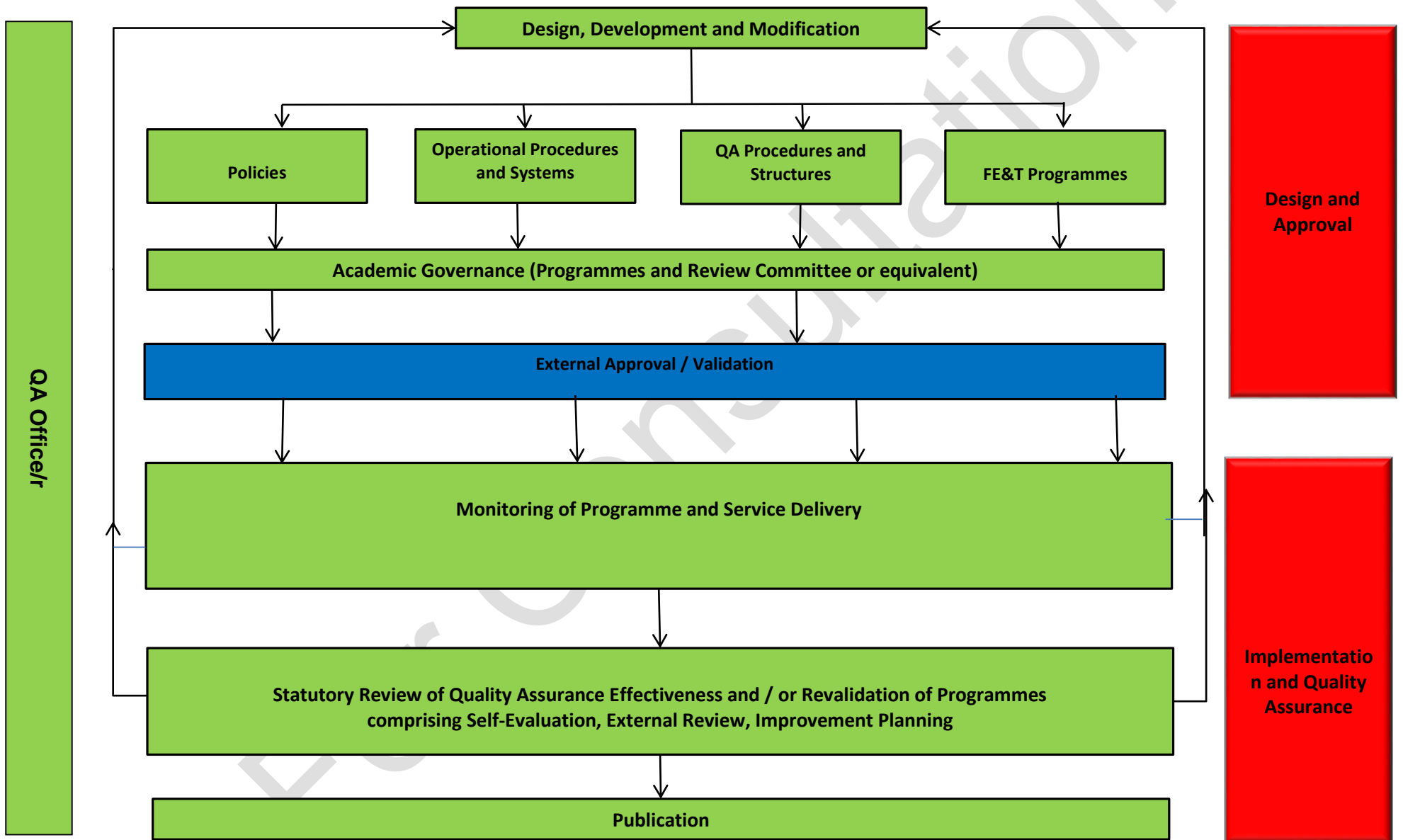
A provider should have a documented quality assurance system which includes:

- the **Mission** to clarify its role as a provider of education and training programmes
- **A Quality Statement** stating the its commitment to quality in its programmes and services
- **An Academic Governance System:** a description of how oversight is maintained on activities relating to the provision of programmes of education and training
- **Designated Role(s) with responsibility for Quality Assurance:** a description of what role(s) / structure(s) within the provider has specific responsibility for quality assurance activities. In these guidelines, this role will be referred to generically using the term Quality Office/r
- **Policies** reflecting a full understanding of the national policy requirements and legislative obligations of the provider. Section 7 below lists a minimum range of policy areas. The provider's policies will be approved through its academic governance and will inform:
 - Management and staff as to the general approaches to follow in their work
 - Learners, employers, general public, HE providers and other stakeholders as to what they can expect of the provider.
- **Operational Procedures** designed to implement the policies. Programmes which are not accredited or accredited by an awarding body other than QQI may have different operational procedures while still coming within the remit of the quality assurance system.
- **Management Information System:** a database and reporting system should capture data and provide information reports necessary for monitoring, evaluation and improvement planning. It is desirable that quality indicators be factored into the design of such systems so that reporting on indicators is possible.
- **Quality Assurance Procedures for**
 - a) **Self-Monitoring:** regular checks on designated indicators of quality and on the effectiveness of the operational procedures. While formal monitoring structures and reporting systems will be required, monitoring and responding to learner feedback should be seen as the responsibility of all.
 - b) **Self-Evaluation:** the system through which the provider will formally review and report on the quality of its own programmes and on the effectiveness of its quality assurance system. Each such evaluation will include the views of learners and of independent external experts who can make comparisons with other similar provision and recommendations for enhancement.
 - c) **Improvement and Innovation:** a system: to respond to the findings of Self-monitoring, self-evaluation and external review to innovate and build on areas of strength and to address areas needing improvement. It is important to use indicators / benchmarks against which programme data can be compared can be compared nationally and internationally. (Ref EQAVET indicators)

Providers will be expected to produce an Annual Quality Report listing issues identified, innovations made and actions taken as a result of monitoring and evaluation.

These components, depicted diagrammatically on the next page and explained in more depth below, should form a coherent and holistic system with oversight and executive layers. The overall system should be dynamic, with flexibility to deal with new situations as they arise, as indicated on the diagram by feedback loops from Monitoring and Review to Design Development and Modification.

QA System - Overview



6.2. Governance and Leadership

The oversight of a quality system should operate at many levels of the organisation. Where a provider has a distributed and diverse nature, it is important that a multi-layered system be put in place so that quality is being monitored in an appropriate way in different layers of the organisation as shown below.

6.2.1. Leadership

For a quality assurance system to be successful, it is imperative that it be shown to have the backing of the senior management in all aspects of strategy, governance and management. This may be displayed in a variety of ways, but the most important demonstrations of a commitment to quality are its inclusion in corporate strategy and the allocation of resources in the form of specific responsibilities for quality assurance.

6.2.2. Programmes and Review Committee

Corporate governance structures should include distinct oversight of activities relating to education and training programmes. There should be a clear separation of academic decision making from commercial / financial considerations.

The purpose of academic governance is to ensure that there is appropriate oversight within the provider. This will involve approval of relevant policy and strategy and review of quality assurance reports. There are many precedents of this role in education and training in providing advice, accountability and transparency.

For the purpose of these guidelines, the term Programmes and Review Committee will be used to represent this structure, although each provider may choose its own term. The number and composition of such committees / sub-committees will be a matter for the provider but it would be expected that the committee should represent the views of stakeholders.

The Programmes and Review Committee(s) should have terms of reference to include

- Advising on policy development
- Advising on programme development process
- Approving draft policies, regulations and systems
- Approving draft programmes prior to submission for validation
- Approving draft quality assurance procedures
- Reviewing reports arising from Self-monitoring
- Reviewing and responding to reports of external panels

A provider's organisation chart should include the Programmes and Review Committee(s) and its terms of reference should be published.

6.2.3. QA Office/r

It is expected that, within a provider, specific responsibility for ensuring the operation of the quality system will be assigned to a Quality Office or Officer(s). The Quality Office/r will be resourced to develop, implement, monitor and promote the quality assurance system for the provider. It will also be responsible for producing an Annual Quality Report.

6.3. Policies

A policy is a documented statement of the provider's principles and approach to a particular area of education / training. It will be consistent with the relevant QOI policy(ies) and the provider's overall Mission and Strategy. It will provide an underpinning rationale for all staff at corporate and/or centre level working in that particular area. It is also a tool which can be used to inform current and prospective learners of what they can expect from the provider. Providing accurate and relevant information to learners is one of the key conditions necessary for the successful implementation of the National Framework of Qualifications.

Policies should demonstrate to stakeholders that the provider has a full understanding of its obligations arising from legislation, particularly the Qualifications and Quality Assurance (Education and Training) Act (2012).

Policies should be drafted and consulted on internally prior to presentation to Programmes and Review Committee for review and approval.

To be effective, a policy must be disseminated to all those that it is intended to inform – it is expected that all approved policies will be published on the provider's website.

6.4. Operational Procedures

To be translated into practice(s), a policy must be broken down into one or more clear and coherent procedures. These are statements of how the processes are to be carried out and their development will be informed by the relevant policy.

A procedure covering any process should, at a minimum, specify

- title – relates to the task(s) which it is designed to perform
- process – the steps taken to achieve the purpose of the procedure.
- responsibility - who carries out the action(s)
- indicative evidence - what can be checked by a monitor to confirm that the procedure is effective
- monitoring - by whom, how often, in what way, etc.

Given the layered and distributed nature of some providers, it would be expected that there will be different procedures required in different contexts to collectively comply with policy in that area.

Learner appeals is a good example of how policy and procedure combine to inform and to facilitate a service. The provider's Appeals Policy, published on its website, will make known to learners and staff what rights to appeal are held by its learners and under what circumstances they can be exercised. The policy will be supplemented by a set of operational procedures and forms which will enable the policy to be implemented.

6.5. Management Information System

Management Information Systems will be required to generate from reports for Self-monitoring, evaluation and planning as well as for external reporting to QOI and other agencies.

Such systems provide for data sharing and benchmarking as well as for consistent and comprehensive public information.

6.6. Self-monitoring

Policies and procedures are written in the expectation that they will be effective. However, effectiveness is not guaranteed and needs to be regularly monitored by designated staff within the provider. Procedures found to be ineffective need to be amended or replaced. This is a crucial part of a quality assurance system and can be done in various ways, some formal, others less so; it is important however that it be systematic and consistent.

Policy Reference

[QQI Monitoring Policy 2014](#)

Self-monitoring should act as an early warning system and identify areas of provision that are delivering quality and those that are not. To be able to do this, a provider will need to identify a measure of quality appropriate to the area and which can be checked in monitoring. For example: learner satisfaction ratings, certification rates, relevance of outcomes to the market place, error levels etc. Where the measure indicates that quality is lacking, then remedial action needs to be identified and taken. This might mean the relevant procedure needs to be applied more consistently or that the procedure or policy needs to be updated. In this way continuous improvement becomes a reality.

Self-monitoring can also identify areas of good practice and innovations which can be disseminated more widely within the provider.

The Programmes and Review Committee should keep itself informed by requesting regular monitoring reports.

The provider will publish an Annual Quality Report detailing the actions taken in the previous year to monitor and improve the quality of its programmes and services.

6.7. Self-Evaluation and Improvement

The self-evaluation by a provider of its own programmes and services is a fundamental part of its quality assurance system and is required by the terms of the Qualifications and Quality Assurance (Education and Training) Act (2012),

The purpose of self-evaluation is to explore, reflect and report on the effectiveness of programmes, services and the quality assurance system which supports them. In doing so, existing good practices can be identified and maintained while areas needing improvement can be identified and addressed.

The distinction between Self-monitoring and self-evaluation is in frequency and scale. A self-evaluation will have a large focus, for example, one or more programmes will be evaluated as part of re-validation and/or the effectiveness of the quality system will be evaluated as part of a statutory review. These will be significant undertakings and will be relatively infrequent.

A self-evaluation provides an opportunity to engage in crucially important dialogue with learners, employers, higher education providers and any other agents relevant to the programme.

Following a self-evaluation exercise, a **Self-Evaluation Report** (SER) will document findings and recommendations for improvement. This will then be used by an **external panel** whose function will be to visit the provider and provide independent and expert feedback to the provider on the subject being evaluated.

Following receipt of the **Panel Report**, the provider will compile and publish an **Improvement Action Plan** which will identify enhancement actions to build on the recommendations in the panel report, thereby consolidating areas of good practice and addressing areas requiring improvement.

6.8. Publication

In the interests of transparency, providers are required to publish reports on the quality of their programmes and related services. These will include:

- Annual Quality Report
- Self-evaluation reports on programmes and on effectiveness of quality assurance
- Reports of external panels
- Improvement Plans
- Other reports as directed by QQI - see Life Cycle of Engagement in Appendix 4

6.9. Quality Manual

A provider should fully document, in a quality manual, its system for quality assurance.

The manual will communicate the provider's:

Quality Policy setting out its commitment to deliver quality programmes and services and to review their effectiveness. The policy will commit the provider to regular engagement with learners and other stakeholders as a means of measuring the quality of programmes and services offered.

Organisational Chart: showing corporate management structure.

Statement of Management Responsibility: how management will exercise its responsibility to ensure effective leadership, resourcing and implementation of the quality system.

Academic Governance Structures: See 6.2 above

Quality Office / r: a specific role(s) / structure(s) with responsibility for promoting and coordinating quality assurance activities will be described and also included in the organisation chart.

Management Information Systems: i.e. the information / reports pertinent to quality assurance available from the provider's MIS.

Policies: Statements of policy in respect of the areas listed in Section 7 below.

7. Areas to be Quality Assured

Listed below are the broad areas of education / training provision to be quality assured i.e. planned for, monitored and reviewed.

It is acknowledged that providers may offer programmes which do not lead to awards or lead to awards from awarding bodies other than QQI. It is desirable that the quality system be seen as holistic and applicable to all programmes, irrespective of awarding body.

Teaching and Learning

Continuous Professional Development

Provision of Information to Learners

Access, Transfer and Progression

Stakeholder Engagement

Programme Development, Delivery and Review

Fair and Consistent Assessment of Learners

Protection of Enrolled Learners

Collaborative Provision

8. Guidelines

Listed below are the guidelines for each of the areas of provision which a provider must quality assure.

8.1. Teaching and Learning

The quality of the learning experience of learners should be monitored on an on-going basis and there should be a **Policy on Teaching and Learning** in place to support this. The policy should state the provider's commitment to monitoring and improving the quality of teaching and learning on its programmes. It should be closely linked to Continuous Professional Development planning.

In implementing this policy, the following areas should be addressed and monitored:

8.1.1. Feedback on Programme Experience

Learner Feedback

While feedback should be sought from all stakeholders as part of programmatic review, there should be ongoing focus on the feedback of learners on their experience of the programme and their suggestions for programme improvement.

Staff Feedback

There is scope for innovative and supportive approaches to informal self-evaluation of teaching and learning within providers. It is recommended that programme staff come to pool their feedback, make suggestions for improvement and to reinforce / share good practice.

External Feedback

As part of self-evaluation for the purpose of programmatic review, feedback should be sought from all main external stakeholders i.e. past learners, higher education institutes and employers. Gathering feedback and suggestions for improvement from learners who have recently completed programmes can be especially valuable when trying to evaluate the quality of teaching and learning.

8.1.2. Programme Requirements

In order to assist the correct allocation of staff to programmes, programme designs should outline:

- skills expertise required for staff involved in delivery of the programme
- modes of teaching and learning appropriate to the programme context and objectives.

8.2. Continuous Professional Development

A key determinant of the quality of a programme or service is the capacity of those who are responsible for teaching it. Each provider will have HR policies and procedures governing recruitment and allocation and continuous professional development of staff (CPD). It is important that staff have access to appropriate CPD, based on a systematic identification of training needs.

Feedback from the quality assurance system's monitoring and review processes should inform the CPD process.

The success or otherwise of this policy will be a key determinant of programme quality and will be monitored indirectly through many sources, particularly through feedback from staff and learners. It is expected that CPD will be featured in the Annual Quality Report produced by each provider.

8.3. Information for Learners

Providers should have a policy on **Information for Learners** committing to make information relevant to programmes and services and the quality thereof available to current and prospective learners.

This information, especially when used for marketing purposes, should be accurate and should not mislead. Public information made available by providers about themselves, their quality assurance policies and procedures and their programmes must comply with the requirements of the 2012 Act which set out the statutory requirements of providers in respect of public information.

Information on individual programmes will include:

- programme title (should not conflict with award title)
- location(s) where programme is available
- programme structure and duration. For example: entry and exit points
- award title(s), award type, framework level(s), awarding body(ies)
- entry requirements
- arrangements for recognition of prior experiential or certified learning
- assessment schedule
- transfer and progression opportunities available on completion of the programme
- fees payable, if any
- protection of enrolled learners arrangements where appropriate
- assessment appeals policy and procedure
- grievance / complaints procedure

Providers should also publish information about programme quality and quality assurance activities. This information will include:

- self-evaluation reports
- external panel reports
- improvement plans
- annual quality reports

Providers should establish and publish a Complaints / Grievance procedure for learners or other customers. Information on the procedure, its scope and how it can be accessed should be available on the provider's website.

8.4. Access, Transfer and Progression

The Qualifications and Quality Assurance (Education and Training) Act (2012) sets out responsibilities for QQI and for providers in the areas of Access, Transfer and Progression. Provider responsibilities remain more or less as they were prior to this legislation, but there are increased emphases in some areas, particularly Information for Learners.

Policy Reference

[QQI Policy restatement on Access, Transfer and Progression 2015](#)

The **Policy on Access, Transfer and Progression** should demonstrate its awareness of its obligations arising from the legislation and should express its commitment to enable learners to:

- make informed choices regarding the programme(s) on offer
- enter onto a programme with recognition of prior learning and without unnecessary barriers
- successfully participate in a programme
- enable learners who so wish to transfer or progress to another programme offered by the another provider leading to an award within the National Framework of Qualifications

In implementing this policy, the following areas should be addressed and monitored:

8.4.1. Learner Entry Arrangements

Providers must ensure that their arrangements for selecting learners for their programmes are transparent, fair and consistent and that potential learners can be made aware of the process involved. They should also ensure that any criteria for entry onto a programme are clearly stated in any programme brochures / website content.

Learners whose first language is not English should be clearly informed as to the level of English required for successful participation (e.g. IELTS rating) in the programme and what language supports, if any, will be available to them.

8.4.2. Recognition of Prior Learning

Recognition of prior learning is a process of identification, assessment and recognition of learning howsoever acquired. It is an important feature of the National Qualifications Framework and is defined as the *'recognition of learning that has taken place, but not necessarily been assessed or measured, prior to entering a programme. Such prior learning may have been acquired through formal, non-formal or informal routes'*

Due to the resources required on the part of the provider and the learner, not all providers will operate recognition of prior learning for the purpose of accessing an award. Where it is so used, it is important that the process is quality assured to ensure consistency of assessment outcomes.

A provider is required to develop a statement of the arrangements it provides, if any or none, in respect of the recognition of prior learning for entry to programmes, for CAS credit towards an award and for access to an award.

8.4.3. Facilitation of Diversity

Access is to be viewed in terms of the ability to participate successfully in a programme without the hindrance of unnecessary barriers. Providers should comply with national policy in relation to equality and non-discrimination, with particular regard to the relevant provisions of the Equality legislation.

8.4.4. Transfer and Progression

In designing programmes, providers should seek, where possible, to offer awards which present learners with the opportunity to transfer or progress should they wish to do so, either immediately on attainment of the award or at a later date.

8.5. Stakeholder Engagement

All providers of further education and training must ensure that programmes meet the needs and expectations of external stakeholders who have actual or potential connections or contributions to programmes, such as those listed below:

| Stakeholder type | Areas of Engagement |
|---|--|
| Employers | Learner progression; workplace-related education and training needs; partners in training process; |
| Higher Education and Training Providers | Learner progression; progression related education and training needs; collaborative partners |
| Funding and Referral Agencies | Training needs; Learner profiles; Reporting requirements |
| Accreditation / Regulatory Bodies | Quality requirements; Award requirements; Reporting requirements |
| Sectoral Bodies | Workplace-related education and training needs; partners in programme development; |
| Other stakeholders | Appropriate to the provision and to be determined by the provider |

The **Policy on Stakeholder Engagement** should commit it to engaging in a systematic way with the stakeholder types listed above and others so as to maximise the potential benefit to programmes and learner outcomes.

It is important that a strategic approach to stakeholder engagement is followed and that its effectiveness is measured in any reviews of programmes.

8.6. Programme Design, Development, Approval and Review

The core function of a provider of education and training is the development and delivery of programmes which meet the needs of their learners. It is important that the quality of these programmes is managed to ensure the best learning experience for learners.

A **Policy on Programme Design, Development, Approval and Review** should inform the work of those staff engaged in the design and delivery of programmes, so that programmes are designed and delivered to allow learners to achieve the national standards for a specified award(s). It should also commit to constructive and regular review of programmes with a view to continuous improvement.

Policy References

[QQI Policy and Criteria for the Validation of FET Programmes, Revised 2013](#)
[QQI Validation Policy and Criteria for Validation of HET Programmes, Revised 2013](#)
[QQI Restatement of Policy and Guidelines on Common Awards System](#)

In implementing this policy, the following areas should be addressed and monitored:

8.6.1. Need Identification:

Programmes should be developed to meet an identified need and in fields of learning in which the provider has capacity and expertise. Evidence of such research, including consultation with prospective employers and/ or other relevant stakeholders, should be available to the Programmes and Review Committee reviewing a proposal for new programme development.

8.6.2. Programme Design

All programmes should be designed and documented so as to meet identified needs, the requirements of learners and the criteria for programme validation.

Programme structure, delivery and assessment methodologies should:

- enable the learner to meet the standards of the FET award at the relevant level within the national framework of qualifications
- demonstrate coherence in respect of its stated outcomes, content, learner profile and assessment activities
- adhere to the provider's policies on access, transfer and progression and assessment
- reflect the provider's mission and strategy
- facilitate employment or other progression opportunities for learners
- Facilitate opportunities for learners, where appropriate, to practice skills in a real work environment.

A comprehensive programme document setting out content, structure and assessment detail should be available to all staff involved in the delivery of that programme.

All programmes should have a '**Capacity to Succeed**' statement. This is a clear statement of what, if anything is required of a learner who can expect to successfully complete the programme. In programmes which will be delivered on line, at a distance or where a significant amount of training time is spent on placement or in the workplace, the statement should make clear to learners the implications of these arrangements.

8.6.1. Programme Staff

The qualifications and / or skills and experience recommended for appointment of staff to deliver a programme should be clearly identified as part of programme design. This information should be available when decisions are being made as to what centre(s) have the resources and capacity required for effective delivery of a programme.

8.6.2. Provision and Maintenance of Learning Resources:

Programme resources necessary for successful delivery and assessment by staff and successful participation by learners should be identified and included in programme documentation for approval. The resources specified should be adequate and sustainable. Ref 9.2 Teaching and Learning

8.6.3. Programme Approval

All programme designs and documentation should be evaluated against relevant criteria and receive approval from the Programmes and Review Committee prior to being submitted for external validation.

Where a programme involves the collaboration of another 'second' provider(s), a collaboration agreement / Memorandum of Understanding, setting out the respective responsibilities of all parties should be part of the evaluation process prior to submission for validation.

8.6.4. Learner Records

Records of learner participation and achievement, for example attendance, progress through the programme and certification, should be maintained so as to be readily accessible when required.

Accurate and timely information is important for quality practice. Database systems deployed in the collection of necessary data and generation of appropriate information should be monitored for effectiveness and integrity of data.

8.6.5. Premises

Physical premises / facilities should be accessible and maintained in such a manner as to ensure the health and safety of staff and learners. Where temporary premises are used, selection criteria reflecting programme requirements and the access needs of potential learners should be adhered to.

8.6.6. Programme Review

Programmes should be reviewed with a view to identifying strengths and areas for improvement.

A schedule for review of the provider's validated programmes should be agreed at Programmes and Review Committee and published. It will identify priorities for review, taking into account available resources and the requirements for re-validation.

Annual Review

All programmes should be benchmarked on an annual basis against a range of quality indicators and monitoring data to measure consistency of outcomes with objectives and standards.

Revalidation

Revalidation of a programme by QQI will involve a self-evaluation and an external panel review and report. Such a review may be conducted on individual programmes or groups of programmes in a common field of learning.

8.6.7. Programme Cessation

If, following a provider review or an external review carried out under Sections 45 / 46 of the Act, it is decided to cease delivery of a programme, the provider should establish an appropriate schedule and agree same with QQI. The plan should take into account the protection of enrolled learners and published information for learners.

8.7. Fair and Consistent Assessment of Learners

The following section is primarily relevant to programmes leading to QQI awards. Where a programme does not lead an award, or is accredited by an awarding body other than QQI, the guidelines below should be applied as appropriate.

A provider must ensure it has adequate and appropriate processes for the assessment of learner achievement and for the approval of assessment results. It must be able to demonstrate that the assessment is fair and consistent; is in accordance with national standards; that learners are kept informed of expected outcomes and of their progress in achieving them.

As awards are made on the basis of assessment carried out by providers, it is critically important that provider assessment is fit for purpose and that results provided to learners are valid, reliable and are the product of a systematic, quality assured process.

Policy Reference

[QQI Guidelines \(FET\) – Quality Assuring Assessment, revised 2013](#)

[QQI Guidelines \(HET\) – Assessment and Standards, revised 2013](#)

The **policy on Assessment of Learners** should express its commitment to carry out assessment so as to be:

- Understood by staff and learners
- Valid for the purpose of making awards
- Carried out by trained assessors
- Marked / graded using published criteria
- Fair to learners, in terms of access and process
- Internally verified as fair and consistent
- Independently confirmed as consistent with national standards
- Subject to appeal

In implementing this policy, the following areas should be addressed and monitored:

8.7.1. Assessment Strategy

A provider should develop a broad strategy for assessment which will provide direction for quality assurance of assessment activity. It should address such areas as sampling, appointment of external examining, internal verification, consistency of grading, results approval, learner appeals and CPD.

8.7.2. Consistency of Grading

Information should be available to the Quality Office/r on management information systems (MIS) for monitoring the consistency of grading within the provider. Appropriate remedial actions, particularly continuous professional development, should be taken where necessary to address inconsistencies found.

8.7.3. External Examining

The Quality Office/r should coordinate external examining through development of a sampling schedule and the management of a panel of quality assured external examiners chosen for their subject matter expertise and capacity to make recommendations for improvement to programme content, assessment practice and to confirm consistency with national standards.

Providers should coordinate the appointment of external examiners with a view to maximising the use of experienced examiners while also ensuring that none works within the provider for more than three years in succession.

8.7.4. Results Approval

Each provider centre must have a Results Approval Panel to formally review and approve results data.

After each assessment period, the provider's Results Approval Panel should review learner outcomes in light of input from programme staff, internal verification report(s) and external examiners' report(s). Part of the review should include comparative grade analysis using broadsheet reports displaying learner results and outcomes. The Panel should record any issues identified and improvements recommended and report them to Quality Office/r.

8.7.5. Learner Appeals

Providers should publish an appeals policy and procedure(s) to be implemented at centre level and used by learners to appeal assessment results which they consider to be invalid, for whatever reason. This procedure should be communicated to learners as part of their programme information and should make the distinction between appeals and requests for re-marking.

8.7.6. Assessment procedures

Providers should have operational procedures to manage the following assessment related activities:

Information to Learners:

All pertinent information relating to the assessment process should be available to learners prior to assessment commencing. This information should include regulations, timetables and appeal policy

Coordinated Planning of Assessment:

Programme delivery and assessment should be coordinated so as to facilitate learners to maximise the value of their assessments across the programme.

Assessment Design

Assessment instruments should be sampled by the Quality Office/r to assess their consistency, validity and reliability. Training for staff in the design of assessment instruments should be considered. Ref 9.1 Continuous Professional Development

Security of assessment related processes and material:

Assessment procedures and systems should incorporate mechanisms for the secure recording, storage and access of learners' assessment records.

Reasonable Accommodation:

Assessment methodologies should be adapted as necessary and reasonable so as to cater for the needs of learners whose first language is not English, those with a disability, or other persons covered by the grounds of Equality legislation, who would otherwise be excluded from demonstrating their achievement of the standards being assessed.

Workplace Assessment:

Assessment carried out by workplace supervisors and / or employers should be verified to be fair and consistent with the learning outcomes of the specified award(s). It is crucial that such assessment be planned and workplace assessors have sufficient briefing, information and materials to conduct valid assessment.

Assessment of Distance / e-learning based programmes:

Programmes offered on a distance / e-learning basis should be appropriately designed and quality assured to ensure validity and consistency of assessment.

Guidelines for quality assurance of this type of provision will be developed under QQI Policy on Quality Assurance Guidelines 2014

Internal Verification:

Internal verification must be applied systematically within and across centres' programmes to ensure accuracy, consistency and validity of assessment.

Examples of checks to be carried out during IV include:

- missing or inappropriate evidence
- missing or inappropriate assessment briefs
- data omission, transcription / calculation errors
- learner id conflict
- inaccurate data entry – award codes, name spelling, results etc.
- provisional outcomes for learners – review of reports at individual and group level

The quality office/r should sample internal verification reports as part of monitoring activity.

Reference

[QQI Guidelines – Quick Guide to using QBS for Certification](#)

Feedback to Learners

Individual learners should receive timely and constructive feedback on their assessments which informs their participation on the programme. The feedback should be appropriate to the nature of the assessment i.e. formative or summative.

8.8. Protection of Enrolled Learners

The 2012 Act sets out (in Part 6) legal requirements for QQI and providers of education and training (providers) regarding the Protection of Enrolled Learners (PEL). It establishes that it is the responsibility of providers to ensure that there are adequate arrangements in place for PEL on specified programmes. QQI has published '**Protection of Enrolled Learners: Protocols for the Implementation of Part 6 of the 2012 Act**'. Providers are directed to this document for a full description of the Act's requirements.

Related Responsibilities

Providers have responsibilities to all enrolled learners in addition to meeting the legislative requirements. Providers are required to have documented procedures in place to ensure the effective management of a situation arising that impacts on the delivery of a programme to any learner; for example unplanned or sudden closure of a programme delivery site, removal by QQI of the validation of a programme etc. Such procedures should cover:

- how the security of the programme provision will be maintained up to and including the assessment and certification of learners – 'teach out of learners'
- the control and management of learners on other programmes, if continuing.
- security and accessibility of learner records to include arrangements for the distribution of certificates to learners
- a communication plan to include learners, stakeholders and the media

All relevant providers shall, if requested, assist QQI in the accommodation of learners affected by the cessation of a programme. See protocol referenced below.

Policy Reference

[QQI Protocol: Protection of Enrolled Learners](#)

8.9. Collaborative Provision

For the purpose of these guidelines, Collaborative Provision is the term used to describe the co-delivery of all or parts of a programme by a provider and one or more other providers, based nationally. Since each such collaboration will be unique and intrinsic to a particular programme, no collaborative arrangement can exist or should be entered into which has not been approved as part of a validated programme.

Only providers who intend to submit programmes of this form for validation need to develop quality assurance procedures for this area. No application for validation of a programme involving collaboration will be accepted unless quality assurance procedures have been approved in advance.

Policy Reference

[QQI Policy \(HET\): Collaborative and Transnational Programmes](#)

A provider's policy on Collaborative Provision should set out the possible rationale(s) it would have for establishing a collaborative arrangement for delivery of a programme. Any such rationale should be for the benefit of learners.

The policy should also clarify the provider's responsibilities to its learners when its programme(s) are being wholly or partly delivered / assessed by a second provider.

Collaboration in a programme of education and training normally takes the form of a (first) provider subcontracting delivery of all or parts of a programme to another (second) provider. In such a situation, it is essential that both parties have clear agreement regarding their respective responsibilities. The first provider has the ultimate responsibility regarding the quality of the programme and should be the only one to submit the programme for validation and to return results for certification.

The first provider must operate the following generic procedures in establishing any collaborative arrangement

8.9.1. Collaboration Agreement

A written statement detailing respective responsibilities as agreed between the first and second providers is required and will form part of the application for validation. It is essential that whichever provider 'owns' the programme i.e. will submit it to QQI for validation, is recognised by the other as having overall responsibility for quality assurance.

The agreement should set out what is to happen when either provider fails to meet its responsibilities. If Protection for Enrolled Learners is a requirement for the programme involved, then this should be addressed in the procedure.

Any agreement to collaborate with other providers must be subject to provider governance and QQI validation processes.

8.9.2. Monitoring arrangements

As the first provider has overall responsibility for the quality of the programme, it is required to demonstrate how it will monitor those parts of the programme delivered by the second provider and what the reporting arrangements will be. Monitoring arrangements must be stated in the Collaboration Agreement.

8.10. Transnational Provision

Offering programmes to learners based outside the jurisdiction introduces a number of issues relevant to quality and quality assurance. **A provider's policy on Transnational Provision** should set out the possible rationale(s) for delivery of a programme to learners based outside the Republic of Ireland. The policy should commit the provider to ensuring the standard of provision and learner outcomes are equivalent to any such programme delivered within the jurisdiction.

The provider's procedures for quality assurance would need to reflect capacity to deal with these issues e.g.

- Programme design
 - relevance of programme to national context in which learner is operating
 - legitimacy of award in jurisdiction where learner may seek to use it
- Programme delivery and assessment
 - Mode of delivery
 - Learner supports
 - Security and validity of assessment, particularly assessment of skills
- Protection of Enrolled Learners
- Quality assurance
 - Learner feedback
 - Stakeholder engagement
 - Monitoring of delivery
 - External examining

This is an example of scope of provision and capacity to provide being a critical part of the approval of a provider's quality assurance procedures. Any provider proposing a programme for validation which may involve trans-national delivery may only do so if its quality assurance procedures have been approved as adequate.

Guidelines for quality assurance of Transnational Provision will be developed under QQI Policy on Quality Assurance Guidelines 2014

Policy Reference

[QQI Policy \(HET\): Collaborative and Transnational Programmes](#)

8.11. Learner Record System

A provider should have a robust and comprehensive database system capable of

- maintaining secure learner records for current use and historical review
- providing reports required for internal quality management
- generating data required for and compatible with QQI's certification system, where appropriate
- generating statistical and other reports to meet internal and external information requirements

The provider should be aware of and comply with, relevant obligations under data protection legislation. These will include establishing data access controls, data backup systems and learner information material making clear what personal data will be required to be collected and for what purpose.

Administrative and IT resources should be sufficient to ensure that the database is maintained securely and that data, particularly that relating to learner assessment, are accurate and complete.

9. Self-Evaluation and Improvement of Programmes and Services

The self-evaluation by a provider of its programmes and services is a fundamental part of its quality assurance system. It is a way of developing through constructive questioning leading to positive recommendations and improvement planning. It should be viewed as a process primarily for the benefit of current and future learners and the provider staff.

A provider will evaluate

- **programmes for the purpose of re-validation** and
- **provider's quality assurance** to ascertain its effectiveness

Methodology

Self-Evaluations i.e. when conducted by a provider on its own systems, services or programmes, are generally carried out by comparing the subject against a relevant comparator e.g. a provider's quality assurance system could be evaluated against these guidelines to identify areas which match and areas where there are gaps. Such an exercise will result in a collection of findings documented as a Self-Evaluation Report (SER).

To provide independent confirmation or otherwise of the SER, it is normal to follow up a self-evaluation with a visit by an external panel with expertise relevant to the subject of evaluation. This panel would be given the SER and other relevant materials and would be tasked with confirming and / or challenging the provider's own findings. The panel's findings will be documented and published.

The provider will be required to set out how it intends to address the findings of the evaluation i.e. how it will implement enhancements where necessary and where it will promote and extend practices found to have been effective.

Participants

All relevant stakeholders will be consulted during a self-evaluation exercise i.e. learners – past and present, staff, management, employers, higher education institutes, second providers etc. The Qualifications and Quality Assurance (Education and Training) Act (2012) requires that programmes and related services offered by a provider must be evaluated by the provider with the input of learners and an independent person.

Frequency

- **Statutory Periodic Review:** A provider will evaluate its own quality assurance system relative to these guidelines initially as part of the QQI Re-engagement process and subsequently at least once every seven years or as directed by QQI. See Appendix 4.
- **Programmatic Review for Revalidation:** a provider will evaluate suites² of programmes in all the centres where they are offered when those programmes are due for re-validation by QQI. See Appendix 4.

Independent External Panel

A core feature of evaluations with the education and training realm is independent peer review. To lend credence to the process, it is essential that the findings of the self-evaluation exercise be supplemented by a review carried out by a panel of independent external reviewers with appropriate expertise. This panel, usually appointed by the relevant accrediting body, will have access to the SER and other relevant documentation / information and will supplement this by a site visit where they will meet relevant actors. The panel will generate and report on its own findings and recommendations.

² A 'suite' of programmes will be a set which belong to the same field of learning in one or more levels of the NFQ

Part 3: Criteria

A provider's quality assurance procedures will be evaluated as part of each of the following engagements between QQI and the provider:

- Initial Validation – the provider's quality assurance capacity will be evaluated for the scope of provision set out in its first application for programme validation. Approval of QA procedures by QQI enables a provider to apply to QQI for programme validation within the scope of access granted. QA approval does not confer any status on a provider but only confirms that the provider is eligible to apply for QQI programme validation. See [QQI Policy and Criteria for Initial Access to Validation 2013](#)
- Re-Engagement: - See Re-engagement with QQI: [QQI Policy and Criteria for Renewed Access to Validation for Voluntary Providers 2014](#)
Re-engagement for each provider will be a one-off occurrence which establishes its QA procedures with QQI in accordance with Section 30 of the 2012 Act. QQI's intention through re-engagement is to recognise the work done in developing and implementing QA processes in the past while ensuring a sound statutory basis for future QA development and enhancement.
- Statutory Periodic Review – the effectiveness of the provider's quality assurance system is evaluated. This will be carried out at least once every seven years but may also be initiated where information comes to the attention of QQI that such a review is appropriate. Following such a review, the provider's quality assurance procedures may be approved for another period unconditionally or subject to specified improvements being made.

Below are the criteria to be used by QQI in these engagements to evaluate a provider's capacity and draft quality assurance procedures.

10. Criteria for Establishing Provider Capacity

As set out in 4.4 above, QQI must establish an organisation's capacity to act and sustain itself as a provider of further education and training programmes. The criteria to be used in so doing are as follows:

Legal Status criteria

The organisation should

- be a clearly identified legal person, having rights and responsibilities under law, with education and training as a principle function.
- be a legal entity established in the European Union and with a substantial presence in Ireland
- be able to clearly specify dependencies, collaborations, obligations, parent organisations, and subsidiaries
- only have third-party relationships and partnerships compatible with the scope of validation sought

Compliance criteria

The organisation should

- be in good standing in the qualifications systems and education and training systems in any countries where it operates (or where its parents or subsidiaries operate) or enrolls learners, or where it has arrangements with awarding bodies, quality assurance agencies, qualifications authorities, ministries of education and training, professional bodies and regulators

Resource and Governance criteria

The organisation should

- have a sufficient resource base
- be stable and in good financial standing
- have a reasonable business case for sustainable provision

Programme Development and Provision criteria

The organisation should

- have a verifiable track record in providing education and training programmes
- have a fit-for-purpose and stable complement of education and training staff

11. Criteria for Approval of draft Quality Assurance Procedures

The Quality Assurance Qualifications and Quality Assurance (Education & Training) Act (2012) obliges QQI to evaluate a provider's draft quality assurance procedures for potential effectiveness. See [Appendix 2](#).

The following are the minimum criteria used by any panels appointed by QQI to evaluate the potential or actual effectiveness of provider quality assurance systems:

- The Quality Manual contains all the elements listed in Section 6.9
- The quality system is comprehensive, reflecting the principles set out in Section 3 above and containing policies and procedures for all relevant areas set out in Section 7.
- The structure and resourcing of the quality system is appropriate and sufficient to the provider context.
- The provider has a credible system capable of monitoring the effectiveness of its quality system. It identifies person responsible, mode of operation, frequency and indicator of effectiveness.
- The provider has ready access to the information required to monitor the effectiveness of its provision.
- The provider's policies demonstrate a full knowledge of legislative obligations on providers arising from the Qualifications and Quality Assurance (Education and Training) Act (2012).
- The provider's Policy for Protection for Enrolled Learners clearly states its obligations in its area.
- The procedures for Assessment of Learners have the capacity to ensure that assessment as carried out will be fair, consistent and fit for purpose.
- The provider's self-evaluation report demonstrates
 - its capacity to identify strengths and areas for improvement relevant to programme and service quality.
 - Involvement of all significant stakeholders i.e. learners, staff and external stakeholders.

12. Possible Outcomes of Evaluations

A panel appointed by QQI to evaluate a provider's quality assurance procedures will deliver a recommendation to QQI in accordance with Sections 30 and 31 of the Act 2012. See [Appendix 2](#).

13. Appeals

Part 7 of the 2012 Act provides for appeals procedures. Providers may appeal if QQI refuses to approve quality assurance procedures or withdraws approval of quality assurance procedures. See [Appendix 2](#).

Appendix 1

Glossary of Terms

| | |
|---|---|
| Access | refers to a learner's ability to avail of appropriate opportunities to enter and succeed in programmes leading to awards, with recognition of learning already achieved |
| Award | That which is conferred, granted or given by an awarding body and which records that a learner has acquired a standard of knowledge, skill or competence |
| Award Type | Refers to a class of named awards sharing common features and level. These include Major, Minor, Supplemental and Special Purpose award types. Different award types reflect different purposes of award and allow for the recognition of all learning achievement. |
| Completion rate | The number of learners who achieve an National Framework of Qualifications (NFQ) award on a programme of education and training expressed as a percentage of the number of learners who commenced the programme concerned. |
| Credit | A measure by which diverse learning achievements can be recognised; credit systems complement the NFQ and the achievement of awards. Opportunities for credit accumulation enhance recognition of learning. |
| External Examining | A process whereby an independent expert(s) provides feedback on the achievement of national standards as demonstrated through provider's assessment of learners. |
| Evidence | Material generated by the application of a procedure which demonstrates its effectiveness |
| First Provider | A person or body which organises or procures all or part of a programme, part or all of which is provided by another provider. |
| Indicators | Measures used to rate the relative success or failure of a strategy or process |
| Internal Verification | A process or series of processes designed to check the presence and completeness of learner assessment work and the accuracy and completeness of assessment records. |
| Learner | A person who is acquiring or who has acquired knowledge, skill or competence |
| Life Cycle of Provider of Engagement | Identifies, organises and communicates the range of engagements between QQI and a given provider. |
| Major award | This award types is the principal class of awards made at each level of the NFQ. At most levels, such award-types capture a typical range of achievements at the level |
| Minor Award | This award type provides recognition for learners who achieve a range of learning outcomes, but not the specific combination of learning outcomes required for a major award. This recognition will have relevance in its own right. |
| Monitor | A person who verifies that quality assurance procedures are being implemented as agreed. The monitor may be working on behalf of the provider (self-monitoring) or QQI (monitoring). |
| National Framework of Qualifications | The single nationally and internationally accepted entity through which all learning achievements may be measured and related to each other in a coherent way and which defines the relationship between all education and training awards. The Framework has 10 levels, reflecting all learning from introductory to doctorate levels. |

| | |
|--|---|
| QQI Monitoring | An external process that involves routine and once-off evaluations, analysis, observations and recording of provider activities. |
| Peer review | The involvement in a self-evaluation of a programme of a person from another provider, in further or higher education and training, capable of giving an informed view on the success of the programme and able to contribute to its improvement |
| Programme | A process by which a learner acquires knowledge, skill or competence and includes a course of study, a course of instruction and an apprenticeship; |
| Programme Review | The process whereby the provider reflects on its programme(s) to ensure its continued relevance. A review will be conducted more frequently but less formally and on a smaller in scale than a programme self-evaluation. The findings of reviews will contribute to a self-evaluation. |
| Progression | Refers to a learner's ability to move to another programme leading to an award at a higher level of the NFQ, having received recognition for knowledge, skill or competence acquired |
| Protection of Enrolled Learners | Protocols/arrangements put in place by providers, offering programmes of three months duration where fees are paid by or on behalf of the learners to protect learners where a programme ceases unexpectedly. |
| Provider | A person who provides, organises or procures a programme of education and training and related services |
| Quality Assurance | The system(s) put in place by a provider to maintain and improve the quality of its programme(s) |
| RPL | Recognition of Prior Learning i.e. recognition of learning that has taken place but not necessarily been assessed or measured prior to entering a programme. Such prior learning may have been acquired through formal, non-formal or informal routes. |
| Second Provider | A person or body which provides all or part of a programme part or all of which is organised or procured by another provider. |
| Self-Evaluation | The process whereby a provider, with the involvement of learners and an external expert(s), evaluates the quality of its programme(s) and related services. The findings of a self-evaluation will be published. |
| Special purpose award | This award type is made for specific, relatively narrow, purposes often for certification of competence in specific occupational areas |
| Supplemental Award | This award type is for learning which is additional to a previous award. They could, for example, relate to updating and refreshing knowledge or skills, or to continuing professional development |
| Transfer | Refers to a learner's ability to move from one programme leading to an award to another, including at the same level of the Framework, having received recognition for knowledge, skill or competence acquired |
| Validation | The process through which QQI evaluates a programme of education and training, to ensure that the proposed programme provides the learner with the opportunity to reach the standards of the award to which the programme is intended to lead. |

Appendix 2 Qualifications and Quality Assurance Act 2012 - relevant sections

Section 27 – Quality Assurance

- (1) The Authority shall, as soon as practicable after the establishment day—
 - (a) issue guidelines (in this section referred to as “quality assurance guidelines”) for the establishment of procedures for quality assurance under section 28, and
 - (b) establish procedures (in this section referred to as “effectiveness review procedures”) for review by the Authority of the effectiveness of— (i) the procedures for quality assurance established by relevant providers, and (ii) the implementation of those procedures by relevant providers,
- (2) The Authority shall consult with relevant providers and linked providers before issuing quality assurance guidelines.
- (3) The Authority shall consult with relevant providers before establishing effectiveness review procedures.
- (6) The Authority may—
 - (a) issue different quality assurance guidelines for different relevant or linked providers or groups of relevant or linked providers, and
 - (b) establish different effectiveness review procedures for different relevant providers or groups of relevant providers.

Section 28 - Obligation of providers to prepare quality assurance procedures

- (1) Subject to sections 29, 30, 32 and 33, each relevant provider and linked provider shall establish procedures in writing for quality assurance for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related services the provider provides.
- (2) Each relevant provider and linked provider shall have regard to the guidelines issued by the Authority under section 27(1)(a) in establishing procedures under subsection (1).
- (3) Procedures under subsection (1) shall be established as soon as practicable after the issue of guidelines by the Authority under section 27(1)(a)
- (4) Procedures under subsection (1) shall include procedures for—
 - (a) evaluation, subject to subsection (5), from time to time as the provider thinks appropriate, by the provider and by enrolled or formerly enrolled learners of the education, training, research and related services provided by that provider,
 - (b) review by the provider of the application of the quality assurance procedures,
 - (c) preparation of a report by the provider setting out—
 - (i) the results of a review carried out under paragraph (b)
 - (ii) what measures (if any) the provider considers necessary arising out of that review to establish, ascertain, maintain and improve the quality of education, training, research and related services provided by the provider,
 - (d) furnishing the report to the Authority
 - (e) publication of the report, and
 - (f) implementation of the measures (if any) referred to in paragraph (c)(ii).

- (5) Procedures for an evaluation by a provider under subsection (4)(a) shall provide for an evaluation to be completed at least once every 7 years after the issue of guidelines under section 27(1)(a)

Section 30 - Quality assurance procedures and relevant providers

- (1) Before establishing procedures under section 28, a relevant provider shall submit a draft of the proposed procedures to the Authority for approval, accompanied by such fee (if any) as may be determined by the Authority under section 80.
- (2) Upon consideration of the proposed procedures submitted to it under subsection (1), the Authority may—
- (a) approve the proposed procedures,
 - (b) refuse to approve the proposed procedures but make such recommendations to the provider as it thinks appropriate, or
 - (c) in accordance with section 31, refuse to approve the proposed procedures.
- (3) Where the Authority approves procedures under subsection (2)(a), the provider shall publish those procedures in such form and manner (including on the internet) as the Authority directs and shall provide a copy of the procedures as published to the Authority.
- (4) The Authority may, as it thinks appropriate, determine the form and manner of the publication of procedures under subsection (3).
- (5) Where the Authority makes recommendations under subsection (2)(b) the provider concerned shall take account of those recommendations before resubmitting the proposed procedures for approval under subsection (1).
- (6) No further fee is payable where a provider resubmits proposed procedures in accordance with subsection (5).
- (7) A provider shall implement procedures approved under this section.
- (8) A provider who falsely claims or represents that its procedures for quality assurance have been approved by the Authority under this section commits an offence.

Section 31 - Refusal by Authority to approve proposed quality assurance procedures

- (1) Where upon consideration by the Authority of a draft of any proposed procedures submitted to it under section 30 for approval the Authority considers that it should refuse to approve the proposed procedures the Authority shall, by notice in writing, inform the provider concerned that it proposes to refuse to give its approval and state the reasons for the proposed refusal.
- (2) The notice under subsection (1) shall state that the provider may submit observations in writing to the Authority in relation to the reasons for the proposed refusal set out in the notice not later than one month after the service of the notice on the provider.
- (3) Where, after consideration of any observations submitted to the Authority under subsection (2), the Authority considers that it should refuse to approve the proposed procedures, it may do so by notice in writing addressed to the provider.
- (4) A notice under subsection (3) shall state the reasons for the refusal referred to in that subsection.
- (5) Where the Authority refuses to approve the proposed procedures of a provider, the provider concerned may appeal against that refusal to the Appeals Panel.

Section 34 - Review by Authority of quality assurance procedures of relevant providers.

- (1) The Authority shall review the effectiveness of the procedures established by a relevant provider under section 28, and the implementation by the relevant provider of those procedures—
 - (a) at least once every 7 years from the issue of guidelines under section 27(1)(a), and
 - (b) from time to time as the Authority thinks appropriate.
- (2) A relevant provider subject to review under subsection (1) shall pay to the Authority within one month of the completion of the review such fee (if any) as may be determined by the Authority under section 80.
- (3) The Authority shall carry out a review under subsection (1) in accordance with the procedures for review established by it under section 27(1)(b).
- (5) The Authority shall prepare a report setting out the results of a review under subsection (1).
- (6) The Authority shall provide a copy of the report prepared under subsection (5) to the relevant provider concerned and the relevant provider may, within one month from the provision of the report to it, submit in writing any observations it has on the report to the Authority.
- (7) After consideration of any observations submitted to the Authority under subsection (6), the Authority may make any amendments to the report that the Authority considers appropriate.
- (8) The Authority shall provide a copy of the final report to the relevant provider and shall publish the report (including the observations of the provider concerned) in such form and manner as it thinks appropriate (including on the internet).

Section 35 - Directions of Authority following review of quality assurance procedures.

- (1) Where the Authority has carried out a review under section 34, it may, following consultation with the relevant provider concerned, issue such directions in writing to that relevant provider as it thinks appropriate in relation to the effectiveness of the quality assurance procedures established by that relevant provider under section 28 and the implementation by that relevant provider of those procedures.
- (2) Where a direction is issued under subsection (1) to a relevant provider, the relevant provider shall comply with the direction.
- (3) A relevant provider issued with a direction under subsection (1) shall provide the Authority with information when requested to do so by the Authority regarding the compliance by that relevant provider with the direction.

Section 36 - Withdrawal by Authority of approval of quality assurance procedures.

- (1) Where, in relation to a relevant provider the Authority considers that—
 - (a) directions issued by the Authority to the relevant provider under section 35(1) have not been complied with, or
 - (b) there are serious deficiencies in the implementation of quality assurance procedures by the relevant provider,the Authority shall, by notice in writing, inform the relevant provider that it proposes to withdraw its approval of the procedures established under section 28 and state the reasons for the proposed withdrawal.
- (2) Where a proposal under subsection (1) is made in respect of a provider who has entered into an arrangement referred to in section 53(14), the Authority shall, by notice in writing, inform the awarding body referred to in section 53(14) that—
 - (a) it proposes to withdraw its approval of the quality assurance procedures established by the provider under section 28 and state the reasons for the proposed withdrawal, and

- (b) if the Authority withdraws its approval, it shall also withdraw any authority to make awards delegated to that provider under section 53.
- (3) A notice under subsections (1) and (2) shall state that the relevant provider, and the awarding body, if applicable, may submit observations in writing to the Authority in relation to the reasons for the proposed withdrawal set out in the notice not later than one month after the service of the notice on the provider and the awarding body, if applicable.
 - (4) Where, after consideration of any observations submitted to the Authority under subsection (3), the Authority continues to consider that paragraph (a) or (b) of subsection (1) applies, it shall withdraw its approval of the procedures established under section 28, by notice in writing addressed to the relevant provider, from such date (not earlier than the date of service on the relevant provider of the notice of withdrawal) as it considers appropriate and as is specified in the notice.
 - (5) A notice under subsection (4) shall state the reasons for the withdrawal referred to in that subsection.
 - (6) Where the Authority withdraws approval under subsection (4), the relevant provider concerned may appeal against that withdrawal to the Appeals Panel.
 - (7) Where the Authority withdraws approval under subsection (4), the Authority shall also by notice in writing addressed to that relevant provider, from such date (not earlier than the date of service on the relevant provider of the notice of withdrawal) as it considers appropriate and as is specified in the notice having regard to the interests of enrolled learners concerned, withdraw—
 - (a) validation of any programmes of education and training of the relevant provider concerned which the Authority has validated under section 45,
 - (b) any authority to make awards delegated to the relevant provider concerned under section 53, and
 - (c) authorisation to use the international education mark where the relevant provider concerned is authorised to use the international education mark under section 61.
 - (8) Where the Authority withdraws approval under subsection (4) in respect of a provider referred to in subsection (2), the Authority shall, by notice in writing addressed to the awarding body referred to in that subsection, notify that awarding body of a withdrawal under subsection (7) of that provider's authority to make awards delegated to it under section 53.

Section 44 – Application for Validation of Programme of Education and Training.

- (1) The Authority shall, as soon as practicable after the establishment day, establish policies and criteria for the validation of programmes of education and training and shall publish the policies and criteria in such form and manner as it thinks appropriate (including on the internet).
- (3) The Authority may establish different policies and criteria for the validation of different programmes or different classes of programme of education and training.
- (5) Subject to subsections (7), (9), (10) and (11), a provider of a programme of education and training may apply to the Authority for validation of the programme.
- (6) An application made under subsection (5) shall be accompanied by such fee (if any) as may be determined by the Authority under section 80.
- (7) A provider shall not make an application under subsection (5) unless—
 - (a) the provider has established procedures for quality assurance under section 28,
 - (b) the provider has established procedures for access, transfer and progression under section 56,

- (c) the provider has complied with section 65 in respect of arrangements for the protection of enrolled learners, if applicable, and
 - (d) if subsection (11) applies to the provider, the provider has consulted with the person referred to in that subsection.
- (11) A provider who organises or procures a programme of education and training which is provided, wholly or partly, by another person shall consult with that person before making an application under subsection (5).

Section 45 – Determination of application for validation of programme of education and training.

- 1) Upon receipt of an application under section 44(5), the Authority may—
 - (a) subject to subsection (2), validate the relevant programme of education and training where the programme satisfies the criteria established by the Authority under section 44(1), or
 - (b) refuse to validate the programme and give reasons for the refusal.
- (2) The validation of a programme by the Authority is subject to—
 - (a) the conditions specified in subsection (3), and
 - (b) any other conditions that the Authority thinks it appropriate to impose in relation to the programme.
- (3) The provider of the programme concerned shall—
 - (a) co-operate with and assist the Authority in the performance of the Authority's functions in so far as those functions relate to the functions of the provider,
 - (b) establish procedures which are fair and consistent for the assessment of enrolled learners to ensure the standards of knowledge, skill or competence determined by the Authority under section 49(1) are acquired, and where appropriate, demonstrated, by enrolled learners,
 - (c) continue to comply with section 65 in respect of arrangements for the protection of enrolled learners, if applicable, and
 - (d) provide to the Authority such information as the Authority may from time to time require for the purposes of the performance of its functions, including information in respect of completion rates.
- (4) Where the Authority refuses under subsection (1)(b) to validate a programme of education and training, the provider of the programme may appeal against the refusal to the Appeals Panel.
- (5) A provider who falsely claims or represents that the Authority has validated a programme of education and training of the provider commits an offence.

Section 46 - Review of Programme Validation

- (1) The Authority may, at any time, review a programme of education and training which it has validated.
- (2) The provider of a programme of education and training which is subject to review under subsection (1) shall pay to the Authority within one month of the completion of the review such fee (if any) as may be determined by the Authority under section 80.

Section 47 – Withdrawal of Programme Validation

- (1) Upon a review of a programme under section 46, where the Authority considers that -
 - (a) the programme no longer meets the criteria established by the Authority under section 44(1),
 - (b) a condition referred to in section 45(2) is not being complied with, or
 - (c) there are other reasonable grounds for withdrawing the validation of the programme,the Authority shall, by notice in writing, inform the provider of the programme that it proposes to withdraw validation of the programme and state the reasons for the proposed withdrawal.
- (2) A notice under subsection (1) shall state that the provider may submit observations in writing to the Authority in relation to the reasons for the proposed withdrawal as set out in the notice not later than one month after the service of the notice on the provider.
- (3) Where, after consideration of any observations submitted to the Authority under subsection (2), the Authority continues to consider that paragraph (a), (b) or (c) of subsection (1) applies, it shall withdraw its validation of the programme concerned, by notice in writing addressed to the provider, from such date (not earlier than the date of service on the provider of the notice of withdrawal) as it considers appropriate and as is specified in the notice having regard to the interests of the enrolled learners concerned.
- (4) A notice under subsection (3) shall state the reasons for the withdrawal referred to in that subsection.
- (5) Where the Authority, withdraws its validation of a programme of education and training under subsection (3), the provider concerned may appeal against that withdrawal to the Appeals Panel.

Appendix 3

EQAVET Indicators

The EQAVET Framework:

- includes the need for regular monitoring (involving internal and external evaluation mechanisms) and reporting on progress;
- uses common quality criteria and indicative descriptors to underpin the monitoring and reporting arrangements;
- stresses the importance of common indicators to support the evaluation, monitoring and quality assurance of VET systems and providers.

It is accompanied by a set of 10 indicators which may be used as a “tool box” by countries as they work on adapting and developing their VET systems. The indicators are not designed for benchmarking but rather to support a culture of quality assurance in VET.

List of Indicators

1. Relevance of quality assurance systems for VET providers
2. Investment in training of teachers and trainers
3. Participation rate in VET programmes
4. Completion rate in VET programmes
5. Placement rate in VET programmes
6. Utilisation of acquired skills at the workplace
7. Unemployment rate
8. Prevalence of vulnerable group
9. Mechanisms to identify training needs in the labour market
10. Schemes used to promote better access to VET

Appendix 4 Life Cycle of Provider Engagement

