

White Paper Procedures for Focused Reviews by QQI of the Implementation and Effectiveness of Provider Quality Assurance and Access, Transfer and Progression Procedures

2025



**Dearbhú Cáilíochta
agus Cáilíochtaí Éireann**
Quality and
Qualifications Ireland

CONTENTS

CONTENTS	2
1. Overview.....	3
2. Procedures	4
2.1 Notification of Provider that QQI will Initiate a Focused Review	6
2.2 Development of Terms of Reference.....	6
2.3 Consultation with Relevant Other Authorities	6
2.4 Appointment of a Review Team	7
2.4.1 Role of QQI in the Review	8
2.5 Provider Statement of QA/ATP Implementation	9
2.5.1 Completing the Provider Statement of QA/ATP Implementation	9
2.5.2 Content of the Provider Statement of QA/ATP Implementation.....	9
2.5.3 Submission of the Provider Statement of QA/ATP Implementation to the Review Team	11
2.6 Consideration by the Review Team of Provider Documentation.....	11
2.7 The Review Meeting and / or Site Visit(s)	11
2.8 The Review Reports.....	12
2.9 Provider Response.....	13
2.10 Consideration of the Outcomes of the Review by QQI	13
2.11 Withdrawal of Validation	13
2.12 Publication of Review Documentation	14
2.13 Post-Review Follow-Up	14
2.14 Appeal	14

1. Overview

This document sets out the procedures that will be implemented by QQI when carrying out a focused review of the implementation and effectiveness of a provider's quality assurance (QA) and/or access, transfer and progression (ATP) procedures.

A focused review is carried out at institutional level and is intended to:

- determine that the QA and/or ATP procedures established by a provider under the Qualifications and Quality Assurance (Education and Training) Act, 2012 have been implemented;
- evaluate the effectiveness of a provider's quality assurance procedures for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related services offered by the provider; and
- confirm that directions previously issued by QQI in relation to a provider's procedures have been complied with.

As set out in QQI's [Policy for Cyclical Review of Higher Education Institutions](#), QQI may conduct a focused review of a provider's procedures from time to time, as it considers appropriate, or in response to concerns that have come to its attention in relation to the implementation and effectiveness of a provider's QA procedures (Section 34(1)(b) of the 2012 Act). The policy also refers to reviews of the implementation of ATP procedures carried out under Section 57. A focused review may be carried out concurrently with review(s) under other sections of the 2012 Act, as QQI considers necessary and appropriate. (For more information on the kinds of concerns that may give rise to a focused institutional review, please refer to QQI's policy on monitoring.)

A provider may itself request that QQI carry out a focused review of its QA/ATP procedures.

Focused reviews are not a substitution for cyclical institutional reviews. Cyclical reviews are mandated in the 2012 Act and QQI establishes procedures for such reviews from time to time. Providers who have had focused reviews may still undergo a cyclical review of their QA/ATP procedures in accordance with QQI policy.

2. Procedures

Reviews of provider QA procedures are carried out under Section 34 of the 2012 Act. Reviews of provider ATP procedures are carried out under Section 57 of the 2012 Act. They are based on internationally accepted and recognised principles for review and accord, where relevant, with Part 2 of the Standards and Guidelines for Quality Assurance in the European Higher Education Area¹ (ESG).

Procedures for focused reviews of provider QA/ATP procedures will include the following elements:

- 1) QQI's Chief Executive Officer, on the advice of relevant members of the executive, determines that a focused review should be undertaken.
- 2) QQI formally notifies the provider that a focused review of its QA and/or ATP procedures is being initiated by QQI and that terms of reference for same are being developed.
- 3) QQI executive develops terms of reference for the review, which will be communicated to the provider in advance of the review. The timing of the publication of the ToR will be determined on an individual basis, but in any case will be published with the final report at the conclusion of the review process.
- 4) QQI executive will consult with the Higher Education Authority (HEA), where the provider under review is a designated higher education institution. . QQI executive will consult with SOLAS where the provider under review offers provision funded by SOLAS.
- 5) QQI executive appoints an independent (of QQI and the provider) expert review team.
- 6) The provider under review submits a statement of QA/ATP implementation (hereafter "the Provider Statement"), which addresses the terms of reference for the review.
- 7) The review team considers the Provider Statement and identifies of any gaps and / or additional information required by the review team.

¹ The [ESG](http://www.engq.eu) is available on www.engq.eu

- 8) The review team assesses the documentation submitted and meets with the provider (which may include a physical site visit).
- 9) The review team produces a review report, including findings and recommendations.
- 10) The provider confirms the factual accuracy of the report and prepares a response to the review team report, including a plan with a timeframe for implementation of any changes recommended, if appropriate.
- 11) The relevant committee of QQI considers the review team report and provider's response. QQI may issue directions to the provider on foot of the review.
- 12) In the event of a decision by the Board of QQI to propose withdrawal of approval of the provider's QA/ATP procedures, the provider will be invited to submit observations to QQI on the reasons given for the proposed withdrawal.
- 13) Upon completion of the review QQI will publish the terms of reference (if not previously published), the review team report, provider response and any directions or other conclusions issued by QQI.
- 14) QQI Executive will agree with the provider a timeline and process for follow-up with the provider on any directions given or recommendations made during the review.
- 15) A provider may make a statutory appeal against a decision to withdraw approval.

While these procedures will apply to all focused reviews of provider QA/ATP procedures, the details of the arrangements in each case will be proportionate to the context and terms of reference of each provider and review.

Failure by a provider to co-operate with QQI in the conduct of the review, for example, by not submitting its Provider Statement or other evidential documentation within agreed or set timelines or by not facilitating meetings and site visits as stipulated in the terms of reference, will not terminate a review. Rather the review will proceed on the basis of the evidence which can be established and elements of the review procedures which can be facilitated.

A fee applies to focused reviews of provider QA/ATP procedures conducted by QQI and must be paid within one month of completion of the review.

2.1 Notification of Provider that QQI will Initiate a Focused Review

QQI will formally notify a provider that it will instigate a focused review of the provider's QA/ATP procedures and that terms of reference are being developed. QQI may meet with the provider to discuss the review process and anticipated timelines for same.

2.2 Development of Terms of Reference

Terms of reference specific to the individual provider and their context will be drafted for each review. The terms of reference will be submitted to the provider for comment in advance of the review. Feedback from the provider will be taken into consideration where appropriate.

The terms of reference will:

- Set out the background and context for the review
- Identify the statutory basis for the review
- Set out the purpose of the review and identify any concerns to be considered by the review team
- Identify the criteria for the review (e.g. relevant statutory QA guidelines published by QQI and any other relevant policy and criteria)
- Identify those other agencies and bodies with whom QQI has consulted prior to commencing the review
- Establish the procedures and indicative timeline for the review. The context of the provider and the issues being considered in the ToR will be taken into account when determining the timeframe for the review

2.3 Consultation with Relevant Other Authorities

Where the provider to be reviewed is a designated HEI, QQI will consult with the Higher Education Authority (HEA) before commencing the review. Where the provider to be reviewed is funded by SOLAS we will consult with SOLAS before commencing the review. We will consult with other QA agencies or regulators where appropriate.

2.4 Appointment of a Review Team

QQI will appoint the review team. As with all reviews conducted by QQI, the review team will be comprised of independent experts whose impartial and considered advice will inform QQI's decision on the outcomes of a review. While the review team is appointed by QQI, QQI will not seek to influence the outcome of a review and providers are offered an opportunity before the review team is appointed to highlight any possible conflicts of interest that may exist. Review team members will not be QQI employees. A member of the QQI executive may act as secretary to the review team and / or observe the review team visit to the provider. Where QQI is secretary to the review team, it will act to support and assist the review team in its activities, which will remain impartial and independent of QQI influence. Both the provider and the proposed review team members will be asked to declare any conflicts of interest, and QQI will determine whether these are relevant to the review. In this way, QQI will ensure an appropriate and entirely independent team of reviewers is selected. QQI has final approval over the composition of each review team.

QQI will make every effort to ensure that there is appropriate gender representation on the panel of review team members.

Composition of the Review Team: The number of review team members conducting a review will be determined on a case-by-case basis having regard to the individual context of the provider and the concerns (if any) being investigated. The review team will consist of carefully selected, trained and briefed reviewers who have appropriate skills, experience and competence to perform the review. The review team will operate under the leadership of the review chairperson. The review team will typically consist of:

- a review chairperson – a reviewer who is a (serving or former) senior leader within a provider of the same type as that under review (e.g. further education and training (FET) provider; higher education (HE) provider etc.). In the case of providers offering HE, the Chairperson will usually have experience as President/Registrar or Deputy President;
- a reviewer with experience and understanding of QA from a provider of similar type to that under review; and
- a student representative selected from a provider of the same type as that under review.

Other reviewers may be appointed, as appropriate, depending on the issues to be considered, as set out in the terms of reference. The principles of competence and independence will be exercised when appointing the review team. The provider will have no role in the appointment of the review team, other than to confirm that there are no conflicts of interest, and will not liaise

directly with the review team except in the context of the designated meeting between the review team and the Provider.

2.4.1 Role of QQI in the Review

In accordance with the functions set out in the Qualifications and Quality Assurance (Education and Training) Act, 2012, QQI will:

- Develop and publish terms of reference for the review
- Contact, confirm and appoint review team members
- Consult with other agencies, bodies as appropriate
- Plan and facilitate the review process
- Provide all relevant documentation to the review team.
- Support the review activities of the review team and advise the team on criteria and policy
- Act as a point of contact between the review team and the provider
- Organise visits in cooperation with the review team and the provider
- Provide induction to the review team
- Seek legal advice, where required
- Prepare report for approval by the review team
- Provide a copy of the report to the provider, indicating that the provider may, within one month, submit any observations in writing to QQI. Where relevant, QQI and the review team will consider any written observations made; make any amendments to the report as it and the review team considers appropriate, based on the observations received;.
- Make recommendations and/or give directions to the provider.
- Provide a copy of the final report to the provider and publish the report (including the observations of the provider)
- Agree a schedule with the provider for follow-up on any recommendations made or directions issued on foot of the review.

2.5 Provider Statement of QA/ATP Implementation

The provider will complete a Provider Statement outlining how it assures and enhances the quality of its teaching, learning, research and service activities and/or implements procedures for ATP. The Provider Statement will address any particular issues identified in the terms of reference for the review².

The Provider Statement, together with the terms of reference, are the primary documents used by the review team. This provides the review team with the documented evidence, or references to evidence, to support claims that the provider has implemented effective quality assurance procedures. The Provider Statement may be supplemented by other evidence sources as appropriate. Following receipt of the Provider Statement, the review team may request additional information as necessary.

2.5.1 Completing the Provider Statement of QA/ATP Implementation

It is the responsibility of each provider to devise its own systematic and critical process for completing the Provider Statement. In preparing its Provider Statement the provider should have close regard to the objectives for the review and the criteria set out in the terms of reference.

2.5.2 Content of the Provider Statement of QA/ATP Implementation

The key function of the Provider Statement is to delineate the performance of the provider with respect to each objective set out in the terms of reference ('ToR'). The response to each objective in the ToR should be clearly marked and highlighted in the Provider Statement, the emphasis being on demonstrating how the provider has evaluated the effectiveness of the provider's QA/ATP procedures against the objective. The provider should set out its own view of its effectiveness under each sub-heading and articulate the basis for that view, including references to evidence and supporting materials.

² Focused reviews conducted under Section 34/57 of the 2012 Act are separate to QQI monitoring activity but may be instigated as a consequence of such monitoring. The Provider Statement, referred to in these procedures, is a self-evaluation of the implementation and effectiveness of a provider's QA/ATP procedures, to be prepared by the provider and submitted as part of the review. The Statement will be developed with reference to the ToR for the review. The Provider Statement is separate and different from the self-evaluation of a provider's programmes with which FET providers may be familiar and with the broader self-evaluation required under cyclical reviews of QA.

The purpose of the Provider Statement is to provide the review team with sufficient information and evidence to assess the effectiveness of quality assurance at the provider. The Provider Statement may contain the following elements (though not necessarily in this order) where appropriate:

- A brief description of:
 - the context of the provider
 - the provider's collaborations
 - how the Provider Statement was compiled.
- A brief, clear and simple explanation of:
 - the provider's own internal quality assurance governance, policies and procedures and/or
 - the providers' own internal procedures for access, transfer and progression
- Address any other objectives set out in the terms of reference and submit any additional evidence sources requested in the ToR or by the review team.

The Provider Statement should lead to conclusions about:

- The performance of the provider with respect to the objectives set out in the terms of reference
- The overall and individual effectiveness of quality assurance/ATP procedures at the provider

The Provider Statement may, where appropriate, also contain an index to supporting documentation and supplementary evidence.

It is the responsibility of each provider to determine the most appropriate format for its own Provider Statement, taking into account its profile and context and the terms of reference for the review. As the ToR for each review will be particular to the provider in question and any concerns or issues being examined, it is not possible for QQI to generate a one-size-fits-all template for the Provider Statement. However, QQI, in liaison with the review team, will provide any clarifications required by the provider in completing the Statement. The provider is required to provide a comprehensive but concise statement (normally less than 30 pages – not including appendices).

The provider may include other annexes, but the number and length of these should be limited to what is considered by the provider to be strictly necessary in order to support the assertions and argumentation in the statement. Any additional information should be related to the key objectives and criteria of the review and an index provided for same. The index should clearly indicate the relevance of the material and link it explicitly to the Statement and the objectives and criteria of the review. Electronic copies of all documentation must be submitted.

2.5.3 Submission of the Provider Statement of QA/ATP Implementation to the Review Team

The Provider Statement should be read and endorsed by the head of the provider before being sent to QQI. This is to confirm that the senior management team has accepted the Provider Statement as an accurate reflection of the institutional approach to quality assurance. The provider should also ensure that the Provider Statement is made available to all staff or students who will meet the review team.

The provider is required to submit the Provider Statement (electronically) to QQI on or before the date set out in the terms of reference. Upon receipt, the Provider Statement will be distributed to the review team members. QQI and the review team will respect the confidentiality of the Statement and the information contained therein. The provider is also welcome to make the Provider Statement and appendices available through a password-protected, intranet facility for the review.

2.6 Consideration by the Review Team of Provider Documentation

Following receipt of the Provider Statement of QA/ATP implementation, the review team will hold a planning meeting. This meeting will provide the review team with an opportunity to share reactions, views and comments on the Provider Statement that will ideally have been received a minimum of 2 weeks in advance of the planning meeting. The review team may identify gaps in the documentation received to date and request that the provider clarify any questions and or submit additional material at this time. Adequate time will be allocated to providers to prepare and submit such documentation ahead of the meeting with the review team. QQI may also make additional documentation available to the review team. Such documents will be shared with the provider.

2.7 The Review Meeting and / or Site Visit(s)

The review will include at least one meeting between the review team and the provider and may include a site visit to the premises of the provider, though more than one visit may be necessary in some circumstances. This review meeting and or site visit has a number of key functions:

- to enable the review team to share, face to face, the impressions gained from the pre-visit information;
- to gather and explore evidence, in meetings and interviews with key staff, on the current state of quality assurance at the provider;
- to compile information and produce material to be used in the draft report;

- to further inform the review team's preliminary findings and to communicate these in person; and
- to identify any areas of particularly good practice to be commended and any recommendations for improvement.

The schedule for the review meeting(s) will be designed to provide the review team with an opportunity to meet a diverse group of staff (academic and non-academic) and students from across the whole provider. Students and staff should be prepared to have an open and honest exchange with the review team.

All meetings between the review team and attendees are private and confidential, with no other member of provider staff permitted to be present, even as observers or note takers. Providers are expected to communicate with the review team at the meeting through relevant staff and not through legal representation. All meetings will be kept strictly to time by the Chairperson.

While every effort should be made by the provider to enable the review team to meet with a diverse group of people, it is possible that diary clashes or prior commitments might result in a few key absences during the review visit. In such cases, QQI will liaise with the provider to explore alternative opportunities for the individual(s) to contribute to the review. This might be achieved via video or teleconference calls, or email correspondence. If this approach is required, the exchange will be undertaken in advance of the final day of the review visit. Where possible, two members of the review team will participate and make a note of the exchange, to be shared with the other review team members.

The review team will follow the programme agreed by the chairperson.

QQI may attend meetings during the review visit to ensure the robustness of the review process.

2.8 The Review Reports

The review will conclude with a report(s) of the review team, which will be considered by QQI. The report(s) will set out the finding of the review team in relation to quality assurance at the provider.

The key findings to be made by the review team relate to:

- 1) Whether established QA/ATP procedures have been implemented

- 2) The effectiveness of those procedures, with particular reference to any areas of concern identified in the terms of reference
- 3) Whether directions previously issued by QQI to the provider have been complied with
- 4) Any other matters identified in the terms of reference

On foot of their findings, the review team may:

- 1) Recommend that QQI issue directions to a provider in relation to the effectiveness of that provider's QA/ATP procedures.
- 2) Where the review team finds that:
 - a) The provider has failed to comply with directions previously issued by QQI; or
 - b) There are serious deficiencies in the implementation of the provider's QA/ATP procedures, it may recommend that QQI withdraw approval of the provider's QA/ATP procedures.

In the interests of equity and reliability, the review team will set out in its report the grounds for each of its findings and recommendations. Where appropriate, the review team will commend a provider's QA/ATP procedures and their effectiveness.

2.9 Provider Response

Following receipt of a draft review report(s), the provider will have two weeks in which to comment on matters of factual accuracy. The provider may also prepare a response to the review team report(s), which may include a plan and a schedule for implementation of any recommendations made by the review team.

2.10 Consideration of the Outcomes of the Review by QQI

The review team report(s), the factual accuracy confirmation (if any) and provider response (if any) will be considered by QQI. Following consideration, QQI may:

- Take no further action
- Issue directions to a provider in relation to the effectiveness of their QA/ATP procedures
- Propose withdrawal of approval of a provider's quality assurance procedures

2.11 Withdrawal of Validation

Should QQI propose to withdraw approval of a provider's QA/ATP procedures, QQI will inform the provider and any other relevant awarding body (in the case of providers with delegated authority to make awards and that have entered into joint awarding arrangements with other awarding bodies) to that effect and will state the reasons for the proposed withdrawal. The

provider will have one month from the service of this notice in which to submit observations in writing to QQI in relation to the reasons given for the proposed withdrawal.

Where, following consideration of the written observations, QQI continues to consider that withdrawal of approval of QA/ATP procedures should take place, it will provide notice in writing to the provider of its withdrawal of approval from such date as it considers appropriate. This date will not precede the date on which notice of withdrawal is served.

Where QQI withdraws approval of a provider's QA/ATP procedures, it will also notify the provider in writing that it is also withdrawing (as applicable):

- validation of any programmes of education and training which it has validated
- authority to make awards under delegated authority
- authorisation to use the International Education Mark

The notice will specify the date from which the aforementioned withdrawals apply. This date will not precede the date on which notice of withdrawal is served and will have consideration for the interests of enrolled learners.

2.12 Publication of Review Documentation

QQI will publish the terms of reference (if not already published), the review team report(s), and any response to the report provided by the provider. All relevant agencies and bodies with a vested interest in the provider or its programmes will be informed of the review and its outcomes.

2.13 Post-Review Follow-Up

At the conclusion of the review, QQI will agree with the provider a timeline and process to follow up any directions imposed or recommendations made during the review. Initial follow-up will occur not later than 12 months following the review.

2.14 Appeal

The provider may appeal a withdrawal of approval to the Appeals Panel. Further information on the statutory appeals process can be found [here](#).