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External Quality Assurance Review of Independent and Private Providers Handbook



CINNTE 



Dearbhú Cáilíochta
agus Cáilíochtaí Éireann
Quality and
Qualifications Ireland

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1. Introduction

This handbook explains how the CINNTE external quality assurance (QA) review operates for independent and private providers (2026-28). It sets out the purpose of the review, the key stages of the process, and the responsibilities of providers and the review team.

The review examines how well a provider's QA system supports high-quality education, continuous improvement and a positive learner experience. It applies to all programmes that lead to QQI awards and considers governance, teaching and learning, learner supports and monitoring arrangements.

This handbook should be read alongside the terms of reference (ToR)¹, which set out the review's objectives, criteria, and indicative areas for exploration.

The review forms part of QQI's statutory role² in assuring quality in education and training. Providers must have their QA systems regularly reviewed to confirm they are effective and consistently implemented. QQI's [Core Quality Assurance Guidelines](#) apply to all providers and emphasise that responsibility for quality rests with each provider. Providers must also ensure that their QA systems reflect the [QQI Sector Specific Quality Assurance Guidelines for Independent and Private Providers](#) as well as the Core QA Guidelines.

Regular self-evaluation, monitoring, and review are essential parts of an effective QA system. [QQI's Policy for Cyclical Review of Higher Education Institutions](#) outlines the scope, purpose, criteria and approach of the review.

The review follows an internationally recognised approach and is consistent with the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG 2015\)](#). It includes:

- the terms of reference (ToR) – published at the outset to define the scope and objectives
- the self-evaluation report (SER) – prepared by the provider to critically assess its QA arrangements
- the external review and main review visit (MRV) – conducted by an independent review team to validate the SER and gather evidence.
- the review report – published by QQI, setting out findings, commendations and recommendations.
- the follow-up process – to monitor actions taken by the provider in response to the review.

¹ QQI (2026), External Quality Assurance Review of Independent and Private Providers: Terms of Reference.

² Sections 27(b) and 34 of the Qualifications and Quality Assurance (Education and Training) Act 2012 (as amended) require QQI to evaluate the effectiveness and implementation of a provider's QA procedures.

2. Purpose of the review

The external review examines how well a provider manages its internal QA system.³ It aims to:

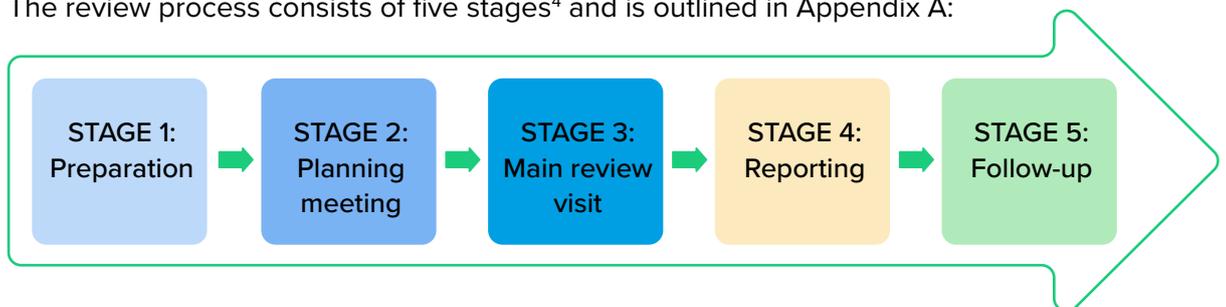
- Support continuous improvement in education, training, and learner support services.
- Enhance the learner experience.
- Provide reliable public information about the quality and validity of QQI-validated programmes that lead to awards in the National Framework of Qualifications (NFQ).

3. Who should use this handbook

- Senior managers and staff responsible for QA.
- People involved in preparing the provider's self-evaluation report (SER).
- Review team members appointed by QQI.

4. Stages of the review

The review process consists of five stages⁴ and is outlined in Appendix A:



³ The terms of reference has a summary of the five formal purposes of an external quality assurance review appended, as defined in [QQI's Policy for the Cyclical Review of Higher Education Institutions](#).

⁴ Appendix A outlines the CINNTE review process timeline, specifying each step, its purpose, indicative timeframes, and expected outputs.

5. Provider responsibilities

Providers play a central role in ensuring the success of the external review. Responsibilities are organised by stage to provide clarity and practical guidance.

STAGE 1: PREPARATION

- **Confirm ToR:**
Engage with QQI to confirm the scope and objectives of the review. The ToR sets out the review's focus areas and criteria, so ensure all relevant staff understand its implications.
- **Appoint a review coordinator:**
Designate a senior staff member as the main point of contact for QQI and the review team. This person should manage communications, coordinate logistics, and oversee the submission of required documentation.

Responsibilities include:
 - Coordinating SER development, approval, and submission
 - Liaising with QQI on planning and visit schedules
 - Managing review visit logistics
 - Providing additional materials as required
 - Meeting the review team and attending sessions
 - Coordinating the provider's response to the review report
- **Plan the self-evaluation process⁵:**
Establish a self-evaluation team, agree timelines, and ensure broad stakeholder engagement. Include staff from different functions and learner representatives to provide a balanced perspective. A small internal team should lead the process, with membership varying by provider size but including learner representation where possible. The review coordinator is a key member.
- **Prepare and submit the self-evaluation report (SER)⁶:**
The SER should be comprehensive, evidence-based, and critically assess the effectiveness of QA arrangements. It must be approved by the provider's chief executive before submission and delivered by the agreed deadline.
- **Provide supporting documentation:**
Make additional documents referenced in the SER available to the review team. Ensure these are well-organised and accessible.

⁵ Appendix B sets out guidelines for developing a comprehensive and evidence-based self-evaluation. It describes the principles of effective self-evaluation, sources of evidence, reflective questions, and recommended methodologies to ensure a robust and inclusive process aligned to the ToR.

⁶ Appendix C provides a sample structure for the SER, along with practical design and presentation suggestions.

STAGE 2: PLANNING MEETING

- **Attend the planning meeting:**
This meeting, usually held online about four weeks before the MRV, is attended by the review team chairperson and coordinating reviewer together with the chief executive, provider coordinator and members of senior management.
- **Prepare for discussion:**
The main purpose of the meeting is to clarify aspects of the SER, provide updates on organisational developments, confirm the visit schedule, agree logistical arrangements for the MRV and confirm any additional documentation required.
- **Brief internal participants:**
Ensure participants scheduled to attend the planning meeting understand the purpose of the meeting, the nature of discussions and the importance of open and constructive engagement throughout the process.

STAGE 3: MAIN REVIEW VISIT (MRV)

- **Facilitate access:**
Ensure the review team can meet relevant staff, learners and stakeholders. Circulate the MRV schedule and brief participants on the purpose of the visit.
- **Arrange logistics:**
Prepare suitable meeting spaces with reliable technology for in-person or hybrid sessions. Provide a private workspace for the review team and ensure any agreed facilities are in place.
- **Promote open engagement:**
Encourage participants to engage honestly and constructively during meetings. Emphasise that discussions should be based on evidence and respectful.

STAGE 4: REPORTING

- **Review draft report for accuracy:**
Check factual details in the draft report and submit corrections within the agreed timeframe. This step ensures the final report accurately reflects the organisation.
- **Prepare a formal response:**
Submit a concise response addressing key findings and recommendations. This response will be published alongside the final report.

STAGE 5: FOLLOW-UP

- **Develop a Quality Implementation Plan (QIP):**
Outline actions to address recommendations and any directions issued by QQI. Include timelines, responsible persons, and measurable outcomes.
- **Submit a Follow-up Report:**
Provide evidence of progress approximately 6 months after the review. Highlight improvements and any strategic changes made since the review.
- **Maintain Ongoing Engagement:**
Continue dialogue with QQI to monitor implementation and address any issues arising during the follow-up period.

6. The review process

6.1 THE REVIEW TEAM - ROLES AND RESPONSIBILITIES⁷

The review team is appointed by QQI and is independent of the provider. Its purpose is to assess the effectiveness of the provider's QA arrangements and provide evidence-based findings. The team is selected for its expertise and diversity of perspectives.

Composition of the review team

- **Chairperson:**
A senior leader with experience in higher education and/or QA. The chairperson oversees the process, ensures consistency and leads the delivery of both the oral and final review reports.
- **Coordinating reviewer:**
Responsible for managing the review team's workflow, collating evidence, and drafting the review report. Acts as the main liaison between the review team and QQI during the review.
- **Learner representative:**
Brings the learner perspective to the review process, focusing on the learner experience and engagement in QA processes.

Additional reviewers may be appointed to include subject matter experts or individuals with specialist knowledge relevant to the provider's context as required. QQI executive may also act as a reviewer and/or fill the role of coordinating reviewer.

6.2 PROVIDER SELF-EVALUATION

Self-evaluation is a core element of the review process. It enables providers to critically assess the effectiveness of their QA arrangements, identify strengths and areas for improvement, and demonstrate how these support continuous enhancement and strategic objectives.

The SER is the main output. It should present a clear, evidence-based analysis of strengths, challenges, and planned actions to inform the review team's work.

An effective self-evaluation should be:

- **Purposeful and focused** – aligned with the objectives in the ToR.
- **Inclusive** – involving staff, learners, and relevant external stakeholders.
- **Evidence-based** – supported by quantitative and qualitative data.
- **Analytical, not descriptive** – critically assessing effectiveness rather than listing activities.
- **Transparent and honest** – acknowledging challenges and identifying actions for improvement.

⁷ Appendix D describes the roles, responsibilities, and required competencies of review team members, including the chairperson, coordinating reviewer, and learner reviewer.

6.3 KEY STEPS IN THE SELF-EVALUATION PROCESS

A. Planning

Effective planning requires sufficient time for meaningful engagement with staff and learners. The timeline should cover evidence gathering and analysis, drafting, feedback and final approval before submission. The timeline must also accommodate the meeting schedule of the relevant governance body for formal approval of the SER, as well as endorsement by the chief executive before submission.

Key activities, milestones and timescales should be agreed at the outset, with regular progress meetings scheduled.

B. Stakeholder Engagement

The review should involve staff, learners, and external stakeholders in a manner appropriate to the organisation's size and type. The self-evaluation team should identify key stakeholder groups early and plan how to engage them. Engagement should provide multiple opportunities for input and discussion. Staff involvement should include teaching, administrative, professional and support roles. Learner engagement should represent diverse backgrounds, programmes and services. External stakeholders should also be consulted.

C. Evidence Gathering

A range of methodologies, tools, and supports should be used to enable effective participation by all stakeholder groups.

The communication strategy should:

- explain the purpose and importance of the self-evaluation
- maximise engagement
- foster a sense of shared ownership
- ensure the final report is representative

D. Drafting the SER

The SER should be a clear, evidence-based analysis (up to 15,000 words)⁸ of the provider's approach to QA and enhancement. Its primary purpose is to assess how well the provider meets each objective in the ToR, with each objective addressed in a separate section. A template is available in Appendix C.

⁸ The length of the SER will vary depending on the size of the provider and the range of QQI programmes offered. The maximum permitted length is 15,000 words, excluding appendices.

The report should:

- be concise, free of jargon, and accessible
- balance contextual information with critical evaluation
- present the provider's view of quality and QA effectiveness, supported by evidence
- offer an honest appraisal that acknowledges challenges
- use diagrams or flow charts where helpful
- summarise performance, effectiveness, and identify planned actions leading to a clear improvement plan

E. Internal approval and submission of SER

Before submission, the SER must be signed off by the head of the provider (e.g., President or CEO). This confirms that the SER accurately reflects the provider's QA approach and enhancement activity. The SER and supporting documents should be submitted electronically via QQI's SharePoint by the agreed deadline.

Once received, the SER will be shared with the review team. Any confidential or commercially sensitive material should be stored separately and will be made available only to QQI and the review team.

The SER will be published by QQI and the provider in advance of the MRV and should be made available to staff and learners scheduled to meet the review team.

7. The main review visit (MRV)

The MRV is a key stage in the external review process. It provides the review team with an opportunity to confirm the SER and gather additional evidence through direct engagement with staff, learners and stakeholders. Both the provider and the review team have distinct responsibilities to ensure the visit runs smoothly and achieves its purpose.

7.1 PROVIDER RESPONSIBILITIES

The provider's role during the MRV is to create an environment that supports open, constructive dialogue and efficient evidence gathering.

- **Prepare participants:**
Staff, learners and stakeholders should understand the purpose of the visit and what is expected of them. Briefing sessions should explain the review process, the importance of providing honest and accurate information, and reassure participants that discussions are professional and focused on quality improvement.
- **Organise logistics:**
Meeting spaces should be suitable for confidential discussions and equipped with reliable technology for hybrid sessions if required. A private workspace for the review team should be provided, along with access to Wi-Fi and any agreed facilities. These arrangements help the team work effectively and maintain confidentiality.
- **Provide documentation:**
Supporting documents referenced in the SER should be well-organised and easily accessible. This includes policies, procedures and evidence of QA activities.
- **Facilitate access:**
Confirm attendance of scheduled participants and ensure flexibility for any changes requested by the review team. The provider should also ensure that the review team can meet a diverse range of staff and learners to gain a comprehensive view of QA practices.
- **Promote professional engagement:**
Encourage participants to engage openly and based on evidence. Discussions should remain respectful, evidence-based and focused on the review objectives.

7.2 REVIEW TEAM RESPONSIBILITIES

The review team's role is to conduct the visit in a structured, fair and professional manner, ensuring that findings are based on clear evidence.

The review team should:

- **Validate evidence:**
The team will review the SER and supporting documentation to confirm accuracy and completeness. This step ensures that conclusions are grounded in fact.
- **Conduct meetings:**
Meetings will be led by the review team and designed to explore key areas of the review. Questions may go beyond the planned topics to clarify points from the SER or previous discussions.
- **Maintain professionalism:**
All interactions should be respectful and focused on gathering evidence. Meetings will follow the agreed schedule, but flexibility may be required to address emerging issues.
- **Gather findings:**
The team will record evidence throughout the visit to support conclusions, commendations and recommendations. This includes observations from meetings and documentation reviews.
- **Provide preliminary feedback:**
At the end of the visit, the chairperson will deliver a short oral briefing summarising initial findings. This is not a discussion but an opportunity for the provider to understand next steps.

The roles and responsibilities of the review team are outlined in full in Appendix D.

8. The review report

The review report presents the findings of the review team and provides clear, evidence-based assurance that the provider has effective systems to deliver high-quality education. It is written for a broad audience, including learners, staff, external partners and the public, and includes commendations and recommendations for improvement.

The report should:

- be based on documented evidence gathered before and during the MRV
- offer clear, focused analysis without unnecessary description
- avoid comments on individuals and ensure feedback is constructive
- present findings and recommendations in a direct, accessible manner

The drafting process includes all team members. Notes from meetings and discussions form the basis of the report, with sections assigned to reviewers as appropriate. The coordinating reviewer compiles contributions into a clear and coherent draft, which is agreed by the team and signed off by the chairperson before submission to QQI.

After submission, the provider will check the draft for accuracy of factual details and may suggest corrections to details such as data or titles. Providers cannot introduce new evidence at this stage. The provider also submits a short formal response, which is published with the final report.

The review team's report, the factual accuracy check (if any) and provider response (if any) will be considered by [QQI's Approvals and Reviews Committee \(ARC\)](#). Following consideration, the ARC may issue directions to the provider under section 35 of the 2012 Act (as amended) requiring improvements to QA procedures where deficiencies are identified⁹.

Once approved by the ARC, the report and provider response are published by QQI and the provider. A one-page quality profile summarising key findings, commendations, and recommendations is also published for wider audiences.

⁹ Section 35 of the 2012 Act (as amended) empowers QQI to issue binding directions to providers following a review requiring them to make improvements to QA procedures where deficiencies are found.

9. Post-review follow-up

After the review report is approved and published:

- The provider must submit a quality implementation plan (QIP) outlining actions to address recommendations and any directions issued by QQI.
- QQI will agree a timeline with the provider for implementing these actions. The timeline and follow-up process are detailed in the review handbook.
- Where directions are issued, QQI will work with the provider to agree an immediate action plan specifying steps and timeframes to resolve the identified issues.
- If QQI considers progress inadequate, it may initiate a focused review under Section 34(1)(b) of the 2012 Act (as amended) to determine whether approval of the provider's QA procedures should be withdrawn¹⁰.

¹⁰ As set out in QQI's Policy for Cyclical Review of Higher Education Institutions, QQI may conduct a focused review of a provider's QA procedures in response to concerns that have come to its attention in relation to the implementation and effectiveness of a provider's QA procedures under section 34(1)(b) of the 2012 Act (as amended).

Appendix A: review process timeline

The key steps in the review process with indicative timelines are outlined below. Specific dates for each provider review are formally agreed by QQI and notified to the provider. These will be outlined by QQI in a published review schedule and may be updated as required.

Step	Action	Timeframe	Outcome
STAGE 1: Preparation			
Terms of Reference (ToR)	Consult and confirm ToR with provider	6 months before main review visit (MRV)	Publish the ToR
Notification of review	Issue the review commencement letter	6 months before MRV	Arrangements confirmed for review
Appointment of review team (RT)	Consultation with provider on possible conflicts of interest. Appoint the RT.	4-6 months before MRV	Publish RT profile
Self-evaluation report (SER)	Forward the SER and any additional information to QQI	8 weeks before MRV	Publish SER
Desk review	Desk review of the SER by RT	1 week before RT initial meeting	RT provides its initial response to SER
RT briefing (via Microsoft Teams) 2 sessions (c. 60-90 mins)	Session 1: Initial meeting of RT, including introductions, reviewer training and briefing	4 weeks after circulation of SER / 4 weeks before MRV	RT training and briefing are complete
	Session 2: RT discussion of preliminary impressions and identification of any additional documentation required		RT identifies key themes and any additional documents required

STAGE 2: Planning Meeting			
Planning meeting (via Microsoft Teams) (c. 60mins)	RT and provider discuss the SER process, MRV schedule and any additional documentation requests	3 weeks before MRV	An agreed note of the planning meeting.
STAGE 3: Main Review Visit (MRV)			
Main Review Visit (in person)	RT considers evidence of the provider's QA processes against the objectives and criteria set out in ToR	8 weeks after the receipt of SER	A short preliminary oral report to the provider
STAGE 4: Reporting			
Report – drafting stage	The RT prepares the draft report	4 weeks after MRV	QOI reviews the report
	The provider carries out a factual accuracy check (FA) of the report	6 weeks after MRV	
	The provider responds with any FA corrections (and starts to prepare its response)	1 week after receipt of the draft report	
	The RT considers the FA corrections and finalises the report	2 weeks after FA response	
Report – provider response	Submission of the provider response	1 week after final report	Provider response

Report – outcomes	QQI considers findings of the report and the provider response through governance processes	Next available meeting of QQI’s Awards and Reviews Committee (ARC)	Formal decision about the effectiveness of QA procedures.
	Review report published with the provider response	subject to approval by ARC	Report published in QQI’s reviews library

The follow-up process is determined based on the findings in the report and typically includes the preparation of an implementation plan and a subsequent follow-up report. In cases where directions are issued to the provider, the follow-up period may include more specific and additional actions.

STAGE 5: Follow-up

Follow-up	The provider submits its quality implementation plan (QIP) to QQI	8 weeks after publication of the report	QIP published in QQI’s reviews library
	The provider forwards a follow-up report to QQI	6 months after the MRV	Follow-up report published by QQI
	Continue dialogue with QQI to monitor implementation and address any issues arising during the followup period	Continuous	

Appendix B: provider self-evaluation guidelines

1. PURPOSE

This appendix provides guidance to support providers in developing and implementing a systematic, inclusive and critically reflective self-evaluation process. Its purpose is to ensure that the self-evaluation effectively assesses the provider's quality assurance (QA) arrangements and contributes meaningfully to continuous enhancement.

The guidelines do not prescribe a single approach. Instead, they offer flexible parameters that allow providers to tailor the process to their organisational context while ensuring alignment with the Terms of Reference (ToR) and the objectives of the external review.

2. CHARACTERISTICS OF EFFECTIVE SELF-EVALUATION

An effective self-evaluation should be:

- **purposeful and focused** - clearly aligned with the objectives and criteria set out in the ToR.
- **integrated** - embedded within existing organisational processes such as strategic planning, monitoring, and internal review.
- **inclusive** - involving contributions from staff, learners, and relevant external stakeholders. Engagement should be meaningful and representative of the provider's full context.
- **rigorous and evidence-based** - supported by robust data and documentation. Analysis should be demonstrably grounded in evidence rather than anecdote or assumption.
- **value-adding** - designed to strengthen institutional effectiveness without unnecessary complexity.
- **capacity-building** - enhances institutional understanding of QA and fosters shared ownership.
- **leadership-driven** - supported and championed by senior management, ensuring the process is appropriately resourced and strategically positioned.
- **evaluative, not descriptive** - focused on assessing the effectiveness of QA arrangements, not merely listing activities.
- **honest and reflective** - transparent about strengths, challenges, and areas requiring improvement.
- **action-oriented** - generates realistic improvement actions and informs future QA enhancement.

3. KEY SELF-REFLECTIVE QUESTIONS

The self-evaluation process should be guided by structured, reflective inquiry. The following questions support effective analysis:

- What are we currently doing?
- Why are we doing it?
- How effective is our approach?
- What lessons have we learned?
- What will we do differently in the future?

Throughout the process, providers should ask “How do we know?” to ensure that all claims are supported by verifiable evidence.

4. TIMEFRAME FOR SELF-EVALUATION

Providers should normally begin the self-evaluation six months in advance of the main review visit (MRV). This timeframe allows:

- adequate stakeholder engagement
- the collection and analysis of evidence
- internal discussion, feedback and consolidation
- governance approval of the self-evaluation report (SER)
- alignment with the ToR and review objectives

Starting early ensures the process is reflective and participatory rather than rushed or compliance-driven.

5. SOURCES OF EVIDENCE

A robust self-evaluation draws on multiple forms of evidence to support analysis and conclusions. The following key evidence categories have been identified:

F. Quantitative data

- Enrolment and learner profile data
- Participation, progression and completion rates
- Graduate destination data
- Module and programme evaluation scores
- Staffing numbers, learner–staff ratios, workload models

G. Qualitative data

- Reflective reports from academic and administrative units
- Learner feedback (surveys, focus groups)
- External examiner reports and peer review outputs
- Case studies of teaching innovations or learner support initiatives

H. Documentary evidence

- Strategic and operational plans
- QA policies, procedures and governance documents
- Programme and module descriptors (including placements/ work-integrated learning)
- Minutes and reports from boards and committees

I. External validations and collaborations

- Professional, statutory and regulatory body (PSRB) recognition or accreditation
- Employer, industry partnerships
- Community and external stakeholder engagements

J. Self-generated analytical material

- SWOT or PESTLE analyses
- Internal review reports or self-study documents
- Benchmarking against national or international standards
- Action plans and follow-up reports from previous evaluations
- Examples of institutional initiatives and enhancements

This broad evidence base should inform evaluation, support conclusions, and demonstrate transparency.

6. STAKEHOLDER ENGAGEMENT AND COMMUNICATION

Successful self-evaluation depends on strong communication and engagement across the organisation. Providers should:

- develop a clear communication plan outlining purpose, expectations and opportunities for participation
- ensure broad involvement, including teaching staff, professional/support staff, learners and external stakeholders
- offer multiple avenues for contribution (e.g., meetings, surveys, workshops, focus groups)
- foster shared ownership by explaining how feedback will inform the SER

Engagement should be authentic and reflect the provider's diversity of learners, programmes and modes of delivery.

7. OUTPUT: THE SELF-EVALUATION REPORT (SER)

The SER is the primary output of the self-evaluation process. It should be:

- **Analytical and evidence-based** — focusing on evaluating effectiveness under each ToR objective.
- **Clear, concise and accessible** — written for an external audience and avoiding unnecessary description.
- **Structured** — following the format outlined in Appendix C.
- **Honest** — acknowledging both strengths and challenges.
- **Forward-looking** — identifying realistic enhancement actions.

The SER should also be supported by an index of evidence and approved by the head of the provider before submission.

Appendix C: structure for self-evaluation report

This appendix provides a recommended structure for the self-evaluation report (SER). Its purpose is to support providers in presenting a clear, analytical and evidence-based evaluation of their QA arrangements in line with the ToR for the external QA review.

The structure is designed to:

- support readability for the review team and external audiences
- promote consistency across provider submissions
- ensure that evaluation is aligned with review objectives
- minimise unnecessary description by encouraging succinct, focused analysis

To maximise clarity and accessibility, providers should:

- use a simple, logical indexing system
- include a glossary of abbreviations and acronyms
- use clear cross-references and hyperlinks to supporting documents
- use diagrams or flow charts to show structures, processes and reporting lines
- conclude each major section with a short evaluative summary

These principles help reduce duplication and enable reviewers to understand the provider's QA system efficiently.

SAMPLE REPORT STRUCTURE

A sample report structure is provided below for reference.

SECTION 1: Introduction	
Foreword	A short statement from the head of the provider endorsing the SER and confirming its accuracy and strategic relevance.
Contents	A table of contents including annexes, figures, and tables for ease of navigation.
Glossary / Abbreviations	A list of all definitions, acronyms and technical terms used in the report.

Introduction	<p>Provide concise contextual information that supports the review, including:</p> <ul style="list-style-type: none"> • mission, vision, and strategic direction • governance and management structures • organisational culture, especially the quality culture • summary of learner profile and patterns • key trends in organisational data and their implications <p><i>This section should provide only essential context; detailed description should be avoided.</i></p>
SER Process and Methodology	<p>Summarise how the SER was developed, demonstrating that it is:</p> <ul style="list-style-type: none"> • inclusive and consultative • evidence-based and reflective • informed by staff, learners and relevant external stakeholders • endorsed through appropriate governance processes <p><i>This section should clearly show how the provider ensured representativeness and transparency.</i></p>

SECTION 2: Provider profile

A concise descriptive section outlining:

- organisational mission, vision and strategic goals
- governance and management structures
- QA system and how quality is embedded institution-wide
- staff profile
- learner profile and learner numbers (including international learners)

This section is purely contextual; evaluative commentary belongs in Section 3.

SECTION 3: Self-evaluation based on the terms of reference (tor)

This is the analytical core of the SER. The provider should address each review objective, using the structure below for every subheading:

- Description — concise outline of the arrangements in place
- Evaluation — critical analysis of how effectively these arrangements operate in practice, supported by evidence
- Conclusion — strengths, challenges and planned enhancements

Objective 1:	<p>Governance and management of quality</p> <p>Key areas of focus:</p> <ul style="list-style-type: none"> • Mission and strategy • Governance and management structures • QA policy and procedural documentation • Staff recruitment, management and development • Programme development, validation processes and approval • Information and data management • Public information and communication • Third-party arrangements <p><i>Include a short summary of conclusions at the end of the objective.</i></p>
Objective 2:	<p>Access, transfer and progression (ATP)</p> <p>Key areas of focus:</p> <ul style="list-style-type: none"> • Policy and procedures governing admissions • Structured pathways and articulation (including advanced entry) • Recognition of Prior Learning (RPL) • Learner information provision • Learner mobility and sector collaboration <p><i>Include a summary of conclusions</i></p>
Objective 3:	<p>Teaching, learning and assessment</p> <p>Key areas of focus:</p> <ul style="list-style-type: none"> • The learning environment • Assessment of learners • Management of learner records • Learner supports and services <p><i>Include a summary of conclusions</i></p>
Objective 4:	<p>Self-evaluation, monitoring and review</p> <p>Key areas include:</p> <ul style="list-style-type: none"> • Arrangements for self-evaluation, monitoring and review • Programme monitoring and revalidation processes • Oversight of external and collaborative partnerships <p><i>Include a summary of conclusions</i></p>

SECTION 4: Overall conclusions

Provide an overarching synthesis of:

- the main findings of the self-evaluation
- areas of strong practice
- organisational challenges or risks
- key areas targeted for enhancement

This section should provide a clear, well-reasoned basis for future QA improvements.

The self-evaluation report should be supported by clear and relevant evidence, including:

- A description of how the self-evaluation was carried out, including who was involved, how staff and learners were consulted, and how the process was discussed through governance groups.
- Strategic priorities for developing and enhancing QA.
- Evidence showing how QA-related key performance indicators are monitored and reported.
- Terms of reference and minutes for internal governance and QA groups, including membership.
- Roles and responsibilities of staff involved in QA.
- Current QA policies, procedures and operational documents.
- How updates to the QA system are shared with staff, learners and external stakeholders.
- Step-by-step guides for key learner processes, such as appeals, complaints and exam supports.
- How QA processes link with organisational planning and day-to-day operations.
- Learner data, such as progression, completion and graduate outcomes.
- Records of ongoing QA activities, including programme validation, revalidation and review.
- Evidence of planning and monitoring of learner support services and facilities.

Appendix D: review team roles and responsibilities

1. PURPOSE

This appendix sets out the roles, responsibilities and expected behaviours of review team members. It is intended to support a fair, consistent and evidence-based external quality assurance review by clarifying:

- the principles that guide the appointment of reviewers
- the core expectations of all review team members
- the specific responsibilities associated with individual roles
- the briefing and training arrangements that apply to all reviewers

Throughout the process, the review team is asked to identify findings, commendations and recommendations on the effectiveness of the provider's quality assurance (QA) and enhancement processes in relation to the objectives set out in the terms of reference (ToR).

2. CRITERIA FOR MEMBERSHIP

Review team members are appointed on the basis of two key principles:

2.1 Competence

The provider and its stakeholders must have confidence that the review is being conducted by individuals who:

- have appropriate experience and knowledge of higher or further education and training
- can offer informed, expert and evidence-based judgements on the provider's activities and QA arrangements
- understand relevant national and European QA frameworks and standards

2.2 Independence

The review team must operate independently of the provider and other interests to protect the integrity and credibility of the process. Team members must:

- avoid any actual or perceived conflicts of interest
- not have current or recent affiliations with the provider, its graduates or its governance structures
- not hold current positions within QQI governance structures that could compromise impartiality

These safeguards are essential to maintain stakeholder trust and ensure that findings are objective and transparent.

3. CORE EXPECTATIONS OF ALL REVIEWERS

Regardless of their specific role, all review team members are expected to contribute to the review by adopting four interrelated functions:

- **Contextualise** — develop a thorough understanding of the provider’s mission, strategies, QA policies and procedures and, where relevant, its external operating environment.
- **Critique** — act as constructive evaluators, critically assessing the appropriateness and effectiveness of QA and enhancement practices, highlighting both strengths and areas for improvement, and identifying barriers to effective implementation.
- **Contribute** — support the provider’s ongoing development by sharing relevant practice and referencing national, European or international standards and approaches that may inform enhancement.
- **Confirm** — provide independent validation of the provider’s quality measures, including compliance with statutory obligations and alignment with European standards such as the ESG.

The review team operates collectively, with shared accountability for all findings, commendations and recommendations. While tasks may be allocated by the chairperson, each reviewer is jointly responsible for the overall quality and coherence of the review.

4. RESPONSIBILITIES OF ALL REVIEW TEAM MEMBERS

Each review team member is expected to:

- Review documentation
 - read the self-evaluation report (SER) in full and consider all supporting documentation provided by QQI and the provider
- Engage in training and preparation
 - participate in induction training and any prereview briefings
 - contribute to preliminary discussions before the planning meeting and main review visit (MRV)
- Gather and test evidence
 - lead or contribute to agreed lines of inquiry, including drafting question sets
 - validate claims made in the SER by meeting a broad range of staff, learners and stakeholders
 - seek corroborating evidence across different sources and settings to test the consistency and effectiveness of QA arrangements
- Analyse and conclude
 - draw conclusions based on evidence gathered before and during the MRV
 - identify clear, evidence-based findings, commendations and recommendations in line with the ToR

- Contribute to reporting
 - draft assigned sections of the review report, where agreed
 - review the full draft report and provide timely feedback
 - contribute to the consideration of any factual accuracy corrections submitted by the provider

5. INDIVIDUAL ROLES WITHIN THE REVIEW TEAM

5.1. The Chairperson

The chairperson is a current or former senior leader from a higher education or training provider, or an individual with substantial experience in leading comparable review processes in the higher education sector. Selection is based on:

- recognised national and/or international standing
- expertise in public policy and administration
- demonstrated experience of QA governance within Irish higher education

The chairperson provides overall leadership and ensures that the review is conducted in a professional, fair and evidence-based manner.

5.1.1. Key responsibilities

The chairperson will:

- agree the content and scope of the MRV schedule with the coordinating reviewer and the review team
- ensure that the scope of the MRV is sufficient to enable a robust, evidence-based report across all relevant categories
- meet the review coordinator regularly during the MRV and attend meetings as required
- support a professional, respectful and confident working environment in which provider staff, learners and review team members can engage openly
- assign roles to review team members in advance of the MRV (for example during induction), aligning responsibilities with experience and expertise
- keep the team focused on its agreed tasks, roles and responsibilities
- ensure that the overall schedule is followed and that meetings during the MRV begin and end on time
- make final decisions on process matters during the MRV, where necessary

5.1.2. Reporting responsibilities

The chairperson will also:

- lead preparations for and deliver the oral feedback at the wrap-up session with the provider at the end of the MRV
- oversee the production of the final review report, drafted on behalf of the team by the coordinating reviewer following appropriate consultation
- approve amendments to the final report in response to the provider's factual accuracy comments before submission to QQI
- convene additional review team meetings if required

If the chairperson is unable to participate fully in the MRV (for example due to illness), another member of the review team may be asked to act as reserve chairperson.

5.2. Coordinating reviewer

The coordinating reviewer is a full member of the review team and is responsible for coordinating the team's work and drafting the review report.

5.2.1. Key responsibilities

The coordinating reviewer will:

- attend the planning meeting and the MRV
- ensure that the planning meeting and MRV schedules cover all necessary categories to support an evidence-based report
- act as the main liaison point between the review team, the review coordinator and QQI during the MRV
- support the chairperson in coordinating logistical arrangements in consultation with QQI, the review coordinator and the review team
- maintain a record of discussions during the planning meeting, MRV sessions and private team meetings
- collect or retrieve notes from review team members before the wrap-up session to support drafting of the report
- help the team identify the evidence underpinning its findings, commendations and recommendations
- maintain a running record of emerging findings, commendations and recommendations throughout the MRV

5.2.2. Reporting responsibilities

The coordinating reviewer will also:

- draft the preliminary feedback for delivery by the chairperson at the end of the MRV
- coordinate the drafting of the review report, incorporating contributions from team members and ensuring submission to QQI within the agreed timeframe
- make factual accuracy changes to the report, as identified by the provider and agreed with the chairperson and QQI

If the coordinating reviewer is unable to participate fully in the MRV (for example due to illness), QQI will seek a replacement to assume this role.

5.3. Learner reviewer

The learner reviewer is an equal member of the review team and participates in all aspects of the review. The learner reviewer brings a distinct learner perspective that can inform and enrich the team's understanding of the learner experience and learner engagement in QA.

Areas of particular interest may include:

- academic matters such as curriculum, teaching, learning and assessment
- the availability, accessibility and quality of learner support services (for example library, IT, welfare, careers services, sports and societies)
- how learners are informed, consulted and represented in QA and decision-making processes

Learner reviewers are expected to meet the same standards of professionalism, confidentiality and evidence-based analysis as other team members.

5.4. Additional reviewers

Additional reviewers may be appointed, where appropriate, to provide subject-specific expertise or particular sectoral perspectives. Such appointments will be made in consultation with the provider and on the same principles of competence and independence.

QQI executive staff may also act as reviewers and/or undertake the role of coordinating reviewer where appropriate.

6. REVIEW TEAM BRIEFING AND TRAINING

Participation in induction training is mandatory for all review team members. The purpose of the training is to ensure that reviewers are fully prepared to conduct the external QA review and to promote a shared understanding of the process.

6.1. Aims of training

Induction and briefing sessions are designed to help reviewers:

- understand the aims, objectives and stages of the external QA review process
- clarify the roles and responsibilities of review team members
- become familiar with relevant statutory and policy frameworks, including QCI's role and the ESG (2015)
- develop and refine review skills such as open questioning, active listening, evidence analysis and feedback delivery
- work as a coherent team and produce a robust, evidence-based report within agreed timelines

6.2. Pre-training preparation

Before attending training, reviewers are expected to:

- read the ToR for the review
- review the provider's SER and supporting documentation
- familiarise themselves with draft schedules for the planning meeting and MRV
- consider any questions or observations arising from the SER or documentation

6.3. Training activities

During the training and briefing sessions, reviewers will:

- discuss the SER, ToR and draft MRV timetable
- agree initial lines of inquiry and information needs
- clarify any aspects of the process, roles or documentation that require further explanation

These activities lay the foundation for the planning meeting and support a consistent, objective and well-coordinated review process. The training also encourages reviewers to draw on their prior experience in ways that support best practice while remaining within the agreed framework and methodology.

Appendix E: sample questions to guide the MRV

The sample questions in this appendix are designed to help the review team and the provider prepare for the MRV. They support planning and reflection in line with the ToR and the procedures set out in this handbook.

These questions are not exhaustive. Instead, they illustrate the types of themes and lines of inquiry the review team may explore when evaluating the provider's QA arrangements, the effectiveness of its self-evaluation processes, and alignment with the NFQ and other relevant QQI QA policies.

During the MRV, the review team may adapt, refine or extend its questions based on the evidence presented in the SER, additional documentation and any matters that require further clarification or exploration.

OBJECTIVE 1 – GOVERNANCE AND MANAGEMENT OF QUALITY

Indicative matters to be explored	
The provider's mission and strategy	<ul style="list-style-type: none"> • Do the provider's QA arrangements contribute to the fulfilment of the mission and strategy? How? • Is the learner experience consistent with this mission?
Structures and terms of reference for the governance and management of QA	<ul style="list-style-type: none"> • Are the arrangements sufficiently comprehensive and robust to ensure strong governance and management of operations (e.g. separation of responsibilities, externality, learner representation, stakeholder input)? • Is the governance and decision-making structure visible and transparent? • How does the provider ensure the system of governance protects the validity and integrity of assessment processes and outcomes while retaining oversight of its QA?

The documentation of QA policy and procedures	<ul style="list-style-type: none"> • How effective are the arrangements for the development and approval of policies and procedures? • Are policies and procedures systematically evaluated? • Are they published, accessible and visible to all stakeholders?
Staff recruitment, management and development	<ul style="list-style-type: none"> • How does the provider assure itself as to the competence of its staff? • How are professional standards maintained and enhanced? • How are staff informed of developments impacting the organisation and how can they input to decision-making?
Programme development, approval and submission for validation and revalidation	<ul style="list-style-type: none"> • What arrangements are in place to ensure alignment of programme development activity with the provider's mission and strategic goals, as well as learner needs? • Are the arrangements for the approval and management of programme development robust, objective and transparent? • Are arrangements for the conduct of programme review and revalidation robust, objective and transparent? • Does the QA system effectively support the development of programmes requiring professional, regulatory or statutory body approval / accreditation?
Information and data management	<ul style="list-style-type: none"> • How is data used for evidence-based decision making in governance and management of quality? • Does the provider have the ICT systems in place to support streamlined, digital-first data flows that allow QA reports to include built-in indicators?
Public information and communications	<ul style="list-style-type: none"> • Is information on the QA system, procedures and activities publicly available and regularly updated? • What arrangements are in place to ensure that published information in relation to all provision is clear, accurate, up to date and easily accessible?
Other Parties involved in education and training (where applicable)	<ul style="list-style-type: none"> • How effective is the provider's integrated system of QA to support collaborative arrangements and partnerships with third parties, including public, statutory and regulatory bodies (PSRBs) where applicable?

OBJECTIVE 2 – ACCESS, TRANSFER AND PROGRESSION (ATP)

Indicative matters to be explored

- How does the provider measure and monitor ATP systematically across all programmes and services relating to QQI awards?
- How effective are the processes and tools to collect, monitor and act on information on learner progression and completion rates?
- Are there flexible learning pathways, respecting and attending to the diversity of learners?
- Are admissions criteria and processes clear, transparent and fit for purpose?
- How effective is the recognition of prior learning policy in supporting learner entry and certification?
- How effective are collaborative partnerships, where applicable, to support learner mobility and progression?
- How effective are the processes and procedures for ensuring comprehensive, consistent and good quality information provision to learners?

OBJECTIVE 3 – TEACHING, LEARNING AND ASSESSMENT

Indicative matters to be explored

The learning environment

- How is the quality of the learning experience monitored?
- Are modes of delivery and pedagogical methods evaluated to ensure that they meet the needs of learners? How?
- How is the quality of the learner experience assured in all relevant settings, e.g. work-integrated learning or online learning?
- Is there evidence of enhancement in teaching and learning?

Assessment of learners	<ul style="list-style-type: none"> • How is the validity, reliability, integrity, inclusiveness, consistency and security of assessment instruments, methodologies, procedures and records ensured – including in respect of recognition of prior learning? How does the provider ensure that the tools and methods used to assess learners are suitable, effective, and in line with current teaching practices and industry expectations? • How does the provider assure itself that the standards regarding the assessment of learners engaged in work-integrated learning¹¹ are maintained? • Do learners in all settings have a clear understanding of how and why they are assessed and are they given feedback on assessment? • How is the feedback analysis used to further enhance assessment methodologies? • What quality arrangements are in place to ensure the academic integrity of programmes leading to QQI awards? How do these provide for consistent decision-making and oversight? • How have QA procedures been adapted to address emerging or potential risks to academic integrity?
Management of learner records	<ul style="list-style-type: none"> • Can the QA procedures in place support the management, integrity and retention of learner results data which provide the basis for making and certifying QQI awards? • Can these records support internal QA processes and external reporting requirements? • Are records stored in secure, reliable systems that ensure data integrity, confidentiality, and accessibility? • How does the provider ensure the digital infrastructure is appropriate to support and enhance record management?

¹¹ Work-integrated learning refers to the integration of planned learning activities within a programme of education and training that involve the meaningful practice of work, and which are delivered with a workplace partner. These activities are designed to support work-integrated learning within the programme and can take a variety of forms (e.g. internships, placements, the on-the-job components of apprenticeships, projects for industry etc.).

Supports for learners	<ul style="list-style-type: none"> • Are supports for learners in place? How are support services planned, communicated to learners, and monitored to ensure that they meet learners' needs? • How does the provider ensure consistency in the availability of appropriate supports to all learners?
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OBJECTIVE 4 – SELF-EVALUATION, MONITORING AND REVIEW

Indicative matters to be explored	
Self-evaluation, monitoring and review	<ul style="list-style-type: none"> • What are the processes for QA planning, monitoring and reporting? • Are the processes for self-evaluation, monitoring and review (including the SER) comprehensive, inclusive and evidence-based? • Is there evidence of strategic analysis and follow-up of the outcome of internal QA reviews and monitoring (e.g. external examiner reports, learner feedback reports etc.)? • How is quality promoted and enhanced?
Programme development, monitoring and review	<ul style="list-style-type: none"> • What arrangements are in place to facilitate and oversee a comprehensive programme development process in advance of submission for validation (e.g. the conduct of research, inclusion of learner input and external expertise, writing learning outcomes, curricula etc., professional/regulatory approval/accreditation)? • Are mechanisms for periodic review and revalidation of programmes comprehensive, inclusive and robust? How are programme delivery and outcomes monitored (including collection of feedback from learners/stakeholders (both internal and external))? • How are the activities and processes associated with work-integrated learning monitored? • Is there evidence that the outcome of programme monitoring and review informs programme modification and enhancement? • Does the provider have robust processes in place for those elements of the evaluation process that are devolved to it to manage? • Are the outputs of programme monitoring and review considered on a strategic basis by the provider's governance bodies to inform decision-making?

<p>Oversight, monitoring and review of relationships with external/ third parties and other collaborative partners (where applicable)</p>	<ul style="list-style-type: none">• How does the provider ensure the suitability of the external parties with which it engages?• Is the nature of the arrangements with each external party published?• Is the effectiveness of these arrangements monitored and reviewed through provider governance?
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