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# External Quality Assurance Review of Independent and Private Providers Terms of Reference



CINNTE 



Dearbhú Cáilíochta  
agus Cáilíochtaí Éireann  
Quality and  
Qualifications Ireland



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# 1. Background and context for the review

Under the CINNTE process, these terms of reference outline how the external quality assurance (QA) reviews are conducted for independent and private providers whose QA procedures have been approved by QQI. The reviews are carried out in accordance with the [Qualifications and Quality assurance \(Education and Training\) Act 2012](#) (as amended) (the 2012 Act).

As part of their external QA obligations, providers are required to have their QA periodically reviewed by QQI. These reviews are conducted under Sections 27(b) and 34 of the 2012 Act, which require QQI to evaluate the effectiveness and implementation of a provider's QA procedures.

[QQI's Core Quality assurance Guidelines](#) apply to all providers and collectively define their responsibilities for maintaining and improving quality. The guidelines underline that the primary responsibility for quality and its assurance lies with the provider. Regular self-evaluation, monitoring and review are essential components of a provider's effective QA system. Independent and private providers must also ensure that their QA systems fully reflect the [QQI Sector Specific Quality Assurance Guidelines for Independent and Private Providers](#).

[QQI's Policy for Cyclical Review of Higher Education Institutions](#) outlines the scope, purpose, criteria and approach for these reviews.

## SCOPE

Independent and private providers vary in size, context and the programmes they offer. This review process examines the full scope of a provider's provision and related services for programmes leading to QQI awards, ensuring the evaluation reflects each provider's specific context. Review findings will support ongoing QA improvements within individual providers and across the sector. See Appendix A.

## PURPOSE

The purpose of an external QA review is to evaluate how effectively a provider manages its internal QA system to:

- support continuous improvement in education, training and learner support services
- enhance the overall learner experience
- provide reliable public information about the quality and validity of QQI-validated programmes leading to awards in the National Framework of Qualifications (NFQ). See Appendix B.

## 2. Objectives and criteria

### 2.1. OBJECTIVES OF THE REVIEW (INCLUDING INDICATIVE AREAS FOR EXPLORATION<sup>1</sup>)

The core purpose of the external quality review is to evaluate the implementation and effectiveness of a provider's QA procedures. The terms of reference are focused on four key objectives:

1. Governance and management of quality
2. Access, transfer and progression (ATP)
3. Teaching, learning and assessment
4. Self-evaluation, monitoring and review

#### OBJECTIVE 1 – GOVERNANCE AND MANAGEMENT OF QUALITY

##### Purpose

To assess the effectiveness of governance and management arrangements for QA, including decision-making structures and responsibilities.

##### Criteria

The review will consider whether the provider demonstrates:

- a clear and strategic commitment to QA and enhancement
- defined roles and responsibilities for QA at all organisational levels
- transparent decision-making processes that maintain separation between corporate and academic priorities
- documented policies and procedures aligned with statutory and regulatory requirements
- effective arrangements for programme design, approval, monitoring and review
- mechanisms for continuous improvement informed by internal monitoring and review

##### Indicative areas for exploration

- alignment of QA arrangements with the provider's mission and strategy
- governance structures and terms of reference for managing QA
- development, approval and accessibility of policies and procedures

<sup>1</sup> The indicative matters highlighted for each objective does not comprise the full range of areas that could be explored during the review. The review team has the capacity to expand this within the scope of QQI's Statutory Core QA Guidelines and sector specific guidelines as appropriate. Examples of potential questions that could be used are included in Appendix C.

- staff recruitment, development and engagement in quality processes
- programme development and revalidation processes
- use of data and information systems to support evidence-based decision-making
- public information and communication about QA
- management of collaborative arrangements with external partners, where applicable

## **OBJECTIVE 2 – ACCESS, TRANSFER AND PROGRESSION (ATP)**

### **Purpose**

To evaluate the effectiveness of policies and procedures that support learner ATP.

### **Criteria**

The review will consider:

- fair and transparent admissions processes
- pathways and articulation arrangements that support learner progression (including advanced entry)
- recognition of prior learning, including non-formal and informal learning
- provision of accurate and accessible information to learners
- collaboration that supports learner mobility across the tertiary education sector

### **Indicative areas for exploration**

- monitoring of learner ATP across programmes and awards
- effectiveness of processes for tracking progression and completion rates
- flexibility of learning pathways to accommodate diverse learner needs
- clarity and appropriateness of admissions criteria
- implementation and impact of recognition of prior learning policies
- quality and consistency of information provided to learners

## **OBJECTIVE 3 – TEACHING, LEARNING AND ASSESSMENT**

### **Purpose**

To evaluate arrangements that ensure high-quality teaching, learning and assessment and a positive learner experience.

## Criteria

The review will consider:

- monitoring and enhancement of the learning environment and delivery methods
- secure, fair and transparent assessment practices that uphold validity and integrity
- effective management of learner records through reliable digital systems
- availability and consistency of learner support services across all settings

## Indicative areas for exploration

- processes for monitoring and improving the quality of the learning experience
- assurance of assessment validity, reliability, integrity and security, including recognition of prior learning
- feedback mechanisms and their role in enhancing assessment practices
- management and integrity of learner records and digital infrastructure
- planning and monitoring of learner support services

## OBJECTIVE 4 – SELF-EVALUATION, MONITORING AND REVIEW

### Purpose

To assess the provider's arrangements for monitoring, reviewing and reporting on its QA system and related services.

### Criteria

The review will consider:

- evidence-based processes for planning, monitoring and reporting on QA
- comprehensive and inclusive self-evaluation and follow-up mechanisms
- arrangements for programme review and revalidation to ensure they are fit for purpose
- oversight of collaborative partnerships to ensure quality and accountability

## Indicative areas for exploration

- processes for self-evaluation and strategic follow-up
- mechanisms for programme development, monitoring and enhancement
- monitoring of work-integrated learning activities (where applicable)
- governance oversight of external and collaborative partnerships

## 2.2. AREAS FOR SPECIAL CONSIDERATION

In addition to the core objectives, the review may include specific areas identified for further evaluation. These areas can be proposed by QQI or highlighted by the provider in its self-evaluation report (SER). They may relate to matters of strategic importance, emerging risks, governance arrangements or practices that warrant closer examination. Any areas for special consideration will be documented in the commencement letter to ensure transparency.

## 2.3. REVIEW OUTCOMES

In respect of each objective, the review will:

- **evaluate** the effectiveness of the provider's QA procedures in establishing, maintaining and improving the quality of education, training and related services for programmes leading to QQI awards
- **identify** any perceived gaps in internal QA procedures and assess the appropriateness, competence and timeliness of planned measures to address them
- **highlight** achievements and examples of effective practice, including innovations in quality assurance and the enhancement of teaching, learning and assessment
- **inform** the ongoing development of QA and enhancement activities within individual providers and across the wider sector

The review report will include:

- a statement on the overall effectiveness of the provider's QA procedures and the extent of their implementation and enhancement
- an assessment of adherence to QQI's statutory QA guidelines and policies
- an evaluation of the effectiveness of procedures for access, transfer and progression (ATP) in relation to learners and the extent to which they adhere to QQI's policy statement on ATP
- commentary on how QA procedures support each stage of the programme lifecycle, from development and initial validation to monitoring, review and revalidation
- identification of effective practice and recommendations for improvement. These may also be accompanied by ancillary statements

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 identified<sup>2</sup>.

<sup>2</sup> 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.

## 2.4. 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 withdrawn<sup>3</sup>.

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<sup>3</sup> 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).

## 3. The review process

The review process is guided by the CINNTE review handbook for independent and private providers (2026). It involves a combination of desk-based analysis and on-site engagement to evaluate the provider's QA arrangements against the objectives set out in these terms of reference.

A key component of the process is the main review visit (MRV), which enables the review team to meet staff, learners and external stakeholders. The MRV typically takes place at the provider's premises. Where this is not feasible, alternative arrangements will be agreed with QQI.

### 3.1. THE REVIEW TEAM

QQI will appoint a review team to conduct the external review. Review teams comprise peer reviewers who are independent of the provider and selected for their relevant expertise. The team will comprise:

- a chairperson who is a senior leader with experience in higher education and/or QA
- a coordinating reviewer with expertise in external review processes and the provider's context
- a learner representative to ensure the learner perspective is considered

Additional reviewers may be appointed as appropriate and QQI will seek to ensure diversity within the team. QQI executive may also act as a reviewer and/or fill the role of coordinating reviewer.

The provider will have an opportunity to comment on the proposed team to identify any conflicts of interest, but QQI retains final approval of team composition.

The roles and responsibilities<sup>4</sup> of review team members are detailed in the review handbook.

<sup>4</sup> The [QQI Roles, Responsibilities and Code of Conduct](#) outlines the duties and standards expected of external experts engaged in QQI's QA processes, ensuring professional integrity, independence and public confidence in education and training evaluations.

### 3.2. REVIEW PROCESS AND TIMELINES

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

Step	Action	Timeframe	Outcome
<b>STAGE 1: Preparation</b>			
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

<b>STAGE 2: Planning Meeting</b>			
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.
<b>STAGE 3: Main Review Visit (MRV)</b>			
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
<b>STAGE 4: Reporting</b>			
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

<b>Report – outcomes</b>	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**

<b>Follow-up</b>	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 A: Useful resources

The implementation and effectiveness of a provider's QA arrangements are considered in the context of the following:

- the provider's own mission and vision, including objectives and goals for QA
- [QQI Core Quality Assurance Guidelines](#)
- [QQI Sector Specific Quality Assurance Guidelines for Independent and Private Providers](#)
- [Section 28 of the Qualifications and Quality Assurance \(Education and Training\) Act 2012](#)
- [QQI's Policy Restatement and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training](#)
- guidance on [validating/revalidating new higher education and training programmes](#)

Additional resources may be provided where areas for special consideration are identified.

# Appendix B: Purposes of an external quality assurance review

[QQI's Policy for the Cyclical Review of Higher Education Institutions](#) outlines five purposes for external QA review which are set out in the table below:

Purpose	Achieved and measured through
<p>1. To encourage a quality culture and the enhancement of the learning environment and experience within institutions.</p>	<ul style="list-style-type: none"> <li>• emphasising the learner and the learner learning experience in reviews</li> <li>• providing a source of evidence of areas for improvement and areas for revision of policy and change and basing follow-up upon them</li> <li>• exploring innovative and effective practices and procedures</li> <li>• exploring quality as well as QA within the institution</li> <li>• piloting a new thematic review methodology</li> </ul>
<p>2. To provide feedback to institutions about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance.</p>	<ul style="list-style-type: none"> <li>• emphasising the ownership of quality and QA at the level of the institution</li> <li>• pitching the review at a comprehensive institution-wide level</li> <li>• evaluating compliance with legislation, policy and standards</li> <li>• evaluating relative equivalence with institution-identified benchmarks and metrics</li> <li>• emphasising the improvement of quality assurance procedures</li> </ul>

<p>3. To improve public confidence in the quality of independent/private providers by promoting transparency and public awareness.</p>	<ul style="list-style-type: none"><li>• adhering to purposes, criteria and outcomes that are clear and transparent</li><li>• publishing a periodic review cycle</li><li>• publishing terms of reference</li><li>• publishing the reports and outcomes of reviews in accessible locations and formats for different audiences</li><li>• publishing brief, easy to read institutional quality profiles</li><li>• evaluating as part of the review institutional reporting on quality and QA to ensure that it is transparent and accessible</li></ul>
<p>4. To support systems-level improvement of the quality of higher education.</p>	<ul style="list-style-type: none"><li>• publication of periodic synoptic reports</li><li>• ensuring that there is sufficient consistency in approach between similar institutions to allow for comparability and shared learning</li><li>• publishing institutional quality profiles</li></ul>
<p>5. To encourage quality by using evidence-based, objective methods and advice.</p>	<ul style="list-style-type: none"><li>• using the expertise of international, national and learner peer reviewers who are independent of the institution</li><li>• ensuring that findings are based on stated evidence</li><li>• facilitating institutions to identify metrics and benchmarks for quality relevant to their own mission and context</li><li>• promoting the identification and dissemination of examples of good practice and innovation</li></ul>



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