Quality Assurance in Further Education and Training

Policy and Guidelines for Providers
v1.3

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1 FETAC Policy on Provider Quality Assurance

1.1 Introduction

The Further Education and Training Awards Council (FETAC), was established on 11 June 2001 under the Qualifications (Education and Training) Act, 1999. It is the single national awarding body for the further education and training sector in Ireland and is now responsible for making awards that were previously made by CERT (now Fáilte Ireland), FÁS, the National Council for Vocational Awards (NCVA) and Teagasc.

FETAC makes awards to learners on a vast range of programmes offered by providers of many different types. In order to ensure confidence in its awards, FETAC is implementing a comprehensive strategy to assure the quality of the programmes leading to its awards. The strategy involves the coordinated application of three separate functions.

Firstly, all providers offering FETAC awards are required to have a quality assurance system agreed by FETAC. To do this, a provider will need to be able to demonstrate its capacity to monitor, evaluate and improve the quality of programmes and services it offers to learners. Providers who demonstrate this capacity for quality may register with FETAC and offer its awards from the National Framework of Qualifications at levels 1 to 6.

Secondly, FETAC validates programmes submitted by providers whose quality assurance procedures have been agreed. Validation is the process by which FETAC evaluates a programme, before it is delivered, to ensure that it can provide a learner with the opportunity to achieve a specified award. Thirdly, FETAC monitors and evaluates programmes. Monitoring is a multi-faceted system of gathering information on providers' programmes, services and the quality assurance systems which support them. If the evaluation of this information indicates it is necessary, then either the validation of the programme or the agreement of the quality assurance procedures can be reviewed.

This policy relates to the first of these functions i.e. the agreement of a provider's quality assurance system.

1.2 National Context

The Qualifications (Education and Training) Act 1999 assigns specific and separate roles to the provider and to FETAC in relation to the quality assurance of programmes i.e.
A provider shall

> 'establish procedures for quality assurance for the purpose of further improving and maintaining the quality of education and training provided, organised or procured by that provider… and shall agree those procedures with the Council.' [S 18 (1)].

FETAC shall

> *'monitor and evaluate the quality of programmes of education and training in respect of which awards are made or recognised.'* [S 14 (1) d].

In practical terms this means

- It is the responsibility of the provider to establish procedures to quality assure its programmes.
- It is the responsibility of FETAC to agree the procedures with the provider as being fit for purpose and to monitor and evaluate the effectiveness of their implementation.

1.3 National Practice

The national systems developed by the former awarding bodies to assure and monitor quality of programme provision and assessment provide many examples of good practice which have informed FETAC policy development.

The approaches used in these systems varied considerably with some focusing on assuring the inputs to programmes while others measured the outputs of assessment. There was also variation in what was seen to be the responsibility of the awarding body and what was the responsibility of the provider. This was partly due to the fact that three of the former awarding bodies were also providers of programmes and therefore had the opportunity to directly quality assure programme development and delivery. Since it is not a provider, such an opportunity will not be available to FETAC. In future, the roles of provider and awarding body will be distinct and complementary.

In developing its policy, FETAC recognised the importance of retaining the best of existing national practice and consulted extensively with its stakeholders (see Appendix 1). FETAC acknowledges the valuable contribution of all participants in the consultation process. This has facilitated the development of quality assurance principles and procedures which are credible and relevant.

1.4 International Practice

In order to ensure that its policy is in keeping with international best practice, FETAC conducted extensive research into the national systems for quality assurance in the U.K., other European Union states, South Africa, Australia, New Zealand and the United States.

Developments within the European Union are of particular relevance to national policy development because of the importance currently being placed by the Union on quality in vocational education and training. In their joint declaration made in Copenhagen in October 2002, the EU Council of Education Ministers identified quality in VET as one of the key strategies towards the achievement of the target set by the Barcelona European Council in March 2002 of making Europe's education and training systems a world quality reference by 2010.

The 'Copenhagen Process' provides a political framework for co-operation at a European level in the field of quality assurance in VET. As part of the process, structures have been proposed to facilitate voluntary practical cooperation among member states. Such cooperation is seen as a method to increase confidence within and between national systems, thereby improving mobility for award holders. FETAC has been an active participant in these structures, gaining valuable insight into existing and developing practice.

While there is much variation in international approaches, a number of trends emerge which have contributed to the national consultative process. Prominent among these is the practice of self evaluation and improvement planning by providers, a key feature of the FETAC common framework for quality assurance.

1.5 Principles

Consistent with FETAC values and policies in other areas, the following principles underpin the policy and process for Provider Quality Assurance and are reflected in FETAC's own procedures for agreement.

Quality

Quality in further education and training means a commitment to identifying and meeting the needs and expectations of learners.

Improvement

Improvement, arising from regular monitoring of the service offered, should be at the heart of any quality assurance process.

Transparency

Transparency will ensure that those involved on all sides of the learning process are aware of their roles and what they are entitled to expect. Making explicit that which had previously been assumed, and possibly misunderstood, is one of the key functions of quality assurance.

Consistency

Consistency and fairness are key constituents of any process from the perspective of the consumer. They have a particular relevance for learners seeking awards.

Contextuality

Contextuality is the recognition that quality assurance procedures are context dependent. While all providers must develop and implement a common set of procedures, there will be variation in procedure content, reflecting the diversity of mission and context among providers.

Provider Responsibility

Providers are responsible for establishing procedures for quality assurance. The primary engine of improvement will be the provider's own internal monitoring and evaluation of programmes and services. A process designed on this principle will foster a locally driven, continuous improvement approach rather than one focused on external audit.

Equality

Equality, integrated in quality assurance procedures, will facilitate greater access to a diverse range of learners.

1.6 Policy Objective

The objective of this policy is that all providers offering programmes leading to FETAC awards have established procedures for quality assurance which will maintain and improve the quality of those programmes.

1.7 Policy Statement

FETAC recognises the primary role of providers in the establishment and operation of quality assurance. FETAC's policy is to agree a provider's procedures for quality assurance where those procedures demonstrate the provider's commitment and capacity to maintain and improve the quality of its programmes and services. This capacity will be evaluated using objective and transparent criteria, attainable by providers of different size and context.

Providers with agreed quality assurance procedures can register with FETAC and apply for validation of their programmes.

FETAC will monitor and evaluate the effectiveness of a provider's quality assurance procedures and will review the agreement within a maximum period of five years from the date of initial agreement.

2 Guidelines for Providers

2.1 Purpose of Guidelines

These guidelines are intended to assist a provider in:

- the identification of best practice in the provision of education and training programmes

- the development of quality assurance policies and procedures, appropriate to its own context, which will maximise the chances of its learners experiencing quality programmes and services.

- making an application to FETAC for the purpose of arriving at agreement on its quality assurance policies and procedures. This is the method by which a provider will register with FETAC.

These guidelines do not prescribe how providers are to carry out their work but will specify the areas of provision which FETAC considers crucial to quality programmes and for which providers are expected to establish and implement policies and procedures. Explanations and examples of best practice will be provided for each area of provision listed.

2.2 Components of a Provider's Quality Assurance System

These guidelines will assist a provider to develop a quality assurance system which makes clear:

- the principles and values underpinning the provider's education and training programmes and related services. These will be set out in the **Mission** and **Policies** which should inform:
  - management and staff as to the general approaches to follow in their work.
  - learners and other stakeholders as to what they can expect of the provider.
- the **procedures** designed to implement the policies.
- an **internal monitoring system** which will regularly measure the effectiveness of the procedures
- a **self evaluation system** which will examine and report on the quality of programmes and services. This evaluation will include the views of learners and of an external evaluator who can make comparisons with other similar provision.
- a system of responding to the findings of monitoring and evaluation which will address areas for **improvement** and build on areas of strength.

All of these are possible in small as well as large providers and need not be bureaucratic hindrances. A minimalist system, well communicated and integrated into the normal activities of the provider, will generally be more effective that one which is overly bureaucratic.

These guidelines will show that:

- A quality assurance system will be scaled relative to the size of the provider. While all providers will need to have policies and procedures, the complexity therein will be in proportion to the number of learners, programmes and staff which that provider has.
- Where good practice already exists, this can be documented and described. Systems do not need to be reinvented from scratch.

- There are many ways that a provider can demonstrate that it is carrying out a particular task in a quality assured way. This variation is inevitable and desirable given the range of different providers.

Because the requirement to have formal a quality assurance system is new to many parts of the further education and training sector, these guidelines and the associated criteria are quite detailed. It is expected that over time, they will evolve to reflect changes in best practice and the growth in quality assurance expertise in the sector.

What are policies and what are procedures?

This question is often asked and it is important to be clear as to what is expected by FETAC in this regard since providers will be expected to have developed both policies and procedures for quality assurance.

Policies and procedures should reflect existing legislative requirements and good practice and both are tools to improve clarity within an organisation. The distinction between them relates to the level of detail which they contain. Values and practices are often implicit in an organisation without ever being fully spelt out. The process of making explicit that which was previously taken for granted can result in improved transparency throughout the organisation.

It is up to the providers to structure their policies and procedures in a form best suited to their own context and the needs and expectations of their learners.

2.2.1. Policies

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

Policies will usually be quite concise and not contain much detail regarding implementation. However, each policy should implicitly or explicitly state the provider's commitment to address the issues listed in each of the policy areas in these guidelines. To be effective, a policy must be disseminated to all those that it is intended to inform.

A sample policy statement is included in **Appendix 2(a)**. This is intended only as a guide and should not be seen as prescriptive.

2.2.2 Procedures

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

A procedure covering any process will generally specify;

- the title of the procedure – relates to the task(s) which it is designed to perform.
- the method(s) used to fulfil the purpose of the procedure.
- who applies this method(s).
- the evidence that will be generated when the procedure is carried out.
- how the effectiveness of the procedure will be monitored – by whom, how often, in what way, etc.

What is termed a procedure can take many forms. e.g. a staff handbook may be 'the procedures' covering aspects of staff recruitment and development. What is a series of procedures for one provider may be a single procedure for another.

In developing their quality assurance system, the first step for providers is to recognise and identify the policies and procedures that are already in use, although maybe not formally documented. Once these are documented in a standard format, the provider should then begin the task of developing and documenting those which are not developed.

A simple guide to writing a procedure and a sample template are included in **Appendix 2(b).**

2.2.3 Internal Monitoring

Once policies and procedures are developed and implemented, the next phase of the quality assurance process is for the provider to monitor their effectiveness on an ongoing basis. Internal monitoring can be done in various ways, some formal, others less so; it is important however that it be systematic and consistent. An example of how internal monitoring might be associated with a procedure is shown in the sample procedure in **Appendix 2(b)** while a sample checklist which might be used by an internal monitor is shown in **Appendix 2(c)**.

Internal monitoring should identify areas of provision which are successfully implementing policy and those which are not. To recognise what is successful implementation, a provider will need to identify a tangible form of evidence which a staff member, acting in the role of monitor, could expect to find. Where the evidence is not present, then remedial action needs to be identified and taken. This might mean the relevant procedure needs to be applied more consistently or that the procedure or policy needs to be updated. In this way continuous improvement becomes a reality.

It should be clear for each procedure that:

- the responsibility for monitoring its effectiveness has been assigned to a specific job role.
- it will be monitored at a specified frequency.
- it will be monitored in a particular way.

2.2.4 Self Evaluation and Improvement

The self evaluation by a provider of its programmes and services is a fundamental part of its quality assurance system and is required by the terms of the Qualifications Act.

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

2.3 Policies and Procedures to be agreed

Listed in the table overleaf are the areas of education/training provision for which providers must establish policies. Each policy area is further broken down into the processes which that policy should address. Providers should seek to assure the quality of these processes through the development, implementation and monitoring of procedures, each of which addresses one or more of the processes.

The list of policies and procedures was compiled through consultation and reflects the essence of professional development, delivery and evaluation of programmes in the context of the Qualifications (Education & Training) Act 1999 and other relevant legislation.

Most of the policy areas listed relate to existing practices. A provider is expected to be able to identify and capture how those practices are currently carried out within its provision. This will form the starting point for future improvement as the provider will also have specified the mechanisms whereby this practice will be monitored and, where necessary, improved over time. These guidelines are designed to assist providers in doing this.

Some of the policy areas e.g. Access, Transfer and Progression and Protection for Learners, are new and are driven by the requirements of the Qualifications Act. In these cases, providers are expected to use these guidelines to identify and implement what is within their remit at this time. As future developments allow, separate guidelines will be issued addressing these areas and providers will be expected to update their procedures as necessary.

In Section 5 of this document, these policies and procedures are further explained with examples of best practice and evidence of implementation.

Policy Title	Procedures to address
Communications	Communication with learners Communication with staff Communication with other stakeholders
Equality	Equality training Equality planning
Staff Recruitment and Development	Staff recruitment and allocation Staff induction Staff development
Access, Transfer and Progression	Information provision Learner entry arrangements Recognition of prior learning Facilitating diversity
Programme Development, Delivery and Review	Need identification Programme design Programme approval Programme planning Programme delivery Learner records Provision and maintenance of resources Health & safety Review cycle of existing programmes
Fair and Consistent Assessment of Learners	Coordinated planning of assessment Information to learners Security of assessment related processes and materials Reasonable accommodation Consistency of marking between assessors Assessment performed by third parties Internal verification External authentication Feedback to learners Learner appeals Results approval Corrective action
Protection for Learners	Cessation of programme
Sub-contracting/Procuring Programme Delivery	Selection of second provider Contract arrangements Reporting arrangements Monitoring arrangements
Self Evaluation of Programmes and Services	Assignment of responsibility Frequency Range Learner involvement Selection of external evaluator Methodology

2.4 Making an Application for Quality Assurance Agreement

2.4.1 Application Process – an overview

A provider who wishes to register with FETAC will apply by presenting its quality assurance system for agreement. The application process seeks to ensure that FETAC has the information needed to efficiently fulfil its functions under the Act while facilitating providers to make their applications in a transparent fashion, common to all provider types and sizes.

In making an application, the provider verifies that it has developed and documented all the policies and procedures relevant to its provision and has established a system to monitor their implementation.

Applications will be made in electronic format and will comprise an application form accompanied by a number of specified documents, including selected policies and procedures. This allows providers to verify that they have met the criteria for agreement without actually having to submit all of their policies and procedures.

In the application process and agreement criteria, FETAC has placed emphasis on those aspects of quality assurance which conform to the principles of improvement and provider responsibility i.e. internal monitoring, evaluation of programmes and improvement mechanisms. In addition, the agreement process constitutes the mechanism whereby FETAC is assured that the provider has procedures for fair and consistent assessment of learners.

2.4.2 Who will be making an application?

It is important to be clear on the question – 'Who is a provider?' because it is the provider who will be required to make an application and it is often not clear who or what can or needs to take on that role. Associated with the role are a number of responsibilities and opportunities, especially with regard to quality assurance, validation and monitoring of programmes, and potential providers need to be aware of these.

A wide variety of organisations are involved in provision of further education and training in Ireland, the main types being:

Bórd Iascaigh Mhara Training

Community and Voluntary Sector

Department of Education and Science
- Community/Comprehensive Schools
- VEC Provision
    - Adult Education
    - BTEI
    - Literacy Schemes
    - Senior Traveller Training Centres
    - VTOS
    - YouthReach
- Colleges of Further Education
- Vocational Schools
- Voluntary Secondary Schools

Fáilte Ireland Training

FÁS Training
- Training Services
- Community Services
- Services to Business
- FÁS Net College

Institutes of Technology

Open/Distance Learning

Prison Training Centres

Private Trainers/Companies

Sectoral Representative Bodies

Teagasc Training

Training for People with Disabilities

Work based Learning

These organisation types offer a wide range of programmes catering for the needs of learners with very diverse needs and expectations. Each needs to decide for itself if and how it will identify as a provider.

The Act defines a provider of further education and training as
> 'a person who, or body which, provides, organises or procures a programme of education and training leading to a FETAC award.'

This is a broad definition and can encompass a very varied range; some individuals and organisations are readily identifiable as providers while others are not. It is up to the individual or organisation themselves to decide if they are a provider, in the knowledge of the implications of that decision.

Many of the organisations currently offering programmes comprise collections of separate locations (i.e. centres, colleges etc) with varying degrees of overall coordination. These multi location organisations must decide whether they present to FETAC as single providers i.e. using a centrally coordinated approach to quality assurance and programme development, or as collections of separate providers, each of which develops its own quality assurance system and submits its own programme(s) for validation.

Multi Location Providers
A provider may make an application comprising a number of a number of locations at one time *only if* FETAC can be assured that quality assurance system has ownership at individual location level as well as at organisational level. Therefore, such an application would need to demonstrate that:
- the quality assurance system is coordinated across the locations i.e. there is an organisation wide infrastructure supporting the system.
- each individual location has formally confirmed its participation in and commitment to the operation of quality assurance system.

- each location can outline how the provider system will operate within the its own structure i.e. the interaction of internal and external components of the overall system.
- the staff in each location are aware of and are implementing the quality assurance system.
- each location has nominated a person for who will be the contact for FETAC in respect of quality assurance matters.

Single Location Providers
A location (centre/college/individual trainer) which is completely self contained will, by definition, be a provider and will make a single application for agreement. In doing so it is taking full responsibility for the quality assurance of its programmes.

However, another location may be part of a larger organisation but may choose to identify as a provider in its own right. Such a location could contribute to the development of organisational policy but would implement that policy through their own procedures. Such a provider would need to show that its parent organisation endorses it application as a provider.

FETAC Monitoring
It should be noted that irrespective of the way a provider is organised, the implementation of its quality assurance system will be monitored by FETAC at individual location level. See Section 3.6

2.4.3 First and Second Providers
The Qualifications Act makes reference to situations in which more than one provider is involved in the organisation and provision of a programme i.e.

Where a programme of further education and training is organised or procured, in whole or in part, by a provider ("the first mentioned provider") and is provided, in whole or in part, by another provider ("the second mentioned provider"),the first mentioned provider
shall consult with the second mentioned provider before making an application for validation
[S15 (3)]
and
shall, in so far as the procedures to be established relate to that part of the programme provided by the second mentioned provider, agree those procedures with the second mentioned provider.[S18 (6)]

Therefore, where a provider organises or procures all or part of a programme which, due to its nature and structure depends on the involvement of another provider(s), that first, initiating provider will be expected to show evidence of:

(a) effective consultation having taken place with the second provider(s) in respect of the programme before application for validation is made.

(b) agreement with the second provider(s) on the application of the first provider's quality assurance procedures to the part(s) of the programme provided by the second provider(s).

Quality Assurance Implications

In situations where the provision of an entire programme requires complementary provision involving two or more providers, the responsibility for quality assurance of the respective parts must be clear. This can be done in one of two ways, as follows;

- Where both first and second providers are in agreement that the first provider is responsible for the quality assurance of both their respective parts of the programme, then a Memorandum of Agreement to this effect should be drawn up.

- Alternatively, where the first provider agrees that the second provider will quality assure the parts of the programme it provides, a Memorandum of Agreement to this effect should be drawn up.

These arrangements do *not* apply where a provider develops and applies for validation for a programme, the delivery of which may be contracted to another provider. This situation is covered by the guidelines on Sub-contracting/Procuring Programme Delivery in section B8 of this document (Ref: B8).

2.4.4 Application Form

The application for agreement of a provider's quality assurance system is completed electronically. Closed questions are used wherever possible and the need for narrative is kept to a minimum.

The form is in two parts. Part A gathers information about the provider, its history, mission and the context within which it is operating. Where the provider comprises a number of separate locations, information particular to each is supplied. Part B addresses each of the policies and procedures identified in these guidelines and asks the provider to verify that they have been developed, documented and that their effectiveness will be monitored at the point of programme/service delivery.

2.4.5 Supporting Documentation

In addition to the application form, the following documents are to be included in the application for agreement.

- An Organisation Chart showing the structures of the organisation which will be adopting the quality assurance system.

- A list of the separately managed locations adopting this quality assurance system. This only applies to providers who are making a single application for a number of locations. Information from each location, as set out above, will need to be supplied.

- Provider's Policy and Procedures on
  - Assessment of Learners
  - Protection for Learners[1]
  - Self Evaluation of Programmes and Services

FETAC reserves the right to request additional policies and procedures for evaluation where the context of the provider would merit it. For example if the provider procures or sub-contracts delivery of most or all of its programmes, then FETAC may need to evaluate its policy and procedures for Sub-contracting/Procuring Programme Delivery.

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1 Applies only to providers offering programmes of three months duration or more

2.5 Application Part A: Provider Context

The information supplied here will identify the applicant provider and describe its scale, experience and mission. This information will not determine agreement or otherwise of the provider's quality assurance policies but will place its policies in a context.

The details required and the format of answer expected for each are outlined in the table below.

Heading(s)	Detail required	Format
Organisation Name and Contact details	These relate to the organisation applying for registration as a provider. This may be an individual centre or a body which delivers programmes in a number of centres. This is the entity which, once registered, will be able to submit programmes for validation. The organisation name must be unique. Where a provider shares a name with others, a part of the address may be used to make it unique e.g. ABC Training Tuam rather than ABC Training.	Free form text
Contact Name/Job Title	This is the name and job title of the person with whom FETAC will communicate regarding this application.	Free form text
Organisation Type	This is a drop down list of the main provider types in Ireland. The provider chooses the title most accurately describing the organisation. If none of the titles provided is appropriate then the option 'Other' is chosen and an appropriate title is entered in the next box.	Drop down list
Date of Application	The date on which this application has been submitted to FETAC.	dd/mm/yy
First Application	This is to indicate whether or not this is the first application by this organisation for quality assurance agreement.	Yes/No drop down list
Number of Learners	This is to give an indication as to the size of the provider as measured by the approximate number of places for learners at the time of application, not including learners on subcontracted programmes.	A drop down list of number ranges
Number of Tutors/ Instructors	This is to give an indication as to the size of the provider in terms of numbers of tutors/instructors on programmes at the time of application not including tutors/instructors on subcontracted programmes.	A drop down list of number ranges
Forms of Programme Delivery	The provider is asked to identify the various programme types used in the organisation e.g. Centre/School/College based, Apprenticeship/ Traineeship, e-learning, distance learning, workplace training etc.	Drop down list + Free form text if required
Programmes of 3 months duration or more? Are these programmes offered on a commercial and profit making basis?	These questions are to identify those providers to whom Section 43 of the Qualifications Act may apply. The reason for this is that some additional responsibilities relating to the protection for learners apply to such providers.	Yes/No drop down list

Heading(s)	Detail required	Format
Internet Access	The provider is asked to verify that it has the capacity to use the Internet to access the FETAC website for the purpose of data input and report production.	Yes/No drop down list
Education/Training Mission Statement	For organisations whose primary function relates to education/training, this will be their Mission Statement. For those providers engaged in education/training as a secondary activity, this will describe their mission in relation to education/training delivery. The Mission is a crucial part of the application as it forms the backdrop against which policies and procedures should be developed and applications evaluated. A provider's quality assurance system will be proportional to its mission and should enable it to fulfil its mission.	Free form text
Experience in Education/ Training	This asks the organisation to state how long (in years) that they have been delivering programmes of education/training.	Yes/No drop down list
Awarding/Professional Bodies	This asks the provider to identify what awarding bodies or professional bodies they are, or have been in the previous five years, registered with. A series of drop down boxes allows them to identify as many bodies as necessary and indicate for each one whether the registration is current or expired.	Drop down lists and free form text
Quality Systems	This asks the provider to identify what quality awards, if any, they have, or have had in the previous five years. A series of drop down boxes allows them to identify as many bodies as necessary and indicate for each one what section of the organisation received the award, if this is pertinent.	Drop down lists
Other	This space allows the provider to add any additional information they feel would be relevant. It is important that such a box be used if the applicant feels that the provider's particular context is not adequately described by the preceding questions.	Free form text

The provider is required to attach an organisation chart which will display the organisational structures and job titles. For large, multi function organisations, only those structures involved in education or training should be included.

This is especially important for those providers whose structure and service type may not be readily understood and which may be better represented diagrammatically.

Questions only to be answered by providers delivering programmes from more than one location

Heading(s)	Detail required	Format
Number of Locations	A Location is a physical or virtual place at or from which programmes are delivered. Any provider operating from more than one fixed location is asked to enter the number of such locations which are separately managed and which will be identified as separate centres for the purposes of national monitoring and issuing of awards by FETAC. In situations where there are 'first' and 'second' providers, it is only the locations of the first provider which need to be included.	Number
Coordination of system across all Locations	The provider is asked to summarise how the system will be coordinated across all fixed locations and how the management and staff of each location will be involved. It is important that this space be used to demonstrate that there is a clear and logical approach to the coordination of this system across a number of locations.	Free form text

The provider is required to attach a list of the fixed locations covered by the Quality Assurance system. In addition, each of these locations is asked to complete and submit, as part of the application, a copy of page 6 of the application form. This page collects relevant details about each location, together information regarding the ownership and implementation of the system at the level of each location. Each of these locations will be registered as a FETAC centre if the application for provider registration is successful.

2.6 Application Part B: Quality Assurance Policies and Procedures

Each page of this part of the application form relates to *one* of the policy areas identified in the consultation process as being relevant to programme quality. The provider is required to answer a series of questions regarding each policy area. The questions and the format of answer expected for each is outlined in the table below.

Heading(s)	Detail required	Format
Policy Title/Reference	This allows the provider to state the specific policy which the provider is following. It should be the title(s) of a document or series of documents. It is very important that specific and clear titles and/or page references be given. This is especially so when the policy title in use by the provider may be different to the one used in these guidelines.	Free form text

The following questions apply to each of the procedures related to the Policy. If a specific procedure is not relevant to a particular provider it is possible to indicate this and explain the reason(s).

Heading(s)	Detail required	Format
Has a procedure been established and documented?	The provider should state Yes or No as to whether a procedure has been developed and documented in some form. If the procedure is not relevant indicate this by stating No and give the reason(s) in the space provided below.	Drop down list
Is the method of internal monitoring of this procedure defined?	The provider should state Yes or No as to whether the internal monitoring system for this procedure has been defined.	Yes/No drop down list
List the form(s) evidence of implementation to be sought during internal monitoring i.e. how will the monitor know that this procedure is being implemented effectively? Refer to the Guidelines or press F1 key for examples of evidence types	The provider is asked to identify forms of evidence which would be available to internal monitors and FETAC monitors verifying the implementation of this procedure. It is important that what is entered here is in fact evidence and not a statement of the procedure. Evidence should have tangible form. Learner Verification and Staff Verification are valuable forms of evidence of a procedure being implemented effectively. In order to use them as evidence however, they should be obtained in such a way as to be available for monitors at a later date. One way of doing this would be to survey a representative sample of learners/staff as appropriate and keep the questionnaires/results of the survey as the evidence.	Free form text
If any one of the procedures listed above is not relevant in your context, as indicated by a 'No' response, please use this box to explain why this is so.	Where a particular procedure is not relevant to a provider because of their particular context, they will not have developed that procedure. This box should be used to identify the procedure(s) and explain the reason(s) why it is not relevant.	Free form text

* In each case where a provider is asked to supply information, help is available by pressing the F1 key. In the case where the provider is asked to identify forms of evidence, the help lists some examples. These examples may be used or, if more appropriate, the provider may identify their own particular form of evidence.

The following pages provide an explanation and examples of good practice for each of the policies and procedures to be established by providers and outlined in Section B of the application.

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2 Only applies to procedures within the following policy areas: Communications, Equality, Staff Recruitment and Development, Sub-contracting/Procuring Programme Delivery.

B1   Communications

Communications relates to the system(s) used by a provider to facilitate the circulation of information and feedback. Communication is effective when stakeholders have access to relevant, accurate and up to date information. With effective communication, prospective and current learners can make informed choices, staff can maximise their effectiveness and management can plan in a strategic manner. The media and formats used when communicating should promote and facilitate dialogue with the diversity of learners across the grounds covered by Equality Legislation.

Policy: A provider's Communications Policy should express its commitment to exchange information with learners, staff and other stakeholders. It should address the following areas of provision:

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B1.1	Communication with Learners	Learners are able to give feedback on their individual and collective experiences of programmes and services. The feedback mechanisms should be inclusive and allow learners of diverse backgrounds to give feedback on issues of particular concern to them.	• Learner Verification[3]: survey questionnaires, evaluation sheets, learner representative body • Management Reports • Minutes of Quality Assurance Team Meetings • Speciality issue focus groups • Communication materials/media available in accessible formats e.g. large print, audio tape, electronic • Schedule of feedback meetings between staff and individual learners • Learner involvement in review of programme design: minutes of meetings, surveys etc.

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3   Learner/Staff Verification: evidence of affirmation from a representative sample of learners/staff as appropriate. Efforts should be made to include feedback from a diversity of learners across the grounds covered by the equality legislation

Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B1.2 Communication with Staff	Information relevant to programmes and services is available to the staff involved in delivery. Relevant information would include: • developments in the programme • developments in assessment • developments relating to National Framework of Qualifications • upcoming events of relevance • individual learner needs Staff are able to contribute feedback and suggestions for improvement to the programmes and services in which they are involved.	• Programme Team Meetings:-agendas/minutes • Staff Meetings:-agendas/minutes • Staff Development Days:- agendas • Designated Information Officer • Staff Verification:- surveys • Minutes of Quality Assurance Team Meetings • Staff Handbook • Notice Boards • Email bulletins • Intranet Notice-board
B1.3 Communication with other Stakeholders	Individuals and agencies with potential importance for the provider and learners e.g. employers, other providers, community groups, funding agencies and others, are able to access information on programme(s) and services available.	• Prospectus of programme(s)/Course brochures • Correspondence with local groups and local industry • Involvement of external person(s) on Advisory Group • Reports of Open Days, Community based projects • Website • Surveys of local industry • Management Reports • Minutes of Quality Assurance Team Meetings • Reports to funding agencies

B2   Equality

Programmes of education and training and related services should be delivered in a manner that accommodates diversity, combats discrimination and promotes equality of opportunity. Delivery agencies should have an institutional capacity and commitment to combat discrimination, to accommodate and make adjustments for diversity. This capacity needs to be planned and systematic rather than ad hoc, informal or reactive.

Equality Policy(ies) should be prominently displayed and circulated to all. Responsibility for implementing the policy(ies) should be assigned with procedures for implementation and handling discrimination complaints.

Policy: A provider's Equality Policy should express its commitment to equality in employment and service provision and anti harassment. The policy should address the following areas:

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B2.1	Equality Training	Staff are aware of equality issues and have the capacity to promote equality and combat discrimination	• Details of Staff training on Equality • Learner Verification: survey questionnaires, evaluation sheets, learner representative body • Staff Verification • Equality Statement • Disability Awareness Training Records • Management Reports • Quality Assurance Team Meeting Minutes
B2.2	Equality Planning	A plan exists to realise equality objectives based on a audit of current provision with respect to equality.	• Equality Action Plan • Notes of consultation with representative bodies • Management Reports • Access/Equality audit report • Reports of data collected re the representation in the learner group of people covered by the nine grounds of equality legislation • Budget allocation

B3   Staff Recruitment and Development

One of the key determinants of the quality of a programme or service is the ability of the people employed in its development and delivery. It is essential that every provider has a systematic approach to the recruitment and further professional development of people engaged in programme and service delivery. In particular the provider should ensure that staff have sufficient experience and expertise to fulfil their designated roles. Providers should also ensure that staff members have access to support and development opportunities based on a systematic approach to the identification of their training and development needs.

Policy: A provider's policy on Staff Recruitment and Development should express its vision regarding the staff employed in the development and delivery of programmes and services. It should seek to ensure that staff are well matched to roles and have access to appropriate supports and further training when necessary.

It is acknowledged that staff recruitment and development policies will, in many cases, be established by the parent organisation rather than an education or training centre. In this case the policies/procedures specified should be those of the parent organisation, but the evidence of implementation should be identifiable at a centre level.

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B3.1	Staff Recruitment and Allocation	The knowledge, skills and competences required of staff to fulfil a particular role have been identified and are used consistently in the selection process. There are clear recruitment criteria and a recruitment process is in place. These should be in keeping with employment equality legislation.	• Clear statements of qualifications/ experience necessary • Job advertisements • Circulars and Memos • Recruitment records • Criteria set for contracting external trainers • Records of staff qualifications/ experience • Training for those involved in recruitment • Reasonable accommodation of staff with disabilities • Positive to Disability Award • Management Reports • Minutes of Quality Assurance Team Meetings • Website information • Staff Verification

Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B3.2 Staff Induction	All new staff have access to induction training into a new role	• Induction process detailed and in place • List of staff who have received induction training • Staff Verification • Staff Handbook • Mentoring system for staff in new roles • Website information
B3.3 Staff Development	A process in place based on a plan to identify, prioritise and meet the training, development and support needs of staff.	• Documented system in place to regularly review the training needs of all staff • Records of review meetings with staff members and note of training, development and support needs identified • Individual or Programme Team training plans • Staff Verification: questionnaires/ evaluation sheets • Email Bulletins/Notices • Record of Training undertaken • Equality/Disability Awareness Training Records • Management Reports • Minutes of Quality Assurance Team Meetings • Budget allocation for staff development

B4   Access, Transfer and Progression

The National Qualifications Authority of Ireland has set out its own responsibilities and those of FETAC and providers in regard to Access, Transfer and Progression. The following guidelines outline the provider's responsibilities in this regard. For more detail please refer to the relevant **NQAI policy document Policies, Actions and Procedures for the Promotion and Facilitation of Access, Transfer and Progression**, which may be downloaded from **www.nqai.ie.**

Provider Responsibilities

Access

The main implications for providers' quality assurance systems at this stage of the development of the Framework relate to Access. Providers will be expected to facilitate, in as much as they can, a learner's entry and successful participation in a programme. They will do this through their procedures on Information Provision, Learner Entry, Recognition of Prior Learning and Facilitating Diversity.

B4.1   Information Provision

The NQAI have published protocols on information provision that are incorporated in the guidelines below. These are designed to ensure that learners have information on programmes and associated services sufficient to enable them make informed choices.

B4.2   Learner Entry Arrangements

Providers must ensure that their arrangements for selecting learners for their programmes are transparent and fair and that potential learners can be made aware of the process involved.

B4.3   Recognition of Prior Learning

Recognition of prior learning is a process of identification, assessment and recognition of learning howsoever acquired. It is an important feature of the National Qualifications Framework and is defined by the National Qualifications Authority as the:

> *'recognition of learning that has taken place, but not necessarily been assessed or measured, prior to entering a programme. Such prior learning may have been acquired through formal, non-formal or informal routes'*

Providers are required to develop a statement of the arrangements that are available in respect of *each* of their programmes for the recognition of prior learning for entry to programmes, for credit towards an award and for access to an award. Where a provider does not yet have RPL arrangements, the statement should be to this effect but should commit the provider to developing and implementing procedures for RPL in accordance with emerging FETAC policy and guidelines.

RPL for Entry

Registered providers are required to have arrangements in place to facilitate a learner, on the basis of prior learning experiences, to gain entry to a programme.

For each programme the provider should make available a list of *'THE COMPETENCES NEEDED TO SUCCEED ON THE PROGRAMME'* and should state entry requirements to the programme in such a way that learners who possess the competences, even if not formally certified, may achieve entry.

RPL for Credit towards an Award

FETAC plans to have a credit model for the further education and training sector. Providers are not required to develop statements of arrangements for RPL in this context until this credit model is in place.

RPL for an Award

A provider can support a learner who may have already achieved, through prior learning, the knowledge, skill and competence required for a major, minor, supplemental or special purpose award. Providers should refer to the FETAC Policy and Guidelines on Recognition of Prior Learning for further details.

B4.4   Facilitation of Diversity

As previously stated, Access is to be viewed in terms of the ability to participate successfully in a programme without the hindrance of unnecessary barriers. Hence, the Authority emphasises the responsibilities of the awards councils and providers to work in the context of national policy in relation to equality and non-discrimination, with particular regard to the relevant provisions of the Equality legislation. The guideline below sets out good practice in relation to facilitating people with disabilities, and others covered by the equality legislation, to successfully participate in programmes and services.

Transfer and Progression

Providers are expected to make clear to learners, as part of the programme information, the transfer and progressions options which are open to them on receipt of an award, where these exist. These opportunities may arise directly from the award or may have been negotiated at a local or national level. It is recognised that work needs to be done at many levels to further develop transfer and progression routes. However, in designing programmes, providers should seek, where possible, to offer awards which present learners with the opportunity to transfer or progress should they wish to do so, either immediately on attainment of the award or at a later date.

Policy: A provider's policy on Access, Transfer and Progression should express its commitment to enable learners to:

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

The implementation of the policy should be addressed by the procedures set out below:

Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B4.1 Information Provision	Information facilitating successful participation in the programme and services is available to current and prospective learners. This information should be available in a format(s) appropriate to current and prospective learners. It will include: Details of the programme i.e. • programme content • programme structure and duration e.g. entry and exit points • award title(s), award type, framework level(s), awarding body(ies) • entry requirements • assessment (Ref B6.2) • programme adaptations/learner supports available • transfer and progression opportunities agreed for the award at national or local level • mechanisms for giving and receiving feedback on learning progress (Ref B6.8) • fees, grants and associated regulations • protection for learners policy (Ref B7) Details of Related Issues e.g. • list of services and how to access them • health & safety information • list of learner rights and responsibilities • grievance procedure • events of relevance to learners	• Programme brochures • Provider policy statements • Learner Verification: survey questionnaires, evaluation sheets, learner representative body • Learner handbook • Promotional material • Website information • Prospectus • Management Reports • Minutes of Quality Assurance Team Meetings • Website • Email bulletins

Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B4.2 Learner Entry Arrangements	There is a fair and consistent approach to how learners are selected and entered onto the programme. To this end a provider should make the following available to prospective learners: • A statement of the entry requirements for the programme • Details as to how decisions are made regarding allocation of places • Programme details (Ref. B4.1) • Advice/Guidance etc. for learners to assist them make informed choices in programme selection • Details of supports/ accommodations available • An appeals mechanism for learners refused access to a programme	• Statement of entry requirements and selection process for each programme in paper and/or electronic format • Learner Verification:- survey questionnaires, evaluation sheets, learner representative body • Learner Charter • Management Reports • Minutes of Quality Assurance Team Meetings • Details of appeals mechanism
B4.3 Recognition of Prior Learning	There is a statement of the arrangements[4] in place, if any[5], for recognition of prior learning for the purposes of • entry to a programme • receiving credit towards an award • access to an award. See above for more detail on RPL	• Statement of RPL arrangements for current and prospective learners • Learner Verification: survey questionnaires, evaluation sheets, learner representative body • Guidelines for Assessing prior learning • Staff qualified in RPL/APL/APEAL • Learner Charter • Copies of RPL applications • Assessment records

4   These arrangements should be in accordance with FETAC Policy and Guidelines on RPL, when these are published

5   If there are no arrangements at this time then a statement to this effect should be available

Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B4.4 Facilitating Diversity	Selection procedures, entry requirements and programme content/delivery can be adapted or specific supports made available to facilitate individuals or group(s) with particular needs to successfully participate, transfer and progress. These adaptations/supports might include • Positive action with regard to entry/selection procedures • Assistance to learners in matching them to programmes • Guidance/Counselling Service • Learner Induction • Compensatory Tuition/Study Skills • Mentoring System • Tutorial System • Mechanisms for giving feedback on formative assessment • Reasonable accommodation for people with a disability • ESOL support • Individual Learning /Training Plans or • other supports appropriate to the needs of the learners The adaptations/supports which a provider can be expected to provide will be in keeping with the programme objectives and with the provider's capacity to deliver. They will be targeted at those learners who, were it not for the issue which the support or adaptation is intended to alleviate, would be expected to successfully participate in the programme.	• Learner Verification: survey questionnaires, evaluation sheets, learner representative body • Timetables • Learner need identification + Individual Education/Training Plans • Notes of consultation with representative bodies from across the grounds covered by equality legislation • Promotional material promoting equality • Access Audits • Programme material available in accessible formats e.g. large print, audio, electronic • Physical adaptations to premises to facilitate access • Learner Charter • Programme Team meetings • Management Reports • Minutes of Quality Assurance Team Meetings • Staff Development Records • Budget allocation for learner supports e.g. Child care, Transport, One to one tuition, Study skills, Mentoring etc

B5 Programme Development, Delivery and Review

The core function of a provider of education and training is the development and delivery of programmes which meet the needs of their learners.

Policy: A provider's policy on Programme Development, Delivery and Review should be founded on its Mission and should inform the work of those staff engaged in the design and delivery of programmes as set out in the following procedures:

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B5.1	Need Identification	Programmes are developed to meet an identified need. The need would be identified by surveys/research conducted, as appropriate, among learners, other providers, industry, government publications etc.	• Summary findings of surveys and/or research • Correspondence with other providers and industry • Collation of Learner Enquiries • Management Reports
B5.2	Programme Design	Programme structure, delivery and assessment methodologies should: • reflect the mission of the provider • adhere to the provider's policy on access • facilitate transfer and/or progression • adhere to the provider's assessment policy • facilitate opportunities for learners, where appropriate, to practice skills in a real work environment.[6]	• Minutes/Agendas of meetings between programme design staff and staff responsible for delivery and assessment • Guidelines for programme design/ development staff • Feedback from Subject Matter Experts • Record of Management Approval • Learner Verification: survey questionnaires, evaluation sheets, learner representative body • Minutes of Quality Assurance Team Meetings • Correspondence/meetings between staff and employers
B5.3	Programme Approval pre Submission for Validation	A programme is checked and receives approval from management prior to being submitted to FETAC for validation. Where a programme requires the involvement of another 'second' provider(s) in addition to the initiating 'first' provider, there should be evidence of consultation on the programme before application for validation. In addition there should be clarity on the agreed scope of first and second providers' quality assurance procedures. (Ref: 2.4.3)	• Record(s) of Management Approval • Minutes of Quality Assurance Team Meetings • Budget allocation for programme delivery • Feedback from Subject Matter Experts • Correspondence/Minutes of meetings, Memoranda of Agreement between 'first' and 'second' providers • Checklist against FETAC Guidelines

6   Some programmes, e.g. those delivered electronically or at a distance, may not include work experience

Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B5.4 Programme Planning	The programme is 'translated' into a plan setting out timetables/schedules for delivery.	• Programme/Training Plan • Outline timetables/schedules
B5.5 Programme Delivery	• Tutors/instructors have sufficient materials, methods and flexibility to use delivery styles appropriate to the learners. • Those involved in the delivery of programmes have opportunities to reflect on and review the effectiveness of their work and collectively seek improvement. • Timetables/Schedules are adhered to whenever possible. This should include arrangements to provide cover for staff who are unable, for whatever reason, to fulfil their normal duties.	• Learner Verification: questionnaires/evaluation sheets • Learning materials • Staff Verification • Programme changes made in response to learner feedback • Minutes of Programme Team meetings • Minutes of Quality Assurance Team Meetings • Contingency plan for staff cover
B5.6 Learner Records	Records are maintained of learner participation and achievement i.e. attendance, progress through the programme and certification. Data required by FETAC for production of awards and statistical analysis should also be collected. These records should be available in appropriate form for programme review and evaluation	• Attendance records • Progress records • Records of support needs identified and addressed • Certification records • Data collection forms • Summary Reports by Programme • Programme review report(s) • Programme evaluation report(s) • Minutes of Quality Assurance Team Meetings

Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B5.7 Provision and Maintenance of Learning Facilities/ Resources	The resources necessary for successful participation by learners are allocated to and maintained on programmes. Measures are taken to ensure that learners have adequate access to premises, facilities and resources, especially those learners with disability or whose mother tongue is not English. The resources available to programmes should be in accordance with programme objectives.	• Learner Verification: questionnaires/ evaluation sheets • Staff Verification: questionnaires/ evaluation sheets • Programme review/evaluation reports • Minutes of Quality Assurance Team Meetings • Physical adaptations to premises to facilitate access • Budget allocation for resources • Observation of resources/facilities • Record of learner achievement
B5.8 Health & Safety	Physical premises/facilities are accessible and maintained in such a fashion as to ensure the health and safety of staff and learners. Where temporary premises are used, selection criteria should be maintained reflecting health & safety awareness and the access needs of potential learners.	• Safety Statement • Safety Representative Verification • Minutes of meetings of Safety Committee • Hazard checklists • Staff Training Records – Safety training • Budget allocation for Maintenance of premises and facilities • Selection criteria for temporary premises
B5.9 Programme Review	Programmes are reviewed at regular intervals (e.g. programme cycle, annually, biennially) to ensure their continued relevance. A review may be conducted more informally and on a smaller scale than a programme self evaluation.	• Learner Verification: questionnaires/ evaluation sheets • Statistical reports of learner achievement • Reports of external verifiers/examiners • Employer surveys • Management meetings agendas • Minutes of Quality Assurance Team Meetings • Monitoring reports • Review/Evaluation report(s)

B6   Fair and Consistent Assessment of Learners

A provider must have adequate and appropriate processes for the assessment and authentication of learner achievement and for the approval of assessment results. It must be able to demonstrate that the assessment is fair and consistent and that learners are kept informed of what is expected of them and of their progress in achieving it and ensure confirmation of learner achievement in accordance with national standards. In developing these procedures a provider should ensure consistency with **Quality Assuring Assessment – Guidelines for Providers May 2007** available at www.fetac.ie/assessmentguidelines/default.htm

Policy: A provider's policy on Assessment of Learners should express its commitment to carry out assessment so as to be:
- **Consistent with its Mission**
- **Valid for the purpose of FETAC awards**
- **Understood by staff and learners**
- **Fair to learners, in terms of access and process**
- **Internally verified as fair and consistent**
- **Externally authenticated as consistent with national standards**
- **Consistent with FETAC assessment guidelines**

The procedures implementing the policy should address the following areas of assessment.

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective. Where a particular piece of evidence is required, this is indicated.
B6.1	Coordinated Planning of assessment	The assessment of each programme is planned in advance of the programme commencing. Programme design, delivery and assessment are coordinated so as to facilitate learners to maximise the value of their assessments across the programme. i.e. the assessment of programme modules is integrated wherever possible and the needs of learners are considered when assessments are being scheduled. Ref Section 3.2.1 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Assessment plan (**required**) • Internal verifier reports • External authenticator reports • Programme team meetings • Learner verification: questionnaires / evaluation sheets • Staff verification • Programme specifications • Assessment records
B6.2	Information to Learners	All pertinent information relating to the Assessment Process is available to learners prior to assessment commencing. ctd.	• Assessment details published in appropriate media (**required**) • Programme brochures • Learner handbook ctd.

Procedures *(These procedures can be separate or integrated)*	Guideline: *the procedure should seek to ensure that:*	Examples of evidence of good practice: *a selection of the items below, or alternatives, would indicate that the procedure is effective. Where a particular piece of evidence is required, this is indicated.*
B6.2 Information to Learners	This information should include details of: • learner responsibilities in relation to assessment • assessment methods and schedules • reasonable accommodations available • policy on assessment repeats • appeals process Learners must be fully aware of the FETAC award to which the programme leads and of the assessment and grading requirements. Ref Section 3.2.2 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Notices • E-mail bulletins • Assessment Schedules • Learner Verification: questionnaires/ evaluation sheets • Internal verifier reports • External authenticator reports
B6.3 Security of assessment related processes and material	Assessment procedures and systems incorporate mechanisms for the secure recording, storage and access of learners' assessment records; in particular it should ensure that; the security and integrity of: • assessment materials i.e. test/ assignment briefs, exams etc • assessment processes i.e. supervision of tests, verification of authorship etc • learner work i.e. assignments, practical tests, exam scripts, project work etc • learner records of assessment are maintained. In designing this procedure, the potential for learner appeal should be kept in mind with the associated need for retention of evidence. Ref Sections 3.2.5, 3.2.4 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Staff Verification • Internal verifier reports • External authenticator reports • Guidelines for assessors • Programme team meetings • Observation of records • Learner Verification: questionnaires/ evaluation sheets • Observation log:- storage facilities • Learner assignment receipt system • Verification of Authorship statements

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective. Where a particular piece of evidence is required, this is indicated.
B6.4	Reasonable Accommodation	Assessment methodologies are adapted as necessary and reasonable, so as to cater for the needs of learners with a disability, or other persons covered by the nine grounds of Equality legislation, who would otherwise be excluded from demonstrating their achievement of the standards being assessed. The accommodation(s) used should be agreed by all those involved in the programme delivery and assessment. Ref Sections 3.2.8, 3.2.9 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Adapted assignment briefs / materials • Learner verification: questionnaires / evaluation sheets • Guidelines for assessors • Assessment team meeting minutes • Records of staff training on reasonable accommodation in assessment • Internal verifier reports • External authenticator reports
B6.5	Consistency of marking between assessors	Assessors are marking learner assessments in a fair and consistent fashion. This will involve comparison of results achieved across a range of learners and assessors to ensure consistency of marking. This may be done in a variety of ways depending on the centre context e.g. programme team meetings, cross moderation or sampling by an internal verifier.	• Internal verifier reports (**required**) • Agendas / minutes of programme team meetings • Guidelines for assessors • Cross moderation log • External authenticator report(s) • Learner verification: questionnaires / evaluation sheets • Staff verification: questionnaires / evaluation sheets • Results approval panel report • Appeals process records
B6.6	Assessment performed by third parties	Assessment is fair and consistent where carried out by third parties i.e. persons not employed by the provider e.g. employers, contracted trainers.	• Records of meetings with employers • Guidelines for employers on writing feedback reports • Contract / letter of agreement with contracted provider • Learner diaries / log books • Programme team meetings • Record of monitoring by staff

B6.7 Authentication Process

The assessment process is fair, consistent and valid and that outcomes of assessment i.e. learner results are consistent with national standards. The Authentication process must include both **Internal Verification** and **External Authentication**. These should ensure that

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective. Where a particular piece of evidence is required, this is indicated.
B6.7.1	Internal Verification	Assessment procedures have been applied consistently across assessment activities and the accuracy of assessment results is verified. This will involve checking assessment results and that assessment procedures are adhered to by assessors . This may be done on a sampling basis by the Internal Verifier. Ref Section 4.2 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Internal verifier report (**required**) • Internal verifier schedules/checklists • Sampling strategy/criteria for sampling • Sampling schedule • Staff verification • Agendas/minutes/programme teams meetings • Minutes of programme review meetings • Results approval panel report • Minutes of results approval panel meetings • Learner records/provisional results reports • Records of staff attendance at seminars, workshops etc
B6.7.2	External Authentication	There is independent, authoritative confirmation of fair and consistent assessment of learners in accordance with national standards. This confirmation is to be carried out by an external authenticator appointed by the provider Ref Section 4.3 in Quality Assuring Assessment – Guidelines for Providers May 2007	• External authenticator report (**required**) • Sampling strategy/criteria • Provisional results report • Sample selected • Results approval panel report • Minutes of results approval meeting • Learner certification records • Staff verification
B6.8	Feedback to Learners	Individual learners receive timely and constructive feedback on their assessments which informs their participation on the programme. The feedback is appropriate to the nature of the assessment i.e. formative or summative Ref Section 3 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Learner verification: questionnaires / evaluation sheets • Staff verification • Tutor / learner meeting schedules • Feedback sheets

7 Where national standards are currently monitored/moderated by an external agency you may refer here to a system which has been specified by that agency.

	Procedures *(These procedures can be separate or integrated)*	Guideline: *the procedure should seek to ensure that:*	Examples of evidence of good practice: *a selection of the items below, or alternatives, would indicate that the procedure is effective. Where a particular piece of evidence is required, this is indicated.*
B6.9	Learner Appeals	Learners can appeal an assessment process or an assessment result which they consider to be unfair. Sufficient time i.e. 14 days following Results Approval, must be allowed for a learner to lodge an appeal. Ref Section 6 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Learner verification: questionnaires / evaluation sheets • Record of learner appeal • Letters/documentation • Learner assessment records
B6.10	Results Approval	Results are fully quality assured and signed off by the centre prior to submission to FETAC for certification. This will involve the establishment by the provider of a Results Approval Panel and will include systems for submitting learner data and results. Ref Section 5 in Quality Assuring Assessment – Guidelines for Providers May 2007	• Results approval panel report (**required**) • Agenda/minutes of results approval panel meeting • Internal verification report • External authentication report • Provisional results report • Certification records • Results approval panel compilation • Staff verification • Signed checklist
B6.11	Corrective Action	The provider develops and implements an action plan to deal with errors, omissions and / or deliberate acts by learners, staff or contracted trainers, any of which impact on the validity of the assessment process. The action plan must include immediate notification to FETAC of anything impacting on the integrity of certification.	• Assessment corrective action plan • Records of internal verification of assessment • External authentication report • Records of corrective action taken • Assessment event log • Learner verification • Staff verification

B7   Protection for Learners

Part VII of the Qualifications Act addresses Protection for Learners and specifies requirements for all providers in this regard. These requirements relate to programmes of three months duration or more and vary depending on whether or not the provider concerned is operating on a commercial and profit making basis. For more detail, please consult www.fetac.ie , 'Protection for Learners'.

Section 43 of the Act requires a provider offering a programme(s) of three months duration or more on a commercial and profit making basis to have specific arrangements in place to provide for learners where the provider ceases to provide the programme concerned. These arrangements must include the potential for learners to transfer to a similar programme offered by one of at least two other provider(s) with whom the original provider has made an agreement for transfer. Where such an agreement is not practicable, the provider must, subject to agreement with FETAC, have in place a mechanism to refund the fees most recently paid.

Section 45 of the Act requires any provider of a programme(s) of three months duration or more to state in writing for prospective learners whether or not Section 43 of the Act applies to it and, if so, the nature of the arrangements it has in place to comply with Section 43

Providers to which Section 43 does not apply, should set out what protection arrangements they have in place, if any. If they do not have any arrangements, they should state this.

Policy: A provider's policy on Protection for Learners should state whether or not it is subject to Section 43 of the Qualifications Act and also whether it has appropriate arrangements in place for the protection of learners on programmes of three months duration or more. The detail of the arrangements, if any, should be set out in the procedure listed below.

The policy and procedure(s) should be available to prospective learners. (Ref: B2)

Procedures *(These procedures can be separate or integrated)*	Guideline: *the procedure should set out:*	Examples of evidence of good practice: *a selection of the items below, or alternatives, would indicate that the procedure is effective.*
B7.1 **Cessation of Programme(s)**	Details of arrangements in place, if any, which will protect learners in the event of a programme ceasing unexpectedly. In the case of a provider offering a programme(s) of three months duration or more on a commercial and profit making basis, these arrangements should comply with Section 43 of the Qualifications Act. Details of the programme(s) to which this procedure applies must also be made available to FETAC for inclusion in a register. Reference **www.fetac.ie**, 'Protection for Learners.'	• Statement detailing arrangements as required by the Qualifications Act • Letters of agreement with other providers to accept learners in the event of the original provider ceasing to provide the programme • If appropriate, proof of capability to refund fees i.e. insurance bond, bank bond, bank guarantee. Statutory declaration • Learner Verification: questionnaires/ evaluation sheets • Programme brochures • Prospectus/Website information • Promotional material

B8   Sub-contracting/Procuring Programme Delivery

Where a (first) provider contracts delivery of a programme to another (second) provider, it is essential that both parties have clear agreement regarding their respective responsibilities. Only those providers currently or prospectively offering programmes in this way need address this policy area.

Policy: A provider's policy on Sub-contracting/Procuring Programme Delivery should clarify its responsibilities to its learners when its programme(s) are being delivered by a second provider. The first provider has the ultimate responsibility regarding the quality of the programme and must exercise this responsibility through the following procedures:

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should set out:	Examples of evidence of good practice: a selection of the items below, or alternatives, would indicate that the procedure is effective.
B8.1	Selection of a Second Provider	Criteria exist which are applied when a second provider is being chosen to deliver a programme	• Statement of Criteria • Advertisement/Statement of Tender
B8.2	Contract Arrangements	A written statement or contract detailing respective responsibilities is agreed between the first and second providers.	• Contract specifying roles and responsibilities • Correspondence • Minutes of Meetings between first and second providers
B8.3	Reporting Arrangements	The content and frequency of report(s) to be submitted by the second provider to the first is specified	• Contract • Report from second provider to first provider • Correspondence • Minutes of Meetings between first and second providers
B8.4	Monitoring Arrangements	The method by which the first provider will monitor the achievement of programme objectives and learner satisfaction is specified	• Learner Verification: questionnaires/ evaluation sheets • Monitoring report(s) • Minutes of Quality Assurance Team Meetings • Contract • Minutes of Meetings between first and second providers

B9   Self Evaluation of Programmes and Services

Introduction

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

What is Self Evaluation?

Evaluation is a structured and systematic process to explore, reflect and report on the effectiveness of an activity. It aims to capture, interpret and disseminate learning from any actions undertaken. It seeks to identify good practice and to use the findings to inform future policy and practices.

Evaluations will seek to:

- Identify and engage stakeholders

- Describe the activity

- Design an appropriate focus and methodology for the evaluation

- Gather credible evidence from a range of sources

- Draw and justify conclusions

- Make recommendations for improvement

- Ensure the use and sharing of lessons learned

Evaluation can be done by a body external to the activity or by the body carrying out the activity in which case it is usually termed self evaluation. In the context of further education and training, the activity to be evaluated is the provision of programme(s) and related services and providers are required to self evaluate.

It is recognised that providers have all sorts of competing pressures on their time and workload and the responsibility to evaluate their own programmes could just be seen as an additional demand. If approached positively, however, it can deliver benefits to learners, staff and the provider as a whole.

What is to be Self Evaluated?

A provider may seek to learn many things from a self evaluation and, ideally, these should be for the benefit of the provider and learners themselves and not just to meet external demands.

It is important that a provider identifies in advance what is to be evaluated and the criteria to be used to measure success. The provider can choose criteria which are of particular relevance to its own Mission but there are some aspects of the programme which FETAC require to be evaluated and reported on. These relate particularly to the quality of the programme and the effectiveness of the quality assurance system which supports it. These criteria are set out in the evaluation checklist and report template which accompany these guidelines.

Who will be involved in a Self Evaluation?

The Qualifications Act sets out the parameters for the conduct of a self evaluation as follows:

the procedures … shall include –

(a)   the evaluation at regular intervals, and as directed from time to time by the Council of the programme of education and training concerned, including evaluation by persons who are competent to make national and international comparisons in that respect,

(b)   evaluation by learners of that programme, and

(c)   evaluation of services related to that programme

and shall provide for the publication in such form and manner as the Council thinks fit of findings arising out of the application of those procedures.

Each programme offered by a provider and the services which relate to it, must be evaluated by the provider with the involvement of learners and an external evaluator.

The role of the external evaluator is to offer objective comparisons with similar programmes available elsewhere. This role of this person should be that of a 'critical friend', i.e. someone who can bring support, recognition and positive suggestions for improvement.

Learners

As the main consumers of the programme, it is important that learners can contribute to the evaluation. Providers must demonstrate that they can involve learners in the process of evaluation and need to develop effective methods of gathering learner feedback. These methods will contribute evidence for internal monitoring of a whole range of procedures i.e. Learner verification, as well as meeting the needs of the evaluation process. Such methods might include: questionnaires, interviews, representative groups, focus groups, complaints processes, evaluation checklists and any other mechanisms appropriate to the learner groups and provider context.

Ideally the views of past learners should also be compiled. The feedback from learners who have left a programme without attaining the award(s) available would be especially informative.

Management and Staff

The evaluation process should be seen to have the approval and commitment of management. Hence it should be promoted and supported by management in the allocation of time, expertise and resources.

Management should encourage a positive climate in which staff can be reflective and open in giving their views and suggestions on the performance of programmes and services.

Management can also show commitment to the process by assigning responsibility for coordinating the evaluation to a person with authority and decision making responsibility.

Staff attached to a particular programme will be central to the evaluation. They should be facilitated to contribute their views and suggestions for improvement. This can be done through programme team meetings, interviews, questionnaires or other methods appropriate to the context of the programme.

External Evaluator

When carrying out an evaluation the provider should involve, as an external evaluator, a person who is independent of programme delivery and capable of comparing the quality of the programme(s) being evaluated with that of similar programmes elsewhere.

An evaluator should have:

- education, training or industry expertise in the broad subject area of the programme being evaluated
- experience in national and/or international certification systems
- experience in one or more of the following:
  - Programme Design
  - Programme Delivery
  - Programme Evaluation
  - Cross Moderation of Standards
  - External Verification of Standards
  - Auditing of Quality Systems
  - Centre Accreditation

Providers should consider the use of 'peer review' i.e. the involvement of a person from another provider, in further or higher education and training, capable of giving an informed view on the success of the programme and able to contribute to its improvement.

The criteria to be used by a provider when selecting an external evaluator will be one of the details to be included in the procedure for evaluation of programmes.

How does Programme Review link to Programme Evaluation?

Programme review (ref: B5.9) is an activity forming part of the programme cycle i.e. after a programme is complete, those involved look back at it and identify what went well and what needs to be done better next time. It is usually a relatively informal process. Programme evaluation, on the other hand, will be much less frequent and will be more formal. However, the findings of a series of programme reviews will contribute a lot of information to the programme evaluation.

When and how often will a self evaluation be done?

Self evaluations should be carried out to a frequency appropriate to the duration and nature of the programmes concerned. The maximum period between evaluations will be five years but this would be appropriate only in exceptional circumstances. All providers will be expected to conduct and report on at least one evaluation within one year of having their quality assurance system agreed. After this, the provider will self evaluate each of its programmes according to the frequency and range criteria set out in its procedure for self evaluation.

How will a self evaluation be carried out?

An evaluation will be done in a manner which best suits the context of the provider and the programme within the parameters set by the Qualifications Act. The provider should try and establish a plan for self evaluation which is practical and productive. It should be clear what information is being sought and what are the best ways of obtaining it. A broad based approach, which is inclusive and evidence based is preferable.

Two common approaches to conducting self evaluations are as follows:

(a.)   The provider conducts an initial self evaluation by applying the evaluation checklist separately to each of the programmes being evaluated. The person co-ordinating the evaluation, together with the programme team, draws up a draft report based on the outcomes. At this stage the external evaluator becomes involved and, through a process of sampling, verifies the findings in the draft report. The external evaluator would contribute suggestions for improvement based on his/her own expertise. The evaluation report would contain the agreed findings of the provider and the external evaluator.

or

(b)   The evaluation is conducted with the involvement of the external evaluator from the start. A team would be established including staff member(s) and the external evaluator who would, in consultation with learners, complete the checklist and compile the agreed findings into an evaluation report.

Good practice in self evaluation

The following are protocols to keep in mind when carrying out a self evaluation:

*   **Involvement:** Try and ensure that all those involved in a programme(s) are aware of an upcoming evaluation well in advance of it happening.

*   **Positive Approach:** Sometimes it is easier to find fault than good practice. Make a conscious effort to find and record good practice as well as things which could be done better.

*   **Evidence Based Findings:** Try and avoid subjectivity and only make findings on issues where there is evidence to back it up.

*   **Sampling:** Sampling is usually the only practicable way to examine programme and service activity. Select samples which are representative and which can be used to draw conclusions.

*   **Quantitative Data:** have a system which generates quantitative data on an ongoing basis and which can be used at evaluation time to give an overall picture of programme activity and achievement (Ref. B5.6).

*   **Confidentiality and Anonymity:** The focus should at all times be on the processes and activities related to the programme(s) and services and it will not be necessary to identify individuals.

*   **Improvement:** the aim of the evaluation should be to bring about improvement. Recommendations should be made available to management which could, if implemented, make a positive difference to the programme(s) or services.

Sources of Information

The provider should seek information from a variety of sources. This will require the use of a variety of techniques e.g.

- learner interviews
- programme team meetings
- questionnaires
- review of records and reports
- meetings with management
- observation etc.

Self Evaluation Checklist

The self evaluation will examine many aspects of the programmes and services but should focus particularly on the quality of the learners' experiences and achievements. When making judgements on any aspect of provision, the emphasis should be on the impact on learners and other stakeholders rather than on policies and procedures.

Hence the self evaluation should involve the provider and external evaluator asking a series of questions pertaining to the presence of quality in its programmes and services. These questions, set out in the Self Evaluation Checklist – **Appendix 3 –** will be asked of the staff and learners involved in the programme and related services. The checklist addresses the broad policy areas reflected in these guidelines and allows the provider to evaluate the effectiveness of its quality assurance procedures as applied to a particular programme i.e. have they actually delivered quality in the programme and services and is there is evidence to back that up?

In answering each question, the provider should grade itself according to the following scale:

3 = Strength	There is evidence, from each programme evaluated, to indicate that achievement in this area is above average. This is an area where practice should be disseminated elsewhere.
2 = Acceptable	There is evidence that achievement in this area meets expectations, though maybe not in all programmes evaluated. With further development, this could become an area of strength.
1 = For Improvement	There is little or no evidence that achievement in this area meets what is expected. Improvement is needed.

This will allow the provider to identify those policy and procedure areas which are succeeding and those which need improvement. The findings should be use to provide the basis of reflection and discussion which will culminate in the evaluation report.

What are the products of a self evaluation?

The aim of the self evaluation is to produce a constructive report which will help the provider to maintain and improve the quality of its programme and services. While a self evaluation may include a number of related programmes, each should be reported on separately. This report, allied with a Programme Improvement Plan agreed by management, will be sent by the provider to FETAC.

1 Self Evaluation Report

A self evaluation report, a template for which is available at **www.fetac.ie/qa**, will build on the findings of the self evaluation checklist and seek to provide qualitative and quantitative judgments on a programme and associated services.

The report structure requires the provider to focus on the effectiveness of the programme itself in terms of its achievement of its objectives.

The report should include considered reflection on the strengths and weaknesses of the programme together with agreed recommendations under a number of headings i.e.
- Programme Design and Content
- Programme Delivery
- Assessment of Learning
- Associated Services and Resourcing
- Attainment of Programme Objectives

2 Programme Improvement Plan

Self evaluation should be complemented by improvement planning, to build on strengths and address identified areas which need improving. A Programme Improvement Plan must be realistic and achievable, with priority given to those areas which will have the most potential for improving learner outcomes. **A self evaluation report submitted to FETAC must be accompanied by a Programme Improvement Plan signed by management indicating how the findings of the evaluation report will be acted on so as to maintain and improve the quality of programmes.**

A template for the Programme Improvement Plan will be provided. It will allow the provider take the recommendations from the Self Evaluation Report, identify those prioritised for action and detail how, when and by whom they will be addressed.

A Programme Improvement Plan can form the basis of a subsequent self evaluation i.e. the questions can be reduced to:

'Are the strengths/good practices still there?'

'Have the improvement actions been carried out?'

'What further improvements do we need?'

How will Self Evaluation link to National Monitoring

One of the functions of FETAC is to 'monitor and evaluate the quality of programmes'. This mirrors the responsibilities of a provider and it is desirable that the two roles should be complementary in operation. A provider's Self Evaluation Report and Programme Improvement Plan are primary sources of information on programme quality available to FETAC in its monitoring role.

Policy: A provider's policy on Self Evaluation of Programmes and Services should set out its commitment to improvement through the regular evaluation of programmes. It should make clear through its procedure(s) how self evaluations are planned and carried out :

	Procedures (These procedures can be separate or integrated)	Guideline: the procedure should seek to ensure that:
B9.1	Assignment of Responsibility	The job title(s) of the person(s) who will coordinate/conduct the self evaluation. This person(s) should be in a position to conduct an effective evaluation i.e. management should demonstrate commitment through allocation of resources, expertise, time and support to the evaluation process.
B9.2	Frequency	The criteria for setting how often self evaluations of programmes will take place e.g. multiple of programme cycles, fixed frequency etc. The criteria selected should reflect the considered view of those responsible for the programme and will need to balance the usefulness of the self evaluation with the resources required to conduct it. The maximum duration between self evaluations must be five years.
B9.3	Range	How programmes will be grouped for the purpose of self evaluation, if at all. It may be decided to simultaneously self evaluate a group of programmes from a field of learning so as to maximise the use of the time and resources.
B9.4	Learner Involvement	How learners will contribute to a self evaluation. Learner views might be compiled from questionnaires collected over time or through interviews, focus groups etc. If the views of past learners are to be collected this should be indicated.
B9.5	External Evaluator	The criteria to be used when selecting an external evaluator for a particular evaluation. This is very important. The provider should seek the assistance of a person who can contribute to the development of the programme through their expertise in the broad programme(s) area and in the area of programme evaluation and review.
B9.6	Methodology	How an evaluation will be carried out (see above).

3 Process of Agreement of a Provider's Quality Assurance System

The following are the steps leading to agreement between FETAC and a provider on that provider's quality assurance system.

3.1 Compiling an Application

- The provider develops and documents its policies and procedures with reference to these guidelines. This should be done in consultation with the constituent parts of the provider which will be implementing the procedures.

- The provider compiles the documents specified in Section 2.4.5. Each document e.g. a policy or set of procedures, should be in a separate MS Word file.

- The provider then completes the electronic application form, accurately portraying its Quality Assurance system and attaches the required documents.

- The provider should seek to ensure that the application is complete i.e. all relevant documents included. All applications will be screened for completeness and incomplete applications will not be forwarded for evaluation.

- All constituent parts of a provider must be in a position to verify their awareness and acceptance of the application if requested i.e. if a provider makes an application on behalf of a number of centres, these centres may be requested via email for verification. Larger organisations may be asked to endorse the application of one of their centres.

- For detailed instructions on making the electronic application, please see www.fetac.ie/qa

3.2 Criteria for Agreement

FETAC will use the information supplied in the application to evaluate the provider's quality assurance policies for the purpose of arriving at agreement. In carrying out the evaluation the following criteria will be applied:

Application Form

The application form must show that the provider has

- developed and documented each of the policies identified in Part B which are relevant to the provider

- developed and documented procedure(s) to implement each policy.

- identified the method(s) of internal monitoring for all relevant procedures

- identified the form(s) of evidence which should be available to show that the procedures have been implemented effectively. These forms of evidence may be drawn from the lists provided in these Guidelines or alternatives more appropriate to the provider's context may be used

- identified any procedures not relevant to its context and explained why this is so

Supporting Documentation

- The documents listed above in section 2.4.5 must be included in the application.

- The policy and procedures for Assessment of Learners must demonstrate the potential to deliver fairness and consistency.

- The policy and procedure(s) for Protection for Learners must comply with the requirements of the Qualifications Act.

- The policy and procedures for Self Evaluation of Programmes and Services must demonstrate potential to operate effective evaluations with the potential to maintain and improve the quality of programmes and services.

3.3 Evaluation

Each application will be evaluated by at least two experienced and trained evaluators working for FETAC. Their work will involve comparing an application received against the criteria outlined above. Each will evaluate the application independently and will seek to arrive at a consensus recommendation for the FETAC Council. During this phase the provider may be contacted and given an opportunity to clarify parts of the application.

3.4 Outcomes

Agreed

- Where a provider's quality assurance system is agreed by FETAC, that provider will be registered with FETAC. Formal notification of the agreement will be sent. A registered provider will be given a Provider Number and Centre Number(s) to be used in all future communication with FETAC.

- FETAC will visit a sample of providers whose quality assurance has been agreed. This will be done to verify the application and is separate from national monitoring. Any provider to be visited will be notified in advance.

- The provider must conduct a self evaluation of at least one programme within one year of agreement and publish the findings using the evaluation report template supplied by FETAC. 'Publish' in this context means, at a minimum, sending the report to FETAC.

- The agreement of a provider's quality assurance procedures will be reviewed within a maximum period of five years. The effectiveness of those procedures, as measured through self evaluation and FETAC monitoring, will be examined in this review.

Referred

- Where a provider's quality assurance system is not agreed by the FETAC Council, the provider will receive written feedback indicating the amendments required. The provider may choose to make the amendments and resubmit or to appeal the Council's decision.

- Where the amendments to be made are deemed by the Council to be minor, the provider's amendments need only be verified by the FETAC Quality Assurance section and will not go through the evaluation process again. The FETAC Quality Assurance section will inform the Council when the amendments have been verified and the decision on agreement can then be made.

- Where the amendments to be made are deemed by the Council sub-Committee to be significant, then the provider will be required to make a re-application which will go through the full evaluation process.

3.5 Review of a Council Decision

A provider that can show that the process that led to the decision on its quality assurance agreement was carried out in a flawed or unfair manner may request the Council to review its decision.

3.6 FETAC Monitoring

FETAC will monitor the implementation of provider's quality assurance procedures. Monitoring will be carried out proactively on a scheduled basis and also when necessitated by substantive concerns flagged by learners or other stakeholders.

The following is an outline of how FETAC monitoring will be carried out:

- The implementation of a provider's agreed quality assurance system will be monitored through a visit to the site(s) of that provider's programme delivery.

- A site visit will be scheduled to happen when the provider has had the opportunity to implement the majority of its quality assurance procedures e.g. when at least one assessment cycle has taken place.

- Monitors will include FETAC staff and quality assurance evaluators. Specific training will be provided.

- The visiting monitor will use as source documentation the information submitted by the provider as part of its quality assurance application. FETAC may choose to request updated or additional information to that submitted, if deemed necessary.

- The monitor will seek the evidence identified by the provider as part of its application and will also seek evidence that local monitoring and improvement is happening.

- The number of monitors involved in a site visit will be proportionate to the number of sites to be visited. In the case of small providers i.e. one centre, small number of programmes, a single monitor will carry out the site visit. In the case of larger providers, a team of up to three monitors with one acting in a lead role will carry out the visit.

- Monitors will visit the sites of programme delivery at a time when staff and learners are present. In a single centre provider, this will entail visiting that centre. In a multi centre provider, it will entail visiting a sample of that provider's centres.

- Where appropriate, work experience sites may also be visited.

- The product of the site visit will be a report identifying good practices and areas for improvement. The main findings of the report will be verified with the provider before being finalised.

- The finished report will be sent to the provider and placed on the FETAC intranet for access by FETAC staff only. It will be used to inform future monitoring and evaluation activities.

- FETAC reserves the right to monitor any provider's quality assurance on an unscheduled basis where it deems it necessary to assure itself of the integrity of its awards.

3.7 Future Development

The model of quality assurance set out in this document will evolve over time in accordance with national and international best practice. As this happens, the detail of what policies and procedures a provider should establish may change, as may the criteria for their agreement.

The definitive version of this publication will be that available on the website www.fetac.ie/qa.

Appendix 1 Quality Assurance Consultation Group

The following stakeholders were represented in the consultation group established by FETAC to assist it in the development of policy and process.

Bodies named in the Act – FÁS, CERT, Teagasc, BIM
Representatives of Learners
Further Education Providers
Private Providers
Community and Voluntary Sector Providers
Government Departments with responsibility for Education & Training
Higher Education and Training Sector
Social Partners
Other National Bodies involved in Further Education & Training

Appendix 2 Sample Documents

Templates for the following document types are available on **www.fetac.ie/qa**

(a) Policy Statement

Provider Name
Communications Policy

It is the policy of **Provider Name** to have effective communication with our learners, staff and any others who have a current or potential interest in the work we do.

We believe that, to be effective, communication must be two way and inclusive of diversity. Therefore we commit to **provide accurate information** about our programmes and services and to **seek constructive feedback** so that we can make our programmes and services as relevant and useful to our learners and other stakeholders as is possible.

This is included as an example only.

Procedure

Introduction

A Procedure is intended to be a formal and, most importantly, CLEAR statement of how some process is to be carried out. The process may be large or small, involve one person or many, but the same principles apply – it should be CLEAR to any person reading the procedure, whether they be familiar with the task or not, how that task is to be carried out.

Always write a procedure as if for someone unfamiliar with the situation – that way it will work for existing and new staff.

A Procedure should:

- Cover a discrete task or process i.e. one of the procedures identified in Section B above.
- Identify the procedure title, version and revision date.
- State the overall purpose of the procedure.
- Identify the job title(s)/profile of the person(s) who will carry out the task.
- List the **method(s)** which will be used to achieve the purpose. There may be a number of parallel method(s) or a single process which can be broken down into steps. The detail included should be in proportion to the complexity of the task. Only include what is needed to be useful.
- Identify the **evidence** that will be generated by the procedure.
- State how the implementation of the procedure will be **monitored** i.e. by whom, how often and in what way.

To compile a procedure:

1   Discuss the task with the person(s) most familiar with it.

2   Discuss with other staff members directly or indirectly involved/affected by the task.

3   Collectively analyse the current system for carrying out the task and identify strengths and areas which could be improved.

4   Once the system is agreed, break it down into a sequence of discrete actions and write these down.

5   Get feedback and revise if necessary.

6   Once agreed the steps are written down in a standard format and made available to those who will be using it.

(b) Sample Procedure

Provider	Provider Name	Policy Area	Communications
Title	Communication with Learners		
Version	v1.0	Date	June 2004
Purpose	This procedure describes how learners give feedback on their individual and collective experiences of programmes and services		
Staff Involved	Programme Tutors Centre Manager		

Individual meetings between learners and tutors at least once a term	Programme Tutors	Schedule of feedback meetings between staff and individual learners Records of feedback meetings Learner Verification: evaluation sheets
Term Evaluation sheets	Programme Tutors	Learner Verification: evaluation sheets
Student Council meet with centre manager once a term	Student Council	Minutes of meeting

This is included as an example only.

Centre Manager	Twice yearly	Consultation with Student Council Review of Learner Evaluation sheets Review of records of feedback meetings

Alternative forms should be able to detail the same types of information.

(c) Monitoring Checklist

Policy	Fair and Consistent Assessment of Learners

Monitor		Date	

Procedures	Evidence found	Action plan for improvement State: What should be done, by whom and by when
Coordinated planning of assessment		
Information to learners		
Security		
Reasonable Accommodation		
Consistency of marking between assessors		
Assessment performed by external bodies		
Internal verification		
External authentication		
Feedback to Learners		
Learner appeals		
Return of Results		
Corrective Action		

Appendix 3 Self Evaluation Checklist

Grading Scale:

3 = Strength	2 = Acceptable	1 = For Improvement
There is plentiful evidence to indicate that achievement in this area is above average. This is an example of good practice which should be disseminated.	There is evidence that achievement in this area meets expectations. With further development, this could become an area of strength.	There is little or no evidence that achievement in this area meets expectations. Improvement is needed.

Provider	
Programme	
Evaluators	
Date	

Question	Comment/Evidence Type(s)	Grade
Communications		
Are learners able to give feedback on their individual and collective experiences? Are there any barriers to communication?		
Is information relevant to programmes and services consistently available to the staff involved in their delivery?		
Are staff able to contribute feedback and suggestions for the improvement of the programme(s) and associated services?		
Are communications media for supplying information to and receiving feedback from the local community, employers and other external agencies effective?		
Communications – Average Grade		

Question	Comment/Evidence Type(s)	Grade

Equality

Question	Comment/Evidence Type(s)	Grade
Is there an Equality Plan in place? Are staff trained to implement it?		
Is it known if any person has experienced discrimination in access to the programme or services? Is there a mechanism in place for this to be known by the provider?		
	Equality – Average Grade	

Staff Recruitment and Development

Question	Comment/Evidence Type(s)	Grade
Are the staff involved in programme delivery well matched to their role and clear about their job specifications?		
Have new staff had access to an effective induction process?		
What percentage of staff have availed of staff development over the past two years?		
Are staff development issues regularly reviewed by management?		
Are staff development issues regularly reviewed by management?		
	Staff Recruitment and Development – Average Grade	

Question	Comment/Evidence Type(s)	Grade

Access, Transfer and Progression

Question	Comment/Evidence Type(s)	Grade
Do learners feel that they have adequate information about the programmes and its associated services to enable them to successfully participate in it?		
Are the following available to prospective learners on entry to the programme(s)? • Clear administration arrangements • Statements of entry requirements and selection criteria • Appeals mechanism?		
Have learners gained exemption from all or parts of a programme/assessment for an award on the basis of recognition of prior learning?		
Have current learner supports/programme adaptations been successful in addressing the needs of learners? Have additional supports been requested?		
Access, Transfer and Progression – Average Grade		

Programme Development, Delivery and Review

Question	Comment/Evidence Type(s)	Grade
Does the need which led to the development of this programme still exist?		
Is there a document which sets out the programme structure, delivery and assessment methodologies? Is this available to learners and other interested parties?		
Have such programme documents been checked and approved by management as being in accordance with Mission, demand, assessment policy and resource availability?		

Question	Comment/Evidence Type(s)	Grade
Programme Development, Delivery and Review continued		
Are delivery styles used on the programme(s) appropriate to the needs of learners?		
Does the programme team meet to review programme delivery and other issues? Is the information acquired used effectively?		
Are timetables adhered to?		
Are up to date records of learner participation and progress readily available to staff and learners?		
Are the resources necessary for successful achievement by learners of the programme objectives allocated to and maintained on the programme(s)?		
What is the programme completion rate for this programme i.e. what percentage of those who began the programme have attained the target award?		
Are the requirements of Health & Safety legislation being complied with?		
Has this programme been reviewed on a regular basis and the findings considered by management?		
Is there clarity as to who has the overall responsibility for delivery and assessment of programmes leading to FETAC awards?		
Programme Development, Delivery and Review – Average Grade		

Question	Comment/Evidence Type(s)	Grade
Fair and Consistent Assessment of Learners		
Are learners satisfied with the level of information and feedback they have received on their assessments?		
Are learners and staff satisfied with the security and integrity of assessment processes and materials?		
How successful has the reasonable accommodations procedure been in facilitating participation in assessment by those who otherwise, due to personal circumstances, may have been unable to do so? Is there data available on this?		
Are assessors consistent in their marking of learner assessments?		
Has the assessment carried out by external parties been fair, consistent and contributing to learner achievement?		
Are the standards being achieved by learners consistent with the national standards for the award(s) available on this programme?		
Has the results approval process for certification purposes been found to be accurate and reliable?'		
Has the procedure for Corrective Action been used? Has it been effective in addressing non conformances in assessment practice?		
Has the learner appeal system been effective in addressing concerns of individual learners regarding their assessments?		
Fair and Consistent Assessment of Learners – Average Grade		

Question	Comment/Evidence Type(s)	Grade

Protection for Learners

Question	Comment/Evidence Type(s)	Grade
Are learners aware of their position in the event of a programme ending prematurely?		

Protection for Learners – Average Grade	

Sub-contracting/Procuring Programme Delivery

Question	Comment/Evidence Type(s)	Grade
When programme delivery has been procured through the use of another provider, have consistent criteria been applied and formal agreements arrived at?		
Have the reports submitted by contracted providers and our monitoring arrangements been sufficient to maintain confidence in the quality of procured programmes?		

Sub-contracting/Procuring Programme Delivery – Average Grade	

Appendix 4 Glossary of Terms

Access
Refers to a learner's ability to avail of appropriate opportunities to enter and succeed in programmes leading to awards, with recognition of learning already achieved.

Award
That which is conferred, granted or given by an awarding body and which records that a learner has acquired a standard of knowledge, skill or competence.

Award Type
Refers to a class of named awards sharing common features and level. These include Major, Minor, Supplemental and Special Purpose award types. Different award types reflect different purposes of award and allow for the recognition of all learning achievement.

Completion Rate
The number of learners who complete a programme of education and training expressed as a percentage of the number of learners who commenced the programme concerned.

Credit
A measure by which diverse learning achievements can be recognised; credit systems complement the Framework and the achievement of awards. Opportunities for credit accumulation enhance recognition of learning.

Evaluation
The process of comparing a provider's application for agreement of its quality assurance against FETAC criteria.

Evaluator
A person working for FETAC in the evaluation of a provider's quality assurance system against FETAC criteria for agreement.

Evidence
Material generated by the application of a procedure which demonstrates its effectiveness.

First Provider
A person or body which organises or procures all or part of a programme, part or all of which is provided by another provider.

Further Education and Training
Education and training other than primary or post primary or higher education and training.

Learner
A person who is acquiring or who has acquired knowledge, skill or competence.

Major Award
This award types is the principal class of awards made at each level of the National Framework of Qualifications. At most levels, such award-types capture a typical range of achievements at the level.

Minor Award
This award type provides recognition for learners who achieve a range of learning outcomes, but not the specific combination of learning outcomes required for a major award. This recognition will have relevance in its own right.

Monitor
A person who verifies that quality assurance procedures are being implemented as agreed. The monitor may be working on behalf of the provider (local monitoring) or FETAC (national monitoring).

National Framework Of Qualifications
The single nationally and internationally accepted entity through which all learning achievements may be measured and related to each other in a coherent way and which defines the relationship between all education and training awards. The Framework has 10 levels, reflecting all learning from introductory to doctorate levels.

National Monitoring
The process which FETAC will operate to ensure that providers' quality assurance systems are effective in maintaining and improving the quality of validated programmes.

NQAI	The National Qualifications Authority of Ireland, sometimes referred to as the Authority, established in 2001 arising from the Qualifications (Education and Training) Act 1999, with responsibility to establish and maintain the national Framework of Qualifications. For further information, see www.nqai.ie.
Peer Review	The involvement in a self evaluation of a programme of a person from another provider, in further or higher education and training, capable of giving an informed view on the success of the programme and able to contribute to its improvement.
Programme	a learning experience designed and offered by a provider, within the state, based on predetermined national standards and leading to a FETAC award.
Programme Review	The process whereby the provider reflects on its programme(s) to ensure its continued relevance. A review will be conducted more frequently but less formally and on a smaller in scale than a programme self evaluation. The findings of reviews will contribute to a self evaluation.
Progression	Refers to a learner's ability to move to another programme leading to an award at a higher level of the Framework, having received recognition for knowledge, skill or competence acquired.
Protection for Learners	Arrangements put in place by providers, offering programmes of three months duration or more, to protect the interests of learners in the situation where a programme ceases unexpectedly.
Provider	A person who, or body which, provides, organises or procures a programme of education and training.
RPL	Recognition of Prior Learning i.e. recognition of learning that has taken place but not necessarily been assessed or measured prior to entering a programme. Such prior learning may have been acquired through formal, non-formal or informal routes.
Quality Assurance	The system(s) put in place by a provider to maintain and improve the quality of its programme(s).
Second Provider	A person or body which provides all or part of a programme part or all of which is organised or procured by another provider.
Self Evaluation	The process whereby a provider, with the involvement of learners and an external evaluator, evaluates the quality of its programme(s) and services. The findings of a self evaluation will be published in a standard format.
Special Purpose Award	This award type is made for specific, relatively narrow, purposes – often for certification of competence in specific occupational areas.
Supplemental Award	This award type is for learning which is additional to a previous award. They could, for example, relate to updating and refreshing knowledge or skills, or to continuing professional development.
Transfer	Refers to a learner's ability to move from one programme leading to an award to another, including at the same level of the Framework, having received recognition for knowledge, skill or competence acquired.
Validation	The process through which FETAC evaluates a programme of education and training, to ensure that the proposed programme provides the learner with the opportunity to reach the standards of the award to which the programme is intended to lead.

Appendix 5 Quality Assurance Agreement, Programme Validation and National Monitoring

Flowchart describing the Quality Assurance process:

- **FETAC publish Criteria for Agreement and Guidelines for development** → **Provider develops/amends QA Policies and Procedures** → **Provider makes application for agreement of QA Policies and Procedures**

- Provider develops/amends QA Policies and Procedures branches to **Minor Amendments** and **Significant Amendments**

- **Minor Amendments** → **FETAC QA Section** → **FETAC Council**
- **Significant Amendments** → Provider makes application for agreement of QA Policies and Procedures

- Provider makes application → **Evaluation of QA Procedures against FETAC criteria** → **FETAC Council**

- **FETAC Council** — *Referred* → **Decision Review**
- **FETAC Council** — *Agreed* → **Provider is registered with FETAC**

- **Provider is registered with FETAC** → **Provider develops/amends Programme to lead to award**

- **FETAC publish Award Standards and Guidelines to Validation process** → **Provider develops/amends Programme to lead to award**

- **Provider develops/amends Programme to lead to award** → **Validation process**

- **Validation process** — *Not Validated* → **Appeal Process** → Provider develops/amends Programme to lead to award
- **Validation process** — *Validated* → **Programme Delivery and Assessment**

- **Programme Delivery and Assessment** → **Provider Monitors and Self Evaluates QA and Programme** (within **FETAC Monitors and Evaluates quality of programme and services**)

- **Programme Delivery and Assessment** → **Learners receive Awards**

- **Review of Validation** ↔ **Review of QA Agreement within 5 years**

Key
- Typical route from application for registration to awards (solid arrow, green box)
- Reapplication or appeal route (dotted arrow, cream box)