Re-engagement with QQI

Process Guide for

Independent and Private Providers

Contents

Reengagement Application Guide July 2022 V 6.0

1.   Background

Quality and Qualifications Ireland (QQI) has a comprehensive range of responsibilities for external quality assurance (QA) and for qualifications in Irish further and higher education and training.

QQI's predecessor agencies (the Further Education and Training Awards Council (FETAC), the Higher Education and Training Awards Council (HETAC), the National Qualifications Authority of Ireland (NQAI) and the Irish Universities Quality Board (IUQB) engaged with a wide range and type of providers of education and training. Section 84 of the Qualifications and Quality Assurance (Education and Training) Act 2012 provides for the continuity of quality assurance services and awards for these legacy providers until such time as revised QA procedures have been submitted to QQI by providers for approval. Reengagement is the process QQI has put in place to facilitate providers in submitting those revised procedures for approval.

Re-engagement for each legacy provider will be a one-off process to establish:

(i)   Quality assurance procedures approved by QQI in accordance with either Section 29 or Section 30 of the 2012 Act as relevant; and

(ii)   The provider's scope of provision i.e. the range of programmes for which quality assurance procedures and organisational capacity are deemed appropriate and within which future programme applications for validation can be made.

Through a re-engagement process, QQI will recognise the work involved in developing, enhancing and implementing quality assurance processes and ensure a sound statutory basis for future quality assurance development and enhancement. In accordance with Section 84(1a) of the Qualifications and Quality Assurance (Education and Training) (Amendment) Act 2019, all relevant providers (with the exception of previously established universities) must submit QA procedures for approval to QQI by **5th November 2022**. Failure to submit an application for reengagement by that date will result in saved QA procedures from HETAC and FETAC lapsing, meaning that the provider no longer has approved QA procedures in place. In such circumstances, programme validation will be withdrawn. QQI will develop and publish a yearly schedule for provider applications for reengagement, which will enable the fulfilment of this obligation. Providers will be notified well in advance of their place in the application schedule.

1.1   Purpose of this guide

This guide is intended to assist providers in making effective applications for re-engagement.

Part 1: Provides an overview of the process
Part 2: Assists applicants to:
*   Prepare and present draft quality assurance procedures
*   Carry out and report on a self-assessment (gap analysis) of organisational capacity and quality assurance procedures
*   Complete the application form

1.2   Relevant documentation available for providers convenience:

A range of documentation is available to providers, that will support applicants to meet the policies and guidelines of QQI.

Providers currently offering programmes leading to *further education and training awards* at NFQ Levels 1-6 should use the following set of documents to self-assess their capacity to meet QQI criteria:

*   Reengagement Application Guide (this document)

- Core Quality Assurance Guidelines
- Sector Specific Guidelines for Independent / Private Providers
- Topic Specific Guidelines for Blended Learning (if appropriate)
- Policies and Criteria for Validation of Programmes
- Reengagement: Gap Analysis Tool
- Reengagement: Application Form

Providers currently offering programmes leading to *higher education and training awards* at NFQ Levels 6-9 should use the following set of documents to self-assess their capacity to meet QQI criteria:

- Reengagement Application Guide (this document)
- Core Quality Assurance Guidelines
- Sector Specific Guidelines for Independent / Private Providers
- Topic Specific Guidelines for Blended Learning (if appropriate)
- Topic Specific Guidelines for Providers of Research Degree Programmes (if appropriate)
- Topic Specific Guidelines for Providers of Statutory Apprenticeship Programmes (if appropriate)
- Policies and Criteria for Validation of Programmes
- Reengagement: Gap Analysis Tool
- Reengagement: Application Form

These documents can be downloaded from the QQI website at www.qqi.ie:

2.   Overview of Re-Engagement Process

This overview includes information regarding the respective roles and responsibilities of QQI and applicant providers.

2.1   Principles of the process

The process is underpinned by the following principles:
- **Value**: it is intended that providers will find that the process is of value and assistance to them in the further development of their quality assurance system.
- **Context and proportionality**: provider applications will be evaluated having regard to their scale and current scope of provision. A one size fits all paradigm will not apply.
- **Fairness and Consistency:** evaluations of provider QA procedures will be conducted by external, expert panels, appointed by QQI, following a standardised process. The process will be subject to QQI's governance processes. Panel reports and provider responses will be published at the conclusion of the process.
- **Confidentiality**: QQI and the panels it appoints will treat all the information provided by an applicant as confidential in accordance with its data protection policy.

Note - QQI is subject to Freedom of Information legislation

2.2   QQI's role

QQI will:

- Provide briefings / meetings and will publish information and guidance on the reengagement process.
- Notify providers of timelines within which they must make an application to re-engage.
- Make information on a provider's currently validated programmes and associated awards available to the provider and to the external, expert panel.
- Reserve the right to seek additional information from applicants that it considers relevant to an application.
- Take account of the variety of education and training providers and their many operating contexts. The approach of QQI to the evaluation of each application will be proportionate to the provider's operating context.
- Use suitably experienced persons to carry out evaluations and produce reports.
- Impose conditions, as appropriate, on a provider in relation to approved quality assurance procedures with which the provider must comply.
- Be accountable to QQI governance structures for the conduct of the process.
- Publish panel reports and provider responses to same.
- Seek feedback from providers and panels on their experience with a view to process improvement.

2.3   Provider's role

The provider will:

- Conduct a gap analysis of existing resources, governance, QA policies, procedures / systems against current QQI capacity criteria and statutory QA guidelines.

- Using the findings of the gap analysis, develop / amend QA policies, procedures and systems as required.

- Submit an application for reengagement to QQI, to include organisational information, outcomes of gap analysis process and QA policies and procedures.

- Participate in a panel meeting, usually at provider premises where possible.

- Review draft panel report for factual accuracy and make a formal response to panel report.

- Publish QA policies and procedures once approved.

- Provide feedback to QQI on the process and how it may be improved.

- Continue to monitor, review and improve QA policies and procedures on an ongoing basis.

3.   Process Outline

The process involves the following steps: (Ref. Process Flowchart on page 16)

1. The provider will review its resources (human, physical, financial); governance structures; and quality assurance structures, policies and procedures against current QQI statutory QA guidelines and will address any deficits identified. A Gap Analysis Tool is provided to assist in this process. It may be used a number of times to check progress.

2. A provider will be invited or may volunteer to make an application to re-engage in advance of 5th November 2022 at the latest. The provider will notify QQI when it is ready to make its application. QQI will then issue an invoice and share a link to a secure SharePoint folder to which the provider can upload its application documentation.

3. QQI will send the provider up to date reports relating to the validation and certification of its programmes.

4. The provider will make an application to QQI comprising:
   - A completed Application Form and supporting documentation
   - Draft Quality Assurance Procedures
   - Fee

5. QQI will acknowledge and record receipt of the application and will screen it for completeness.

6. A panel will be established comprising independent expert(s) appointed by QQI based on relevant experience and expertise. In some cases, the panel may include experienced QQI staff. All panel members will sign confidentiality agreements and both panel members and providers will be asked to confirm that there are no conflicts of interest.

7. QQI will confirm a mutually agreeable date for the panel meeting with the provider. It is expected that the majority of such meetings will be at the provider base.

8. QQI will facilitate a planning meeting for the panel 1 – 2 weeks in advance of the panel meeting with the provider. This is an opportunity for the panel to finalise the agenda for the meeting with the provider and identify any clarifications or additional information required to ensure the meeting with the provider is as effective and efficient as possible.

9. This site visit will entail a discussion between the panel and provider staff about the documentation submitted. The aim of the discussion will be to evaluate the adequacy and appropriateness of the provider's resources, governance and draft quality assurance procedures with reference to:

    a.   QQI QA Guidelines

    b.   Provider context and capacity

    c.   Provider validated programmes

See Appendix 1 for a typical site visit meeting agenda.

10. At the conclusion of the site visit, the Chair will provide a brief verbal summary of the panel's findings and recommendations to the provider. The panel may recommend one of following three outcomes:

    a.   Approval of a provider's QA procedures. In this outcome, the panel may have some suggestions for how a provider might further enhance its QA infrastructure. Such suggestions will be set out as "Specific Advices";

    b.   Refusal to approve a provider's QA procedures, with mandatory changes. In such an outcome, the provider will have six months from the date of QQI decision (not from the date of the site visit – see points 15 and 16 below) in which to make the changes and submit evidence to this effect to QQI. A panel may identify both mandatory changes and specific advices for a provider.

    c.   Refusal to approve a provider's QA procedures.

11. In recommending approval of a provider's QA procedures, a panel may identify conditions of QA approval i.e. actions that must be taken by the provider within a specified time period in order for that approval to be maintained. These are known as 'conditions of QA approval' and are distinct and separate from 'mandatory changes', which are actions that must be addressed by a provider before its QA procedures can be approved.

12. Where a panel at a site visit identifies that a provider has a mandatory change(s) to make, but the change(s) is limited in scale and can be made speedily, a panel can defer its decision for six weeks to allow the provider time to address the proposed mandatory change(s) identified. After six weeks, the panel will reconvene (virtually, if necessary) to complete the process and in so doing, determine whether the proposed mandatory change (s) identified at the previous site visit has been satisfactorily addressed by the provider and thus make an overall recommendation to QQI.

13. Following the site visit, the panel will produce a report which will make one of the following possible recommendations:
    a.   Approve a provider's QA procedures together with a specified scope of provision.
    b.   Refuse to approve a provider's QA procedures with mandatory changes.
    c.   Refuse to approve a provider's QA procedures.
        (for details of what these outcomes mean in practice, see section 4 below)

14. The report will be sent to the provider for a factual accuracy check (using a QQI template designed for this purpose) and a formal response on the provider's headed paper.

15. The final panel report and the provider's formal response will be brought to QQI's Programmes and Awards Executive Committee (PAEC) for decision. This committee is part of QQI's corporate governance. In approving a provider's QA procedures, the PAEC may impose conditions of QA approval (see bullet 12 above). These may be those identified by the panel in its report and / or other / additional conditions deemed appropriate by QQI.

16. QQI will notify the provider and the panel of the PAEC's decision.

17. A provider may appeal a PAEC decision not to approve the provider's quality assurance procedures using the statutory appeal process.

18. QQI will publish the PAEC's decisions, the associated reports and provider response.

19. A Provider whose quality assurance procedures are approved will publish the approved procedures to its website and submit a link to same to QQI.

20. Providers will notify QQI immediately of any changes to approved QA procedures.

21. Providers will comply with any conditions of QA approval imposed by QQI and report on progress in implementing approved QA as required.

4.   Outcomes of Re-Engagement Process

The possible outcomes of the process are determined by the 2012 Act (as amended).

Section 30 of the 2012 Act sets out the outcome of the evaluation of QA procedures as follows:
(2) Upon consideration of the proposed procedures submitted to it under subsection (1), the Authority may:
(a)   Approve the proposed procedures,
(b)   Refuse to approve the proposed procedures but make such recommendations to the provider as it thinks appropriate,
or
(c)   In accordance with section 31, refuse to approve the proposed procedures.

Under Section 30(9), QQI may impose conditions in relation to quality assurance on a provider whose procedures it has approved. These conditions must be complied with. Failure to comply with conditions of QA approval may result in QQI instigating a [focused review of a provider's QA procedures](#) under Section 34 of the 2012 Act (as amended).

4.1   Approval

Once approved, a provider must publish its approved QA procedures to its website and notify QQI of same. If a provider's QA procedures are approved as part of the re-engagement process, it may continue to submit programmes for validation within the limits of its approved scope of provision. The implementation and effectiveness of the provider's approved QA procedures will be monitored and reviewed thereafter. A provider that wishes to extend its scope of provision may seek to do so as part of an application for programme validation (as per Section 30(1a) of the 2012 Act as amended). QQI will put in place a process to evaluate the provider's additional QA procedures in conjunction with the validation process.

As noted under Section 4 above, any conditions of QA approval imposed by QQI must be complied with. Providers must notify QQI immediately of any changes to approved QA procedures and report to QQI on the implementation of approved QA procedures as required.

4.2   Refusal to approve with mandatory changes

Applicants who are refused approval, but with mandatory changes may resubmit their revised QA policies and procedures and additional evidence requested within six months of notification of QQI's decision to refuse.

There is no fee charged for a resubmission. Where practicable, the same panel which carried out the original evaluation will evaluate the resubmission and make a recommendation to QQI. The outcome of that evaluation will be final i.e. Approval or Refusal. The panel report will be published when the overall process has concluded.

Unless notified to the contrary, pending a resubmission, the provider may usually continue to offer its currently validated programmes, but should not submit for new validation beyond its existing scope of provision.

4.3   Refusal to approve

Providers who are refused approval of their draft QA procedures and who fail to demonstrate their capacity to meet the QA criteria will be notified in writing with the reasons given for the refusal. Such providers may not make any further applications for programme validation.

The implications of a decision to refuse approval of a provider's quality assurance procedures will be decided by the PAEC. It is likely that:

- The provider would be subject to a review of the effectiveness of its quality assurance procedures. This is a separate process to an evaluation of its draft procedures.

- The provider will not be able to submit new programmes for validation

A decision to refuse to approve quality assurance procedures may be appealed by the provider.

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5. Timelines

Providers will be given a date by which an application for re-engagement should be made.

It is anticipated that reengagement will take a maximum of 25 weeks from the **date fee payment and a complete application** is received until consideration of the expert panel's recommendation by the Programme and Awards Executive Committee (PAEC).

Providers will be notified of their place in the schedule for reengagements. Providers should notify QQI when they are ready to make an application. All applications for reengagement must be submitted by 5th November 2022 at the latest.

6. Gap Analysis Phase

To prepare for re-engagement, a provider is expected to do a gap analysis / self-assessment of its current resourcing and quality assurance system relative to QQI capacity criteria and statutory QA guidelines. This involves reflection by the range of provider staff on questions important to the consistent and sustainable provision of programmes leading to nationally and internationally recognised qualifications with a view to identifying strengths and any areas which require attention.

Such reflection should then lead to work designed to fill any gaps and address vulnerabilities identified. This may be followed by a further gap analysis phase(s) to incrementally identify and address issues.

These periods of gap analysis and development / updating of systems, processes and documentation will take time, effort and expense and this needs to be planned for.

When the provider feels that the significant issues identified in gap analysis have been addressed and definite action plans are in place for other less critical issues, an application for re-engagement should be assembled.

7. Submitting an Application

A completed application comprises the following:

 A. Completed Application Form and supporting documentation;

Checklist of documents for submitting with an application for Reengagement

Evidence required	File name	File format (e.g. Word, PDF etc.)
Evidence of the type of legal entity is submitted (1.2)		
Organisation Chart (2.3)		
Documentation on Collaboration and Partnerships e.g. contracts, memorandum of understanding (2.4)		
Documentation relevant to financial viability and resources (3.1)		
Public Liability Insurance Details (3.2)		
Current eTax Clearance Confirmation (3.3)		
The statutory declaration has been signed by the Owner, Director or Principal Executive Officer of the Applicant and witnessed by an authorised person (5)		
Draft QA procedures		

 B. Draft Quality Assurance Procedures;
 C. Payment of the appropriate fee

Higher Education & Training Providers

Fee	Applicability
€8,000	Major Awards
€5,000	Special Purpose Awards only

Further Education & Training Providers

Fee	Applicability
€4,000	Major Awards at levels 4, 5, 6
€2,500	Special Purpose Awards or Component Certificates only at levels 4, 5, 6
€2,000	Any Award at level 1, 2 or 3 but no higher

The documentation will be submitted to QQI in soft copy. QQI will give access to a cloud-based folder into which the documents can be uploaded.

Once a provider notifies QQI that it is ready to submit its application, QQI will issue an invoice for the appropriate fee. Payment of the fee can then accompany the application documentation.

All elements listed above are required for an application to be deemed complete.

8.   The Application Form

The Re-engagement Application Form comprises the sections listed below:

Section 1	Provider Details and Profile
Section 2	Ownership, Management Structure and Control of the Provider
Section 3	Financial Viability and Resources
Section 4	Scope of Provision
Section 5	Statutory Declaration
Report on provider self-assessment using Gap Analysis Tool	
Section 6	Identification and mapping of documentation to capacity criteria
Section 7	Mapping of updated QA Procedures to relevant QQI Guidelines

The application form should be completed electronically.

Section 1:   Provider Details and Profile

This section seeks up-to-date information about the provider under the following headings:

1.1   Name of legal entity applying

Note that the name of the legal entity may differ from the trading name(s).
Company Registration Number (CRO)

- This a unique number given to all companies registered with the Irish Companies Registration Office.

Registered business/trading name(s)

- An entity may have more than one registered business/trading name(s). List all registered business/trading name(s) the entity intends using. Indicate the business/trading name(s) that will be used when offering specific programmes leading to QQI awards.

1.2 Type of Legal Entity

The applicant shall be a clearly identifiable legal entity having rights and responsibilities under law, whether as a company, sole trader, partnership etc. properly constituted and registered, where appropriate, in accordance with the requirements of the Registrar of Companies, the Irish Revenue Commissioners and other relevant regulatory authorities.

Common types of legal entities are listed in the table below. Applicants must submit the appropriate evidence requested in the table below.

(Please note that further information/documents may be required).

Type of legal entity	Documentation that must be attached to **all** Application Forms: • Evidence of Registration with the National Vetting Bureau of An Garda Síochána (if applicable). • Evidence of Registration of Business Name(s) (RBN1s) for each trading name intended to be used by the applicant.
Limited company	Copy of Certificate of Incorporation. Current Memorandum and Articles of Association Current Company Printout from Companies Registration Office Ireland (CRO).
Sole trader	Copy of passport
Partnership	Copy of Partnership Agreement Certified list of all current partners
Other	If none of the above, please supply full details of the legal status of the applicant entity with copies of supporting documentation.

Section 2: Ownership, Management Structure and Corporate Governance of the provider organisation

2.1 Details of all persons who own / direct the organisation

QQI requires full disclosure of all persons who own/have a shareholding or a significant interest in the entity. These details should align with the details available from the Companies Registration Office. QQI is also seeking information on the extent of the involvement/role of the owner in relation to education and training provision.

The owner may, in some cases, be one of the key personnel/executive and responsible for many aspects of the entity's operations. In other cases, the owner(s) takes no part.

If there are more than three owners/shareholders, additional sections may be added. The purpose of this section is to provide QQI with accurate information regarding the ownership and management profile of the applicant provider.

2.2 Details of influential non-owners of the legal entity applying for reengagement

QQI is using the expression 'influential non-owners' to reflect the variety of roles that could exist in an entity that will influence aspects of the education and training provision.

Key personnel/executive, such as chief executive/director of studies/senior trainer/registrar, should be detailed here as should consultants working with the applicant.

If there are more than three influential persons within the organisation, please add his/her/their details.

Consultants should be identified i.e., [consultant name] was retained for the purposes of assisting [provider name] to prepare this QA approval application. Any ongoing consultancy services or support should also be outlined.

2.3   Corporate Structure and Governance

Supply an organisation chart which shows the structure of the provider i.e. corporate governance structure(s), management and departments as appropriate.

2.4   Collaborative Relationships with other providers

QQI requires details on any relevant third-party collaborations and partnerships that will impact on any element of the education and training provided by the applicant; e.g. another provider with specific technical expertise/equipment may be contracted to provide elements of a programme.

Section 3:   Financial Viability and Resources

3.1   Financial Resources

Applicants proposing to offer education and training programmes must provide assurances to QQI that they have the necessary financial resources to sustain the proposed programme. Financial resources can come from private or public sources. In some cases, it can be a mixture of both.

Applicants are required to provide sufficient documentation to QQI to establish their financial viability. One of the following should be submitted:

- Letter from the applicant provider's auditors, who must be members of and authorised to act as auditors under the Companies Acts by one of the Recognised Accountancy bodies that have been granted recognition for the purposes of section 187 of the Companies Act, 1990 (i.e. recognition to bodies of accountants for audit purposes) by the Irish Auditing and Accounting Supervisory Authority (IAASA), confirming that the applicant has audited accounts signed off for the last three financial years and is in conformance with Irish company law. A template letter is available on www.qqi.ie.
  QQI reserves the right to request copies of the last three years audited accounts where it is deemed appropriate.
- Confirmation from funding organisation(s) giving details of the funding arrangements.

QQI may engage with the funding authority if funding is provided by a public source i.e. an ETB, SOLAS etc.

3.2   Public Liability Insurance Details

QQI requires that providers have in place adequate public liability insurance in respect of their operations. A copy of the policy must be provided.

3.3   Current eTax Clearance Confirmation

Please supply evidence or access to ROS to verify current tax compliance. Applications that do not provide a current eTax Clearance Confirmation will **not** be processed.

3.4   Compliance Statement

QQI requires providers to comply with all applicable law and regulation in Ireland. Examples include (but are not limited to) relevant legislation relating to financial management, equal opportunities, employment, data protection and health and safety.

Section 4:   Scope of Provision - Current Validated programmes

4.1   QQI Validated Programmes

Scope of provision refers to the types of programmes offered by a provider; the awards to which they lead and to the place and mode of their delivery. It is defined by several parameters as set out in this table:

Awards available on Programmes			
Highest NFQ Level	**Lowest NFQ Level**	**Award Classes** (Major, SPA, Minor)	**Domains of learning** e.g. Healthcare, Business, Engineering, Construction, IT, ELT
Modes of Programme Delivery (✓ one or more as appropriate)				
Face to Face only		**Blended**	**Apprenticeship**	**f/t**	**p/t**
Collaborative Provision (✓ one or more as appropriate)				
None	**Yes, as first provider**	**Yes, as second provider**	**Yes, national**	**Yes, transnational**
Sites of Delivery (✓ one or more as appropriate)			
Owned premises	**Long term leased premises**	**On Customer Site**	**Rented space as required**

Scope of provision is critical to a proportionate evaluation of quality assurance procedures as it describes the breadth and depth of a provider's programmes and the range of factors which need to be quality assured.

To specify your scope of provision, complete the table with reference to the full list of your currently validated programmes[1] and any extension to your current scope of provision that you are seeking as part of the reengagement process.

4.2   Extension to Current Scope of Provision

In this section the provider is asked to confirm if an extension to its current scope of provision is being sought and specify any changes being sought (e.g. a move to collaborative provision or extension / change of mode of delivery to include blended learning[2]).

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[1] This list is available from QQI on request

[2] For a checklist of required documents related to blended learning, please visit the QQI website.

4.3   Non-QQI Awards offered

In this section the provider is asked to identify any programmes offered which lead to recognised awards by awarding bodies, national or international, other than QQI Programmes not leading to any award should also be identified here.

Section 5:   Statutory Declaration

QQI requires all applicants for re-engagement to complete a statutory declaration confirming that all the information supplied in the application form is accurate.

Sections 6 and 7 of the application form enable the applicant to communicate the findings of the final gap-analysis performed between:
- QQI organisational capacity criteria and provider documented evidence of meeting these criteria (Section 6).
- QQI QA guidelines and provider's documented QA procedures (Section 7).

Section 6 – Mapping of Application Documentation to Capacity Criteria

Section 6 lists the capacity criteria and, for each, asks the provider to record its self-assessment against each:

Question	What is required of provider
Gap Analysis Satisfactory? (Y/N)?	In the provider's estimation does the gap analysis show that the criterion is met?
If not fully satisfactory, identify action(s) planned and date(s)	If the criterion is relevant and has not already been addressed, what actions are required and when will they be carried out?
Summary description of evidence / process	What documentary evidence / process is available to show that the criterion is addressed? A short description should be entered here.
Where evidenced (Document)	Identify which specific document in the application contains the evidence or details the process.
Page Number / Reference	Identify the specific reference or page number in the document where the evidence or process description can be found

Example:

Gap-analysis question	Gap Analysis Satisfactory (Y/N)?	If not fully satisfactory, identify action(s) planned and date(s)	Summary description of evidence / process	Where evidenced (Document(s))	Page Number / Reference
2.2a. Where is risk considered and managed within the organisation? Is there a risk register?	Y	N/A	The senior management maintain a risk register which is reviewed and updated at monthly meetings. Risk is a standing agenda item for the quarterly meetings of the E&T Governance Committee.	**QA Manual:** Corporate and Academic Risk Management procedure. Terms of Reference E&T Governance Committee	P27 -29 P17

It is important to complete the table for Section 6. If any of the criteria are not applicable, use the table to explain why this is so.

Section 7 – Mapping of Application Documentation to Capacity Criteria

Section 7 lists the gap-analysis tool questions pertaining to the provider's QA procedures and their consistency with QQI guidelines. The table is completed in the same way as in Section 6
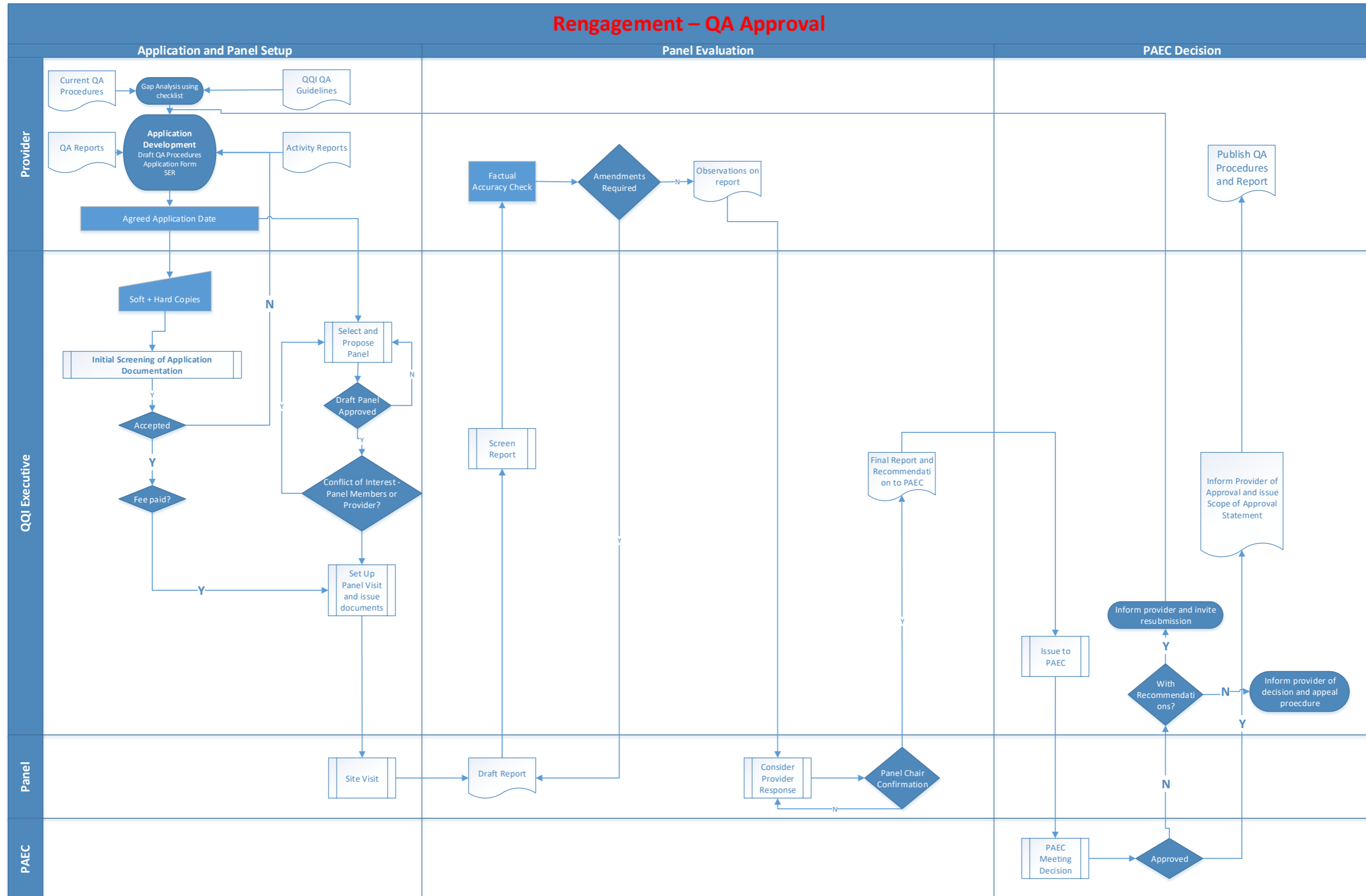
Question	What is required of provider
Gap Analysis Satisfactory? (Y/N)?	Does the gap analysis show that the question can be answered with reference to the provider's QA documentation?
If not fully satisfactory, identify action(s) planned and date(s)	If the question has not already been addressed in the QA documentation, address what actions are required and when will they be carried out?
Summary description of procedure / structure	What procedure / structure deals with this issue? A short description should be entered here.
QA Procedure (Document)	Identify which specific documents in the application details the procedure /structure.
Page Number / Reference	Identify the specific reference or page number in the document where the procedure can be found

How will QQI use the information contained in Sections 6 and 7?

Each applicant's application will be used by QQI and its panel of experts to:

(i) Ensure that the criteria and guidelines have been used by the provider in preparing the application.

(ii) Provide a mapping between the provider's application documentation and the criteria / guidelines against which the application is being compared.

9. Process Flowchart

Rengagement – QA Approval

| Application and Panel Setup | Panel Evaluation | PAEC Decision |

Provider
- Current QA Procedures
- Gap Analysis using checklist
- QQI QA Guidelines
- QA Reports
- Application Development: Draft QA Procedures, Application Form, SER
- Activity Reports
- Agreed Application Date
- Factual Accuracy Check
- Amendments Required
- Observations on report
- Publish QA Procedures and Report

QQI Executive
- Soft + Hard Copies
- Initial Screening of Application Documentation
- Accepted
- Fee paid?
- Select and Propose Panel
- Draft Panel Approved
- Conflict of Interest - Panel Members or Provider?
- Set Up Panel Visit and issue documents
- Screen Report
- Final Report and Recommendation to PAEC
- Issue to PAEC
- Inform provider and invite resubmission
- With Recommendations?
- Inform provider of decision and appeal proecdure
- Inform Provider of Approval and issue Scope of Approval Statement

Panel
- Site Visit
- Draft Report
- Consider Provider Response
- Panel Chair Confirmation

PAEC
- PAEC Meeting Decision
- Approved

Appendix 1 – Typical Agenda for Meeting between Evaluation Panel and Provider

Re-Engagement with QQI

Evaluation of Quality Assurance Procedures and Institutional Capacity

Agenda Online Panel Meeting

Draft Agenda

Time	Activity
08:30 – 09:15	**Private Meeting of the panel**

09:15 – 10:45	**Session 1: Presentation of Application for Reengagement**
	
	• Introductions and context setting
	• Presentation by provider on
	    ○ Self-assessment process and report
	        ▪ Resourcing and Capacity – Findings
	        ▪ Quality Assurance – any vulnerabilities identified
	    ○ QA Procedures for approval
	        ▪ Structure
	        ▪ Governance and Externality
	        ▪ Communication to stakeholders
	        ▪ Monitoring of effectiveness
	        ▪ Further development required
	        ▪ Blended learning (if relevant)
	• Panel to seek clarification as required in interactive discussion. Focus to be on findings of gap analysis and self-assessment, particularly on how QA system will manage areas of potential vulnerability.

10:45 – 11:15	**Tea/Coffee Break**
11:15 – 12:15	**Session 2: Meeting with <roles>** QA Policies and Procedures for • Teaching and Learning • Programme development and approval processes • Access, Transfer and Progression • Staff – Recruitment, Maintenance, Development and Supports • Assessment <in context> • Learner Information and Supports – before and during programmes • Blended learning (if relevant)
12:15 – 12:45	**Tea/Coffee Break**
12:45 – 13:30	**Session 3: Meeting with <roles>** QA Procedures for • Learner Recruitment, Learner Supports, Learner Records • Information management and Public Information • Blended learning (if relevant)
13.30 – 14:00	**Lunch**
14:00 – 14:15	**Private Meeting of panel**
14:15 – 14:30	**Session 4: Meeting with selected provider representatives** (optional - if required to clarify any outstanding issues)
14:30 – 15:15	**Private Meeting of panel**
15.15 – 15:30	**Session 5: Preliminary Feedback to Senior Management**:
15:30	**Finish**