

# Title Report QQI Reengagement Process – Glossary of Terms and Frequently Asked Questions

**December 2021**



## Glossary of Terms

<p><b>Reengagement</b></p>	<p>“Reengagement” is the term used for the process by which existing private and independent providers can have their QA procedures (previously agreed with HETAC or FETAC) approved by QQI as legally required. Through the reengagement process, QQI is evaluating existing providers’ QA procedures for the first time for the purposes of approval. Provider QA procedures are evaluated against QQI’s statutory <a href="#">QA Guidelines</a>. Further information on the reengagement process is available <a href="#">here</a>.</p> <p>Reengagement is the first stage in a quality assurance dialogue between QQI and providers that is continued through monitoring and review. These latter functions seek to ensure that the QA procedures approved through reengagement are being implemented by providers and are effective.</p>
<p><b>Scope of Provision</b></p>	<p>‘Scope of provision’ refers to the range and type of programmes that a provider is approved to offer. It includes the lowest and highest level on the <a href="#">NFQ</a> at which a provider can offer awards; what award types can be offered; and how and where they can be delivered. An example is: <i>Casey Training Solutions is approved to offer Minor and Component Awards at Levels 5 and 6 on the NFQ in the area of Healthcare delivered via face-to-face and blended learning modes.</i> Casey Training Solutions can submit programmes for validation to QQI within this approved scope of provision.</p> <p>Through reengagement, QQI determines whether a provider’s QA procedures and organisational capacity are adequate to support that provider’s current or proposed (if different) scope of provision. A provider may submit applications for programme validation within its approved scope of provision.</p>
<p><b>Extension to scope of provision</b></p>	<p>A provider’s scope of provision as approved through reengagement is not fixed permanently. A provider can seek to have that scope increased or decreased if its business strategy changes. For example, a provider approved to deliver programmes face-to-face may decide that it wishes to commence offering programmes via blended learning. To do so, that provider will first need to have its QA procedures for blended learning approved i.e., extend its scope of provision to include blended learning. If a provider wishes to amend its scope of provision outside of the reengagement process, it should contact staff at the QQI Awards Unit at <a href="mailto:qqiga@qqi.ie">qqiga@qqi.ie</a>.</p>
<p><b>Blended Learning</b></p>	<p>Blended learning programmes are those which combine face-to-face, in-person delivery of teaching / training and / or assessment with remote, online delivery of teaching / training and / or assessment via a virtual learning environment. QQI has developed <a href="#">QA Guidelines for Providers of Blended Learning Programmes</a>. QQI does not currently have QA Guidelines for exclusively online programmes.</p>
<p><b>Panel of Experts / the Panel</b></p>	<p>QQI appoints panels of experts to evaluate applications for reengagement. Each panel has a Chair who will be a current or former lead in a public provider (i.e. ETB; IoT or university); a report writer and a small number of QA and subject matter</p>

	<p>experts. One expert will have experience in the same sector as the provider under evaluation (e.g. private or independent sector; community and voluntary sector or English language education sector).</p> <p>All panel members must sign confidentiality agreements and confirm that there are no conflicts of interest before commencing an evaluation. Applicant providers are also given an opportunity to confirm that there are no conflicts of interest with panel members before that panel is formally appointed. The <a href="#">Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators</a> applies to all panel members.</p>
<b>PAEC</b>	<p>PAEC is an acronym for the <a href="#">Programme and Awards Executive Committee</a> of QQI. This is the unit of governance in QQI which makes decisions on whether to approve or refuse to approve a provider's QA procedures following an evaluation by a panel of experts in the reengagement process. Panels make a recommendation on approval to QQI and QQI, through the PAEC, makes a decision based on that recommendation as set out in the panel report; the provider's response to the report and any other relevant information available to QQI. PAEC meeting notes are published to the QQI website <a href="#">here</a>.</p>
<b>Mandatory Changes</b>	<p>There are three possible outcomes in a reengagement evaluation: approval; refusal with mandatory changes; and refusal. If a provider receives an outcome of <i>refusal to approve with mandatory changes</i>, it means that the panel has identified an issue or series of issues which need to be addressed by the provider before its QA procedures can be approved. A provider has six months from the date of notification of QQI's decision (made by the PAEC) in which to make these mandatory changes.</p> <p>A provider will then resubmit its revised QA procedures outlining where and how the mandatory changes have been made. The panel will reconvene and determine whether it is satisfied that the mandatory changes have been appropriately addressed. At this point, the panel will either recommend approval or refusal to approve the provider's QA procedures. There are no subsequent opportunities to continue to amend the provider's QA procedures. There is no additional fee for this stage of the reengagement process.</p>
<b>Specific Advice</b>	<p>A panel may have some suggestions for how a provider might further enhance its QA procedures. Such suggestions will be set out as "Specific Advices" in the panel report. Specific advice is different to mandatory changes in that it is not binding; a provider is not required to act on the specific advice offered, but is strongly encouraged to do so. How a provider responds to the advice offered by a panel is something that will be addressed through monitoring and cyclical review.</p>
<b>Conditions of QA Approval</b>	<p>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 <u>to be maintained</u>. 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 <u>before</u> its QA procedures can be approved. QQI, through 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 comprise other conditions deemed appropriate by QQI.</p>

<b>Deferred Decision</b>	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 to complete the process and determine whether the proposed mandatory change (s) identified at the previous site visit has been satisfactorily addressed by the provider. The panel will then make a recommendation to QQI to approve or refuse to approve with mandatory changes the provider's QA procedures.
--------------------------	--

## Frequently Asked Questions

No:	Question	Answer
<b>General</b>		
1.	Will QQI (and its panels) have regard for the fact that many FET providers are small, often family business, with few staff and a small number of short programmes offered on a regular cycle?	<p>Yes. QQI has been clear in its QA policy and in the Statutory QA Guidelines that a 'one size fits all' model does not apply. The Guidelines apply to providers in a proportionate way to reflect the individual circumstances of each applicant.</p> <p>QQI holds briefing sessions for panel members where the specific circumstances of the applicant are outlined. This is to ensure that the panel understands the operating context and scope of provision which the provider's QA procedures are intended to support.</p> <p>Providers of various scales and across the sectors have now successfully completed the reengagement process. A list of these providers and their QA approval reports is available here: <a href="http://qqi.ie">QA Approval Process Reports (qqi.ie)</a></p>

2.	I own a small company and manage all activities myself. I am finding it difficult to allocate time to the reengagement process. What can I do?	<p>Whilst highly beneficial, it is also fair to say that reengagement is an onerous and resource intensive process. It is therefore worth considering whether reengagement with QQI is in the strategic interests of your organisation before committing significant time and resources to it. It should be noted that reengagement is the first in an ongoing series of QA related interactions between QQI and a provider: it will be followed by annual reporting and cyclical QA reviews, which will be held every 5-7 years. In saying that, it is worth noting that providers of various scales and across the sectors have now successfully completed the reengagement process. A list of these providers and their QA approval reports is available here: <a href="http://qqi.ie">QA Approval Process Reports (qqi.ie)</a></p> <p>If you decide not to reengage with QQI, we will agree an organised wind down process with you to ensure that all your current learners can complete their programmes as intended.</p>
3.	I have been delegated responsibility for reengagement and realise it's too much to do on my own, and I'm not really clear on what is required. What can I do?	<p>Whilst an individual may be assigned responsibility for leading preparations for reengagement, it is important that senior management are involved at all stages and that adequate resources are all allocated to this work. This issue has been discussed in presentations made at previous reengagement peer learning events hosted by QQI:</p> <ul style="list-style-type: none"> <li>• <a href="#">Danny Brennan, Former Registrar, Letterkenny IoT and Reengagement Panel Chair</a></li> <li>• <a href="#">Janet Tumulty, Director, New Links Training Solutions</a></li> <li>• <a href="#">Dave Collins, Director of Academic Affairs, Chevron College</a></li> <li>• <a href="#">David Denieffe, Registrar and Vice-President for Academic Affairs, IoT Carlow and Reengagement Panel Chair</a></li> <li>• <a href="#">Dr Orlaith Mc Caul, Adjunct Professor at Carleton University, Ottawa, Canada</a></li> <li>• <a href="#">Walter Balfe, Head of QA, Awards Directorate, QQI</a></li> </ul>
4.	We have been running the same programmes for a long time and our feedback is very positive. Does that mean that our quality assurance system is effective?	<p>Quality assurance is "...an ongoing, continuous process of evaluating (assessing, monitoring, guaranteeing, maintaining and improving) the quality of ... [an] education system, institution or program." (UNESCO quoted in QQI Policy, p3). Whilst learner (and employer) satisfaction are important indicators of quality, it is critical to ensure that a provider's QA system is fully documented and overseen by a robust governance system. This, for example, ensures that there can be continuity if there are sudden or unplanned absences of key staff etc.</p>
5.	How long does it take to prepare for reengagement?	<p>Providers that have been through the process have stated that it has taken 4-6 months of dedicated preparation time; however, this timeframe will necessarily be specific to the context and resources of each individual applicant.</p>

6.	How does a scenario with contract tutors and tutors as members of staff work in the context of the reengagement process?	<p>The provider needs to submit the procedures in place for recruiting, training, supporting and monitoring the performance of staff be they contract or members of staff and specify how contract staff contribute to the implementation of relevant QA procedures. The following presentation addresses this issue from a provider perspective:</p> <ul style="list-style-type: none"> <li>• <a href="#">Janet Tumulty, Director, New Links Training Solutions</a></li> </ul>
7.	If I have recently gone through validation, have I got a good basis to start from for reengagement?	Reengagement is a wholistic process which looks at the whole of a provider and their operating context. Validation offers a more focused lens through which the procedures for new programme development are tested; however, it does not scrutinise governance; the documented approach to QA and a number of other areas which will be looked at in more detail in the reengagement process.
8.	Once the panel makes a recommendation to QQI, is the panel available for detailed discussions and advice in relation to the mandatory changes	In order to protect the integrity of the process, there is no direct contact between the panel and the provider at any stage outside of the (virtual) site visit. Any clarifications or additional information can be sought from the panel via QQI. This is fairly routine and panels are open to such requests.
9.	Should a blended learning policy be separate from the overall QA documentation	It is recommended that a provider have a strategy for blended learning and separate procedures (e.g. for assessment) as appropriate.
10.	The deadline given is a quarter so when during that quarter does the application and documentation need to be submitted?	Applications should be submitted at the end of the designated quarter. This enables QQI to manage the volume of applications being received more effectively. You will receive email contact from QQI reminding you of your deadline and advising you of how to make your application in the six weeks in advance of that deadline.
<p><b>Governance</b>  The following document may be a useful, practical resource in relation to governance:  <a href="#">Interpretation and Practical Application of the QQI Core Statutory Quality Assurance Guidelines Section 2.1: Governance and Management of Quality</a></p>		
11.	Should we have a learner representative on our quality committee?	Yes, there should be a learner on the senior academic decision-making committee. For providers offering short courses, this does not need to be a currently enrolled learner. Recent graduates (within 24 months) can fill this role, or, if this is not an option, a learner enrolled at a similar provider may take on the role.

12.	What is the link between risk and governance? What are the common risks associated with training programmes that we need to watch for and try and prevent?	<p>Governance should ensure that there is a system in place for identifying, mitigating and managing risk, typically through the operation of a risk register. Clear responsibility for managing risk needs to be assigned to a role and a unit of governance which has oversight for it.</p> <p>Risks will be specific to a given provider and their individual context; however, it is likely that issues such as staffing; ensuring the integrity of assessment and compliance with external regulatory requirements (including those of QQI) will be risks for most providers.</p>
13.	Are there specific criteria for appointing external people to committees?	<p>There are no specific criteria for the appointment of external members of governance committees; however, the advice in the QQI <a href="#">Policy on Quality Assurance Guidelines</a> is important: external persons “are independent of the provider and ... are expertly qualified to make relevant national and international comparisons. Providers must exercise great care when selecting external persons or partners in provision to ensure that they gain the full benefit of objective, expert advice. External examining and external authentication are examples of the application of this principle.” (p.3) External members of committees should be able to bring the benefit of relevant insight and experience and be of good standing in the education and training community.</p>
14.	How might I identify appropriate external persons to participate in my committees?	<p>There are a number of ways that a provider might address this challenge. An overview of how two providers sought and included external expertise is outlined in the following presentations:</p> <ul style="list-style-type: none"> <li>• <a href="#">Janet Tumulty, Director, New Links Training Solutions</a></li> <li>• <a href="#">Dave Collins, Director of Academic Affairs, Chevron College</a></li> </ul> <p>Many providers also have existing links with their local ETBs or IoTs and may be able to identify relevant persons via their contacts in those organisations. Providers may also consider approaching senior managers / owners of other private and independent providers who have already had their QA approved by QQI.</p>
15.	Can you use someone from your existing non-QQI contacts / partners act as the external Chair of your academic / quality committee?	<p>In short, yes, so long as the person is not directly engaged with you already. For example, an existing contact may be able to recommend someone from within their company who has not had direct dealings with you before.</p>
16.	Is the inclusion of an external person on a board sufficient to meet the criteria for independence in governance structures?	<p>A member of the Board of Directors would not be considered an external person on that provider’s academic committee. That person already has a vested interest in the company and would not be viewed as entirely independent.</p>

		An independent person is someone who has had no dealings with your business in the past (certainly not within the last five years) and has no other connection to you. The independent person should be experienced and knowledgeable in education and training (particularly of the sector within which you operate) and of good standing, such as to be above reproach. Their input is intended to provide insight and guidance which will be of benefit to you and your academic decision-making.
17.	Can external expertise be called in as needed rather than having an eternal person on a particular committee all the time?	You can have both and you should absolutely have the former (permanent external, independent member of the senior academic decision-making committee); one does not preclude the other. It is important to have a consistent, external perspective on the senior academic decision-making committee.
18.	It can be very difficult to get meaningful feedback from learners, as our programmes are so short. How do we address this?	There are multiple ways of seeking feedback from learners (and graduates) and of ensuring that the learner perspective is considered in decision making. For example, a learner representative should be included in the senior academic decision-making committee. The following presentation elaborates addresses this issue from a provider perspective: <ul style="list-style-type: none"> <li>• <a href="#">Janet Tumulty, Director, New Links Training Solutions</a></li> </ul>
19.	I am a small provider with only a couple of staff. How do I populate multiple different governance committees and demonstrate the separation of commercial and academic decision making?	Not every provider will be able or need to support multiple committees or units of governance. The governance system in place should reflect and meet the needs of the individual provider and its operating context. In saying that, every provider will need a commercial decision-making unit of governance (committee) and an academic decision-making committee. How many other formal committees you need will be dependent on the specific circumstances of your business. The inclusion of relevant external, independent, expertise, as well as tutor and learner representatives in the academic decision-making committee is important. The presentations below from panel chairs and providers that have reengaged elaborate further on this question: <ul style="list-style-type: none"> <li>• <a href="#">Danny Brennan, Former Registrar, Letterkenny IoT and Reengagement Panel Chair</a></li> <li>• <a href="#">Janet Tumulty, Director, New Links Training Solutions</a></li> <li>• <a href="#">Naomi Jackson, Dean of Academic Affairs, CCT</a></li> </ul>
20.	How big do committees need to be in the context of a small provider?	Rather than focusing on an arbitrary number (and the number will be context specific anyway), it is important to consider whose perspectives are required on the committee: all providers will need external expertise; tutors; learners; and the senior person(s) with responsibility for QA and academic leadership. The presentations below from panel chairs and providers that have reengaged elaborate further on this question: <ul style="list-style-type: none"> <li>• <a href="#">Danny Brennan, Former Registrar, Letterkenny IoT and Reengagement Panel Chair</a></li> </ul>



		<ul style="list-style-type: none"> <li>• <a href="#">Janet Tumulty, Director, New Links Training Solutions</a></li> <li>• <a href="#">Naomi Jackson, Dean of Academic Affairs, CCT</a></li> </ul>
21.	How long should the Chair of the Academic / QA Committee be appointed for?	There is no fixed term required for such appointments. Typically, however, Chairs are appointed for a three-year term, with the option of renewal. This is long enough for the person to build up experience and identify trends etc. but allows the provider to bring in a fresh voice if that is required or preferred.
22.	How often should the senior academic / quality committee meet?	There is no fixed requirement in place regarding meetings schedules – the frequency of meetings will reflect the needs and individual operating context of each provider. Typically, however, most such committees meet a minimum of three to four times per year.
<b>Documented Approach to Quality Assurance</b>		
23.	How detailed should the policies, procedures, terms of references be in the context of a small provider?	<p>Providers are expected to have policies in place that set how their approach to a given area (for example programme development). Policies will be relatively high-level documents setting out the ‘why’ a provider does something and the principles that inform the approach. Policies need to be supported by procedures that set out the ‘how’, ‘when’ and ‘by whom’. QA procedures should be written with a level of detail to ensure that there is clarity and transparency about how something is done (would a new person in the role know what to do based on the procedures?)</p> <p>There should be clear terms of reference, including membership; quorums and terms of office for members, for all committees / units of governance. See the presentation below for further elaboration on this question:</p> <ul style="list-style-type: none"> <li>• <a href="#">Danny Brennan, Former Registrar, Letterkenny IoT and Reengagement Panel Chair</a></li> <li>• <a href="#">Naomi Jackson, Dean of Academic Affairs, CCT</a></li> </ul>
24.	Can we use our ISO documentation as our QA procedures?	<p>Whilst it is the responsibility of a provider to determine what QA procedures it requires to operate effectively and meet QQI’s requirements, it is worth noting that ISO documentation typically refers to standard operating procedures. This tends to be too granular a level of detail to be submitted (typically) in the reengagement process.</p> <p>Providers are expected to have policies in place that set how their approach to a given area (for example programme development). Policies will be relatively high-level documents setting out the ‘why’ a provider does something and the principles that inform the approach. Policies need to be supported by procedures that set out the ‘how’, ‘when’ and ‘by whom’. QA procedures should be written with a level of detail to ensure that there is clarity and transparency about how something is done (would a new person in the role</p>

		know what to do based on the procedures?), but do not need to be as detailed as standard operating procedures.
25.	Do I have to totally throw out the old FETAC templates / model I have been using?	No, you do not, but you do need to consider where and how they need to be updated to be compliant with the requirements of QQI's Quality Assurance Guidelines. QQI has produced a Gap Analysis Tool to assist you in identifying where additional policies and procedure are additions / amendments to existing procedures are required. The following presentation addresses this issue from a provider perspective: <ul style="list-style-type: none"> <li>• <a href="#">Janet Tumulty, Director, New Links Training Solutions</a></li> </ul>
<b>Assessment</b>		
26.	Do I need an external assessment of learners' work apart from the external authenticator?	No, but you should have an independent person on the exams / results approval committee to ensure impartiality in decision-making. This protects you, the provider, from accusation of bias in decision-making.
27.	Why do I need external expertise if the assessment has been verified by an external authenticator/ examiner?	There should be an independent person on the exams / results approval committee to ensure impartiality in decision making. This protects you, the provider, from accusation of bias in decision-making.