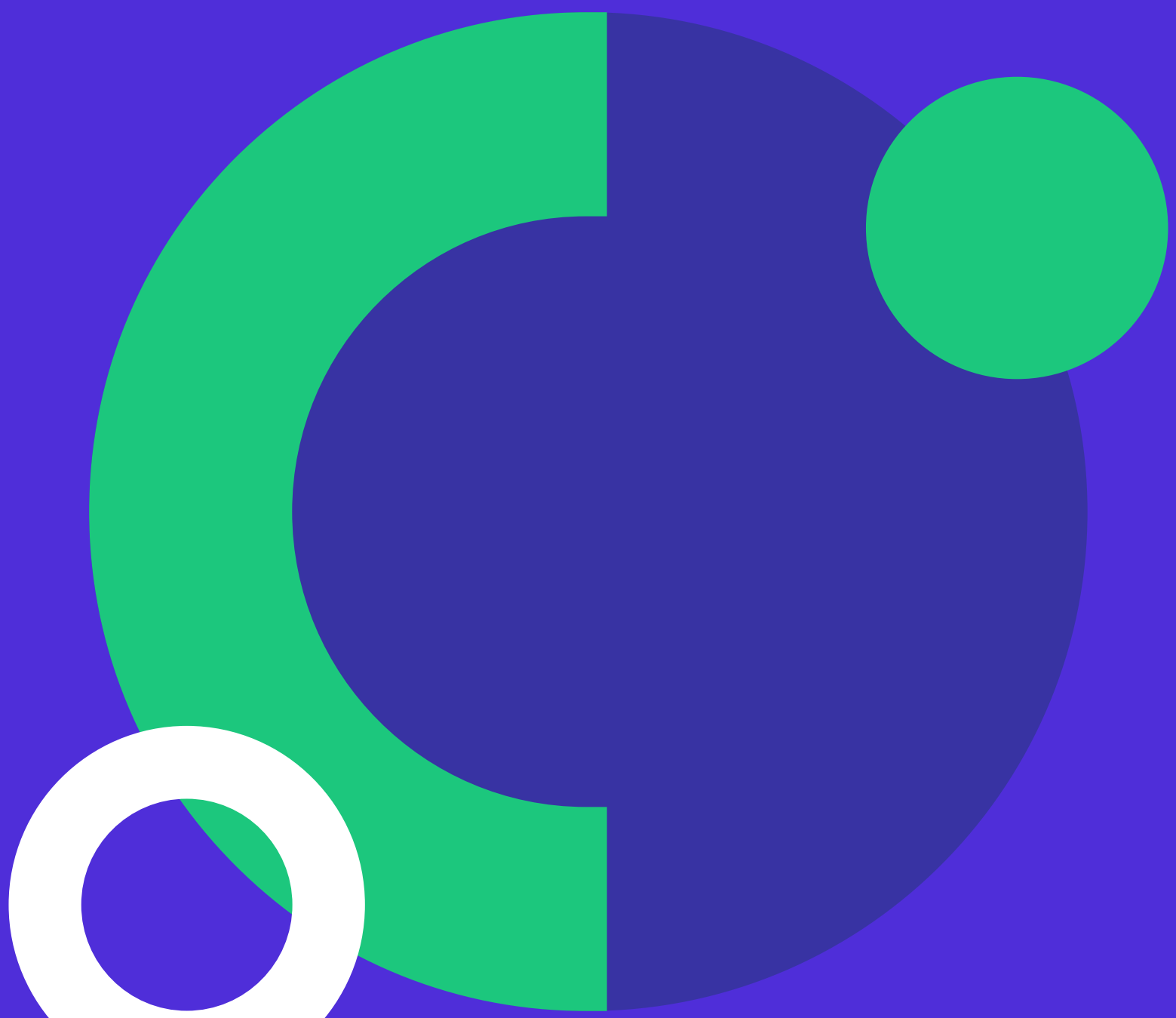


Institutional Review of Independent and Private Providers

Terms of Reference



CINNTE 



Dearbhú Cáilíochta
agus Cáilíochtaí Éireann
Quality and
Qualifications Ireland

1. Background and context for the review

These are the terms of reference for the review of independent and private providers, including those that intend to request the delegation of authority¹ (DA) when it becomes available.

QQI's Core Quality Assurance Guidelines have been established for all providers and collectively address the quality assurance responsibilities of those providers. The scope of the guidelines incorporates all education and training leading to QQI awards, other awards recognised in the National Framework of Qualifications (NFQ), or awards of other awarding, regulatory or statutory bodies. The guidelines outline that quality, and its assurance, are the primary responsibility of the provider and review and self-evaluation of quality is a fundamental element of the provider's quality assurance system. Sector specific QA guidelines have also been published and address the more specific requirements of independent and private providers. Re-engagement² by those providers confirmed that quality assurance procedures were approved by QQI in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012.

A provider's external quality assurance obligations include a statutory review of quality assurance by QQI. The reviews relate to QQI's obligation under Section 27(b) of the 2012 Act (to establish procedures for the review by QQI of the effectiveness and implementation of a provider's quality assurance procedures) and to section 34 of the 2012 Act (the external review by QQI of a provider's quality assurance procedures).

QQI established its Policy for Cyclical Review of Higher Education Institutions in 2016 which sets out the scope, purposes, criteria and model for cyclical review.

For independent and private providers, the diversity, range and size of organisations varies significantly, and some have been subject to rigorous oversight by QQI regarding their internal quality assurance systems for a lengthy and sustained period. The outcomes of the review will inform the future development of quality assurance and enhancement activities within independent and private institutions and across the sector.

For those institutions that are planning to seek DA, the external institutional review will constitute a first step towards an assessment by QQI.

1 The delegation of authority (DA) to make awards is the legal mechanism to recognise a provider's growing autonomy and capacity to take on responsibility for academic quality. DA enables a provider to establish its own award brand and affords it autonomy to establish programmes, or classes of programmes of education and training, which lead to awards that are awards in the National Framework of Qualifications (NFQ). DA is a recognition by QQI that a provider has the rigour, independence and consistency in its programme approval processes and can be entrusted with the responsibility to make reliable decisions regarding the standards of programmes subject to validation and revalidation.

2 Re-engagement was a one-off process for legacy providers 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.

2. Purposes

QQI's Policy for the Cyclical Review of Higher Education Institutions highlights five purposes for individual institutional reviews. These are set out in the table below.

Purpose		Achieved and measured through
1.	To encourage a quality culture and the enhancement of the learning environment and experience within institutions.	<ul style="list-style-type: none"> • emphasising the student and the student learning experience in reviews; • providing a source of evidence of areas for improvement and areas for revision of policy and change and basing follow-up upon them; • exploring innovative and effective practices and procedures; • exploring quality as well as quality assurance within the institution; • piloting a new thematic review methodology.
2.	To provide feedback to institutions about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance.	<ul style="list-style-type: none"> • emphasising the ownership of quality and quality assurance at the level of the institution; • pitching the review at a comprehensive institution-wide level; • evaluating compliance with legislation, policy and standards; • evaluating relative equivalence with institution-identified benchmarks and metrics; • emphasising the improvement of quality assurance procedures.
3.	To improve public confidence in the quality of independent/private providers by promoting transparency and public awareness.	<ul style="list-style-type: none"> • adhering to purposes, criteria and outcomes that are clear and transparent; • publishing a periodic review cycle; • publishing terms of reference; • publishing the reports and outcomes of reviews in accessible locations and formats for different audiences; • publishing brief, easy to read institutional quality profiles; • evaluating, as part of the review, institutional reporting on quality and quality assurance, to ensure that it is transparent and accessible.
4.	To support systems-level improvement of the quality of higher education.	<ul style="list-style-type: none"> • publication of periodic synoptic reports; • ensuring that there is sufficient consistency in approach between similar institutions to allow for comparability and shared learning; • publishing institutional quality profiles.

5.	To encourage quality by using evidence-based, objective methods and advice.	<ul style="list-style-type: none"> • using the expertise of international, national and student peer reviewers who are independent of the institution; • ensuring that findings are based on stated evidence; • facilitating institutions to identify metrics and benchmarks for quality relevant to their own mission and context; • promoting the identification and dissemination of examples of good practice and innovation.
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3. Review Objectives, Outputs and Criteria

3.1 SUMMARY OF OBJECTIVES

The key objectives of the review are summarised under the following headings as follows:

1. Governance and Management – to review the effectiveness and comprehensiveness of the governance and management of quality throughout the organisation.
2. Teaching, Learning and Assessment – to evaluate the arrangements to ensure the quality of teaching, learning and assessment within the provider and a high-quality learning experience for all learners.
3. Self-Evaluation, Monitoring and Review – to evaluate the arrangements for the monitoring, review and evaluation of, and reporting on, the provider’s education, training and related services (including through third-party arrangements) and the quality assurance system and procedures underpinning them.

3.2 OBJECTIVES (INCLUDING INDICATIVE MATTERS³ TO BE EXPLORED)

Objective 1 – GOVERNANCE AND QUALITY MANAGEMENT

To review the effectiveness and comprehensiveness of the governance and management of quality throughout the organisation.

This will include a review of:

- the oversight arrangements and transparent decision-making structures for the implementation of the QA procedures of the provider as set out in the annual quality report (AQR).

³ The indicative matters highlighted for each objective do not comprise the full range of areas that could be explored during the review. The review team has the capacity to expand this within the scope of QQI’s Statutory Core QA Guidelines and sector specific guidelines as appropriate.

- the enhancement of quality by the provider through governance, policy, and procedures.
- the flexibility and adaptability of quality assurance procedures and quality enhancement with the provider’s own mission and goals or targets for quality. To identify innovative and effective practices for quality enhancement.
- the effectiveness and implementation of procedures for access, transfer and progression.

The scope of this objective includes the procedures for reporting, governance and publication. It also incorporates an analysis of the ways in which the provider applies evidence-based approaches to support quality assurance processes, including quantitative analysis, evidence gathering and comparison. Consideration will also be given to the effectiveness of the AQR and ISER procedures within the institution.

The scope of this objective will also extend to the overarching procedures of the provider for assuring itself of the quality of its research activities, where applicable.

The governance and quality management systems would be expected to address:

Indicative matters to be explored	
a) The provider’s mission and strategy	<ul style="list-style-type: none"> • Do the provider’s quality assurance arrangements contribute to the fulfilment of the mission and strategy? How? • Is the learner experience consistent with this mission?
b) Structures and terms of reference for the governance and management of quality assurance	<ul style="list-style-type: none"> • Are the arrangements sufficiently comprehensive and robust to ensure management and governance structures are proportionate and appropriate to support both the education and training activities and the general operations of the institution (e.g. separation of responsibilities, externality, stakeholder input)? • Is governance visible and transparent? • Has the provider ensured there are robust structures in place to identify, assess and manage risk? How effective are these arrangements? • How does the provider ensure the system of governance protects the integrity of academic processes and has institutional wide oversight of its QA standards? • Do the processes in place demonstrate the provider’s confidence in its capacity for critical self-evaluation and remediation?
c) The documentation of quality assurance policy and procedures	<ul style="list-style-type: none"> • How effective are the arrangements for the development and approval of policies and procedures? • Are policies and procedures coherent and comprehensive (i.e. do they incorporate all service types and awarding bodies?), robust and fit for purpose? • Are policies and procedures systematically evaluated? • Are there effective innovations in quality enhancement and assurance?

<p>d) Staff recruitment, management and development</p>	<ul style="list-style-type: none"> • How effective are the QA procedures in maintaining and managing a resource base that sustainably supports (i) the quality assurance system and (ii) the programmes of education and training, research and related services offered by the provider? • How effective are the QA procedures for the recruitment, management and development of staff in the context of all education and training activities and related services⁴ offered by the provider? • How does the provider assure itself as to the competence of its staff? • How are professional standards maintained and enhanced across the organisation? • How are staff informed of developments impacting the organisation and how can they input to decision-making?
<p>e) Programme development, approval and submission for validation</p>	<ul style="list-style-type: none"> • What arrangements are in place to ensure alignment of programme development activity with the provider’s mission and strategic goals, as well as learner needs? • Are the arrangements for the approval and management of programme development robust, objective and transparent? • What arrangements are in place to facilitate and oversee a comprehensive programme development process in advance of submission for validation (e.g. the conduct of research, inclusion of external expertise, writing learning outcomes, curricula etc., professional approval/accreditation)? • How does the QA system support the development of programmes requiring professional approval / accreditation? What additional measures are in place to support these programmes? • How effective are those arrangements in meeting and facilitating the standards required by professional, statutory or regulatory bodies (PSRBs), where relevant? • What impact has increased demand for (i) the use of online technology for programme delivery and assessment and (ii) the provision of short, standalone programmes had on the provider’s resource base? How effective are the QA procedures in supporting these programmes developments? • Are there effective structures in place to support and quality assure collaborative programme development with other providers, both national and transnational? • How does the institution assure itself that work-integrated learning⁵ is fully embedded within the structure and provision of educational programmes so that the taught and work-integrated elements constitute a coherent whole? • How effectively has the provider managed its responsibility of arranging independent evaluation reports under devolved responsibility (where applicable)? • What has the provider learned from its experience of devolved responsibility?

4 This includes those education and training activities leading to awards of awarding bodies other than QQI, such as professional bodies and local provider provision, so that the overall commitments of staff are taken into account by the provider.

5 Work-integrated learning (WIL) may take place in a variety of contexts, including but not limited to, practice placement, apprenticeship, applied learning and profession-oriented further and higher education where WIL elements are integral to an educational programme leading to a qualification in the NFQ.

<p>f) Access, transfer and progression (ATP)</p>	<ul style="list-style-type: none"> • How does the provider measure and monitor access, transfer and progression systematically across all programmes and services? • How effective are the processes and tools to collect, monitor and act on information on learner progression and completion rates? • Are there flexible learning pathways, respecting and attending to the diversity of learners? • Are admissions criteria and processes clear, transparent and fit for purpose? • Are progression and recognition policies and processes in line with (i) the national policies and criteria for ATP and (ii) the National Framework of Qualifications (NFQ) and (iii) any appropriate European recognition principles, conventions and guidelines including the European Qualifications Framework (EQF)? Are these implemented on a consistent basis?
<p>g) Integrity and approval of learner results, including the operation and outcome of internal verification and external authentication processes</p>	<ul style="list-style-type: none"> • What governance and oversight processes are in place to ensure the integrity of learner assessment and results data, which provide the basis for making and certifying QQI awards? • Have the provider’s QA procedures evolved to combat emergent threats to academic integrity? How adaptable are they to continued threats and/or change? • How does the provider ensure that the processes in place provide for consistent decision-making and oversight across all services, centres, campuses?
<p>h) Information and data management</p>	<ul style="list-style-type: none"> • What arrangements are in place to ensure that data are reliable and secure? • How are data utilised as part of the quality assurance system? • What arrangements are in place to ensure the integrity of learner records? • How is compliance with data legislation ensured?
<p>i) Public information and communications</p>	<ul style="list-style-type: none"> • Is information on the quality assurance system, procedures and activities publicly available and regularly updated? • What arrangements are in place to ensure that published information in relation to all provision (including by centres) is clear, accurate, up to date and easily accessible?
<p>j) Other Parties involved in Education and Training</p>	<ul style="list-style-type: none"> • How effective is the provider’s integrated system of quality assurance to support collaborative arrangements and partnerships with third parties? • What arrangements are in place to ensure that the provider’s QA policies and procedures are consistent with European commitments as appropriate?

k) Research, Enterprise and Innovation	<ul style="list-style-type: none"> • What arrangements are in place to ensure that the provider has an integrated system of quality assurance in place to underpin and support its research and enterprise activities? • How effectively does research education and training engage with peer review mechanisms used for research funding and publication?
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Objective 2 – TEACHING, LEARNING AND ASSESSMENT

Evaluate the arrangements to ensure the quality of teaching, learning and assessment within the provider and a high-quality learning experience for all learners. These will include:

Indicative matters to be explored	
a) The learning environment	<ul style="list-style-type: none"> • Is the quality of the learning experience monitored? How? • Are modes of delivery and pedagogical methods evaluated to ensure that they meet the needs of learners? How? • How is the quality of the learning experience of learners engaged in work integrated activities assured? • Is there evidence of enhancement in teaching and learning?
b) Assessment of learners	<ul style="list-style-type: none"> • How is the integrity, consistency and security of assessment instruments, methodologies, procedures and records ensured – including in respect of recognition of prior learning? • How does the provider assure that the standards regarding the assessment of learners engaged in work integrated learning are maintained? • Do learners in all settings have a clear understanding of how and why they are assessed and are they given feedback on assessment? • How is the feedback analysis used to further enhance assessment methodologies? • Can the QA procedures in place support the management, integrity and retention of learner results data which provide the basis for making and certifying QQI awards?
c) Supports for learners	<ul style="list-style-type: none"> • How are support services planned and monitored to ensure that they meet the needs of learners? • How does the provider ensure consistency in the availability of appropriate supports to all learners across different settings, including work integrated learning? • Are learners aware of the existence of supports?

Objective 3 – SELF-EVALUATION, MONITORING & REVIEW

Evaluate the arrangements for the monitoring, review and evaluation of, and reporting on, the provider’s education, training and related services (including through third-party arrangements) and the quality assurance system and procedures underpinning them. It will also reflect on how these processes are utilised to complete the quality cycle through the identification and promotion of effective practice and by addressing areas for improvement. This will include:

Indicative matters to be explored	
a) Self-evaluation, monitoring and review	<ul style="list-style-type: none"> • What are the processes for quality assurance planning, monitoring and reporting? • Are the processes for self-evaluation, monitoring and review (including the self-evaluation report undertaken for the institutional review comprehensive, inclusive and evidence-based? • Is there evidence of strategic analysis and follow-up of the outcome of internal quality assurance reviews and monitoring (e.g. review reports, external examiner reports, learner feedback reports etc.)? • How is quality promoted and enhanced?
b) Programme monitoring and review	<ul style="list-style-type: none"> • Are mechanisms for periodic review and revalidation of programmes comprehensive, inclusive and robust? • How are programme delivery and outcomes monitored across multiple campuses (including collection of feedback from learners/stakeholders)? • How are the activities and processes associated with work integrated learning monitored? • Is there evidence that the outcome of programme monitoring and review informs programme modification and enhancement? • Are the outputs of programme monitoring and review considered on a strategic basis by the provider’s governance bodies to inform decision-making?
c) Oversight, monitoring and review of relationships with external/ third parties and other collaborative partners.	<ul style="list-style-type: none"> • How does the provider ensure the suitability of the external parties with which it engages? • Is the nature of the arrangements with each external party published? • Is the effectiveness of these arrangements monitored and reviewed through provider governance?

3.3 REVIEW OUTPUTS

In respect of each dimension above, the review will:

- evaluate the effectiveness of the provider's quality assurance procedures for the purposes of establishing, ascertaining, maintaining and improving the quality of higher education, training, and related services;
- identify perceived gaps in the internal quality assurance procedures and the appropriateness, competence, prioritisation and timeliness of planned measures to address them in the context of the provider's current stage of development; and
- explore achievements and innovations in quality assurance and in the enhancement of teaching and learning.

Following consideration of the matters above, the review report will include specific and high-level qualitative statements on:

- the overall effectiveness of the quality assurance procedures of the provider and the extent of their implementation and enhancement.
- the extent to which the quality assurance procedures can be considered compliant with the ESG.
- the extent to which existing quality assurance procedures adhere to QQI's Quality Assurance guidelines and policies (as listed in section 3.4).
- identified effective practice and recommendations for further improvement. (These may also be accompanied by a range of ancillary statements.)

The review report may also include recommendations for conditions in reference to each of the objectives.

3.4 CRITERIA

The implementation and effectiveness of the provider's quality assurance arrangements will be considered in the context of the following:

- The provider's own mission and vision, including objectives and goals for quality assurance.
- QQI Core Quality Assurance Guidelines
- QQI Sector Specific Quality Assurance Guidelines for Independent and Private Providers
- Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) 2015
- Section 28, Qualifications and Quality Assurance (Education and Training) Act 2012
- QQI's Policy Restatement and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training

Where appropriate and indicated by the provider, additional QQI guidelines may be incorporated:

- QQI Topic Specific Quality Assurance Guidelines for Research Degree Programmes
- National Framework for Doctoral Education
- Ireland's Framework of Good Practice for Research Degree Programmes

4. The Review Process

The primary source for the review process is the Cyclical Review Handbook for Independent and Private Providers.

4.1 REVIEW TEAM PROFILE

QQI will appoint the review team to conduct the institutional review. Review teams are composed of peer reviewers who are learners; leaders and staff from comparable providers; and external representatives including employer and civic representatives.

The size of the team and the duration of their visit will depend on the size and complexity of the independent and private provider.

QQI will identify an appropriate team of reviewers for each review who are independent of the independent and private provider with the appropriate skills and experience required to perform their tasks. Collectively, the review team will have knowledge of and expertise in:

- Higher education quality assurance processes;
- Governance;
- The advancement of teaching, learning and assessment methodologies;
- Managing research within or across institutions (where applicable);
- International reviews; and
- European standards in higher education and qualification frameworks, e.g. ESG, EQF and Bologna process; and

The team will include international representatives and QQI will seek to ensure diversity among the reviewers. The provider will have an opportunity to comment on the proposed composition of its review team to ensure there are no conflicts of interest. QQI has final approval over the composition of each review team. The roles and responsibilities⁶ of the review team members are as follows:

Chair:

The chair is a full member and leader of the review team. Their role is to provide tactical leadership and to ensure that the work of the team is conducted in a professional, impartial and fair manner, and in compliance with the Terms of Reference. The chair's functions include:

- Leading the conduct of the review and ensuring that proceedings remain focused.
- Organising the work of reviewers with the support of the coordinating reviewer.
- Fostering open and respectful exchanges of opinion and ensuring that the views of all participants are valued and considered.
- Facilitating the emergence of evidence-based team decisions (ideally based on consensus).
- Contributing to, and overseeing the production of, the review report within the timeline agreed with QQI, approving amendments or convening additional meetings if required.

Coordinating Reviewer:

The coordinating reviewer is a full member of the team and secretary of the review team. Their role is to capture the team's deliberations and decisions during the proceedings and express them clearly and accurately in the team report. It is vital that the coordinating reviewer ensures that sufficient evidence is provided in the report to support the team's recommendations. The role of the coordinating reviewer includes:

- Acting as the liaison between the review team and QQI; and, during the main review visit, between the review team and the institutional review co-ordinator.
- Maintaining records of discussions during the planning and main review visits.
- Coordinating the drafting of the review report in consultation with the team members and under the direction of the chair within the timeline agreed with QQI.

Student Reviewer:

The student reviewer is a full member of the review team and participates in all aspects of the review. The student reviewer represents the 'voice of the learner' and brings a valuable perspective which can inform and enrich discussions. They may have a particular focus on the learner experience and topics of interest might include, for example:

- Academic matters such as the curriculum, assessment, teaching and learning;
- Support services, such as library, IT, sports, societies, welfare and careers services etc.; and
- Learner input into decision-making and involvement in quality assurance.

External Reviewer(s):

The external representative reviewer is an equal member of the team and takes part in all aspects of review. The external representative may bring knowledge and expertise of the Irish Higher

Education sector more widely and/or contribute to the 'third mission' perspective (i.e., represents the economic and social mission of the institution) which can inform and enrich discussions.

By way of example, they may have specialist knowledge of some of the following areas:

- External expectations of graduate skills and competencies;
- Issues and trends in industry or the wider community;
- Responsibilities of independent / private providers of education and training in the Irish HE sector;
- The external perception of the institution and its activities;
- Pedagogy, programme architecture, skills development, teaching, learning and assessment and related quality assurance activities;
- Knowledge of the area identified in any specific enhancement themes for the review;
- Quality assurance practices in other sectors; and
- Good management practices in other sectors.

All Review Team members:

The role of all review team members includes:

- Preparing for the review by reading and critically evaluating all written material.
- Investigating and testing claims made in the institutional self-evaluation report (ISER) and other material during the main review visit by speaking to a range of staff, learners and stakeholders.
- Contributing to the production of the review report, ensuring that their particular perspective and voice (i.e. learner, industry, stakeholder, international etc.) forms an integral part of the review.

4.2 REVIEW PROCESS AND TIMELINES

The key steps in the review process with indicative timelines are outlined below. Specific dates for each provider review will be outlined by QQI in accordance with the published Review Schedule.

Step	Action	Timeframe	Outcome
Preparation- Terms of Reference (ToR)	<ul style="list-style-type: none"> • Consultation and confirmation of ToR with providers. 	9 months before the main review visit (MRV).	Publish ToR.
Preparation – Institutional Profile (IP)	<ul style="list-style-type: none"> • Preparation of an institutional profile by each provider. • (e.g. outlining mission; strategic objectives; local context; data on staff profiles; recent developments; key challenges). 	6 months before the MRV.	Publish IP.
Preparation – Review Team (RT)	<ul style="list-style-type: none"> • Appointment of an expert review team. • Consultation with the provider on any possible conflicts of interest. 	6-9 months before the MRV.	Publish RT Profile.
Self-evaluation – Institutional Self-Evaluation Report (ISER)	<ul style="list-style-type: none"> • Forwarding to QQI of the institutional self-evaluation report (ISER) and a repository of additional information (optional). 	At least 12 weeks before the MRV.	Publish ISER.
Desk review	<ul style="list-style-type: none"> • Desk review of the ISER by the team. 	At least 1 week before the Initial Meeting.	ISER initial response provided.

<p>RT Briefing (via MS Teams) – 2 sessions (half days)</p>	<ul style="list-style-type: none"> • Session 1: An initial meeting of the review team, including introductions, reviewer training and briefing. • Session 2: RT discussion of preliminary impressions and identification of any additional documentation required. 	<p>c. 5 weeks after the ISER, c. 7 weeks before the MRV.</p>	<p>RT training and briefing is complete.</p> <p>RT identify key themes and any additional documents required.</p>
<p>Planning visit (via MS Teams)</p>	<ul style="list-style-type: none"> • A visit to the institution by the chair and coordinating reviewer to receive information about the ISER process, discuss the schedule for the main review visit and discuss additional documentation requests. 	<p>c. 5 weeks after the ISER, c. 7 weeks before the MRV.</p>	<p>An agreed note of the planning visit.</p>
<p>Main Review Visit</p>	<ul style="list-style-type: none"> • To receive and consider evidence on the ways in which the institution has performed in respect of the objectives and criteria set out in the Terms of Reference. 	<p>12 weeks after the receipt of ISER.</p>	<p>A short preliminary oral report to the institution.</p>
<p>Report – drafting stages</p>	<ul style="list-style-type: none"> • Preparation of a draft report by the team. • Draft report sent to the institution for a check of factual accuracy. • Institution responds with any factual accuracy corrections. • Preparation of a final report. 	<p>6-8 weeks after the MRV.</p> <p>12 weeks after the MRV.</p> <p>2 weeks after receipt of draft report.</p> <p>2 weeks after factual accuracy response.</p>	<p>QQI review report.</p>
<p>Report – institutional response</p>	<ul style="list-style-type: none"> • Preparation of an institutional response. 	<p>2 weeks after final report.</p>	<p>Institutional response.</p>

Outcomes	<ul style="list-style-type: none"> • QQI considers findings of review report and the institutional response through governance processes. • Review report is published with institutional response. • Preparation of QQI quality profile. 	<p>Next available meeting of QQI Awards and Reviews Committee (ARC).</p> <p>4 weeks after decision.</p>	<p>Formal decision about the effectiveness of QA procedures In some cases, directions to the institution and a schedule for their implementation.</p> <p>Quality profile published.</p>
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The form of the follow-up will be determined by whether ‘directions’ are issued to the institution. In general, where directions are issued the follow-up period will be sooner and more specific actions may be required as part of the direction.

Follow-Up	<ul style="list-style-type: none"> • Preparation of an institutional implementation plan by provider. 	<p>3 months after publication of report.</p>	<p>Publication of the implementation plan by the institution.</p>
	<ul style="list-style-type: none"> • One-year follow-up report to QQI for noting. This and subsequent follow-up may be integrated into annual reports to QQI. 	<p>1 year after the MRV.</p>	<p>Publication of the follow-up report by QQI and the institution.</p>
	<ul style="list-style-type: none"> • Continuous reporting and dialogue on follow-up through the annual institutional reporting and dialogue process. 	<p>Continuous.</p>	<p>Annual quality report Dialogue meeting notes.</p>

