

## 4. Documented Approach to Quality Assurance

## 4. Documented Approach to Quality Assurance

### Introduction

This section establishes ELI Schools' systematic and documented approach to quality assurance, ensuring that all aspects of provision are subject to appropriate oversight, review, and continuous improvement. A robust documented approach to quality assurance is fundamental to maintaining high standards, meeting regulatory requirements, and demonstrating accountability to all stakeholders.

### Purpose and Scope

The purpose of this section is to:

- Establish the policy framework for quality assurance at ELI Schools
- Define processes for developing, approving, and reviewing policies and procedures
- Ensure the Quality Assurance Framework (QAF) remains current, comprehensive, and fit for purpose
- Demonstrate ELI Schools' commitment to systematic quality assurance
- Meet QQI's requirements for documented approach to quality assurance

This section addresses:

### What is a Quality Assurance Framework?

A Quality Assurance Framework (QAF) is the comprehensive set of policies, procedures, structures, and processes that an organization uses to:

- **Define standards** for all aspects of provision
- **Monitor performance** against those standards
- **Identify areas for improvement**
- **Take action** to enhance quality
- **Demonstrate accountability** to regulators, students, and stakeholders

ELI Schools' QAF is documented in this Quality Assurance Manual, which comprises 17 sections covering all aspects of education and training provision:

### Regulatory Context

ELI Schools' documented approach to quality assurance complies with:

- QQI Core Statutory Quality Assurance Guidelines 2016:
- Code of Practice for Provision of Programmes of English Language Education to International Learners
- Children First Act 2015
- Data Protection Act 2018 and GDPR

## Principles of Effective Documentation

ELI Schools' approach to documenting quality assurance is based on the following principles:

- Comprehensiveness:**
  - QAF covers all significant aspects of provision
  - No major areas left undocumented
  - Policies and procedures address requirements of all regulatory bodies
- Clarity:**
  - Policies clearly state principles and expectations
  - Procedures provide step-by-step operational guidance
- Consistency:**
  - Consistent structure and format across all policies
  - Consistent terminology throughout manual
- Currency:**
  - Documentation kept up to date
  - Regular review and revision
  - Changes to legislation or regulations incorporated promptly
- Accessibility:**
  - QAF documentation available to all who need it
  - Staff have access to relevant policies and procedures
  - Students have access to policies affecting them
- Accountability:**
  - Clear ownership of each policy
  - Approval processes documented
  - Version control maintained
- Evidence-Based:**
  - Policies based on regulatory requirements and best practice
  - Procedures based on operational experience
  - Reviews informed by data and feedback
- Integration:**
  - Policies and procedures work together as coherent system
  - Cross-referencing between related policies
  - Governance structures support implementation

## Structure of Policies and Procedures

Each policy and procedure in this manual follows a consistent structure:

### Policy Document Structure:

- **Header:** QA Area(s), Applies to, Policy Owner
- **Purpose:** Why policy exists
- **Scope:** What and who it covers
- **Policy Statement:** Principles, requirements, expectations
- **Responsibility:** Who is accountable for what
- **Version Control:** Version, date approved, approved by, next review date
- **Related Legislation/Regulation:** Regulatory basis

### Procedure Document Structure:

- **Header:** QA Area(s), Applies to, Policies this Procedure relates to
- **Purpose:** What procedure achieves
- **Procedure:** Step-by-step operational guidance
- **Responsibility:** Operational roles and actions
- **Version Control:** Version, date approved, approved by
- **Related Legislation/Regulation:** Regulatory basis

## Continuous Improvement Cycle

The QAF operates within a continuous improvement cycle:

- PLAN:**
  - Policies and procedures establish standards and processes
  - Targets and objectives set
  - Resources allocated
- DO:**
  - Policies and procedures implemented in daily operations
  - Staff trained and supported
  - Activities delivered according to standards
- CHECK:**
  - Performance monitored against standards
  - Data collected and analysed
  - Feedback gathered from students, staff, external stakeholders
  - Self-evaluation conducted
  - Internal and external reviews
- ACT:**
  - Results analysed and patterns identified
  - Areas for improvement identified
  - Policies and procedures updated
  - Changes implemented

## Annual QAF Review Cycle

The QAF is subject to annual review cycle:

### Using This Section

This section (Section 4) establishes:

- The overall policy for the QAF itself (4.1)
- How new policies and procedures are developed (4.2)
- Commitment to ongoing review (4.3)
- The systematic process for reviewing and updating QAF (4.4)
- These policies and procedures ensure the QAF remains fit for purpose, current, and continuously improving.

## 4.1 Policy for the Quality Assurance Framework at ELI Schools

<b>QA Area(s)</b>	• Documented Approach to Quality Assurance • Governance and Management of Quality		
<b>Applies to</b>	<input checked="" type="checkbox"/> Staff only	<input type="checkbox"/> Learners only	<input type="checkbox"/> Staff and learners
<b>Policy Owner</b>	Quality Officer		

### Purpose

This policy establishes ELI Schools' commitment to maintaining a comprehensive, documented, and effective Quality Assurance Framework (QAF) that ensures quality across all aspects of provision and meets all regulatory requirements.

### Scope

This policy applies to the entire Quality Assurance Framework as documented in this Quality Assurance Manual, encompassing all 17 sections covering all aspects of ELI Schools' provision across all locations (Dublin and Drogheda).

### Policy Statement

#### Commitment to Quality Assurance:

ELI Schools is committed to maintaining the highest standards of quality in all aspects of our provision. We believe that:

- Quality is everyone's responsibility
- Systematic quality assurance is essential to excellence
- Students deserve consistent, high-quality experiences
- Continuous improvement drives organizational success
- Transparency and accountability build trust
- Compliance with regulatory requirements is non-negotiable

#### Purpose of the Quality Assurance Framework:

The ELI Schools Quality Assurance Framework serves to:

- |                                    |   |
|------------------------------------|---|
| <b>Define Standards:</b>           | <ul style="list-style-type: none"> <li>• Establish clear expectations for all aspects of provision</li> <li>• Define what quality means in each area of activity</li> <li>• Set benchmarks for performance</li> <li>• Ensure consistency across locations and programmes</li> </ul> |
| <b>Ensure Compliance:</b>          | <ul style="list-style-type: none"> <li>• Meet requirements of QQI Core and Sector-Specific Guidelines</li> <li>• Comply with Code of Practice for English Language Education</li> <li>• Meet Children First Act requirements for safeguarding</li> </ul>                            |
| <b>Protect Students:</b>           | <ul style="list-style-type: none"> <li>• Ensure student safety and wellbeing (physical, emotional, financial)</li> <li>• Provide fair, transparent, and accessible processes</li> <li>• Protect student rights and interests</li> </ul>   |
| <b>Support Staff:</b>              | <ul style="list-style-type: none"> <li>• Provide clear guidance on policies and procedures</li> <li>• Ensure consistency in decision-making</li> <li>• Clarify roles and responsibilities</li> </ul>  |
| <b>Demonstrate Accountability:</b> | <ul style="list-style-type: none"> <li>• Provide transparency to stakeholders (students, parents, regulators, public)</li> <li>• Document decision-making processes</li> </ul>  |
| <b>Drive Improvement:</b>          | <ul style="list-style-type: none"> <li>• Establish mechanisms for monitoring quality</li> <li>• Identify areas for enhancement</li> </ul>   |

**Comprehensiveness:** The QAF covers all significant aspects of ELI Schools' provision:

<b>Governance and Management</b>	<ul style="list-style-type: none"> <li>• Clear governance structures and accountability</li> <li>• Roles and responsibilities defined</li> <li>• Decision-making processes transparent</li> <li>• Learner representation in governance</li> </ul>
<b>Overarching Policies</b>	<ul style="list-style-type: none"> <li>• Complaints and appeals</li> <li>• Fitness to practise and fitness to study</li> </ul>
<b>Quality Assurance Documentation</b>	<ul style="list-style-type: none"> <li>• This section - systematic approach to policies and procedures</li> <li>• Development and review processes</li> </ul>
<b>Programmes</b>	<ul style="list-style-type: none"> <li>• Programme development, approval, delivery, and review</li> <li>• Access, transfer, and progression and Admissions procedures</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Recruitment (including safe recruitment for child protection)</li> <li>• Performance management and Professional development</li> </ul>
<b>Teaching and Learning</b>	<ul style="list-style-type: none"> <li>• Learning and teaching strategy</li> <li>• Copyright compliance</li> <li>• Quality of teaching</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Assessment policies and practices</li> <li>• Plagiarism</li> <li>• Moderation and verification</li> <li>• External examining</li> </ul>
<b>Student Support</b>	<ul style="list-style-type: none"> <li>• Comprehensive learner support services</li> <li>• Welfare and pastoral care</li> <li>• Academic support</li> </ul>
<b>Information and Data</b>	<ul style="list-style-type: none"> <li>• Data protection and GDPR compliance</li> <li>• Information management</li> <li>• Record keeping</li> </ul>
<b>Public Information</b>	<ul style="list-style-type: none"> <li>• Accurate and accessible information</li> <li>• Transparency</li> <li>• Communication with stakeholders</li> </ul>
<b>Self-Evaluation</b>	<ul style="list-style-type: none"> <li>• Monitoring and review processes</li> <li>• Feedback mechanisms</li> <li>• Continuous improvement</li> </ul>
<b>External Parties</b>	<ul style="list-style-type: none"> <li>• Peer relationships and memberships</li> <li>• Partnerships</li> <li>• External examiners and experts</li> </ul>
<b>Academic Compliance</b>	<ul style="list-style-type: none"> <li>• Class size and attendance monitoring</li> <li>• Holiday and sick leave</li> <li>• End of course examinations</li> </ul>
<b>Child Safeguarding</b>	<ul style="list-style-type: none"> <li>• Comprehensive child protection policies and procedures</li> <li>• Safe recruitment</li> <li>• Garda vetting</li> </ul>
<b>Marketing and Recruitment</b>	<ul style="list-style-type: none"> <li>• Ethical recruitment practices</li> <li>• Agent management</li> <li>• Student fee protection (PEL insurance and escrow)</li> </ul>
<b>Financial Management</b>	<ul style="list-style-type: none"> <li>• Tax compliance</li> <li>• Examination fee management</li> <li>• Insurance payment (PEL and medical)</li> </ul>

**Version Control and Document Management:** The QAF is subject to robust version control:

**Each Policy/Procedure Includes:**

- Version number (e.g., 1.0, 1.1, 2.0)
- Date approved
- Approved by (which governance body)
- Next review date

**Master Document:**

- This QA Manual is master version
- Quality Officer maintains master
- Changes incorporated systematically
- Archive of previous versions maintained

**Change Control:**

- All changes documented
- Rationale for changes recorded
- Approval documented
- Users notified of changes

**Distribution Control:**

- Master version on shared drive/intranet
- Printed copies clearly marked with version and date
- Outdated versions withdrawn
- "Living document" kept current

**Annual Review:** The overall effectiveness of the QAF is reviewed annually:

**Quality Officer conducts annual review assessing:**

- Comprehensiveness - does QAF cover all necessary areas?
- Currency - are policies up to date with legislation and practice?
- Effectiveness - are policies achieving intended purposes?
- Compliance - is ELI Schools complying with policies?
- Integration - do policies work together coherently?
- Accessibility - can staff and students access and understand policies?
- Impact - is QAF driving quality and improvement?
- Resource requirements
- Improvements to QAF structure or processes

<b>Version</b>	1.0
<b>Date Approved</b>	March 2026
<b>Approved by</b>	Board of Directors
<b>Next Review Date</b>	June 2026

**Related legislation, regulation or guidelines:**

- Core Statutory Quality Assurance Guidelines 2016 (QQI)
- Statutory Quality Assurance Guidelines 2016 (QQI)
- Code of Practice for Provision of Programmes of English Language Education to International Learners
- All legislation and regulations referenced throughout the QA Manual

## 4.2 Procedure for Development of New Policies and Procedures

<b>QA Area(s)</b>	• Documented Approach to Quality Assurance • Governance and Management of Quality		
<b>Applies to</b>	<input checked="" type="checkbox"/> Staff only	<input type="checkbox"/> Learners only	<input type="checkbox"/> Staff and learners
<b>Policies this Procedure relates to</b>	Policy for the Quality Assurance Framework at ELI Schools		

### Purpose

This procedure outlines the step-by-step process for developing, consulting on, approving, and implementing new policies and procedures at ELI Schools, ensuring all new documentation is fit for purpose, compliant, and properly integrated into the QAF.

### Procedure

#### When New Policies/Procedures Are Needed

New policies or procedures may be needed when:

- **Regulatory changes:** New legislation or updated guidelines require new policy
- **New activities:** ELI Schools introduces new programmes, services, or locations requiring policy
- **Gaps identified:** Review or audit identifies area lacking policy coverage
- **Risk management:** New risks identified requiring policy response
- **Best practice:** Sector developments suggest new policy beneficial
- **Stakeholder feedback:** Students, staff, or external stakeholders identify need

#### Part A: Identifying Need And Initiating Development

##### 1. Identifying Need for New Policy/Procedure

<b>Need Identified By:</b>	Need for new policy/procedure may be identified by: <ul style="list-style-type: none"> <li>• Quality Officer (through monitoring, review, or external requirements)</li> <li>• Policy Owners/Senior Managers (in their areas)</li> <li>• Management Team (collective identification)</li> <li>• Academic Committee (for academic matters)</li> <li>• Board of Directors (strategic policy needs)</li> <li>• External triggers (regulatory changes, inspection recommendations)</li> </ul>
<b>Documenting Need:</b>	Quality Officer maintains <b>Policy Development Register</b> logging all identified needs:

2.1 **Prioritization:** Quality Officer and Management Team prioritize policy development needs:

<b>High Priority (develop within 1-3 months):</b>	<ul style="list-style-type: none"> <li>• Regulatory requirement (must comply by deadline)</li> <li>• Significant risk or safety issue</li> <li>• Major gap affecting operations</li> <li>• Immediate operational need</li> </ul>
<b>Medium Priority (develop within 6 months):</b>	<ul style="list-style-type: none"> <li>• Enhancement of existing framework</li> <li>• Best practice adoption</li> <li>• Moderate gap or risk</li> <li>• Planned new activity</li> </ul>
<b>Low Priority (develop within 12 months):</b>	<ul style="list-style-type: none"> <li>• Minor enhancement</li> <li>• Aspirational improvement</li> </ul>

## 2.2. **Assignment:** Quality Officer assigns development to appropriate person:

- |                               |   |
|-------------------------------|---|
| <b>Policy Owner</b>           | <ul style="list-style-type: none"> <li>• (Senior Manager in relevant area) assigned to lead development</li> </ul>  |
| <b>Drafting Team</b>          | <ul style="list-style-type: none"> <li>• Policy Owner</li> <li>• Quality Officer (supporting and ensuring compliance)</li> <li>• Other relevant managers or staff</li> <li>• External expert if specialized area</li> </ul> |
| <b>Assignment documented:</b> | Quality Officer emails Policy Owner: "You have been assigned to develop [Policy Name] by [Target Date]. Please contact me to discuss approach."   |

## Part B: Drafting New Policy/Procedure

### 3. Policy Owner and Drafting Team Conduct Research:

- |  |  |
|--|--|
| <b>Review Regulatory Requirements:</b>                       | <ul style="list-style-type: none"> <li>• What legislation, regulations, or guidelines apply?</li> <li>• What do QQI guidelines require?</li> <li>• What does Code of Practice require?</li> <li>• What are sector standards?</li> </ul>  |
| <b>Review Best Practice:</b>                                 | <ul style="list-style-type: none"> <li>• How do other education providers address this?</li> <li>• What does sector literature recommend?</li> <li>• Are there model policies available? (EAQUALS, MEI, other sector bodies)</li> </ul>  |
| <b>Consult Stakeholders:</b>                                 | <ul style="list-style-type: none"> <li>• Who will be affected by this policy?</li> <li>• What do students think? (if student-facing policy)</li> <li>• What do staff think? (if affecting staff)</li> <li>• What do external partners think? (if affecting agents, accommodation providers, etc.)</li> </ul>                               |
| <b>Define Scope and Objectives:</b> Drafting team clarifies: | <ul style="list-style-type: none"> <li>• <b>Purpose:</b> Why does this policy exist? What problem does it solve?</li> <li>• <b>Scope:</b> Who and what does it cover? What does it NOT cover?</li> <li>• <b>Objectives:</b> What should policy achieve?</li> <li>• <b>Principles:</b> What values or standards underpin policy?</li> </ul> |

### 4. Drafting Policy Content:

- |                          |   |
|--------------------------|---|
| <b>Clear Language:</b>   | <ul style="list-style-type: none"> <li>• Write in clear, plain English</li> <li>• Avoid jargon or explain technical terms</li> <li>• Use short sentences and paragraphs</li> </ul>  |
| <b>Structure:</b>        | <ul style="list-style-type: none"> <li>• Use headings and subheadings for easy navigation</li> <li>• Use bullet points and numbered lists where appropriate</li> <li>• Logical flow from general principles to specific requirements</li> </ul>                   |
| <b>Content:</b>          | <ul style="list-style-type: none"> <li>• State principles clearly (what ELI Schools believes/commits to)</li> <li>• State requirements explicitly (what must/should happen)</li> <li>• Distinguish between mandatory ("must") and desirable ("should")</li> </ul> |
| <b>Responsibilities:</b> | <ul style="list-style-type: none"> <li>• Clearly state who is responsible for what</li> <li>• Include all relevant roles (from Board to frontline staff)</li> <li>• Be specific about actions and accountability</li> </ul>                                       |
| <b>Compliance:</b>       | <ul style="list-style-type: none"> <li>• Reference all relevant legislation and regulations</li> <li>• Ensure policy meets all regulatory requirements</li> <li>• Note any areas where ELI Schools exceeds minimum requirements</li> </ul>                        |

### 4.3. Quality Officer Review of Draft:

Quality Officer reviews draft policy for:

- **Compliance:** Does it meet regulatory requirements?
- **Consistency:** Is it consistent with other policies in terminology and approach?
- **Completeness:** Are all necessary elements covered?
- **Clarity:** Is it clear and understandable?
- **Format:** Does it follow standard template?
- **Cross-references:** Are related policies properly referenced?

Quality Officer provides feedback to drafting team. Drafting team revises as needed.

### 5. Drafting Procedure Document (if applicable)

- When Procedure Needed:** Not all policies require separate procedure. Procedure needed when:
- Policy requires detailed operational guidance
  - Step-by-step process needed
  - Multiple people/departments involved
  - Process complex or critical

### Part C: Consultation

#### 6. Internal Consultation

- Who to Consult:** Depending on policy, consult with:
- Management Team (all policies)
  - Staff who will implement policy (frontline staff, managers)
  - Quality Officer (ensuring compliance and integration)
- For Academic Policies:**
- Academic Committee members
  - Programme Leaders
  - Teaching staff
  - Students (through learner representatives or surveys)
- For Operational Policies:**
- Operations Team
  - Student Services Officer
  - Administrative staff
  - Students (if student-facing)
- For HR/Safeguarding Policies:**
- All staff (may affect all)
  - HR Manager
  - Designated Liaison Person (if safeguarding-related)
- For Financial Policies:**
- Finance Manager
  - Managing Director
  - Board of Directors (finance-related)

#### 6.2. Consultation Methods:

- Draft Circulation:**
- Quality Officer circulates draft to identified consultees
  - Requests feedback within specified timeframe (e.g., 10 working days)
- Consultation Meeting:**
- For major policies, hold consultation meeting to present draft
- Focus Groups:**
- For student-facing policies, hold student focus group
  - Explain proposed policy in accessible language
- Surveys:**
- For broad consultation, use online survey

### 6.3. Analysing Feedback:

Policy Owner and Quality Officer review all feedback:

- What themes emerge?
- What concerns are raised?
- What improvements suggested?
- Are there valid objections or risks identified?
- What needs to change?

#### Revising Draft:

- Incorporate feedback where appropriate
- Clarify ambiguous areas and address concerns
- May require second draft and further consultation if major changes

#### Documenting Consultation:

- Summary of consultation conducted
- Key feedback received and how feedback addressed
- Attached to policy submission for approval

### Part D: Approval

## 7. Determining Approval Route

### Approval Authority Depends on Type of Policy:

#### Board of Management

- Major organizational policies (strategic, financial, governance)
- Policies affecting organizational risk or reputation
- Policies requiring significant resources
- Examples: Financial policies, safeguarding policies, major changes

#### Academic Committee

- Academic policies (programmes, assessment, teaching, academic standards)
- Policies affecting academic quality or standards
- Examples: Programme approval policies, assessment policies, teacher qualification policies

#### Managing Director

- Minor operational policies
- Emergency policies requiring rapid approval

## 9. Approval Meeting

#### Presentation:

Policy Owner and/or Quality Officer present policy to approving body:

- Brief overview of purpose and content
- Highlight key points, answer questions and address any concerns

#### Discussion:

Approving body discusses:

- Is policy necessary and appropriate? Does it meet regulatory requirements? Is it clear and implementable?

#### Decision:

##### Approve:

- Policy approved as submitted
- Ready for implementation

##### Approve with Amendments:

- Policy approved subject to minor changes
- Changes specified

##### Defer:

- Further work needed

##### Reject:

- Policy not appropriate or necessary (rare)
- Not proceeded with

## 10. Recording Decision:

Decision recorded in meeting minutes:

- Policy title
- Decision (approved / approved with amendments / deferred / rejected)
- Effective date
- Any conditions or amendments
- Next review date set

## PART E: IMPLEMENTATION

### 11. Finalizing Policy Documentation

#### Quality Officer Finalizes Document:

- Make any required amendments
- Complete version control section:
  - Version: 1.0 (first approved version)
  - Date Approved: [Date of approval meeting]
  - Approved by: [Academic Committee / Board of Directors / etc.]
  - Next Review Date: [Typically 1-3 years from approval, depending on policy]
- Add to QA Manual in appropriate section

#### Version Control:

#### Numbering System:

- Section Number. Policy Number (e.g., 14.1 = Section 14, Policy 1)
- Section Number. Procedure Number (e.g., 14.2 = Section 14, Procedure 2)

#### Version Numbering:

- First approved version: 1.0
- Minor amendments: 1.1, 1.2, 1.3, etc.
- Major revisions: 2.0, 3.0, etc.

#### Master Document Update:

#### Quality Officer:

- Adds new policy/procedure to master QA Manual
- Updates Table of Contents
- Updates any cross-references in related policies
- Updates Policy Register (master list of all policies)
- Archives draft versions for audit trail

### 12. Communication and Training

Quality Officer (or Policy Owner) communicates new policy to all affected staff:

**Training:** Depending on policy, training may include:

#### Mandatory Training:

- For policies affecting all staff (safeguarding, data and GDPR, health & safety)
- In-person or online training session and attendance recorded

#### Role-Specific Training:

- For policies affecting specific roles (e.g., Academic Managers trained on new academic compliance procedure)
- May be one-to-one or small group

#### Self-Study:

- For minor policies or updates
- Staff directed to read policy
- Confirmation of reading required

## 13. Monitoring Implementation

### 13.1. Initial Monitoring (First 3-6 Months):

Policy Owner monitors implementation:

- Are staff following new policy?
- Are procedures working as intended?
- Are there practical difficulties?
- Do staff need additional guidance or training?
- Are intended outcomes being achieved?

## PART F: REVIEW AND CONTINUOUS IMPROVEMENT

### 14. Scheduling Review

#### 14.1. Next Review Date Set at Approval:

All policies have scheduled review date:

Typically, **1-3 years** from approval depending on policy type:

- **Annual review:** Policies in fast-changing areas (immigration compliance, data protection) or critical policies (safeguarding)
- **Biennial review:** Most academic and operational policies
- **Triennial review:** Stable policies in low-change areas

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<b>Approved by</b>	Board of Directors

#### Related legislation, regulation or guidelines:

- Core Statutory Quality Assurance Guidelines 2016 (QQI)
- Statutory Quality Assurance Guidelines 2016 (QQI)

## 4.3 Policy for Ongoing Review of QAF Documentation

<b>QA Area(s)</b>	• Documented Approach to Quality Assurance • Self-Evaluation, Monitoring and Review		
<b>Applies to</b>	<input checked="" type="checkbox"/> Staff only	<input type="checkbox"/> Learners only	<input type="checkbox"/> Staff and learners
<b>Policy Owner</b>	Quality Officer		

### Purpose

This policy establishes ELI Schools' commitment to systematically reviewing and updating all QAF documentation to ensure policies and procedures remain current, compliant, effective, and fit for purpose.

### Scope

This policy applies to all policies and procedures contained in the Quality Assurance Manual (all 17 sections) and any supplementary quality assurance documentation.

### Policy Statement

#### Commitment to Currency:

ELI Schools is committed to ensuring the Quality Assurance Framework remains current, relevant, and effective. We recognize that:

- Regulatory requirements change over time
- Organizational activities evolve
- Operational experience reveals areas for improvement
- Sector best practice develops
- Stakeholder needs and expectations change
- Outdated policies can hinder rather than help quality

Therefore, ELI Schools maintains systematic processes for reviewing and updating all QAF documentation.

### Principles of Review:

#### Systematic and Scheduled:

- All policies subject to scheduled review (not ad hoc)
- Review schedule maintained and monitored
- Reviews planned in advance

#### Evidence-Based:

- Reviews informed by data and evidence:
- Implementation experience
- Compliance monitoring results
- Student and staff feedback
- Incident reports

#### Inclusive:

- Reviews involve consultation with stakeholders
- Staff who implement policies provide input
- Students provide input on student-facing policies

#### Focused on Improvement:

- Primary purpose is continuous improvement
- Identify what's working well and what needs enhancement
- Learn from experience and feedback

#### Compliance-Focused:

- Ensure policies remain compliant with all regulations
- Incorporate regulatory changes promptly
- Maintain alignment with QQI guidelines and Code of Practice

#### Proportionate:

- Level of review proportionate to significance of policy
- Minor updates processed efficiently
- Major revisions subject to full consultation and approval

### Review Frequency:

All policies and procedures subject to scheduled review at regular intervals:

- Annual Review:**
  - Policies in fast-changing regulatory environment (immigration compliance, data protection)
  - Critical policies requiring frequent review (safeguarding, health & safety)
  - Policies operating in new areas
- Biennial Review (every 2 years):**
  - Most academic policies (assessment, programmes, teaching)
  - Most operational policies (student support, admissions, complaints)
  - Majority of policies fall into this category
- Triennial Review (every 3 years):**
  - Stable policies in low-change areas
  - Policies where experience shows infrequent need for change
  - Governance policies (unless organizational structure changes)

### Trigger Reviews (Between Scheduled Reviews):

Policies may be reviewed before scheduled date if triggered by:

- Regulatory Changes:**
  - New legislation enacted
  - Updated QQI guidelines issued
  - Code of Practice revised
  - Immigration regulations changed
- Organizational Changes:**
  - Other regulatory changes affecting policy area
  - New programmes introduced requiring policy adaptation
  - New locations opened
- Operational Experience:**
  - Serious incident reveals policy gap or weakness
  - Multiple complaints or appeals related to policy
  - Staff feedback indicates policy unclear or unworkable
- External Review Recommendations:**
  - QQI inspection recommends policy changes
  - External audit findings
  - Accreditation body recommendations
- Best Practice Developments:**
  - Sector developments suggest improvements possible
  - Benchmarking against other providers reveals opportunities
- Stakeholder Feedback:**
  - Student feedback indicates policy changes needed
  - Staff consistently raise concerns about policy
  - External stakeholders (agents, parents) identify issues

<b>Version</b>	1.0
<b>Date Approved</b>	March 2026
<b>Approved by</b>	Board of Directors
<b>Next Review Date</b>	June 2026

### Related legislation, regulation or guidelines:

- Core Statutory Quality Assurance Guidelines 2016 (QQI)
- Statutory Quality Assurance Guidelines 2016 (QQI)
- All regulatory documents referenced throughout QAF

## 4.4 Procedure for Ongoing Review of QAF Documentation

<b>QA Area(s)</b>	• Documented Approach to Quality Assurance • Self-Evaluation, Monitoring and Review		
<b>Applies to</b>	<input checked="" type="checkbox"/> Staff only	<input type="checkbox"/> Learners only	<input type="checkbox"/> Staff and learners
<b>Policies this Procedure relates to</b>	Policy for Ongoing Review of QAF Documentation		

### Purpose

This procedure outlines the step-by-step process for systematically reviewing, revising, and updating policies and procedures in the Quality Assurance Framework.

### Procedure

#### PART A: MANAGING THE REVIEW SCHEDULE

##### 1. Policy Review Schedule

###### Quality Officer Maintains Policy Review Schedule:

Schedule includes:

- All policies and procedures across all 17 sections
- Current version and approval date
- Review frequency and next due date
- Policy Owner responsible for review
- Status (current, review due, under review, approved awaiting implementation)

###### Schedule Accessible:

- Quality Officer maintains schedule (Excel or project management system)
- Shared with Management Team and Policy Owners
- Referenced at Management Team meetings
- Updated continuously

##### 2. Initiating Scheduled Reviews

**Quality Officer Monitors Schedule:** Quality Officer reviews schedule **monthly** to identify upcoming reviews.

**Three Months Before Review Due:** Quality Officer sends reminder to Policy Owner

###### Policy Owner Confirms:

- Policy Owner responds confirming receipt and proposed timeline.
- If Policy Owner unable to lead review (unavailable, heavy workload), Managing Director may:
  - Extend review deadline (maximum 3 months)
  - Assign review to another appropriate person
  - Provide additional resources or support

## PART B: CONDUCTING POLICY REVIEW

### 3. Preparation Phase

- Policy Owner and Quality Officer Meet:** Initial meeting to plan review:
- Scope: Is this routine scheduled review or are there specific triggers/concerns?
  - Timeline: When must review be completed?
  - Resources: What support needed?
  - Approach: What consultation or data gathering required?
- Gathering Evidence & Information:** Policy Owner gathers information to inform review:
- Implementation Experience:**
- How has policy been working in practice?
  - Are staff following policy? Are procedures clear and workable?
  - Have there been implementation challenges?
  - What feedback have staff provided?
- Sources:**
- Policy Owner's own experience
  - Feedback from managers implementing policy
  - Feedback from frontline staff
  - Review of any guidance documents or FAQs created since approval (indicate policy needs clarification)
- Compliance Monitoring:**
- Is ELI Schools complying with policy?
  - Are compliance rates high or are there issues?
  - Review monitoring data (e.g., attendance monitoring data, safeguarding training records, tax compliance records)
- Student and Staff Feedback:**
- What feedback received through surveys, course reviews, complaints? Any themes or patterns related to policy area?
  - Review complaints register, appeals register, feedback data
- Incidents and Issues:**
- Any incidents related to policy area?
  - Any complaints or appeals related to policy?
  - Any safeguarding concerns (if relevant)?
  - Any regulatory issues or near-misses?
- External Review Recommendations:**
- Any recommendations from QQI inspections?
  - Any external examiner comments (if relevant)?
  - Any other external review feedback?
- Regulatory Changes:**
- Have regulations changed since policy approved/last reviewed?
  - New legislation?
  - Updated QQI guidelines?
  - Revised Code of Practice?
  - Changes to immigration regulations (if relevant)?
- Sector Best Practice:**
- How do comparable providers address this area?
  - Any sector guidance or model policies published?
  - Any innovations or improvements ELI Schools could adopt?
  -

### 4. Analysis Phase

#### 4.1. Assessing Policy Against Criteria:

Policy Owner and Quality Officer assess policy using **Policy Review Checklist** (see appendix)

## 4.2. Determining Extent of Changes Needed:

Based on checklist, Policy Owner determines:

- |  |  |
|--|--|
| <b>Option 1: No Changes Required</b>       | <ul style="list-style-type: none"> <li>• Policy remains fit for purpose</li> <li>• Review confirms ongoing validity</li> <li>• Proceed to confirmation of no change (see Section 5)</li> </ul>   |
| <b>Option 2: Minor Amendments Required</b> | <ul style="list-style-type: none"> <li>• Small clarifications or corrections</li> <li>• Updates to role titles or cross-references</li> <li>• No change to substance of policy</li> <li>• Proceed to minor amendments process (see Section 6)</li> </ul> |
| <b>Option 3: Major Revision Required</b>   | <ul style="list-style-type: none"> <li>• Significant changes to policy content</li> <li>• Substantial procedural changes</li> <li>• Response to regulatory changes or major gaps</li> <li>• Proceed to major revision process (see Section 7)</li> </ul> |
| <b>Option 4: Policy Withdrawal</b>         | <ul style="list-style-type: none"> <li>• Policy no longer needed (rare)</li> <li>• Proceed to withdrawal process (see Section 8)</li> </ul>  |

## PART C: NO CHANGES REQUIRED

### 5. Confirming No Changes Needed

**Policy Fit for Purpose:** Policy Owner and Quality Officer agree no changes needed.

- For Minor Operational Policies:**
- Managing Director approves no-change finding
  - Email approval sufficient
- For Major Policies:**
- Appropriate governance body (Academic Committee or Board) informed
  - Included in regular report: "The following policies have been reviewed and confirmed as fit for purpose: [list]"
  - Formal approval not required (no changes being made)

## PART D: MINOR AMENDMENTS

### 6. Minor Amendments Process

- If Minor Amendments Identified:**
- Minor amendments include:**
- Clarifications to wording (not changing meaning)
  - Corrections of errors or typos
  - Updates to role titles (if organizational structure changed)
  - Updates to cross-references
  - Minor procedural refinements, Formatting improvements
- Do NOT include:**
- Changes to policy principles or requirements
  - Substantial procedural changes
  - Changes affecting stakeholder rights or responsibilities
  - Anything requiring consultation
- Streamlined approval for minor amendments:**
- Policy Owner sends amended policy to Managing Director
  - Managing Director reviews and approves (email approval acceptable)
  - If any concerns, may refer to appropriate governance body

## PART E: MAJOR REVISIONS

### 7. Major Revision Process

<b>If Major Revision Required:</b>	<p>Major revisions include:</p> <ul style="list-style-type: none"> <li>• Changes to policy principles, requirements, or scope</li> <li>• Substantial procedural changes</li> <li>• New sections or requirements</li> <li>• Response to regulatory changes requiring significant policy changes</li> <li>• Addressing identified gaps or weaknesses</li> <li>• Changes affecting stakeholder rights or responsibilities</li> </ul>
<b>Drafting Major Revisions:</b>	<p>Policy Owner drafts revised policy:</p> <ul style="list-style-type: none"> <li>• Updated content reflecting regulatory changes, feedback, improvements</li> <li>• Clear rationale for major changes</li> <li>• Cross-check against Policy Review Checklist to ensure all issues addressed</li> <li>• Quality Officer reviews draft for compliance, consistency, clarity.</li> </ul>
<b>Internal Consultation:</b>	<ul style="list-style-type: none"> <li>• Circulate draft to all affected stakeholders (staff, students through representatives, managers)</li> <li>• Consultation period: 10-15 working days</li> <li>• Gather feedback</li> <li>• Consultation meeting if major impact</li> <li>• May use surveys or focus groups</li> </ul>
<b>External Consultation (if appropriate):</b>	<ul style="list-style-type: none"> <li>• Agents (if affecting recruitment or student experience)</li> <li>• Accommodation providers (if affecting accommodation)</li> <li>• Partners (if affecting partnerships)</li> <li>• May seek guidance from QQI on interpretation of regulations</li> </ul>
<b>Analysing Feedback:</b>	<ul style="list-style-type: none"> <li>• Review all feedback</li> <li>• Incorporate appropriate suggestions</li> <li>• Address concerns</li> <li>• May require second draft if major issues raised</li> </ul>
<b>Document Consultation:</b>	<ul style="list-style-type: none"> <li>• Summary of consultation conducted</li> <li>• Key feedback</li> <li>• How feedback addressed</li> <li>• Attached to submission</li> </ul>
<b>Submission for Approval:</b>	<p>Policy Owner and Quality Officer prepare submission for appropriate governance body</p>

#### 7.1 Approval Meeting:

<b>Academic Committee</b>	<ul style="list-style-type: none"> <li>• Policy Owner presents revised policy</li> <li>• Explains rationale for changes</li> <li>• Highlights major changes</li> <li>• Answers questions</li> </ul>
<b>Approve:</b>	<ul style="list-style-type: none"> <li>• Policy approved as revised</li> </ul>
<b>Approve with amendments:</b>	<ul style="list-style-type: none"> <li>• Minor changes requested</li> </ul>
<b>Defer:</b>	<ul style="list-style-type: none"> <li>• Further work needed</li> </ul>
<b>Reject:</b>	<ul style="list-style-type: none"> <li>• (rare) revision not appropriate</li> </ul>

## 7.6. Communication and Training:

### Major revisions require comprehensive communication and training:

<b>Announcement Email:</b>	Quality Officer announces the policy update
<b>Training:</b>	<ul style="list-style-type: none"> <li>• Mandatory training sessions for all affected staff</li> <li>• Cover what changed and why</li> <li>• Practical guidance on implementing changes</li> <li>• Q&amp;A</li> <li>• Attendance recorded</li> <li>• Materials provided (slides, quick reference guide, FAQs)</li> </ul>
<b>Student Communication:</b> (if student-facing policy)	<ul style="list-style-type: none"> <li>• Email to current students if changes affect them</li> <li>• Student Handbook updated</li> <li>• Website updated</li> <li>• Explained at next induction sessions</li> <li>• Effective date clear (changes typically apply to new students or from specific date)</li> </ul>
<b>Other Updates:</b>	<ul style="list-style-type: none"> <li>• Update related policies that cross-reference this policy</li> <li>• Update templates, forms, or other documents affected by changes</li> <li>• Update training materials</li> </ul>

## PART F: POLICY WITHDRAWAL

### 8. Policy Withdrawal (Rare)

<b>If Policy No Longer Needed:</b>	<p>Very rare, but may occur if:</p> <ul style="list-style-type: none"> <li>• Activity discontinued (e.g., ELI Schools stops offering certain programme, policy becomes obsolete)</li> <li>• Policy superseded by more comprehensive new policy that replaces it</li> <li>• Regulatory changes make policy unnecessary</li> </ul>
<b>Withdrawal Process:</b>	<ul style="list-style-type: none"> <li>• Policy Owner recommends withdrawal to Quality Officer:</li> <li>• Rationale for withdrawal</li> <li>• What (if anything) replaces policy</li> <li>• Any transition or communication needed</li> </ul>
<b>Approval:</b>	<ul style="list-style-type: none"> <li>• Same approval level as policy would require for major changes</li> <li>• Academic Committee or Board approves withdrawal</li> </ul>
<b>Communication:</b>	<ul style="list-style-type: none"> <li>• Announcement that policy withdrawn</li> <li>• Effective date</li> <li>• What replaces it (if anything)</li> <li>• Archived (not deleted) for historical record</li> </ul>
<b>Documentation:</b>	<ul style="list-style-type: none"> <li>• Policy document marked "WITHDRAWN - [Date]"</li> <li>• Reason for withdrawal noted</li> <li>• Removed from current QA Manual</li> <li>• Archived</li> <li>• Policy Review Schedule updated (policy removed from active schedule, note in archive)</li> </ul>

## PART G: TRIGGER REVIEWS (BETWEEN SCHEDULED REVIEWS)

### 9. Initiating Trigger Review

<b>When Trigger Identified:</b>	If situation arises requiring policy review before scheduled date (see Policy 4.3 for triggers), Policy Owner or Quality Officer initiates trigger review:
<b>Quality Officer or Policy Owner documents:</b>	<ul style="list-style-type: none"> <li>• What triggered review (regulatory change, incident, recommendation)</li> <li>• Urgency (immediate, within 1 month, within 3 months)</li> <li>• Scope (full policy review or specific aspect)</li> </ul>
<b>Quality Officer discusses with Policy Owner:</b>	<ul style="list-style-type: none"> <li>• Is trigger review necessary or can issue be addressed through guidance?</li> <li>• What timeline?</li> <li>• What process (depending on urgency and extent of changes)?</li> </ul>
<b>Expedited Process (if urgent):</b>	<p>If trigger is urgent (e.g., immediate regulatory compliance required):</p> <ul style="list-style-type: none"> <li>• Policy Owner drafts necessary changes</li> <li>• Minimal consultation (or post-implementation consultation)</li> <li>• Managing Director approval (interim, subject to later governance approval)</li> <li>• Implement immediately</li> <li>• Full governance approval at next meeting</li> </ul> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• Government announces new immigration regulation effective in 2 weeks</li> <li>• Finance Manager drafts procedure update to comply</li> <li>• Managing Director approves interim implementation</li> <li>• Board informed at next meeting and formally approves</li> </ul>
<b>Standard Process (less urgent):</b>	<p>If trigger not urgent:</p> <ul style="list-style-type: none"> <li>• Follow standard review process (sections 3-7 above) but on accelerated timeline</li> <li>• Adjust Policy Review Schedule (bring forward scheduled review)</li> </ul>

## Part H: Annual Review of Overall QAF

### 10. Annual QAF Review Process

<b>Timing:</b>	Quality Officer conducts annual review of overall QAF effectiveness
<b>Data Gathering:</b>	Quality Officer gathers data for annual review:
<b>Policy Review Activity:</b>	<ul style="list-style-type: none"> <li>• How many policies reviewed this year?</li> <li>• How many new policies developed?</li> <li>• How many amended (minor and major)?</li> <li>• Review activity log</li> </ul>
<b>Compliance and Implementation:</b>	<ul style="list-style-type: none"> <li>• Compliance monitoring results across all policies</li> <li>• Any compliance issues or breaches?</li> <li>• Are policies being followed?</li> <li>• Any areas of consistent non-compliance?</li> </ul>
<b>Stakeholder Feedback:</b>	<ul style="list-style-type: none"> <li>• Student feedback on policies (from surveys, complaints, course reviews)</li> <li>• Staff feedback (from surveys, meetings, informal feedback)</li> <li>• External feedback (agents, partners, external reviewers)</li> </ul>
<b>External Review:</b>	<ul style="list-style-type: none"> <li>• QQI inspection findings (if inspection conducted)</li> <li>• External examiner comments relevant to QA processes</li> </ul>
<b>Complaints and Appeals:</b>	<ul style="list-style-type: none"> <li>• Any other external review</li> <li>• Analysis of complaints and appeals data</li> <li>• Any patterns indicating policy gaps or weaknesses?</li> <li>• Are complaints/appeals processes working effectively?</li> </ul>
<b>Incidents and Risks:</b>	<ul style="list-style-type: none"> <li>• Any serious incidents related to policy gaps?</li> <li>• Risk register - any quality assurance risks?</li> </ul>
<b>Regulatory Changes:</b>	<ul style="list-style-type: none"> <li>• Summary of regulatory changes during year</li> <li>• Have all been addressed in policies?</li> <li>• Any anticipated changes for coming year?</li> </ul>
<b>Sector Developments:</b>	<ul style="list-style-type: none"> <li>• Any sector best practice developments ELI Schools should consider?</li> <li>• Benchmarking data</li> </ul>

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#### Related legislation, regulation or guidelines:

- Core Statutory Quality Assurance Guidelines 2016 (QQI)
- Sector Specific (Independent/Private) Statutory Quality Assurance Guidelines 2016 (QQI)