Quality Assurance Manual May 2022 V5

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Document History			
Date	**Revised by:**	**Version**	**Summary of amendments:**
2006	LOC	V1	Originally Drafted
2007	LOC	V1.1	Application agreed with FETAC
2011	LOC	V1.2	All sections updated for Monitoring Visit Link to monitoring report here: Forus 38181S FETAC Monitoring Report.
2012	LOC	V1.3	Updated to reflect the new Common Award System (CAS)
2013	LOC	V1.4	Updated to reflect the new QQI (2013) Guidelines for Preparing Programme Descriptors for Further Education and Training Programmes Leading to QQI CAS Awards.
2013	LOC	V1.5	Updated to reflect the new QQI (2013) Quality Assuring Assessment Guidelines for Providers.
2017	LOC	V1.6	Inclusion of new Management Information System. Also, QQI (2017) Policies and criteria for the validation of programmes of education and training.
2020	LOC	V2	All sections updated for the purposes of re-engagement with QQI.
2020	LOC	V3	Re-ordered to QQI Statutory Quality Assurance Guidelines April 2016 Post pre Panel meeting.
2022	ST	V4	Amendments following Panel Visit December 2020 QAAGC updated to include- Risk management (see P1 S8 Risk Management Policy for policy and detail), Overview, Incidents and Complaints to include consideration of issues particular to blended learning.
2022	ST	V5	Removal of all references to Blended Learning as directed by the Reengagement Panel 14/03/2022 as Blended Learning is not currently within the scope of provision

CONTENTS

Background and Context

Forus Training was established in the year 2000 as REDE Computer Training Ltd., trading as Forus Training (hereafter Forus Training), and is an independent training company. The position of Managing Director within the organisation is held by Head of Centre and founder, Lisa O Connell. Forus Training offers a range of accredited and non-accredited programmes.

We have training facilities and offices in Mullingar, Co. Westmeath (Head Office) and Naas, Co. Kildare and conduct training across Ireland. The Forus Training team aims to provide training on relevant and essential skills for fast-moving and increasingly regulated industries including Early Years Education and Care, Health and Social Care, Business, Commercial Cleaning, Caretaking and Horticulture.

Forus Training champions the development of the individual; we are a strong catalyst for positive change through education, training and recognition of achievements. We are committed to providing the maximum access to persons of all ages and backgrounds and to achieving quality and excellence in all aspects of our work. The courses we offer are wide and varied in nature and we hold a wide range of accreditation which are identified below, including QQI (Quality and Qualifications Ireland).

Forus Training values their status as a provider of Quality and Qualifications Ireland (QQI) awards. They are strongly aligned to the rationale of offering quality assured, nationally and internationally recognised awards which offer access to further and higher education and training opportunities. Forus Training are committed, as is outlined in this manual, to allocating the requisite resources to our service delivery to realise the quality assured aspiration of these awards.

Our team members come from diverse professional backgrounds and from within those backgrounds bring management, strategic and financial planning and human resource experience. The management team and committees have made significant changes to policies, procedures and operational practice as a result of re-engagement with QQI.

Chapter 1: Governance and Management of Quality

1.1 Governance

Forus Training is committed to a governance process that is faithful to the provision of further education and training and reflective of the Qualifications and Quality Assurance (Education & Training) Act 2012 and 2019. Forus Training emulates the standards detailed by the Act, particularly the intentions as outlined below:

1. The development and implementation of a framework for the award of qualifications based on consistent academic standards of knowledge, skill and competence to be acquired by Learners (The National Framework of Qualifications NFQ Grid of Level Indicators).

2. The promotion and maintenance of equitable procedures relating to access, transfer and progression throughout the spectrum of education and training provision.

3. The importance of providing a system that coordinates and compares the education and training awards (NFQ and the European Qualifications Framework EQF).

4. The requirement to ensure adherence to and compliance with 'Protection of Enrolled Learners' (PEL) in accordance with Section 65 of the Qualifications and Quality Assurance Education and Training Act 2012. Forus Training has the required PEL protocols in place for those programmes that are of three months in duration or longer. These have been reviewed in light of the current COVID-19 pandemic.

The mapping of Forus Training policies, procedures and processes to the Core Quality Assurance Guidelines, the Sector Specific Guidelines for Independent and Private Providers along with the undertaking of the Gap Analysis required by the process of re-engagement have become inherent elements to how we now discharge services at an operational level. Our training management platform assists us in efficiently streamlining all of our activities and functionalities in an integrated manner. Our Governance and Organisational hierarchical structure provides us with the platform upon which we monitor, review, update and give oversight (including externality) to the financial, ownership and regulation of the programmes we offer, ranging from NFQ Level 3 to Level 6.

Key policies that underpin the governance of our organisation are Forus Training's Academic Strategy Policy and Externality Policy and Procedure as well as the committee structures outlined further in this chapter.

We have devised our governance processes upon the following *eight elements* of 'Good Governance';

1. ***Rule of Law***: Forus Training respects that governance requires fair and legal frameworks and that such frameworks must be enforced by an impartial regulatory body for the full and fair protection of all Learners and stakeholders.

2. ***Transparency***: The information Forus Training provides is understandable, freely available and directly accessible to those who will be affected by our governance related policies and procedures. Those staff members who are responsible are identified through their job roles.

3. ***Responsiveness***: Forus Training respects that good governance requires that processes and associated practices are designed to serve the best interests of the Learners and other stakeholders and in a timely manner.

4. ***Consensus Oriented***: Forus Training appreciates that good governance requires consultation so that the varying range of interests of Learners and other stakeholders are heard and considered.

5. ***Equitable and Inclusiveness***: Forus Training appreciates that good governance requires processes which demonstrate the maintenance and enhancement of Learner and other stakeholder existence to the value of the teaching and learning community and society as a whole.

6. ***Effectiveness and Efficacy***: Forus Training understands that good governance means that those processes in place to support policies and procedures are so as to work towards successful outcomes while making the most and best use of resources.

7. ***Accountability***: As a key tenet of good governance, Forus Training has developed and improved its organisational structure to ensure clarity in who is accountable, what needs to be documented in policy statements and how all other operational detail is captured and recorded. This structure forces accountability and separation of decision making between commercial and academic interests. Forus Training has complete awareness of who may be affected by decisions as well as the applicable rules of legislation and standards.

8. ***Participation***: Participation of Learners and other stakeholders is a required cornerstone in good governance. Forus Training understands that as such, participation needs to be diligently coordinated and coherently informed.

Forus Training is committed to good governance as achieved through the on-going discourse that captures all of the considerations involved in the teaching and learning context, assuring that Learner and other stakeholder interests are addressed and reflected in all policy and procedure related initiatives.

The Directors of Forus Training are committed to ensuring separation of powers between key decision making in academic governance and commercial management. The Commercial Governance Committee (CGC) along with the Managing Director holds the principal authority of corporate related governance including the strategic oversight of maintaining Forus Training's status as an established legal entity.

Through the structures of the committees described in detail below, the corporate and academic governance issues are kept separate when deciding on resource and other financially impactful issues relating to validated or new programmes. Academic decision-making reflects the interests of Learners and the maintenance of standards. The committees are configured so that academic decision-making is independent of commercial considerations, and through oversight to enforce this. The committees act in a safeguarding capacity so that the Managing Director of Forus Training does not exercise exclusive authority or have undue influence over academic decision making.

It is the role of the Managing Director to support and manage a resource base sufficient to sustainably support the quality assurance system and programmes of education and training, research and related services offered. The Managing Director also ensures the appropriate and necessary resource allocations, including Human Resource management requirements of and to all teaching and support staff are met.

Organisational Governance Structure

The Forus Training Organisational Governance Structure can be viewed on the diagram below; Figure 1: Structure of Committees. As Forus Training incorporates a team of 12 Management and Administrative positions (9 WTE), our governance system has been designed using a streamlined approach to avoid the challenge of the same personnel attending all committees.

Each of the committees and have a clear 'Terms of Reference' (ToR) to;

- Identify membership,
- Define the scope of operational process related responsibilities,
- Detail the shared understanding of the committee's objectives and resource availability,
- Explain the alignment to legislative framework and requirements,
- Ensure objectivity in decision-making structures, removing conflict of interest,
- Support representative membership and expert decision-making,
- Clearly delineate responsibility.

The terms of reference (ToR) also detail how the membership will work collaboratively to achieve successful outcomes and/or overcome complex issues.

The structure of committees represents the key functional components in respect to both academic and operational responsibilities. The structure is uncomplicated so as to avoid staff and stakeholders having repeated membership across committees and overlap in agenda matters. There is greater efficiency and effective communication between the committees as the individual committee terms of reference (ToR) are transparent and clearly defined. In operational terms, the streamlined approach adopted by Forus Training provides a functional pathway to quality assured operating procedures and processes.

Academic Governance - System of Committees

The system of academic governance within Forus Training is central to the successful implementation of its quality assurance system. Through the Quality Assurance & Academic Governance Council (QAAGC), independent oversight is given. The QAAGC has authority to oversee all academic affairs, the QAAGC holds the ultimate authority for academic decision-making at Forus Training. Through the oversight of this committee, Forus Training ensures it complies with all core and associated relevant legislation, including Freedom of Information, Data Protection, Safety, Health and Welfare, Employment and Equality legislation. The tables on the following pages detail the structures and responsibilities, including Terms of Reference (ToR) for each of the committees.
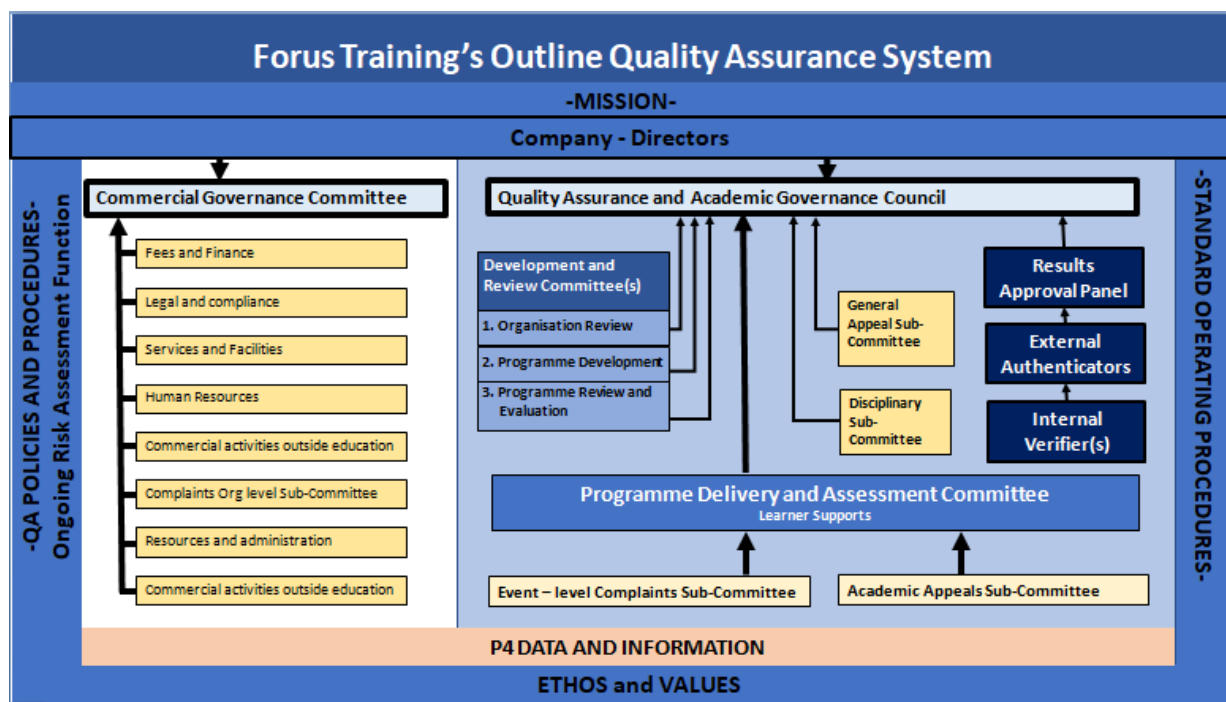
Figure 1: **Structure of Committees**

For further information on the decision making processes relating to these committees please see

1.2 Management of Quality Assurance.

Externality built into governance structures

The proposed membership of committees outlined in the table below, gives clarity to how externality is built into Forus Training's governance structures and representation of relevant stakeholders (e.g. academic staff and Learners) in our governance structures. The structure is uncomplicated so as to avoid staff and stakeholders having repeated membership across committees and overlap in agenda matters. See also Externality Policy and Procedure.

The following roles deliver externality to the committees

- Independent Further Education Advisor,
- 2nd Independent Further Education Advisor,
- Industry Non-FE Executive,
- External Consultant: Legal Representative,
- Subject Matter Expert,
- Industry (Employer Representative),
- Trainer Representative,
- Learner Representative.

The matrix below clarifies roles and associated committee membership. The term of office for the independent members where indicated in the tables above is three years and independent members may serve two terms of office concurrently.

Individual Job Roles	Core Committees			Development and Review Committees			Supporting Committees			
	Commercial Governance Committee	Quality Assurance & Academic Governance Council	Programme Delivery & Assessment Committee	**Type 1.** Organisation Review Committee	**Type 2.** Programme Development Committee	**Type 3.** Programme Review & Evaluation Committee	Disciplinary Sub-Committee (Staff / Trainers)	General Appeal Sub-Committee (Non-Grade Related)	Academic Appeal Sub-Committee	Complaints Sub-Committee
Independent Further Education Advisor		Chair	Member				Chair	Chair		
2nd Independent Further Education Advisor				Chair						
Industry Non-FE Executive	Chair	Member								
External Consultant: Legal Representative								Member		
Subject Matter Expert					Member	Chair			Chair	
Industry (Employer Representative)					Member	Member				
Trainer Representative (may differ)		Member	Member	Member	Member	Member		Member [1]		Member [2]
Learner Representative (may differ)		Member	Member	Member	Member	Member				
QA Officer		Member [3]	Member	Member		Member				Chair
Programme Development and Design Lead			Member		Chair					
Head of Certification		Member	Chair			Member				
Academic Manager		Member	Member	Member		Member	Member		Member	
Head Of Operations - HR function only	Member						Member			
Managing Director / Head of Centre	Member						Member			Member
Programme Leader					Member	Member	Member		Member	
Course Coordinator	Member						Member			
Accounts Manager (Senior Financial Officer)	Member									

Table 1: Externality and Committee Membership.

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[1] Trainer Representative is a member of the General Appeal Sub-Committee (Non-Grade Related) on the basis of issues presented, ensuring objectivity and subject matter expertise.

[2] Trainer Representative is a member of the Complaints Sub-Committee on the basis of issues presented, ensuring objectivity and subject matter expertise.

[3] QA Officer acts as the link between the P1 S5 PDAC and the P1 S4 QAAGC

Terms of Reference for Each Committee

P1 S6 Commercial Governance Committee (CGC) Terms of Reference	
P1 S6 Meeting Agenda for Commercial Governance Committee	
Purpose:	Corporate structure and sustainability - this committee supports and manages a resource base sufficient to sustainably support the organisation and programmes of education and training, research and related services offered.
Chairperson:	Industry Non-FE Executive
Membership:	Accounts Manager, Managing Director, Course Coordinator, Head of Operations - HR Function.
Duties and responsibilities (of committee and roles):	• Maintain Forus Training's status as an established legal entity, which is a clearly identified legal person, having rights and responsibilities under law, • Manage financial risk, • Ensure that Forus Training is stable and in good financial standing, with a reasonable business case for sustainable provision. • Demonstrate how it complies with applicable financial and HR regulations and legislation, • Identify dependencies, collaborations, obligations, parent organisations, and stakeholder obligations that impact upon the capacity of Forus Training in any way, • Provide required financial information to relevant stakeholders / authorities, • Ensure that where its capacity is in any way reduced (for example reductions in staff, resources, other education and training aspects; capacity to uphold the conditions and standards of validation or any other significant matters) QQI will be notified, • Pricing and costing of new and current programmes and ensuring current programmes are financially viable and sustainable, • Handling of complaints.
Meeting details:	Meetings scheduled each quarter, Meeting agenda based on committee's terms of reference.

P1 S4 C1 Quality Assurance & Academic Governance Council (QAAGC)

Meeting Agenda for P1 S4 C1 Quality Assurance & Academic Governance Council (QAAGC)	
Purpose:	To monitor and review QA and academic affairs of Forus Training.
Chairperson:	Independent FE&TA (Further Education and Training Advisor)
Membership:	Quality Assurance Officer (acts as the link between the PDAC and the QAAGC) Industry Non - FE Executive, Trainer Representative - Programme Dependent, Learner Representative - Programme Dependent, Head of Certification, Academic Manager.
Quorum:	Must consist of 3 people (casting votes) plus one external advisor.

Duties and responsibilities (of committee and roles)	1. **Ongoing Organisational Management, Reviews & Oversight of teaching, learning and assessment**
	 • To develop policies and strategies, in relation to training and education.
	 • HR Management & Oversight,
	 • Risk management (see P1 S8 Risk Management Policy for policy and detail), Overview, Incidents and Complaints to include consideration of issues particular to the Blended Learning application.
	 • Monitor Learner outcomes, progression and retention performance indicators on programmes,
	 • Monitoring of attendance, periodic review of compliance,
	 • Review Learner, Trainer and industry feedback and take action where required,
	 • Ensuring consistency of academic standards across Forus Training programmes and including programmes delivered under Collaborative Agreements,
	 • Compliance with legislation;
	    ◦ Further Education & Training Act 2012,
	    ◦ Qualification & Quality Assurance (Education & Training) Act 2012,
	    ◦ Safety, Health & Welfare at Work Act 2005,
	    ◦ Equality Act (Equal Status Act) 2004,
	    ◦ GDPR 2018.
	 2. **QA Systems/Policies & Procedures**
	 • Prepare for re-engagement (2019/2020),
	 • Ensure that our policies and procedures align with QQI guidelines on quality assurance,

- Oversight of PEL arrangements,

- Oversight of collaborative / partnership agreements,

- Review and document control QA Documentation,

- Review of QA audit reports,

- Ensure that Forus Training Quality Manual and associated documentation is compliant with current legislation,

- Monitor adherence to QA policies & procedures (processes, steps and components/instructions),

- Dissemination of informal training and provision of information, regarding QA updates to relevant stakeholders, e.g. Trainers and Learners,

- Review and approve updates and amendments to any aspect of the quality assurance system.

3. **Programmes**

- Identification of potential new programme(s),

- Identify new programme proposals,

- Determination or requirement and provision of all resources human / physical for training provision,

- Adjudication of the adequacy of resources - Trainer and venue specification, content, Trainer / Learner materials / diversity of teaching resources,

- Oversight of programme development phase,

- Ad-hoc Programme Development Sub Committee,

- Programme approval,

- Programme re-validation;

    o   Process the validation application,

    o   Meet with the QQI panel supported by the representatives of the Programme Development Committee.

4. **Monitoring & Review**

- Formally assess and approve reports for awarding bodies such as programme and organisational review documentation,

- Review and approve relevant reports from external bodies and external examiners inc External Authentication reports,

- Review annual programme review reports and make recommendations based on same,

- Manage Ad-hoc Appeals Review Panel – Appointed to determine that the Learner has been treated fairly and that due process has been followed,

- Responsibility for programme objectives and the Learner's expectations,

- Monitoring assessment deadlines/reporting from the Trainer.

5. **Disciplinary oversight**

	● Manage cases of alleged misconduct and academic impropriety P1 S4 C2Ad-hoc Disciplinary Sub-Committee.
Meetings - timing, conduct, frequency	x2 meetings per calendar year to be scheduled immediately after 2 busiest certification cycles. P1S3a.
Requirements: **Information / reports / indicators need to be supplied for review**	**Ongoing Organisational Management, Reviews & Oversight** ● **HR**, P5 S1 Manpower Requisition Form, P5 S10 Workable Improvement Procedure, P5 S11 Exit Interview Form. ● **Risk Management**, P2 S13 Complaints / Comments Register, P2 S11 Accident / Incident Register P2 S11 Accident or Incident Report Forms ● **Monitor Learner outcomes**, ● **Monitor assessment Activity;** P9 S17 Results Approval Panel Meeting Minutes ● **Review Learner and Trainer feedback**, P9 S9 Reaction Form, P9 S12 C3 End of Programme Report, ● Feedback: Feedback from Learners regarding Trainers, Course material and standard of delivery, Overall rating of the course. P9 S12 C3 End of Programme Report ● Programme subscription rates/registrations/enrolment, **QA Systems/Policies & Procedures** ● New Policies P1 S3 C7 Policy - Template, presented to the committee ● P2 S3a Quality Improvement Plan **Programme Development** ● P6 S1 Programme Development - Tool 1 - Scoper, Programme Validation application, e.g, Applications CAS Minor Programme Descriptor Template ● Reports arising from the P6 S8 C10 Programme Monitoring & Review Procedure **Monitoring & Review** ● P9 S17 Results Approval Panel Meeting Minutes, P9 S16 EA Report, Forus Training QQI QA EA Training, P9 S15 Internal Verification Report,P9 S21 IV KPI Report December to June Combined, ● Self Evaluation reports arising from the P1 S1 C5 Self-Evaluation and Review Policy.
Minutes / Reports From Sub Committees	Meeting Minutes for P1 S4.1 Programme Development and Review Committee, Meeting Minutes for Disciplinary Sub-Committee, Meeting Minutes for Appeals Sub- Committee.
Reporting Requirements: **Approval Sign Off.**	Meeting Minutes for P1 S4 C1 Quality Assurance & Academic Governance Council (QAAGC) HR - P5 S1 Manpower Requisition Form - Approval status

	Programme Development P6 S1 Programme Development - Tool 1 - Scoper - Approval status, Applications for Validation of New Programmes Approval status, Applications for Re-engagement Approval status.

P1 S4 Development and Review Committee (3 Types)

Type 1: **P1 S4 Ad Hoc Organisational Review Sub Committee**

Purpose:	The Organisational Review Committee implements the on and organisational review process to evaluate the governance and management of quality assurance and the effectiveness of quality assurance procedures. The committee overseeing the development of an associated improvement plan will support Forus Training in meeting its statutory requirements for operation of compliant internal quality assurance procedures.
Chairperson:	Independent FE&TA (Further Education and Training Advisor)
Membership:	Trainer Representative, Learner Representative, QA Officer, Academic Manager.
Related policy and procedure:	P1 S1 C5 Self-Evaluation and Review Policy and Procedure
Duties and responsibilities (of committee and roles)	1. This committee is tasked with Self Evaluation on a cyclical (5 year) basis, 2. Membership of the Committee will be determined by the Quality Assurance & Academic Governance Council (QAAGC) in line with Externality and Learner Representation policies, 3. This committee is a sub-committee of the Quality Assurance & Academic Governance Council (QAAGC) and as such the Chair of the committee will report on the activities of the committee to the Quality Assurance & Academic Governance Council (QAAGC), 4. The Chair of the committee assisted by the Quality Assurance Officer is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of Forus Training and to the Quality Assurance & Academic Governance Council (QAAGC).
Meeting details:	• Meetings scheduled as necessary, • Meeting agenda based on committee's terms of reference.
Requirements: **Information / reports /**	**Outputs**: a self-evaluation report, including findings and recommendations for improvement, and an improvement with a detailed action plan detailing how and when the staff, management and committees of Forus Training will address

indicators programme development	the recommendations made the self-evaluation report, and who will have responsibility for doing so.

Type 2: P1 S4 Ad Hoc Programme Development Sub Committee
Meeting Agenda for P1 S4.1 Programme Development and Review Committee.docx

Purpose:	- To review the work of the development and get the programme to validation stage, - What the programme is about, - How it is to be staffed and managed, - How it is to be communicated to Learners, - How it is to be delivered and assessed, - How its success or otherwise will be monitored and reviewed.
Chairperson:	Subject Matter Expert
Membership:	Industry (Employer Representative), Trainer Representative, Learner Representative, Programme Development and Design Lead, Programme Leader.
Related policy and procedure:	P6 Programme and Service Development Policy and Procedure
Duties and responsibilities (of committee and roles)	1. This committee is tasked with the development of programme(s) as per process outlined here, P6 Programme and Service Development Policy and Procedure 2. Membership of the Committee will be determined by the nature and purpose of the new programme(s) proposed, 3. This committee is a sub-committee of the Quality Assurance & Academic Governance Council (QAAGC) and as such the Chair of the committee will report on the activities of the committee to the Quality Assurance & Academic Governance Council (QAAGC), 4. The Chair of the committee is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of Forus Training and to the Quality Assurance & Academic Governance Council (QAAGC).
Meeting details:	Meetings scheduled as necessary, Meeting agenda based on committee's terms of reference.
Requirements:	Feedback - QQI Panel Reports

Information / reports / indicators programme development	P6 S1 Programme Development Tool 1 - Scoper - Approval document and scope of work from the QAAGC. Relevant Subject Matter Expert input and industry feedback on draft programmes.
Reporting Requirements: / Approval Sign Off.	Meeting Minutes for P1 S4.1 Programme Development and Review Committee P6 S1 Programme Development - Tool 1 – Scoper P6 S1 Programme Development - Tool 2 - Programme Framer P6 S1 Programme Development - Tool 3 - Delivery Framer P6 S1 Programme Development - Tool 4 - Programme Structure Deviser P6 S2 Programme Development - Tool 5 - Assessment Scheduler P6 S2 Programme Development - Tool 6 - Learner Support Identifier P6 S2 Programme Development - Tool 7 - Programme Module Objective Developer P6 S2 Programme Development - Tool 8 - Programme Module Content Developer. P6 S2 Programme Development - Tool 9 - Learning Strand and Delivery Strategy Mapper P6 S2 Programme Development - Tool 10 - Outcome and Content Mapper P6 S2 Programme Development - Tool 11 - Assessment and Outcomes Mapper Validation applications; CAS Minor Programme Descriptor Template

Type 3: P1 S4 Ad Hoc Programme Review Sub Committee	
Purpose:	- To monitor / manage the work of the review, - Report to the Quality Assurance and Academic Governance Council, - Gather the data that to be included in the programme evaluation, - Identify sectoral, legislative and industry developments / changes relating to the programme, - Advances in specific disciplines including both national and international related evidence-based research and emerging curriculums - Document findings, drawing conclusions and making recommendations, - Develop a programme improvement plan addressing gaps / improvements identified in the review.
Chairperson:	Subject Matter Expert
Membership:	Industry (Employer Representative), Trainer Representative, Learner Representative,

	QA Officer, Head of Certification, Academic Manager, Programme Leader.
Related Policy and Procedure:	[P6 S8 C10 Programme Monitoring & Review Policy and Procedure](#)
Duties and responsibilities (of committee and roles)	1. This committee is tasked with the monitoring and review of programme(s) as per policy and procedure, 2. Membership of the Committee will be determined by the nature and purpose of the new programme(s) proposed, 3. This committee is a sub-committee of the Quality Assurance & Academic Governance Council (QAAGC) and as such the Chair of the committee will report on the activities of the committee to the Quality Assurance & Academic Governance Council (QAAGC), 4. The Chair of the committee supported by the Quality Assurance Officer is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of Forus Training and to the Quality Assurance & Academic Governance Council (QAAGC).
Meeting details:	● Meetings scheduled as necessary, ● Meeting agenda based on committee's terms of reference.
Requirements: **Information / reports / indicators programme development**	● Enrolment statistics, ● Drop-out rates, ● Assessment results, ● Attendance records, ● Assessment records, ● Minutes of meetings, ● Post course reports, ● Progress reports.
Information / reports / indicators need to be supplied for programme review	**Review Learner and Trainer feedback**, [P9 S9 Reaction Form, P9 S 26 End of Programme Report,](#) - contains specific questions about other appropriate programmes for Learners. Feedback: [Feedback from Learners regarding Trainers](#), [Course material and standard of delivery](#), [Overall rating of the course](#). [P9 S12 C3 End of Programme Report](#) **Programme subscription rates/registrations/enrolment,** [P9 S17 Results Approval Panel Meeting Minutes, P9 S16 EA Report, P9 S15 Internal Verification Report,P9 S21 IV KPI Report December to June Combined.](#)

P1 S4 C2a Disciplinary Sub-Committee (Staff / Trainers)

P1 S4 C2a Meeting Agenda for Disciplinary Sub-Committee	
Purpose:	To review / hear unresolved cases of alleged misconduct and academic impropriety. This includes matters related to HR. This Disciplinary Sub-Committee (Staff/Trainers) reports to the QAAGC.
Chairperson:	Independent FE&TA (Further Education and Training Advisor)
Membership:	Academic Manager, Programme Leader, Head of Operations (HR Function only) Course Coordinator.
Duties and responsibilities (of committee and roles)	● To hear unresolved cases of alleged misconduct and academic impropriety; Learners, contracted Trainers, employed staff, ● To be convened by Managing Director of Forus Training Ireland as necessary, ● Membership based on the nature of the alleged disciplinary offence. (Minimum 3 persons including the Managing Director of Forus Training), ● See policy appeals and disciplinary procedures.
Meeting details:	● Meetings held on a need's basis, ● Meeting chaired by Forus Training Centre Course Coordinator, ● Meeting agenda based on committee's terms of reference.
Requirements: **Information / reports / indicators need to be supplied for review**	Disciplinary records, P5 S10 Workable Improvement Procedure P5 S10 Workable Improvement Notice (WIN) Trainer / Staff Form P9 S6 Workable Improvement Notice (WIN) Learner Form P5 S8 Forus Training Employee Handbook Correspondence between the parties involved. Previous relevant outcomes. Contracts / terms and conditions that are pertinent. Information anonymised as per policy.
Reporting Requirements: **Approval Sign Off.**	P1 S4 C2aMeeting Minutes for Disciplinary Subcommittee Further Communication / Adjudication on matters communicated to QAAGC.

P1 S4 C2b General Appeal Sub-Committee (Non-Grade Related)

P1 S4 C2b Meeting Agenda for Appeals Sub-Committee	
Purpose:	To review any appeals based on agreed appeals procedure
Chairperson:	Independent FE&TA (Further Education and Training Advisor)
Membership:	External Consultant: Legal Representative Trainer Representative: on the basis of the issue presented, ensuring objectivity and subject matter expertise.
Duties and responsibilities (of committee and roles)	Established on a needs basis, Review penultimate appeals of examination and assessment grades or against the decisions of the academic committees, Handle appeals in relation to disciplinary matters (Learners), Handle appeals in relation to complaints.
Meeting details:	• Meetings held on a needs basis, • Meeting agenda based on committee's terms of reference.
Requirements: Information / reports / indicators need to be supplied for review	All documentation / correspondence relating to the matter at hand.
Reporting Requirements: Approval Sign Off.	**Further Communication / Adjudication on matters** P1 S4 C2b Meeting Minutes for General Appeals Sub- Committee

P1 S5 Programme Delivery & Assessment Committee (PDAC)

P1 S5 Meeting Agenda Programme Delivery & Assessment Committee (PDAC)	
Purpose:	Management and monitoring the validity, reliability and transparency of programmes delivered by Forus Training.
Chair:	Head of Certification
Membership:	Independent FE&TA (Further Education and Training Advisor), QA Officer, Academic Manager, Programme Development and Design Lead,

	Trainer Representative - Dependent on programme being developed / reviewed, Learner Representative - Dependent on the programme being developed / reviewed.
Duties and responsibilities (of committee and roles)	1. Manage and monitor programmes including the efficacy of teaching, learning attendance and assessment methods, 2. Monitor centres procedures as applied to the programmes, 3. Learner supports, 4. Monitor Learner outcomes, progression and retention performance indicators, 5. Review student, Trainer and industry feedback including rapport between the Trainer and the Learners and take action where required, 6. Participate in reviews as determined by relevant awarding bodies (i.e. organisational and programme reviews), 7. Participate in annual programme review reports and make recommendations based on same, 8. Review outcomes of External Authentication of programmes under consideration, 9. Review cases of plagiarism when appropriate (may be referred to QAAGC), 10. Review cases of appeals when appropriate (may be referred to QAAGC), 11. The Results Approval Panel (RAP) is convened by this committee in line with certification requests, 12. The Results Approval Panel (RAP) reports to this committee in line with the meeting frequency, 13. Review grade changes applied to assessment activities of programmes under consideration, 14. Review statistics trends regarding assessment results of programmes under consideration.
P1 S4 C3 Meetings - timing, conduct, frequency	x3 meetings per calendar year to be scheduled immediately after the busiest certification cycles February and August.
Information / data requirements	**Monitor Assessment Activity** P9 S17 Results Approval Panel Meeting Minutes **Review Learner and Trainer feedback**, P9 S9 Reaction Form, P9 S 26 End of Programme Report, Feedback: Feedback from Learners regarding Trainers, Course material and standard of delivery, Overall rating of the course. P9 S12 C3 End of Programme Report **Programme subscription rates/registrations/enrolment,**

	P9 S17 Results Approval Panel Meeting Minutes, P9 S16 EA Report, Forus Training QQI QA EA Training, P9 S15 Internal Verification Report,P9 S21 IV KPI Report December to June Combined
Reporting Requirements: **Approval Sign Off.**	**Further Communication / Adjudication on minutes** Meeting Minutes for P1 S5 Programme Delivery & Assessment Committee (PDAC)

P1 S5 C1 Academic Appeal Sub-Committee

P1 S5 C1 Meeting Agenda for Academic Appeals Sub-Committee	
Purpose:	To review any final appeals based on agreed appeals procedure. The Academic appeals Sub-committee reports to the Programme Delivery and Assessment Committee
Chair:	Academic Subject Matter Expert
Membership:	Academic Manager, Programme Leader.
Duties and responsibilities (of committee and roles)	1. Established on a needs basis, 2. Review penultimate appeals of examination and assessment grades or against the decisions of the academic committees, 3. Follow the appeals process to ensure fairness and consistency of assessment, 4. See Forus Training policy with regards to appeals procedure P9 S18 Recheck, Review and Appeals Policy and Procedure 5. Making appeals to QQI where applicable https://www.qqi.ie/Articles/Pages/appeals.aspx.
Meeting details:	• Meetings held on a needs basis, • Meeting chaired by Trainer Representative from Forus Training • Meeting agenda based on committee's terms of reference.
Information / data requirements	All documentation / correspondence relating to the matter at hand.
Reporting Requirements: **Approval Sign Off.**	Further Communication / Adjudication on minutes P1 S5 C2b Meeting Minutes for Appeals Sub-Committee

P1 S5 C2 Complaints Sub-Committee

P1 S5 C2 Meeting Agenda for Complaints Sub-Committee	
Purpose:	The Complaints Committee is an ad hoc committee drawn up to consider a complaint in accordance with the P9 S13 Complaints Policy & Procedure. The complaints sub-committee reports to the Programme Delivery and Assessment Committee or the Commercial Committee depending on the nature of the complaint.
	Membership based on significance of complaint (level, module etc.):
	Minimum 3 persons:
Chair:	QA Officer
Membership:	Head of Centre,
	Trainer Representative.
Duties and responsibilities (of committee and roles):	Provide and maintain an effective and relevant Complaints Policy and Procedure.
	Oversee the implementation of procedures in place for the investigation and resolution of complaints regarding Trainers.
	Ensure, through appropriate management and training practices overseen by the Chair of the Complaints Committee, that the conduct of investigations are of a standard sufficiently high to minimise the risks to Forus Training of inadequate investigation practice.
	Recommend to the Programme Delivery & Assessment Committee such changes and enhancements to the Complaints Handling and Resolution Process as it considers appropriate, so that it reflects developments in legal or employment and other best practice.
	Raise awareness of the Complaints Policy and Procedure.
	Assess and make recommendations on any learning points arising from complaints.
Meeting details:	As above - all information pertaining to the complaint.
Information / data requirements	All documentation / correspondence relating to the complaint at hand.
Reporting Requirements: **Approval Sign Off.**	**Further Communication / Adjudication on minutes** **Meeting Minutes for Appeals Sub-Committee**

Administration of Committee Meetings

At the end of every calendar year the QA Officer schedules all related quality assurance, development and review related activities (including self-evaluation) activities for the forthcoming year. This allows time and resources for a comprehensive, planned, periodic overview of current QA

and self-evaluation related processes. However, the management team understands these needs to be flexible in order to accommodate the dynamic environment in which this sector sits.

The Committees described in the previous section monitor evidence of Quality Assurance System implementation through an annual schedule of reporting activity and of meetings. In advance of meetings, the agenda of each committee is preset and obligates the members to follow the agenda and discuss minutes arising from previous meetings. This focuses the committee's attention and activity on the policies and initiatives that pertain to them. Committees are also charged with items for formal approval.

With due notice (2 weeks) and in advance of each meeting, the members of the committee are requested to notify the committee secretary of any agenda items they wish to raise at the meeting. The role of the Secretary is to support the Chair in ensuring the smooth functioning of the Committee. The Secretary is responsible for; ensuring meetings are effectively organised, minuted and recorded. These administration tasks are carried out by the Quality Assurance Officer in this capacity. The process for placing items on the agenda is twofold; both the circulation of the email inviting suggestions for agenda items and 'any other business', can also be used to inform the meeting of agenda items which are proposed for the next meeting.

An annual schedule of meetings ensures allocation of "protected time" in the calendars of staff and stakeholders alike to ensure this important work is completed with full participation.

A quorum for each committee is a minimum of three, (casting vote holding) members, with the Independent Further Education and Training Advisor present. In the event that the Further Education and Training Advisor is unable to attend the meeting a member of the committee, subject to the approval of the committee's chair, may (in this exceptional circumstance), arrange for a suitably qualified deputy to attend in their place.

In relation to decision making, the process of reaching agreement is by voting. All voting is by majority vote, with the support of the Independent FE&TA (Further Education and Training Advisor) required to carry the motion. Each member present holds one vote.

The following voting rules apply within committees:

● Where a motion has been put to the members, the chair will ask the committee whether or not it approves and the decision,

● Decisions are ordinarily made unanimously,

● Where there appears to be diverse opinion, the chair will call for a vote, such a vote may also be requested by any member of the committee,

- Votes are usually open, but it is available to any member to propose a motion requesting a secret ballot,

- The number of votes for and against and the number of abstentions relating to any motion will be recorded in the minutes by the QA Officer,

- If there are an equal number of votes for and against the motion, the Chairperson has an additional casting vote,

- Further detail as to how disputes are managed are outlined in the policy; P9 S16 C4 Managing Disputes in Relation to Decision Making Policy.

Interim decision making (between scheduled meetings)

- As with any organisation, it is expected that the chair will have to make difficult decisions, and if urgent decisions must be made between meetings, the chair must determine whether to call a full committee, or to exercise the chair's action,

- This should only be used for decisions which either genuinely cannot wait or simply do not justify a full committee meeting,

- Any action taken under the chairperson's action must be reported to the next management committee meeting.

Risk Management

Forus Training's general approach is to minimise its exposure to risks; it will take steps to identify, assess and manage risks so as to mitigate their adverse consequences. [4] However, Forus Training recognises that in pursuit of its mission and organisational objectives it may choose to accept an increased degree of risk. It will do so, subject only, to ensure that potential benefits and risks are fully understood before developments are authorised and that sensible measures to mitigate risk are established. See Forus Training's Risk Management Policy here P1 S8 Risk Management Policy. The Quality Assurance and Academic Governance Council have responsibility for risk management within the organisation P1 S9 Risk Register.

Risk management involves the following:

Risk Assessment Tool is used to audit risk in January of each year, and at other intervals where necessary (e.g. in the event of a pandemic).

Relevant KPI	Indicators	Role Responsible	Committee
Internal Audit - Process	Through mitigation reduce residual risk to be minor or negligible in its rating. Focus on academic integrity employee training. Score of 5 or lower.	Managing Director	Quality Assurance & Academic Governance Council (QAAGC)

Audit 1: **Risk Management**

The linkages between the current P1 S9 Risk Register and the documentation and training developed to mitigate risk is a core part of ensuring that policy and standard operating procedures truly meet identified risk and address it head on. To further support this mechanism the P5 S10 Workable Improvement Procedure and associated forms for both Trainers and staff are in use. The two forms are P5 S10 Workable Improvement Notice (WIN) Trainer / Staff Form for Trainers and for Learners P9 S6 Workable Improvement Notice (WIN) Learner Form. The forms take account of the identified risk areas and the checkbox element of these forms direct the form filler to the circumstances of the incident and to ensure that the quality improvement loop is closed. These documents are structured and linked back to the risk register so that all stakeholders understand that their actions reduce risk.

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[4] Forus Training defines risk as 'the threat or possibility that an action or event will adversely affect an organisation's ability to achieve its objectives' according to the Routledge Companion to Risk, Crisis and Security in Business edited by Kurt J. Engemann.

Policy and Risk Register	Documentation, Training and SOPs	QA Mechanisms	Monitoring	Improvement Actions

QA Manual	Gap Analysis	Quality Improvement Plan	Quality Improvement Plan

Improved inputs	Staff induction Employee Handbook Trainer Code of Conduct Trainer Handbook Trainer Induction	WIN Staff Member / Trainer	Adjust content of Induction and Training	Representation CPD & Training

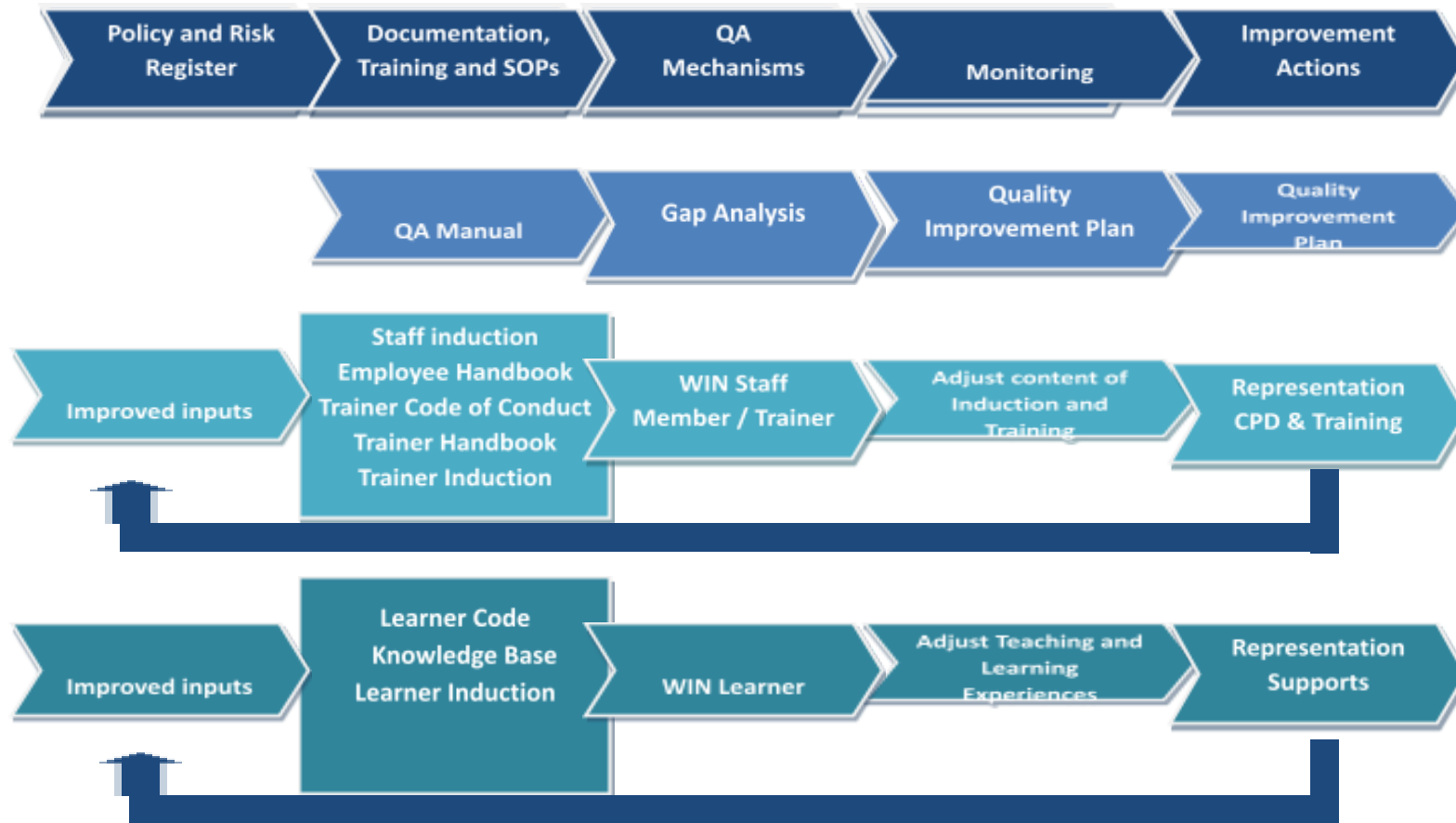| Improved inputs	Learner Code Knowledge Base Learner Induction	WIN Learner	Adjust Teaching and Learning Experiences	Representation Supports

Figure 2: Reduction of Risk Through Documentation

Much like a non-conformance or other document that would improve quality, the Workable Improvement Notice WIN notice takes the focus away from the individual and moves it to the individual's behaviour facilitating open discussion and change. This is a useful tool when confronting what can be difficult and anxiety raising issues with Trainers and Learners alike. There is transparency built into the process and allows for Forus Training to reiterate to stakeholders a commitment to quality fairness and consistency across all domains.

Risk Register Process:
- The identification of risks that threaten achievement of objectives,
- The evaluation of the likelihood of occurrence and potential impact of the risks identified,
- The scoring of risks according to their gravity,
- An appraisal of the techniques employed to manage the risks and identification of any further steps that should be taken,
- An appraisal of the levels of residual risk: after the application of management techniques and whether the residual level is acceptable,
- Identification of the risk owner including continuous monitoring of the effectiveness of controls and management techniques,
- Decision-making informed by the risk management process.

Forus Training's Risk Management Policy forms part of Forus Training's internal control and governance arrangements. The policy defines for all staff and stakeholders: Forus Training's approach to risk management;

- Their roles and responsibilities in the context of risk management,
- The procedures to be complied with and when / how to compile and report risk information,
- The process to evaluate the effectiveness of Forus Training's procedures.

The Risk Management Framework

Forus Training has responsibility for overseeing the management of risk within the company as a whole. The following key principles outline our approach to risk management and internal controls.

- All members of Forus Training community have a responsibility to engage in effective risk management,
- Risks and controls will be identified within the risk framework by considering them in the context of the units and Forus Training objectives as set out in the strategic plan and unit operational plans,

- Risks will need to be managed and not necessarily avoided.

The risk management process is fully embedded in the normal management operational structures and processes so that risk issues are considered by those involved in the day to day running of Forus Training and who are charged with the achievement of organisational objectives.

Financial Safeguards

The Accounts Manager manages the finance department within the organisation, including salaries and the annual budget. Accounts are audited on an annual basis. The auditors are registered chartered accountants.

The audit period is in March in line with our financial year end at 31st December and auditor's reports.

Relevant KPI	KPI	Role responsible for the report generation	Commercial Governance Committee
Internal Audit - Process	Liquidity ratios are used to determine the strength of the balance sheet	Accounts Manager	•

Audit 2: **Financial**

1. Governance and Management of Quality				
1.1 Governance				
	Plan	**Do**	**Check**	**Act**
P r o c e s s	Governance structures. Mission Ethos and Values Chapter 1 P1 S1 Quality Manual. Inc. Terms of reference for all committees. Mission and organisational objectives.	Role of Further Education and Training advisor to provide externality Non-Executive Director Role of Managing Director	Approval mechanisms Oversight mechanisms to facilitate analysis and strategic decision making detailed within the terms of reference of each committee and within job descriptions.	Oversight maintained in Risk Register - acts as a dashboard. Clear decision-making processes and follow up P2 S3a Quality Improvement Plan in line with strategy and objectives.
S u b - P r o c e s s e s	System of Committees separation of roles – clear academic decision making P1 S1 C7 Externality Policy P1 S8 Risk Management Policy P1 S4 Academic Strategy Policy P1 S8 Covid-19 Contingency Plan Appointment and job role of the Quality Assurance officer Trustees, owners or shareholders do not exercise exclusive authority or undue influence over academic decision making.	Schedule governance meetings / Quorum for committee meetings. Decision making processes. P9 S16 C4 Managing Disputes in Relation to Decision Making Policy Appropriate membership in attendance for each committee including externality. Appointment of members. Assign responsibility. Committees hold regular meetings that adhere to agendas and decision-making processes.	Annual risk review. Independent oversight to proceedings. Information / reports / indicators are supplied for review by committees. Reporting Requirements: Approval Sign Off determined for each committee on a periodic basis. Gaps identified by committee membership. KPI "alarm" systems built in. Attendance monitoring systems. Follow up on previous additions to QIP and "close the loop" on outstanding matters.	Populate /update P1 S9 Risk Register actions to mitigate identified risk Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy; P5 S10 Workable Improvement Procedure.

Table 2: 1.1 Governance PDCA diagram.

Our Risk Management policy is supported by related Forus Training policies - the primary policies being Health and Safety, GDPR and Equality related policy areas.

1.2 Management of Quality Assurance:

Process Improvement – a coherent system

Ensuring a coherent QA system requires the contribution of staff, Trainers and Learners. Staff and Trainers are empowered to collaborate with Learners and stakeholders to co-produce that environment.

The Quality Assurance Officer (1 WTE)

The QA officer is responsible for the dissemination of quality assurance information and awareness raising at an operational coordination so as to support the implementation, monitoring and evaluation of academic standards and integrity across the organisation. The job description for this role includes:

1. Ensuring the Academic Manager is communicating up to date and current QA policy and procedural related information to staff and Trainers,

2. Ensuring that all QA related documentation is current and version controlled so only the most up to date version can be accessed by staff and Trainers,

3. The analysis of academic data (KPIs), including exam results, grade distribution, attendance figures and other specific academic areas,

4. Overseeing the scheduling, coordination and attendance of the academic quality assurance governance committees,

2. Assists the Head of Certification in coordinating arrangements for the quality assuring of certification, i.e., internal verification (IV), external authentication (EA) and the Results Approval Panel (RAP),

3. Quality Assurance Officer has a 'follow-up' role re recommendations/actions from the meetings - The QA officer is the owner of the Quality Improvement Plan,

4. Assist the Head of Certification and Academic Manager with general quality assurance related administration tasks as directed.

Our quality improvement strategies attempt to improve quality through continuous study and modification of the services being provided. In order for there to be a coherent and cohesive implementation of a quality agenda - this is a primary role and responsibility for all staff - reflected in personal specifications and job descriptions. For continuity planning it is also crucial that there is a

shared competence amongst staff members. This ensures stability and lack of interruption should there be change to the team. Extensively documented systems also support a systematic approach.

Please see below an outline view of staffing / stakeholder positions at Forus Training.

Head of Centre (1 WTE)

The Managing Director / Head of Centre is responsible for ensuring that all aspects of the organisation functions effectively as a quality led training organisation for both Learners and staff. The Head of Center's role is to encourage, motivate and support all teaching and administration staff to achieve the strategic objectives and goals of the organisation while upholding academic integrity.

Academic Manager (1 WTE)

The Academic Manager is a key appointment in the Forus Training Team and has a responsibility for curriculum areas, cross-course learner provision and in implementing and influencing senior management decision-making and academic organisational policy, as per the QQI approved QA criteria and associated policies and procedures.

Independent FET (Further Education and Training) Advisor

Also known as the Independent Advisor, whose role is outlined in the [P1 S1 C7 Externality Policy and Procedure](#) who brings to the board the ability to be independent, impartial, experienced and knowledgeable so that they can:

- Preside over P1 S4 Quality Assurance & Academic Governance Council (QAAGC) Terms of Reference meetings and ensure that it conducts its business in a professional and orderly manner.
- Demonstrate responsibility for reflective and effective communication and manage professional integrity at all times.
- Promote a culture of openness and professional debate.
- Be responsible for reflective communication.

This position supports The Head of Centre in the day to day adherence to quality assurance policies and procedures. The role requires critical thinking, multi-tasking, and assistance of high level human resource issues, the analysis of organisational processes and the ability to improve quality, productivity and efficiency.

Head of Operations - HR Function Only (1 WTE)

In this role, the person oversees the service delivery process to help keep delivery at desired quality assurance levels. The Head of Operations supervises and directs the personnel responsible for

service delivery to high standards and in line with our values. The function of the role is to ensure compliance with HR regulations and legislation.

Course Advisor (1 WTE)

The Course Advisor is responsible for the adherence to quality assurance in the context of how information is advertised to the public. This is a central role and works across the team ensuring organisational participation and contribution in the development of training programmes while also ensuring high quality customer service / initial support to Learners and external stakeholders during their first enquiry and contact with us.

Head of Certification (1 WTE)

The Head of Certification acts as the primary point of contact for communications between Forus Training and external awarding bodies. The role ensures appropriate and sufficient oversight of programme and Learner assessment evidence. For example, the management and coordination of the QQI - QBS system including the uploading of Learner results, authenticity checks, verification and authenticity diligence. This role also encompasses the key administration function of the examination secretary.

Certification Administrator (1 WTE)

The certification administrator carries out administrative duties relating to all aspects of assessment entries and results, to assist Trainers or Learners with any queries relating to assessment, to seek ways of improving quality in all aspects of the work in line with our quality management system. This role reports to the Head of Certification.

Head of IT

The Head of IT is responsible for the preparation of systems to support a blended learning model. This role ensures that these new systems are introduced in a planned and methodical manner that represents minimum risk to the learning experience. The Head of IT is also responsible for the security of all IT systems and Data Protection.

Programme Development and Design Lead (1 WTE)

The Programme Development and Design Lead is responsible for maintaining the success of a program well beyond the initial "launch" date, which requires them to keep the engagement level high and the feedback loop ongoing for the continuous success of the programs they oversee.

- Management of new programme development,
- Planning and implementation of learning technology in the organisation,
- Administrate support and software licensing,

- Responsible for developing and making accessible programme information to the public,
- Marketing all of the courses and programmes. This involves developing effective advertising campaigns, designing content and manages our social media platforms,
- Engaging in promotion including student recruitment as appropriate.

External Authenticator:

The External Authenticator is an independent expert who is a member of the broader community of practice within the programme's field of learning.

The function of the External Authenticator is to provide independent authoritative confirmation of fair and consistent assessment of Learners. It is the principal means for maintaining academic standards and to provide an assurance of 'fair play' and in doing so, is an integral component of quality assurance. The external authentication process does this by;

Communicate all sensitive information via registered mail or agreed form of secure correspondence,

Review and moderate representative samples of assessment material and in particular cases where results have provisionally completed on borderline grades. 'Unsuccessful' results may also be moderated.

Forus Training requires EA procedures to moderate all those from 45% +. The EA meets and discusses findings with the Head of Certification and/or Head of Centre or appointed administrative staff.

Complete and submit a comprehensive External Authenticator report, as per the Forus Training contract already signed by the External Authenticator.

Course Coordinator (1 WTE)

The Course Coordinator's key responsibility is the day to day coordination of programmes. Key responsibilities of the Course Coordinator include PEL, programme planning and support, Learner registration and assisting with programme monitoring and review, complaints (where appropriate) and record keeping.

Programme Leader:

Each QQI programme is assigned a Programme Leader whose key responsibility is to manage and ensure coordination of the programme, from development to Learner certification in line with Forus Training agreed quality assurance policies and procedures. This includes academic planning, development and review of programme instruments, materials and resources, engagement with verification and authentication processes as and when necessary, participation in committees and contributions to self-evaluation reports.

Programme Trainer:

The key role of Forus Trainers, including contracted Trainers is centred around the delivery of teaching and assessment of Learners in line with the ethos and guidelines as provided by Forus Training Quality Assurance.   These guidelines capture fundamental responsibilities such as integrating relevant and current published research into course delivery and assessment processes,

contributing to the development, planning and implementation of a high quality curriculum, providing pastoral care and support to Learners when appropriate, liaising with administration and management staff as necessary on an on-going basis, grading of assessments where relevant as well as providing feedback and mentoring to Learners within the agreed timescale of the assessment activity and participating in Programme Board meetings and other meetings and committees as assigned by the organisation.   The details of the Trainer role can be observed in P5 S6 C1 Trainer Handbook.
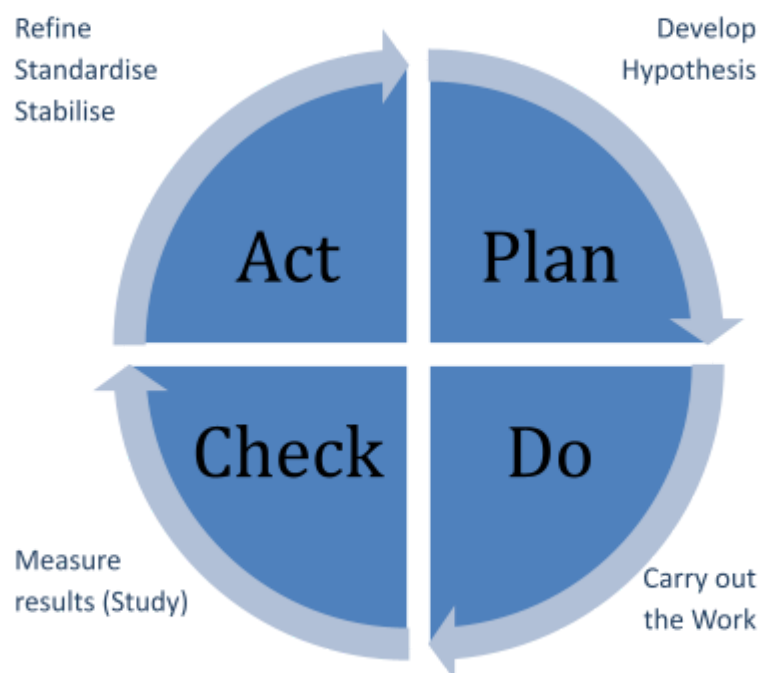
Figure 1: Plan, Do, Check, Act Methodology[5]

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[5] In order to manage the quality assurance system we have adopted a plan to study, adjust methodology. Plan-do-study-adjust is an iterative four-step management process used in Forus Training for the control and continual improvement of processes and products. It is also known as the Deming circle/cycle/wheel. Langley, K, Nolan, K and Nolan, T et al. (1996) The Improvement Guide: A Practical Approach to Enhancing Organisational Performance, San Francisco: Jossey-Bass.

The steps are outlined in more detail below:

Plan, Do, Check, Act		
Phase		**Detailed Steps**
Plan	**Develop Hypothesis**	• Define and break down the problem • Grasp the current conditions • Set a target condition • Identify potential countermeasure(s)
Do	**Conduct experiment**	• Develop & test countermeasure(s) • Refine and finalise countermeasure(s) • Implement countermeasure(s)
Check	**Evaluate Results**	• Measure process performance
Act	**Refine Standardise and Stabilise**	• Refine, standardise & stabilise the process • Monitor process performance • Reflect & share learning

Note: The left column spanning the rows reads "Often 50-80% of the total time"

Table 3: **Plan, Do, Check, Act Methodology**

To ensure that the process owner is the process improver, the person at the activity level is always the person involved in process improvement. The process owner is heavily involved in decisions that influence how they do their work.

The following tools / ways of working are used to implement this model for improvement:

• Standard work is documented,

• Use of process maps,

• Use of Flow charts,

• Use of Checklists,

• Concise visual work instructions,

• Induction and training of new staff is key - P5 S20 Induction Checklist,

• Hands on when possible,

• If there is a gap between implementation and people engaging with the new process retraining is indicated,

• Measure performance against target conditions through supervision, management, and audit,

• Focus on removing obstacles,

• Retraining if process is adjusted,

• Processes require process owners.

Promoting a Culture of Quality Improvement Through Systems.

The QA Officer has developed a series of procedures to promote a culture of quality improvement;

Preventive Action Procedure

The procedure establishes the process to track and investigate potential non-conformances. The cornerstone of preventive action is written and retrievable documentation of actions taken and follow-up monitoring to determine that preventive actions have been implemented and documented. This is managed in our Quality Improvement Plan; P2 S3a Quality Improvement Plan.

a)   Identify the cause to a potential non-conformance from:

- Inadequate or non-existent procedures and documentation identified through gap analysis,
- Audit process / results,
- Lack of training,
- Poor communication,
- Inadequate process control identified through P5 S10 Workable Improvement Procedure,
- Inadequate resources (human or material),
- Regulatory requirements, publication of guidance by awarding bodies,

b)   Potential cause investigation: Investigate the potential cause of a non-conformance.

- Nonconformity records on the basis of Trainer / supplier issues / internal complaints,
- Audit observations,
- Learner complaints and observations,
- Regulatory authority or grantor observations during desktop reviews / monitoring visits,
- Observations and reports by staff and Trainers P9 S12 C3 End of Programme Report,
- Reports resulting from Self-Evaluation activity P1 S1 C5 Self-Evaluation and Review Policy and Procedure,
- Observations made by P6 S8 10 Programme Evaluation, Monitoring and Review Procedure.

c)   Preventive action: Determine the preventive action needed to eliminate the potential cause of the non-conformance.

- Planning meetings,
- Write new procedure,
- Amend existing procedures,
- Trainer meetings,
- Implement procedure,
- Train staff.

d)   Monitor potential non conformances

- Quality checks on records,
- Carry out monitoring observations during training,
- Internal audits,

- Record complaints and implement procedures and processes to ensure no repeat complaints are received,

- Ensure up to date information on Regulatory authority and customer requirements,

- Carry out staff suggestion / satisfaction surveys through regular meetings and email communications,

- Monitor sub-contractors quality of service,

- Carry out management review.

e)   Document

- Apply controls to ensure that the preventive action is implemented and effective by:

- Management review of changes,

- Personnel training,

- Documentation of implemented changes.

Nonconforming Service Procedure

The purpose of this procedure P2 S3 C6 Non Conforming Service Policy is to a) **detect**, b) **control** and c) **rectify** any aspect of service provision as quickly and efficiently as possible. Where necessary, any service that does not conform to our specifications is properly identified and controlled so that it cannot be delivered to a customer. The d) **recording** of aspects of non-conformance is carried out in order to promote action for the prevention of future problems therefore Forus Training will maintain records of nonconformities and how they were dealt with.

- The Quality Assurance Officer will implement and maintain a system of reporting and record keeping for non-conformances including corrective and preventive action,

- Any changes to procedures as a result of corrective or preventive action are recorded.

- A P2 S3 C6 Non-Conformance Report will detail the nature and scale of the non-conformance, propose corrective and preventive actions, as appropriate,

- Repeated non-conformances of the same nature or significant deviations from procedures (for example, disregard of the procedures, or total absence of required documentation) will be reported to the relevant member of Forus Training Management Team for action and resolution,

- The completed P2 S3 C6 Non-Conformance Report is to be submitted to the QA Officer,

- Where preventative actions involve long term programming, these will be considered in the setting of objectives or targets,

- All non-conforming services are logged contained as a spreadsheet in P2 S3a Quality Improvement Plan to enable tracking.

Corrective Action Procedure

The purpose of this procedure is to ensure that, should any error, omission or action impacting on the validity of the assessment process be identified, action(s) will be taken to rectify the situation;

1. Internal assessor will bring to the attention of the Head of Certification any errors, omissions or actions that call into question the validity of the assessment process,

2. Highlighted issues will be fully investigated and rectified,

3. Any errors, omissions or actions that affect the validity of the assessment process will be immediately communicated to QQI,

4. The QA Officer under the direction of the QAAGC shall manage all such cases and shall conduct preliminary investigation and gather all required evidence. The proceedings shall be documented. Resolution of the issue shall be documented in our internal files,

5. Any changes resulting from such actions shall be integrated into revised versions of the course and any necessary policy or procedure changes shall be implemented.

1. Governance and Management of Quality			
1.2 Management of Quality Assurance			
	Plan	**Do**	**Check**	**Act**
P r o c e ss	Mission, Ethos and Values Formal decision making mechanisms with oversight	P1 S1 C5 Self-Evaluation and Review Policy P6 S8 C10 Programme Monitoring & Review Procedure	QAAGC gives oversight to the report findings. Ongoing Organisational Management, Reviews & Oversight.	Responding to findings – action taken on the basis of qualitative and quantitative data.
S u b- P r o c e ss e s	P2 S2 C1 Equality Policy. P2 S2 C2 Dignity & Respect Policy. Forus Training Safety Statement. P4 S1 - Data Protection (GDPR) Policy. P5 Human Resources Policy. P2 S2 C3 Learner Code of Conduct. P5 S10 C1 Trainer Code of Conduct.	Use of audit tools designed around the quality assurance guidelines and regulations. Roles and responsibilities in relation to P1 S1 C5 Self-Evaluation and Review Policy and P6 S8 10 Programme Evaluation Monitoring and Review Procedure. Conduct internal audits and share findings with the QAAGC P2 S3 C4 Internal Audit Policy and Procedure. Maintenance of a resource base to ensure sustainability. P2 S3 C4 Internal Audit Policy and Procedure	P2 S11 Accident or Incident Report Forms. P6 S8 C10 Programme Monitoring & Review Procedure. Self Evaluation reports arising from the P1 S1 C5 Self-Evaluation and Review Policy Meeting Minutes for Disciplinary Sub-Committee. Meeting Minutes for Appeals Sub-Committee.	QAAGC decides the actions to be taken. P2 S3a Quality Improvement Plan developed P5 S10 Workable Improvement Procedure P5 S10 Workable Improvement Notice (WIN) Trainer / Staff Form P9 S6 Workable Improvement Notice (WIN) Learner Form

Table 4: **1.2 Management of Quality Assurance PDCA diagram.**

1.3 Embedding a Quality Culture

Mission, Ethos and Values

It is our mission to engage with our Learners on their continued educational journey with a holistic, Learner-centred approach. We provide quality, tailored, relevant learning programmes to facilitate our Learners to realise their potential in line with their learning and career goals. We act with integrity, promote equality, and are dedicated to Learner progression.

Forus Training is committed to fostering a culture which has quality assurance at its core. This is supported by a comprehensive quality assurance system together with detailed work instructions for internal use (QA 2.2). This approach enables Forus Training to deliver training programmes to an intended high standard whilst adhering to best practice policies, procedures, protocols and guidelines and legal and statutory regulations. Forus Training is dedicated to being a "learning organisation", where asking "why?" is encouraged and on-going internal monitoring and continuous improvement is supported on a planned basis. We undergo reviews and audits by external accreditation bodies in a welcoming, transparent and constructive manner.

Values

Our values are important to us. We are a small organisation and continuously strive to improve. Our values reflect how we act towards one another, towards our Learners and towards our stakeholders.

✔ **Supportive –** We help build confidence and skills through continuous guidance and encouragement.

✔ **Knowledgeable -** We know our products and the employment market inside out, which helps us enhance careers and change lives.

✔ **Welcoming** - A genuine welcome awaits – our first thought is how best we can meet the needs of our learners, not what's best for us.

✔ **Flexible -** Training that fits into people's lives, not lives that have to fit around our training.

✔ **Be open and fair** – At Forus we strive to be fair and objective in our dealings with people and organisations, we share information our work, we accept full responsibility for our actions

.

Although there are many policies and procedures – they are owned and developed by post holders and in consultation. This dynamic of ownership drives focus on quality and adherence to standards.

3. Governance and Management of Quality			
1.3 Embedding of Quality Culture			
Plan	**Do**	**Check**	**Act**
Process — Mission and Values. Organisational Goals Academic Strategy Policy Learner Charter within P9 S5 C2 Learner Handbook. P5 S6 C1 Trainer Handbook.	Line management and Trainer responsibility for Induction processes. Working in accordance with our values. Embracing a quality culture of learning and improvement.	Information to Stakeholders and Committees to inform decision making. Data aggregated in reports. Trainer performance - Feedback / Reaction. Learner performance Outcomes / Appeals / Complaints.	Clear decision making processes and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes — P9 S6 C8 Learner Representation Policy. P2 S3 C1 Quality Policy. Assignment of responsibilities P5 S4 C2 - Job Descriptions - Roles and Responsibilities. KPIs Set. Plan Do Check Act part of P1 S1 Appeals processes.	Whole staff / Trainer understanding of what "good looks like". Frequent meetings and mechanisms for communication. P2 S10 Communications Policy and Procedure End of Programme Reporting. P9 S12 C3 End of Programme Report. P5 S10 C1 Trainer Code of Conduct.	Reaction reports Complaint reports and register Outcomes (KPIs) P9 S21 - IV KPI Report Dec 2019 P9 S21 - IV KPI Report Feb 2020 P9 S21- IV KPI Report April 2020 P9 S21 - IV KPI Report June 2020 P9 S21 IV KPI Report December to June Combined	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy. P5 S10 Workable Improvement Procedure.

Table 5: **1.3 Embedding a Quality Culture PDCA diagram.**

Chapter 2: Documented Approach to Quality Assurance

2.1 Documented Policies and Procedures

Forus Training maintains a quality Management Information System (MIS) to ensure that the services we supply are consistent with all our stakeholder requirements, national standards and applicable legislation through the implementation of appropriate policies and procedures. Forus Training's [P2 S3 C1 Quality Policy](#) sets out our commitment to quality and that all elements of our training have been developed in line with this, to reflect national best practice, our external quality assurance obligations and standards set out by the relevant authorities. All policies and procedures reflect a consistent format, using a standard template along with consistent terminology, language and reporting structures. Policies and procedures have methodically reviewed to remove unnecessary duplication. In a comprehensive review Forus Training has been advised by Trainer and Learner representatives that shorter more specific documents such as Trainer and Learner handbooks and specific policies e.g. Recheck, Review and Appeals are more useful than large manuals in which the detail may not be set out.

Table 6: **Quality Management Cycle.**

All Forus Training courses, and service provision conform to or exceed both staff and stakeholder requirements. Robust, documented policies and procedures are based on QQI Quality Assurance and ISO 9001:2008 standards and all employees and contractors are made aware of this, receiving any

necessary training / induction to ensure programmes are effectively operated and continually monitored and improved upon. Documentation as it pertains to collaborative agreements is comprehensively addressed within the agreement itself, in the memorandum of understanding, and throughout planning, delivery and assessment activities.

It is our aim to provide our staff, stakeholders and Learners with reliability in terms of equality, quality, cost and delivery, enabling us to retain Learner satisfaction and value repeat subscription to our programmes. The approach taken through our quality assurance and supporting management system includes the fundamentals of academic teaching and learning; programme development and research, approval, coordination, delivery, monitoring, evaluation and other supplementary components to the learning and course life-cycles. Policies and procedures are fully documented and available publicly (published) and necessary information is available to staff and the public as required in usable formats. We role play and work through scenarios to gain insight into the Learner's perspective so that information is provided is relevant, timely and user-friendly.

Audit of Quality related Documentation

An Internal Audit policy and procedure is followed to conduct internal audits: P2 S3 C4 Internal Audit Policy and Procedure once complete; an audit report form is completed and fed into the Quality Improvement Plan. It is through the Quality Improvement Plan that arrangements are made for the internal evaluation or review and continuous improvement of the effectiveness of the policies and procedures. Should there be non-conformances identified on the audit a Workable Improvement Notice (WIN) is completed by the auditing team when it relates to a staff member, a Trainer or a Learner. However, if the non-compliance is not as a result of any individual's action or inaction, and may only be a system design flaw, the Nonconforming Service Procedure is used as described above. Quality Assurance Documentation is audited annually in February. Audit tool in use: P2 Internal Audit / Evaluation Form - Quality Documentation. The audit report is reviewed at QAAGC meetings.

Relevant KPI	KPI	Role responsible for the report generation	Committee Oversight
Internal Audit – Process	90% audit score	QA Officer	Quality Assurance and Academic Governance Council

Audit 3: Quality Documentation.

Oversight of Quality related Documentation

The QAAGC holds accountability and oversight for the management, monitoring and evaluation of the QA policies and associated standard operating procedures (SOPs). This is clearly defined in Chapter 1. Documentation is updated or ratified: by the Quality Assurance & Academic Governance Council meetings where documentation updates are discussed and actions arising are agreed upon.

The QA Officer ensures that updates and amendments are made to any aspect of the quality assurance documentation / system where proposed modifications are approved by the QAAGC.. The up-to-date Quality Management System is available to all staff on an easily accessible shared server with hyperlinks to relevant forms / supporting documentation.

Forus Training have created a procedure and guidance for staff to write policies and procedures, view this guidance here: P2_S1_C3 Development and Control of QA Documentation - Procedure and Guidance

Ongoing Review of Quality Related Documentation

In order to ensure that the policy and procedures remain relevant, fit for purpose and compliant with changes to statutory, legal and accrediting body requirements, the quality framework is subject to on-going monitoring and review. This ensures that all procedures are formally audited at least once every two years. Periodic reviews also take place allowing for:

- Findings and/or recommendations presenting from operational/programme/course feedback,

It is the QA Officers responsibility to ensure that our policies and procedures align with QQI guidelines on quality assurance once they are agreed as part of re-engagement. To ensure that the process works and is controlled effectively, the QAAGC appoints a 'process owner' – (through job descriptions) to different components of the QA system.

A Practice Embedded QA Framework

All staff and Trainers are enabled via the online shared drive Management Information System and the embedded Forus Training QA framework to easily access all policies and procedures, and extensive associated templates. Prompts are built into the documentation to remind users of the next step. This is to facilitate participation by *all staff*, in the continuous improvement and accountability for documented policies and associated procedures (QA 2.1). It acts as a reminder of dependencies of one action on another and of our work together as an integrated team. These ation collected from Learners and other stakeholder feedback processes are included in summary form for review by management and committees. A KPI summary report is generated and documents are

controlled. We have a maintained Knowledge Bank which accommodates the range of version controlled, master template documents and additional supporting forms and documents for staff and Trainers. Detail and inform and review in line with committee meeting schedules by the relevant personnel. The report provides vital information for monitoring strategic performance, operational aspects of the organisation as well as an organisation-wide understanding of the quality of programme provision and supporting services offered by Forus Training. This information regarding Learner feedback on our Trainers, the rating of the course and the material is published on our website.

There is a dating system for all documents including revision date. On the Forus Training QMS, each folder has an archive folder for previous revision. Within the document the version number and date of revision is noted Development and Control of QA Documentation - Procedure and Guidance. The documentation system is contained in a repository where revisions and editors can be viewed by all who have access.

All policies and procedures are communicated to Learners, Trainers and staff: Our Trainer on-boarding process, our P5_S6_C1 Trainer Handbook and our Learner induction module are key documents that underpin and safeguard the application of our quality assurance system.

Ownership

Each staff member / member of each committee knows their role within the process. Then, "owning" the process, the process owner becomes the process improver; the person who, at the activity level is the person involved in process documentation. During Audit this should be clearly demonstrated in the documentation of each process improvement following the subsidiary principle. The process owner is involved in the associated decision-making processes that influence how related policies are reviewed and updated, ensuring all are fit-for-purpose, support innovation and are carried out in line with the periodic review schedule (QA 1.3) All changes and updates are sanctioned by the QAAGC and a document control system is maintained which includes identification of both the update and the designated future review date. The QA officer under direction of the Managing Director is responsible for the timely review and document control of quality assurance.

The following strategies and techniques are employed to assure the implementation of policies Findings and/or recommendations presenting from complaints or non-conformances,

- Matters raised by external contributors and other stakeholders,
- Findings and/or recommendations presenting from internal audits,
- Updates/changes to QQI Guidelines.

We expect policies and procedures to change and adapt. While the core elements of a policy message may be the same details will change with regulations and Forus training's organisation. There is inherent risk in having outdated policies which fail to comply with laws and regulations and do not necessarily address new systems or technology. This leads to inconsistent practices, policy review ensures that policies are consistent and effective and implemented in line with their intended use and procedures into work-based practice by all staff while also ensuring monitoring and improvement;

Training

- Induction and training of new staff and Trainers,
- Refresher induction and training of long-term staff and Trainers (e.g. following a period of leave e.g. maternity leave),
- Up-skilling, re-skilling and CPD,
- Staff are encouraged and facilitated to engage with a community of practice in their field(s) of learning.

Documentation

- Flow charts / process maps to support workflows,
- Concise, system-owner created, easily accessible, version controlled, visual work instructions,
- Check lists, for each stage of the process.

Systems

- Our Information Management System further detailed in Chapter 8 integrates policies and procedures with standard working processes as it allows for a suite of communication templates underpinned by policy and standard operating procedures to be employed in communication with Learners and stakeholders.

Measurement and Oversight

- Performance measurement against specific KPIs through supervision, management and auditing,
- Indicating gaps between implementation and stakeholder engagement with the process,
- Focus on continuous improvement, efficiencies and the Learner experience and outcomes.

A Comprehensive System for Teaching and Learning Resources

The Forus Training Knowledge Bank, known as P10, is a highly effective and programme content management solution. It operates as a communication mechanism to promote accessibility to the ated into the relevant (QQI) programmes and much the same as all other Forus Training documentation, dated version control is employed. The system lends itself to standardisation and promotes good communication.

The resources include:

1. Scheme of Work template,
2. Lesson planning/Scheduling templates,
3. QQI Component Specification documentation,
4. Relevant and current award validated programme descriptor documentation,
5. Version controlled assessment instruments, marking schemes / rubrics and marking sheets,
6. Alternate assessment instruments devised to meet contingency planning for remote learning and assessment,
7. Forus Training version controlled Trainer assessment related documentation,
8. Forus Training version controlled Learner assessment related documentation,
9. Trainer Feedback Forms,
10. Learner Reaction Sheets (Feedback Forms),
11. Teaching and Learning resources;
    a. Slide decks,
    b. Workbooks,
    c. Handouts,
    d. Activities/Quizzes.
12. Learner Support Resources.

The primary objective of the Knowledge Bank is to ensure ease of workflow; access, maintenance and implementation of programme and assessment materials for the purpose of teaching and learning. Any information produced per programme/course is placed in the Knowledge Bank. This has become a critical factor in the current COVID-19 pandemic.

The Forus Training approach to communication and training has ensured that the P10 Knowledge Bank is introduced during inductions and refreshed during internal briefing sessions, team meetings and daily huddles.

In respect of QQI Core Guidelines, the Programme Knowledge Bank supports the following criteria;

QA 3– Programmes of Education and Training

- Define the expected Learner workload,
- Has procedures for coordinating provision at course level,
- Is subject to formal internal provider approval,
- Is designed with the intended mode of delivery,
- Informs updates of programme content; delivery modes: teaching and learning methods: learning supports and resources: and information provided to Learners,
- Reviews quality assurance arrangements that are specific to that programme.

QA 6 – Assessment of Learners

The assessment framework incorporates procedures and systems for the security and integrity of the assessment process, to include;

a) Assessment materials (test/task briefs, exam briefs etc),

b) The credibility and security of assessment procedures,

c) The regulation of assessment methods, ensuring that they are reviewed and renewed as necessary.

QA 7 – Supports for Learners

The adequacy of the resources available to Learners are monitored on an ongoing basis. Learning resources are updated and expanded as necessary to reflect up-to-date approaches and Learner needs as identified through teaching and learning:

a) There are procedures in place to ensure that all resources are fit for purpose and accessible,

b) All learning resources and Learner supports are responsive to the needs of the programme,

c) Learner resources and supports are benchmarked against the standards.

d) Learners are surveyed following each event or training programme for their overall impression of learning resources. Resources are considered in relation to whether they adequately meet the needs of Learners.

The coordination and management of the Knowledge Bank is 'owned' by the Programme Leaders who have a remit for ensuring programme specific information is fit for purpose and updated as and when required. The Programme Development and Assessment Committee have responsibility for the strategic oversight for this resource, in their role of management and monitoring of programmes.

In relation to a Learning Management System (LMS), this too is integrated and where Learners are engaging in blended learning, the system houses all fully accessible SCORM compliant content for programmes.

This content, usually narrated presentations, videos and quizzes, with scores and progress feedback as appropriate. The content is developed to complement and enhance virtual Trainer lead classrooms. Trainers can upload other document types for distribution to Learners, and provide links to external resources. The system allows for Learner progress tracking, scoring, and rich media features. Care is taken to ensure that document formats can be accessed by Learners.

Forus Training appreciates that content and information employed and included in the online delivery of courses requires additional oversight. The Course Coordinator reports to the Programme Delivery and Assessment Committee on the set-up parameters of the on-line modules:

- Online modules are divided into sessions and parts clearly relating to the learning outcomes and the assessment material - these are scheduled for review on an annual basis,
- There is a shorter life expectancy of each technology component (in order to ensure that it remains appropriate for online or blended learning provision),
- Expected duration of programmes; synchronous and asynchronous material assessment timelines, or windows,
- Subject matter experts - the programme lead is closely involved in development (they narrate the online content to the Learners),
- Content provided for online and blended delivery is subject to peer review before release onto the Virtual Learning Environment. The Programme Leader is responsible for ensuring that online content is Learner-centred, providing a consistent and accessible experience for all Learners. This is achieved through reviewing Learner feedback, formal internal programme reviews plus Trainer CPD.

P10 Internal Audit / Evaluation Form - Audit carried out in November annually.

2. Documented Approach to Quality Assurance				
2.1 Documented policies and procedures				
	Plan	**Do**	**Check**	**Act**
Process	P2 S3 C1 Quality Policy Appendix 2 has a list of all of our quality documentation. Quality Manual	Staff as "process owners" recommend updates policies on a periodic basis / system change basis in line with the published schedule. Updates are brought to the QAAGC for approval	Governance and approval of documentation is the role of the Quality Assurance & Academic Governance Council (QAAGC); Further Education & Training Act 2013, Qualification & Quality Assurance (Education & Training) Act 2012, etc.	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes	P2 S1 C3 Development and Control of QA Documentation - Procedure and Guidance Work of the QA Officer in maintaining the documentation in the QMS.	All staff are responsible for making sure that policies in their area of responsibility are: ●Up-to-date; ●Fit for purpose; and ●Meet all legislative and regulatory requirements. Quality assurance policies and procedures are available at https://forustraining.ie/ . Available in the knowledge bank. Actions are Supported by the role of the QA officer.	The quality system and manual throughout identify where relevant legislation pertains to each policy. Audit and self evaluation P2 S3 C4 Internal Audit Policy and Procedure P1 S1 C5 Self-Evaluation and Review Policy	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy. P5 S10 Workable Improvement Procedure – WIN notice.

Table 7: **2.1 Documented Policies and Procedures PDCA diagram.**

2.2 A Comprehensive System

All staff and Trainers translate policy and procedure into daily practice for our Learners and other stakeholders. How the policies relate to each individual's role is part of their induction training. Staff and Trainers can identify the correct documents, forms, templates etc. easily and advise Learners of policies and procedures as applicable to their support needs. There is a clear link between policies and our organisational objectives.

Feedback from staff on previous documentation reviews has confirmed that – with all the pressing daily administration tasks in the workplace, it eases task completion when there is a clear and practiced policy to follow.

In order to illustrate how integrated and comprehensive the quality system is; here is an example of its application in practice – using the example of appeals.

Step 1 – Procedure – Policy in place and available on www.forustraining.ie and at induction for Trainers and Learners.
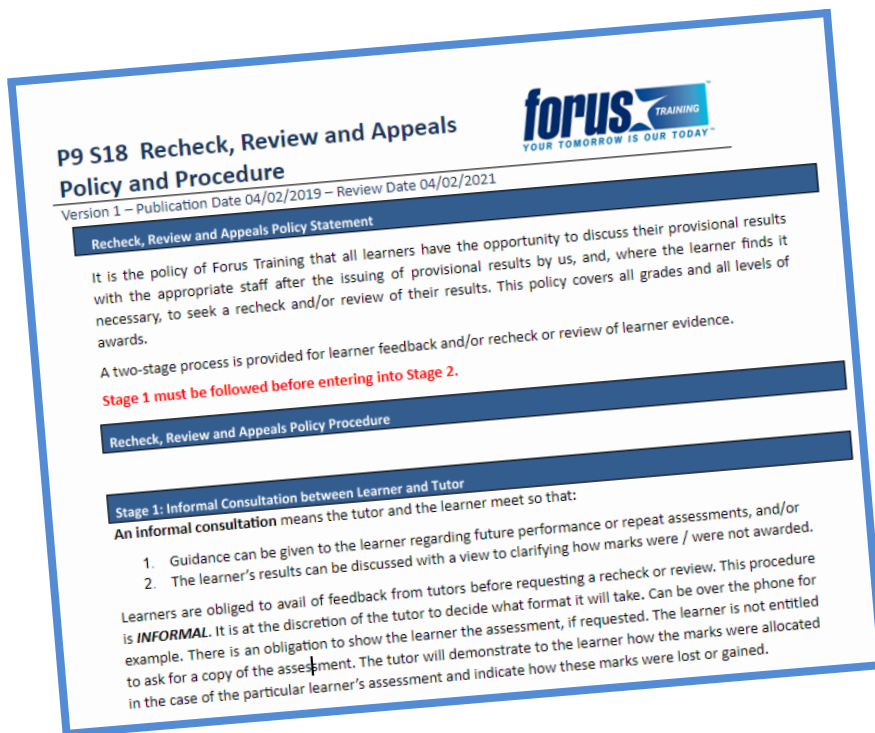
Step 2 – Train Staff, Trainers and Learners during induction – detailed Standard Operating Procedures policy owned by Head of Certification

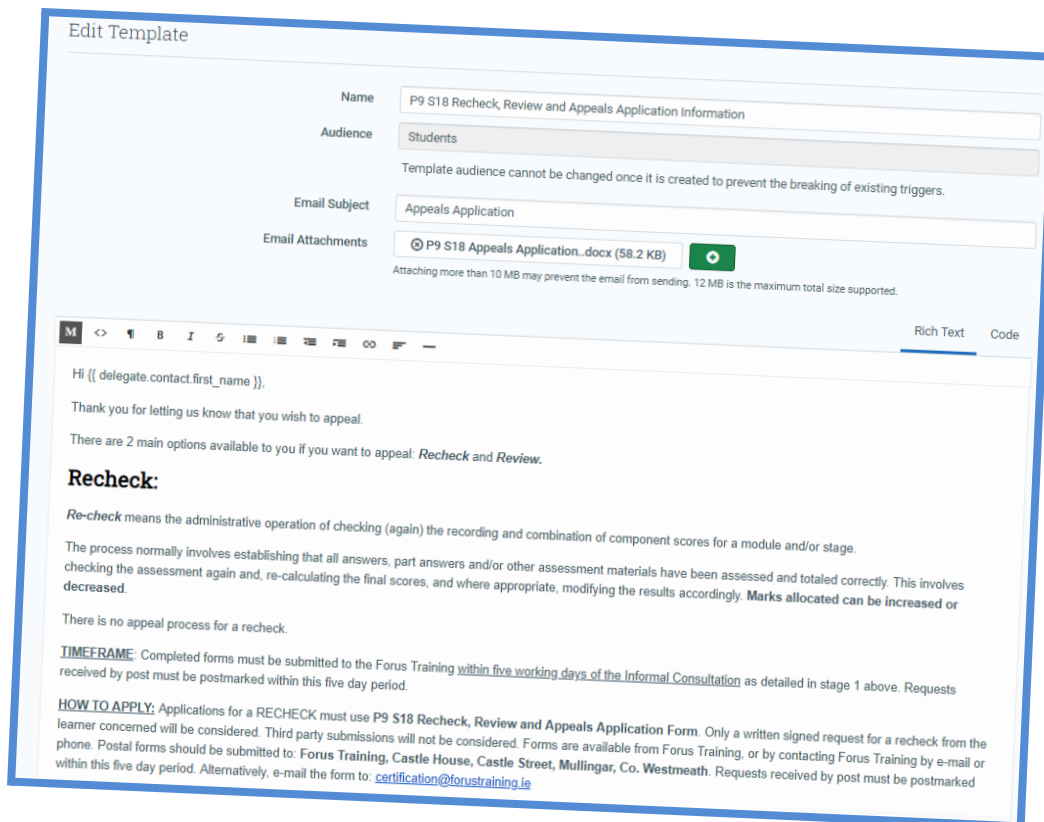| P9 S18 - Review Recheck Appeals Procedure		
Back to Steps		
INDEX		
P9 S18 C1 Review Recheck Appeals Policy		
P9 S18 C2 On receiving a notifiction of a Learner who wishes to appeal by phone or e-mail		
P9 S18 C3 Setting up an informal consultation between learner and trainer		
P9 S18 C4 Processing an application for a recheck		
P9 S18 C5 Processing a request for a Review of an Assessment		
P9 S18 C6 On receiving an appeals application Stage 3 - REVIEW		
P9 S18 C7 Processing a Final Appeal to Review Outcome		
P9 S18 C8 A learner's recourse to the Ombudsman		
CONTENT		
P9 S18 C1 Review Recheck Appeals Policy		
Back to top		
To view the full policy click here:	P9 S18 Recheck, Review and Appeals Policy and Procedure	
F:\E Quality Improvement\E.3 Quality Improvment Instructions\INSTRUCTIONS E 01 - Results Appeals.doc		
Results Appeals Instructions		
Purpose		
We have put in place an appeals process. Participants are given a minimum of 7 days to lodge any appeal. We enable participants to appeal:		
Programme Selection Process		
1. – Where a learner is denied access to a programme because they have not met the entry requirements as laid out in the programme descriptor.		
The Assessment Process		
1. If the learner perceives any irregularities / inequalities in its implementation		
2. The assessment result		
Within the Assessment process only approved results can be formally appealed by the participant.		
1. Approve all results through a results approval process		
2. Inform participants of the outcome of the process: i.e. make results available to participants		
3. Allow sufficient time to enable learners to lodge an appeal: 7 days minimum		
4. Submit results to QQI, flag those under appeal		

Step 3 – A Bank of templates reflecting policy application to practice at each stage

Name	Audience	Email Subject
P9 S18 Appeals Informal Consultation Information	Students	Informal Consultation Information
P9 S18 Final Review and Appeals Application Information	Students	Final Appeal Information
P9 S18 Recheck, Review and Appeals Application Information	Students	Appeals Application
P9 S18 Stage 2/3 Appeals Response - Marks Decrease and Grade Change	Students	Appeals Application Response
P9 S18 Stage 2/3 Appeals Response - Marks Decrease but no Grade Change	Students	Appeals Application Response
P9 S18 Stage 2/3 Appeals Response - Marks Increase and Grade Change	Students	Appeals Application Response
P9 S18 Stage 2/3 Appeals Response - Marks Increase but no Grade Change	Students	Appeals Application Response
P9 S18 Stage 2/3 Appeals Response - No Change	Students	Appeals Application Response
P9 S18 Stage 4 Appeals Response - Marks Decrease and Grade Change	Students	Final Appeals Application Response
P9 S18 Stage 4 Appeals Response - Marks Increase and Grade Change	Students	Final Appeals Application Response
P9 S18 Stage 4 Appeals Response - Marks Increase but no Grade Change	Students	Final Appeals Application Response
P9 S18 Stage 4 Appeals Response - No Change	Students	Final Appeals Application Response
P9 S18 Work Assignment - Learner Appealing Grade	Event Staff	Work Assignment - Learner Appealing Grade

Step 4 – Templated responses to Learners to ensure consistent application of the policy

Step 5 – Application forms and instructions on decision making and approval

Step 6 – Appeal grade documented on the Scores Template

Step 7 – Appeals activity is reported upon

P9 S21 Outcomes (KPIs)						
Category	**Term**	**KPI**	**Actual**	**KPI Achieved**	**Delegate Notes Event**	**Recorded**
	Capacity		840			
	Capacity Target		588			
	0. Total Number of Learners		413			
1 Withdrawal	1.1 Withdrawal / Cancelled >30		9		"Cancelled >30 Days in Writing"	Notes on the delegate
	1.2 Withdrawal / Cancelled <30		0		"Cancelled <30 Days"	Notes on the delegate
	1.3 Withdrawal / Cancelled Postponment		33		"Cancelled Postponement does not suit"	Notes on the delegate
2 Non Completion	2.1 Non Completion - Drop-out		7		P9 S7 "Cancelled Drop-out"	Scores Template
	2.2 Non Completion - Deferred		0		"Cancelled Deferred"	Notes on the delegate
	2.3 Non Completion - Duplicate Registration		0		"Cancelled Duplicate Registration"	Notes on the delegate
	2.4 Non Completion - No-Show		1		"Cancelled No-Show"	Scores Template
3 Completion	3.1 Completion only				P9 S15	Scores Template
	3.2 Completion - Extension Sought		36		P9 S20	Scores Template
	3.3 Completion - Non-submission		21		P9 S22	Scores Template
4 Assement Complete	4.1 Submitted and Assessed - Pass		325		P9 S28	Scores Template
	4.2 Submitted and Assessed - Fail		2		P9 S28	Scores Template
	4.3 Completion - Partial Submission				P9 S11	Scores Template
	4.4 Exemption		0		P9 S1	Scores Template
	4.5 Appeals				P9 S18	Scores Template
5 Assessment Rates	5.1 Pass Rate, greater than	70%	79% Achieved		Calculation	Calculation
	5.2 Completion Rate, greater than	80%	93% Achieved		Calculation	Calculation
	5.3 Drop Out Rate, less than	10%	2% Achieved		Calculation	Calculation
	5.4 Non Submission Rate	10%	5% Achieved		Calculation	Calculation
	5.5 Reviews, Rechecks and Appeals **Rate**	10%	0% Achieved		Calculation	Calculation
	5.6 Extension Requests / Deferrals	20%	9% Achieved		Calculation	Calculation
	5.7 APEL Statistics % learners admitted on basis of AP	10%	0% Achieved		Calculation	Calculation

2. Documented Approach to Quality Assurance				
2.2 A Comprehensive System				
	Plan	**Do**	**Check**	**Act**
Process	Quality assurance is embedded in our activities and extends to Collaborative Provision. Planned - highly collaborative, secure and integrated cloud-enabled document system.	Role of the QA Officer and Process owners refer to policy in their daily work. Regular meetings and communication.	QAAGC oversight to approval of recommended changes to policies. Management, monitoring evaluation of QA documentation QA Officer.	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes	Collaborative provision documentation Forus TRG V3 Collab Agreement Gov Framework & Code of Practice. P1 S7 Memorandum of Understanding (Collaborative Agreement).	Quality assurance policies and procedures are available at https://forustraining.ie/ . Available in the knowledge bank. Staff documentation linked and integrated into IMS and workflows. Record Retrieval facilitated by Document Management System (DMS). Naming conventions systems standardised and coding aligns with workflow and role.	Regular scheduled review of policies in line with new published guidance from QQI. Documentation audit in February P2 Internal Audit / Evaluation Form - Quality Documentation. Documentation is a standing Agenda item on Committee meetings for QAAGC.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames.

Table 8: **2.2 A Comprehensive System PDCA diagram.**

Chapter 3: Programmes of Education and Training

3.1 Programme Development and Approval

Figure 2: **QQI Programme Design Cycle.**

The purpose of Forus Training's P6 Programme and Service Development Policy and Procedure is to ensure the preparation, coordination and management of the development of programmes and services at Forus Training. The Programme Delivery and Assessment Committee reports to the Quality Assurance and Academic Governance Council (QAAGC).

The process draws on the following published guidance:

1. QQI Policies and criteria for the validation of programmes of education and training, Revised 2013

2. Guidelines for Providers 2014, Operating Principles for PEL Arrangements

3. QQI (2013) Quality Assurance Guidelines and criteria for provider access to initial validation of programmes leading to a QQI Awards Higher Education and Training

4. QQI (2014) Policy on Monitoring

5. QQI (2017) Policies and criteria for the validation of programmes of education and training

6. QQI (2016) Quality Assurance Guidelines

The Management Team at Forus Training are committed to ensuring that all programmes are:

- Developed in accordance with prescribed policies and guidelines,

- Have in place current and appropriate PEL arrangements,

- Delivered consistently, professionally and safely,

- Are reviewed on an on-going basis.

The programme and service development process involves the following stages and steps:

Stage 1: Exploratory Stage – 2-4 Months – Requires sitting of QAAGC

Step 1: **Identification of Potential New Programme(s)**

Proposals to explore the viability of a new programme can come from any member of staff or Trainer. The suggested programme may be sought after by a customer or potential customer or may be required as government directives change. The Quality Assurance & Academic Governance Council avails of the following opportunities to identify potential new programmes;

- Forus Training works in association with local communities and Learners.

- As part of the model of delivery, Trainers have regular contact with stakeholders.

- Forus Training also undertakes advisory work for the organisations with which it works.

- Such work usually relates to service development initiatives and brings Forus Training into direct contact with Learners, supervisors, and committees.

- Forus Training has direct links to employers in the sectors with which it works.

- Most Learners of Forus Training are currently working in relevant sectors. Therefore, Learners are connected directly into the current thinking, practice and issues in their own agencies. This wealth of information is available to Forus Training through workshops, tutorials and informal discussion.

- The Trainers employed by Forus Training to train on our programmes are all working as practitioners in their field and many are registered practitioners and members of the associated professional bodies. As such, they are well informed about current trends and issues in the areas of disability and non-profit service provision.

Step 2: **New Programme(s) Proposal Presented By Proposer**

The following scoping tool **P6 S1 Programme Development - Tool 1 - Scoper** is used in this initial exploration so that informed decisions can be made at committee level. A report is prepared by the proposer based on this form. The resulting proposal is presented to the Quality Assurance & Academic Governance Council (QAAGC). The timeline allows for our governance structures to consider new programmes that are proposed. Documentation is to be sent to the committee 2 weeks in advance of the presentation.

Step 3: **Proposal Ratified**

There is a mechanism in place for the approval of programmes. The Quality Assurance & Academic Governance Council (QAAGC) makes the decision on whether the programme validation application will be developed and put forward to QQI. This decision will be communicated to the proposer within 5 days of the meeting. The QAAGC sends a report on the proposed programme to the Commercial Governance Committee which may need to have an extraordinary meeting in order to approve budgetary costs for programme development. The Accounts Manager prepares a detailed budget for review to include projected costs (including development costs) and income over the 5 years of the application for the meeting.

Stage 2: Programme Development Stage 3-6 Months

Step 1: **Establishment of New Programme Development Sub-Committee (Ad-Hoc) – membership here**:

Chairperson:	Subject Matter Expert
Membership:	Industry (Employer Representative) Trainer Representative Learner Representative Programme Development and Design Lead Managing Director / Head of Centre: Observer of Process - in Attendance (no casting vote) Programme Leader

This committee is tasked with the development of programme(s) as per process outlined here:

1. Membership of the Committee will be determined by the nature and purpose of the new programme(s) proposed,

2. This committee is a sub-committee of the Quality Assurance & Academic Governance Council (QAAGC) and as such the chair of the committee will report on the activities of

the committee to the P1 S4 Quality Assurance & Academic Governance Council (QAAGC) (See Chapter 1).

3. The Chair of the Committee is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of Forus Training and to the Quality Assurance & Academic Governance Council (QAAGC). The Terms of reference of this sub-committee are available to view here; New Programme Development Sub-committee (AD-HOC),

4. The Chair of the Programme development Sub-Committee ensures to communicate to the P1 S4 Quality Assurance & Academic Governance Council (QAAGC) (See chapter 1). QAAGC should there be any apparent reason why the process should not continue.

Step 2: **Formal Research and Market Identification**

New Programme Development Sub-Committee (ad-hoc) will;

1. Focus the research is to ascertain the level of interest in the proposed programme; to determine whether grantors would purchase such an initiative and to what extent; to identify the training needs of the sector as identified by the research sample; and to attempt to predict the long term sustainability of the programme,

2. Develop a full rationale for the development of the programme,

3. Develop a detailed identification of the target market for the programme,

4. Where relevant and appropriate this will include formal market research being undertaken by the committee,

5. Such research is generally qualitative in nature and is conducted through focus groups, questionnaires and interviews,

6. The research process concludes with the formulation of a research report and the recommendation to proceed or not,

7. In addition, the research report will also make recommendations on content and other aspects of the programme,

8. The completed research will be presented to the Programme Development and Review Committee,

9. Following approval of this report by the Programme Development and Review Committee a complete development costing will be drawn up by Forus Training Director supported by the Accounts Manager and funding secured.

Step 3: **Approach To Effective Teaching and Learning Policy (QA 5.1) –**

In line with our academic strategy and our P9 S6 Teaching and Learning Policy programmes are developed in line with best practice.

In relation to the content of the programme and it's delivery the following tools are used at this stage:

P6 S1 Programme Development - Tool 2 - Programme Framer This tool sets out and details the programme title, Programme Profile, Learner Profile, Programme Objectives, Entry Criteria, Assessment Schedule and Programme Review Schedule.

P6 S1 Programme Development - Tool 3 - Delivery Framer This tool assists in determining and detailing whether the programme is Full-time or Part-time, the duration of the programme in total hours, the total award credit value, the modes of delivery and the delivery methodologies.

P6 S1 Programme Development - Tool 4 - Programme Structure Deviser This tool is used to meet the needs of a range of different groups and to figure out the different pathways for each group.

Step 4: **Assessment Strategy Development of Assessment Instruments**

In line with the P1 S4 Academic Strategy Policy the program is developed along with this delivery methodologies, the structure is defined and the assessment instruments are developed.

P6 S2 Programme Development - Tool 5 - Assessment Scheduler At this point the assessment briefs are developed in full. This is usually carried out by the Subject Matter Expert in conjunction with a member of the Programme development Committee. They adhere to the P9 S9 C1 Fair and Consistent Assessment of Learners Policy. They follow the guidance outlined in the document P6 S5 Development of Assessment Instruments

All assessment is undertaken consistently with Assessment Guidelines, Conventions and Protocols for Programmes Leading to QQI Awards. The following must be in place;

- The programme's assessment procedures must interface effectively with Forus Training's QQI approved quality assurance procedures.
- The assessment of enrolled Learners is planned to ensure the minimum intended programme module learning outcomes are acquired by all who successfully complete the programme.
- The programme includes formative assessment to support learning.
- There is a satisfactory written programme assessment strategy for the programme as a whole and there are satisfactory module assessment strategies for any of its constituent modules.

- Sample assessment instruments, tasks, marking schemes and related evidence have been provided for each award-stage assessment and indicate that the assessment is likely to be valid and reliable
- There are sound procedures for the moderation of summative assessment results.

Step 5: **Development of the Programme Including Blended Learning Where Applicable –**

It is the role of the chairperson of the Programme Development Sub-committee to ensure that the programme being developed is suitably structured and coherently oriented towards Learners, and that Trainers and Learners find the material fits with the intended programme learning outcomes. This ensures that it contributes to their knowledge and skill and that it facilitates their achievement of awards. It's important too that programmes are integrated and that there isn't overlap between modules. The objectives and purposes of the programme's elements should be very clear to those delivering training. Programmes are also structured and scheduled realistically so as to facilitate the Learner fully engaging with the material.

The Step following guideline and detailed instruction are followed: P9 S6 C8 Teaching and Learning Policy and October 2020 P6 Blended Learning Development Guidance.

Step 6: **Development of Application for Validation**

Validation is a quality assurance process intended to ensure that a proposed programme can enable a Learner to acquire and demonstrate the necessary knowledge, skill or competence to justify the award that is being offered in respect of that programme.

The following tools are used to do this:

P6 S2 Programme Development - Tool 6 - Learner Support Identifier

P6 S2 Programme Development - Tool 7 - Programme Module Objective Developer

P6 S2 Programme Development - Tool 8 - Programme Module Content Developer

P6 S2 Programme Development - Tool 9 - Learning Strand and Delivery Strategy Mapper

P6 S2 Programme Development - Tool 10 - Outcome and Content Mapper

P6 S2 Programme Development - Tool 11 - Assessment and Outcomes Mapper

Step 7: **Evaluation of the Programme Application 1-2 months**

The application should contain a programme document, a self-evaluation against QQI criteria, evidence of PEL arrangements and the relevant fee.

Resources for Programmes leading to CAS awards (from September 2018)

Programme leading to one or more CAS Components

- Programme Descriptor Template

- Guidelines for Completing the Descriptor

- Template for Self-Evaluation against QQI Validation Criteria

Programme leading to a CAS Major, Special Purpose or Supplemental Award

- Programme Descriptor Template

- Guidelines for Completing the Descriptor

- Template for Self-Evaluation against QQI Validation Criteria

https://www.qqi.ie/Articles/Pages/Application-for-Validation-(Levels-1-6).aspx

Step 8: **PEL Arrangements**

Following approval by the Quality Assurance and Academic Governance Council (QAAGC) and, if appropriate, third party, six copies of the submission document are forwarded to QQI.

Stage 3: External Assessment 3-4 Months QQI Dependant

"…an external assessment by a group of experts, including, as appropriate, (a)Learner member(s), and site visits as decided by the agency (QQI)…"

Step 1: **Acknowledgement and Desk-Review**

Following receipt of an application QQI acknowledges the application in writing.

QQI then conducts a desk review to determine whether or not the application:

- Addresses the validation criteria,
- The programme description accords with the guidelines in QQI General Programme Validation Manual.

Step 2: **Expert Panel Selection**

Following acceptance of an application an Expert Panel is established to make an assessment of the application.

Expert panels are formed by QQI under the direction of the Validation Manager (QQI Job role).

The expert panel is constituted on a case-by-case basis in accordance with QQI's Core Validation Policy and Criteria and Participating in an Evaluation Panel as an Expert Assessor Guidelines. QQI will provide secretarial support and induction/information briefing to the panel.

Step 3: **External Assessment (Site Visit)**

The expert panel assesses the proposed programme against the validation criteria. Forus Training's self-assessment is a key part of the evidence considered by the expert panel. The expert panel will normally undertake a site visit as part of the assessment to establish if the programme meets the criteria and should be validated.

Step 4: **Expert Panel Report**

Shortly after the site visit the expert panel agrees a report of its findings, conclusions, prerequisites for validation, conditions and recommendations. Recommendations may be optional. This report is known as the draft Expert Panel Report.

Step 5: **Forus Training Response**

The Expert Panel Report is sent to Forus Training, Forus Training is invited to respond in writing (within a specified time) on the expert panel report's findings, conclusions, prerequisites for validation, conditions and recommendations.

Step 6: **Final Expert Panel Assessment**

Following consideration of the provider's response, the expert panel agrees with a brief statement setting out its reaction and its final recommendations to QQI regarding validation.

This statement will be included as an addendum to the report and included in the submission to QQI/Programmes and Awards Executive Committee (PAEC).

Step 7: **QQI Decision**

QQI has delegated the formal validation decision to the QQI Programmes and Awards Executive Committee (PAEC). This decision is based on QQI's validation policy and criteria and informed by the following evidence:

- The expert panel report,
- Forus Training's response,
- The expert panel's reaction to the provider's response if any,
- A memorandum from the QQI executive on the context for and conduct of the process noting any concerns or complaints expressed by the provider.

Following a formal validation decision QQI will issue an Order of Council, Approved Programme Schedule and Certificate of Programme Validation. All validated programmes will appear in QBS under validated Higher Education Programmes.

Stage 4: Report Publication

Step 1: **Report Publication**

P6 S8 10 Programme Evaluation, Monitoring and Review Procedure

Following the validation decision, the expert panel report is published on the QQI website.

3. Programmes of Education and Training			
3.1 Programme Development and Approval			
	Plan	**Do**	**Check**	**Act**

	Plan	**Do**	**Check**	**Act**
Process	P6 Programme and Service Development Policy QAAGC and the Senior management team set out a project plan and identified the team.	Establishment of New Programme Development Sub-Committee (ad-hoc). Subject Matter Expert occupies the role and manages actions for members. Set project plan, time lines and responsibilities	P6 S8 C10 Programme Monitoring & Review Procedure P6 S1 Programme Development - Tool 1 - Exploratory Scoper	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes	P6 S1 Programme Development - Tool 1 - Exploratory Scoper P6 S5 Development of Assessment Instruments Procedure P9 S6 Blended and Online Learning Policy relevant during current restrictions	Use of development tools designed by the Programme Design & Development Team to develop programmes. Organisation of External review prior to submission. Leading to a report. New Programme Development Sub-Committee action items on the report, before final review by the QAAGC.	The QAAGC 1. Approves programme development proposals. 2. Review report on the programme's evaluation (prior to submission). 3. Cause issues arising from the external review to be resolved by working by the development sub-committee. 4. QAAGC reviews the final Validation documentation prior to submission to QQI	Identified gaps in intended outcomes addressed through benchmarking resource allocation and further planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 9: **3.1 Programme Development and Approval PDAC diagram**

3.2 Learner Admission, Progression and Recognition

As a provider of further education and training, Forus Training does not differentiate between adults as Learners and so, we offer equal access to education and learning at every stage of adult life; offering a wide curriculum and a choice of entry points.

Forus Training offers five types of delivery options as follows:

i.   **Public Programmes –** these are delivered at central locations, mainly in our training centres in Mullingar and Naas. On occasion, public programmes are delivered in hotels / training / client venues across Ireland.

ii.   **Public Programmes** - contracted and funded with Learners sourced by a third party e.g. funding body where there may be a tendering process. These programmes are delivered at central locations, mainly in our training centres in Mullingar and Naas. On occasion, public programmes are delivered in hotels / training / client venues across Ireland.

iii. **In-house Programmes –** these are tailored for a particular organisation and generally cater for groups between four and twenty Learners. Such programmes are usually delivered at the company's own training facilities.

iV.   **Collaborative Programmes -** Programmes are planned and delivered in partnership with third parties and under collaborative agreements. Comprehensive documentation outlines roles and responsibilities of all parties to reflect fully Forus Training's Quality Assurance System.

V.   **Blended Learning** - in line with Government restrictions and Protocols for COVID-19 pandemic we are now offering since 12th March 2020 blended learning programmes. This is following QQI's guidance and our contingency plan. See the Contingency plan here; P1 S8 COVID-19 Contingency Plan. As to the progression and as a silver lining we are finding that Trainers are benefiting from co-training, we have developed a policy to ensure that our Trainers continue to learn from each other and thus improve delivery in synchronously delivered training sessions. P9 S6 Co-Training - Blended Learning Policy

Learner Registration

When a Learner registers, a record is created in our Learning Management System (Administrate) and a hold is put on this record pending verification and authentication of documents. The Learner receives an email which provides information about the verification process through the portal my.forustraining.ie and what they must do to comply with this process includes email verification. On presentation of satisfactory documents through the portal, the hold on the Learner record is released. The Learner can now use the portal to submit assignment evidence, as their identity and address are now verified. The Learner will not be permitted to submit assignments for assessment digitally without taking these steps.

Priority Booking For Learning Paths

For all Learners there are pre defined and publicly available through marketing materials and online via our website. Admission requirements ensure that new Learners joining the course have the capacity, proven by meeting the prerequisites for the course. P8/9 S2 Learner Recruitment and Registration Policy

Each enquiry is fielded by a competent member of staff, who documents through a questionnaire, linked to our Learner management system, designed to support potential Learners in ensuring their previous education is, where applicable, sufficient to enrol on the course.

Learners who are currently completing modules as part of a Major Award Programme will be offered priority booking onto current and future courses as they are engaged in an existing learning pathway.

Registration, Needs Assessment & APEL Inc RPL & TP (Access Transfer and Progression)

Forus Training has procedures in place for the recognition of prior (accredited and/or experiential learning Accreditation of Prior Experiential Learning / Recognition of Prior Learning (APEL/RPL)). Learner requests relating to APEL/RPL are considered on a case-by-case basis and include the recognition of both QQI and non-QQI qualifications. The determination of a Learner application for APEL/RPL is undertaken by appraising the learning outcomes. This may be in respect of the minimum intended programme learning outcomes (MIPLOs) and/or the minimum intended module learning outcomes (MIMLOs) against evidence of Learner previously completed qualifications and/or experience. P9 S2 C1 Recognition of Prior Learning and Exemptions Policy.

If the Course Coordinator or Head of Certification is satisfied that the applicant has met the APEL/RPL requirements, the application and associated documentation is reviewed by the External Authenticator at each EA Visit. Applications for programmes due to commence at a future date may also be reviewed, if possible. This is to ensure fair and consistent treatment of applicants. In cases

where an applicant is refused a place on a programme, he/she may appeal the decision. Please see Forus Training's P9 S18 - Review Recheck Appeals Process here.

Exemption Policy & General Guidance on Application For An Exemption

An exemption for a further education module may be awarded where a Learner has already completed a similar module prior to CAS awards. An exemption may also be awarded by the Head of Certification, where the Learner has completed courses at a level higher, either within Ireland or, from an non-Irish awarding body. Forus Training comply with QQI directive on this; *Providers may claim these exemptions using QBS, but only under the following conditions:*

- The provider has carried out due diligence checks to ensure that the previous qualification is genuine and that it is an appropriate basis for the requested exemption,
- Only awards which are no more than five years old, as dated on the certificate, may be used to claim an exemption,
- Only when the Learner is in a position to achieve a **major award** can the relevant exemption(s) be submitted for certification,
- CAS components achieved by exemption will be neutral in the calculation of the grade of the compound award.

With every prospective Learner, the level of prior learning eligible for exemption is fully discussed at point of entry. Information is also provided at induction on the arrangements for Recognition of Prior Learning (RPL), access to an award and fees payable, and the number of modules to be undertaken in the Award).

Forus Training discusses each Learner registering on a major award, with possible exemptions, as to their chosen learning path to ensure the correct modules are included within their learning schedule. Trainers are fully informed of the programme chosen so as to avoid ambiguity regarding module exemptions. See our exemptions policy here: P9 S2 C1 Recognition of Prior Learning and Exemptions Policy

It must be documented that Trainers are not permitted to apply for an exemption on behalf of a Learner. The Learner is required to submit their own application on the appropriate Forus Training documents. Forus Training Head of Certification can only accept applications on the correct paperwork. Refer also to the communication template: P9 S1 Exemption Application, and to the associated application form: P9 S2 Recognition of Prior Learning Application Form 2022

3. **Programmes of Education and Training**				
3.2 Learner Admission, Progression and Recognition				
	Plan	**Do**	**Check**	**Act**
P r o c e s s	P8/9 S2 Learner Recruitment and Registration Policy	Course Advisor advises on P9 S2 C10 Access Transfer and Progression Policy P9 S2 C1 Recognition of Prior Learning and Exemptions Policy.	P6 S8 10 Programme Evaluation Monitoring and Review Procedure reports arising	Clear decision making and follow up. P2 S3a Quality Improvement Plan
S u b - P r o c e s s e s	P9 S2 C10 Access Transfer and Progression Policy P9 S2 C1 Recognition of Prior Learning and Exemptions Policy Learner Admission - Check course entry req. per validated programme. Assess Learner suitability re: delivery method (Blended / classroom) – may req. English test; IT skills check], Special Requirements. Obtain certified copy of pre-entry qualifications (if relevant). Advise Learner of the exemptions process. QQI validation documentation (registration, learning paths, award title, awarding body, programme content)	Training Needs Analysis Registration of Learners Programme Registration / Application / Booking forms. Consultations with prospective Learners – Learner requirements documentation. Advise Learner that information is available re: progression – website, course prospectus/flyer, Learner Handbook and QQI website. Note: RPL access to programmes is on a case-by-case basis. RPL covers: QQI awards; non-QQI awards; RPL request form to be completed by Learner Course Advisor must guide individual Learners' RPL queries & consult with the Head of Certification.	Satisfaction surveys and complaints register capture whether Learners are satisfied with these processes.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 10: **3.2 Learner Admission, Progression and Recognition PDCA diagram.**

3.3 Programme Monitoring and Review

Current Programme Delivery

The programmes currently provided can be categorised into the following training subject areas:

Field of Learning	Title	Code
01. Education > 1. Education > 3. Teacher training without subject specialization	Special Purpose Award in Training and Development	6S3372
04. Business, administration and law > **1. Business and administration > 3. Management and administration**	Management - Level 6	6M4587
04. Business, administration and law > **9. Refer to field > 9. Refer to subfield 04.9**	Business Studies - Level 5	5M2102
08. Agriculture, forestry, fisheries and veterinary > **1. Agriculture > 2. Horticulture**	Horticulture- Level 5	5M2586
	Horticulture- Level 4	4M1994
09. Health and welfare > 1. Health > **3. Nursing and midwifery**	Nursing Studies	5M4349
09. Health and welfare > **2. Welfare > 2. Child care and youth services**	Early Childhood Care and Education- Level 6	6M2007
	Early Childhood Care and Education- Level 5	5M2009
09. Health and welfare > 2. Welfare > **9. Refer to subfield 09.2**	Health Services Supervisory Management Skills	6M4978
	Intellectual Disability Practice	5M1761
	Healthcare Support	5M4339
10. Services > 1. Personal Services > 3. Hotel, restaurants and catering	Special Purpose Award in Bar and Restaurant Services	5S2103
07. Engineering, manufacturing and construction > 3. Architecture and construction > 9. Refer to subfield 07.3	Life Sciences Manufacturing Operations	5M2162
02. Arts and humanities > 9. Refer to field > 9. Refer to subfield 02.9	General Learning (Public Area Cleaning - 3N0574, see Appendix 5)	3M0874

- Computer Training (ECDL),

- Health and Safety Training,

- Commercial and Industrial Cleaning,

- Employability Skills,

- Pitman Training.

Programme Monitoring, Evaluation and Review

Ongoing Monitoring of Programmes

The quality assurance guidelines underpin the validation by QQI of Forus Training's programmes. It is our agreed quality system that gives us access to awards. Access to awards is contingent on monitoring and cyclical review of our programs that address post validation actions. Our evaluation of programs ensures that the conditions of validation and any recommendations that are made by the Quality Assurance and Academic Governance Council QAAGC and the panel are met by Forus Training. Monitoring may also be conducted by QQI resulting in the withdrawal of programme validation or loss of registered QQI provider status.

All programmes are validated as being Trainer led although on-line blended provision is now in progress in line with government guidelines due to COVID-19 restrictions and our contingency plan.

Particular attention is given to the feedback of Learners, staff, Trainers and other relevant stakeholders as a method of identifying opportunities to continually improve the quality and effectiveness of the programmes and services provided.

The following table illustrates the variety of evaluations conducted and the structures in place to review the outcomes of these;

Evaluation/Review Methodology	Programme element Addressed	Stakeholders involved	Frequency of Monitoring
Learner Reaction Form P9 S12	● Course materials ● Trainer ● Facilities ● Learning objectives	Learners Academic Staff	All Learners on the last session of the event
Course Satisfaction Survey - Survey Monkey	● Course Materials ● Trainer ● Facilities ● Learning Objectives ● Course Administration ● Learner Supports	Learners	All Learners following course
Ad Hoc Learner conversations /	● Course Materials ● Trainer ● Facilities	Learners	As required

comments and complaints.	● Learning Objectives ● Course Administration		
Trainer feedback - End of programme reports.	● Learner Participation ● Course administration ● Facilities ● Trainer Support	Academic Staff	All Trainers following the end of the module
External Authentication Process	● Assessment: reliability ● Assessment: validity ● Consistency with national standards	Head of Centre, Head of Certification Academic Staff	x6 times per annum
RAP Committee	● Assessment: reliability ● Validity ● Consistency with national standards	Head of Certification Academic Staff Head of Centre	x6 times per annum

Table 11: **Methods for Internal Programme Monitoring**

Through moderation of virtual classroom sessions as part of our current blended programme offering there is an increased both scope and capacity to monitor and give feedback to Trainers on programme delivery. These discussions between the Trainer and an appropriate qualified Moderator about what helped and hindered in the session supports feedback and a culture of quality improvement.

Periodic Programmatic Review: As June / July / August is typically a period that is seasonally less busy. They are the months of the year dedicated to Programme Review – There is an audit tool that feeds into this process P6 Internal Audit / Evaluation Form.

Area	Relevant KPI	Role Responsible for the report generation	Committee responsible for process oversight
Approval, Monitoring & Periodic Review of Programmes	25% of programmes to be reviewed each year with a cyclical approach (4 year plan)	Subject Matter Expert with support from the QA officer.	Quality Assurance & Academic Governance Council (QAAGC)

Audit 4: **Programmes of Education**

A major review of each QQI programme and/or suite of programmes is conducted at four-yearly intervals or as otherwise prescribed by QQI. This review is called a programmatic review. Full details relating to this procedure are outlined in the following policy P6 S8 C10 Programme Monitoring & Review Policy and Procedure. This cycle of evaluations and reviews aim to provide regular academic quality assurance and allow for the continual improvement of each programme. The procedure

seeks feedback on all aspects of programmes, reviews that feedback, makes and implements recommendations for continuous improvements.

Programmatic review is a formal evaluation of QQI accredited programmes. The review is generally carried out at five year intervals or as otherwise prescribed by QQI. Programmatic review is the responsibility of the Programme Board and is a project managed by the Head of Certification.

The specific objectives of a programmatic review are to:

- Analyse the effectiveness and efficiency of each validated programme, including details of Learner numbers, retention rates and success rates,
- Review the development of the programmes in the context of the requirements of employers, industry, professional bodies, the Irish economy and international developments,
- Evaluate the response of the provider/school/department to market requirements and educational developments,
- Evaluate the feedback mechanisms for Learners and the processes for acting on this feedback,
- Evaluate the quality of supports provided to Learners,
- Evaluate the physical facilities and resources provided for the provision of the programme(s),
- Evaluate the formal links which have been established with industry, business and the wider community in order to maintain the relevance of its programmes,
- Evaluate feedback from employers of the programmes' graduates and from those graduates,
- Review any research activities in the field of learning under review and their impact on teaching and learning,
- Evaluate projections for the following five years in the programme(s)/ field of learning under review.

The review comprises five distinct stages, committee formation, data gathering, report writing, an internal evaluation which culminates in an SER (self-evaluation report), an external phase which includes a site visit by an expert panel and culminates in an expert panel report and a decision by Forus Training whether to request revalidation or not based on QQI conditions and recommendations. The stages of the programmatic review are summarised below.

Step 1: **Formation of Programme Review Sub-Committee, Defining Scope and Project Planning.**

A programmatic review team is appointed by the Programme Delivery and Assessment Committee and ratified by the Quality Assurance and Academic Governance Council (QAAGC). The process is coordinated by the QA Officer. Having agreed terms of reference for the review with QQI, the Type 3:

P1 S4 AD HOC Programme Review Sub Committee, (which is a development and review committee), reporting to the QAAGC Sub Committee is formed. See below membership:

Chairperson:	Subject Matter Expert
Membership:	Industry (Employer Representative), Trainer Representative, Learner Representative, QA Officer, Head of Certification, Academic Manager, Programme Leader,

The purpose of the programme review is to establish the extent to which the programme continues to meet the core QQI validation criteria. The findings and recommendations of this review are presented to the QAAGC for review prior to the completion of the Self Evaluation Report (SER).

External committee members are in a position to bring an impartial judgement on the continued maintenance of the overall standard of the programme. These subject matter experts from Further Education and Industry bring expertise from relevant fields of learning. They are individuals who are capable of making national and international comparisons with regard to the programme(s) under review.

The QA Officer develops a detailed project plan (agreed by the Chairperson of the QAAGC) which identifies timelines and key tasks to be completed. Regular review meetings and follow-ups are carried out to ensure that the timeline for the review process is met.

Step 2: **Collection of evaluation data**:

Stakeholder Consultation

In order to successfully evaluate the programme and provide recommendations for continuous improvement, feedback from relevant stakeholders is gathered. A range of appropriate data collection methodologies is utilised and a wide selection of stakeholders are consulted such as the following (this list is not exhaustive):

- Current Learners,
- Graduates,
- Programme Leaders and Trainers,
- Employers,
- Relevant external organisations.

Learner Involvement

Learners are invited to participate in an evaluation of the programme, the evaluation remains open for a period of at least two weeks during which time respondents can participate in the survey and amend their feedback as they wish. The evaluations process includes survey items on Learner's overall impression of learning, teaching and assessment resources. Resources are considered in relation to whether they (resources and teaching collectively) adequately meet the needs of Learners and are reflective of learning outcomes. Immediately following closure of the survey, the results are reviewed by the Programme Review Sub-Committee for appropriate usage, and then the results are shared.

Trainer Interviews

Trainer feedback in programme review processes is a fundamental quality assurance objective and ensures the inclusion of Trainers in the review process. This takes place in an ongoing process of communications between staff, a formal report has been developed for usage across all programmes. The P9 S12 C3 End of Programme Report used to collect data is a qualitative survey of Trainer feedback and reflection on every module's delivery, assessments, and resourcing. This list of questions is designed to elicit feedback on positive and negative aspects of programme delivery. The interview allows for more candid conversations.

Other Sources

As well as the sources set out in above, other key inputs to the annual programme review report include:

- Relevant feedback from QQI,
- Review/recommendations from the Programme Delivery and Assessment Committee (PDAC) meetings,
- KPIs (Key Performance Indices, completed weekly),
- WINs (Workable Improvement Notices),
- Learner completion rates,
- Attainment levels,
- Review of programme brochure and course material,
- Feedback from Course coordinator,
- Review of new developments in training delivery,
- Research into programmes offered by other providers.

Step 3: **Review of evaluation results**:

Immediately following closure of the survey the results are reviewed by the Programme Review Committee and the recommendations shared for improvements are agreed at this stage, and plans made for their implementation and evaluation are documented in a draft report.

Ratification of decisions is through the Quality Assurance and Academic Governance Council QAAGC.

Step 4: **The Quality Assurance Report**

Upon completion of each programme review a Quality Assurance Report is produced for each programme area.

This report contains information under the following headings:

- Programme Overview,
- Quality Assurance Policies and Procedures
- Learner retention and assessment data,
- Results of the QA evaluation procedures,
- Report on recommendations implemented,
- Recommendations to be implemented,

Step 5: **Publication of Evaluation Results**

The final Programme Evaluation Report (PER) is presented to the Quality Assurance and Academic Governance Council. The QAGCC ratifies the report and it is published on www.forustraining.ie.

Improvement cycle in relation to programme delivery

Risk Policy and Register	Documentation Training and SOPs	QA Mechanisms	Improvement Actions	Improvement Actions

	Academic Strategy Policy Programme and Service Dev. Policy	Gap Analysis	Quality Improvement Plan	Programme Development and Improvement

Improved inputs	Fair and Consistent Assessment Policy Dev. of Assessment Instructions Assessment Handbook	Learner Outcomes Learner Feedback	Programme improvements	Adjust Teaching and Learning Experiences

Improved inputs	Self Evaluation and Review Policy Programme and Evaluation Monitoring and Review Procedure	Self Evaluation Report Monitoring Report	Adjust content of Induction and Training for staff / Trainers	Ongoing CPD and Training for Staff and Trainers

Figure 3: Improvement of Learner Outcomes Based on Quality Improvement Processes.

Changes to a Programme post review:

Proposals for programme modification are developed by the Programme Review Sub-committee. When making any proposals for modification, initial feedback is sought from the QAAGGC to confirm whether the proposed change is minor or major. Minor modifications are approved internally by the Quality Assurance and Academic Governance Council QAAGC whereas major modifications require QQI approval prior to implementation.

Post review follow – changes that may be required across all programmes (e.g. Learner supports)

It is acknowledged by the Senior Management Team that outcomes from the review may have implications for all programs and not just those subject to this periodic deep dive. Such changes are identified, and the proposed changes ratified by the Quality Assurance and Academic Governance Council and implemented on a planned basis by the Program Development and Design Lead and the QA officer

Minor Modifications Include but are not limited to:
- Changes to the admissions process for example, the timing of outcomes to applicants or the process of allocating places,
- Changes to the module content that doesn't impact on the learning outcomes of the module,
- A change in the assessment methods in a particular module, as long as these are consistent with the approved programme schedule, the overall stated programme aims, learning outcomes and assessment strategy, for example changes in the assessment tool utilised for the percentage of the module that is assessed by continuous assessment. (CG 3.3)

Major Modifications Include but are not limited to:
- The addition of modules,
- Changes to the programme title,
- Changes to the approved programme schedule,
- The addition of a new route/minor award,
- Changes to module or programme learning outcomes,
- Changes to the approved programme schedule,
- Change to credit weightings of modules or programmes.

3. Programmes of Education and Training			
3.3 Programme Monitoring and Review			
	Plan	**Do**	**Check**	**Act**

	Plan	**Do**	**Check**	**Act**
P r o c e s s	P6 S8 10 Programme Evaluation Monitoring and Review Procedure. QAGGC supported by QA Officer schedules activity, Subject Matter Experts identified and brought on-board (essential they have appropriate benchmarking experience).	Programme Review Sub-Committee formed, Meetings and plan steps. Industry stakeholders identified working relationships established with the new team. Common understanding of language and purpose.	QAAGC oversees the work of the Programme Review Sub-Committee. Assigns personal, oversees appointment of external involvement. QAAGC ratifies external reports	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	**Ongoing Monitoring. A**ttendance, feedback (monitoring that happens as a matter of course). Data collated by Trainer (post course report) and QA officer per event **Periodic Programme Review** (25% per year on a 4 year cycle). Programme Review Sub-Committee.	Scope defined data collection tools agreed upon. Stakeholder consultation documented. Surveys and interviews conducted. Data collection, analysis and summary. Report written. Proposals for programme modification are developed by the Programme Review Sub-committee on basis of report	QAAGC / Chairperson to give oversight to tools used and data collection methods. QAAGC approves the final report. Proposals for programme modification developed by the Programme Review Sub-committee are ratified by the QAAGC	Major and Minor modifications made to programmes. (Major with the permission of QQI) Changes are tasked to Programme Development and Design Lead. SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy. P5 S10 Workable Improvement Procedure

Table 12: **3.3 Programme Monitoring and Review PDCA diagram.**

*Monitoring and Review of Programmes delivered under collaborative agreements follow the policy as outlined in this chapter.

Chapter 4: Staff Recruitment, Management & Development

4.1 Staff Recruitment:

Figure 4: **Employment Planning**

The following sets out Forus Training's position statement in regard to its policy and procedures for the Quality Assurance of both administrative and teaching staff (referred to as Trainers). Forus Training's policy and procedural considerations are mapped to the processes outlined in Forus Training standard operating procedures otherwise referred to in-house as P5 HR. Forus Training's policy is available here P5 Human Resources Policy. The Quality Assurance and Academic Governance Council have responsibility for oversight of the competency of Forus Training's staff, their recruitment, management and development. It is the role of the Managing Director to ensure that Forus Training can demonstrate how it complies with applicable HR regulations and legislation, supported by the Head of Operations. The resource allocation and Human Resource Management of all teaching and support staff under the direction of the QAAGC falls within the remit of the Head of Operations. Through leadership, care is taken to promote an environment in which everyone feels appreciated and empowered. We believe that people work best when they are supported – not just

by external factors such as good pay and terms and conditions, but also by the internal factors that motivate them as individuals.

Forus Training policies and procedures relating to Human Resources (HR) are divided into four sections;

1. Workforce Planning - Including Recruitment and Selection,

2. Staff Learning Development - P5 S9 Staff Learning and Development Policy,

3. Performance Management,

4. Contractual Arrangements, including Termination.

The HR documentation is reviewed annually in May by the QA Officer through the use of the following tool. P5 Human Resources Internal Audit / Evaluation Form and a report is generated based on the findings in line with the policy. P2 S3 C4 Internal Audit Policy and Procedure.

Relevant KPI	Role Responsible	Quality Assurance & Academic Governance Council (QAAGC)	Programme Delivery and Assessment Committee (reporting to (QAAGC)	Head of Centre	QA Officer
No. Workable Improvement Notice (WIN) - Staff / Trainer	QA Officer	●		●	
Staff Turnover	Head of Operations (HR)			●	
No. Staff Training Days Attended	QA Officer		●		
Reaction Forms - event based	Academic Manager		●		●
Trainer Rating	Academic Manager				●

Audit 5: **Human Resources**

Staff Organogram

The organogram below demonstrates the current Forus Training organisational structure. It shows the key functional areas in terms of both academic and operational responsibilities;

Figure 5: **Staff Organogram**
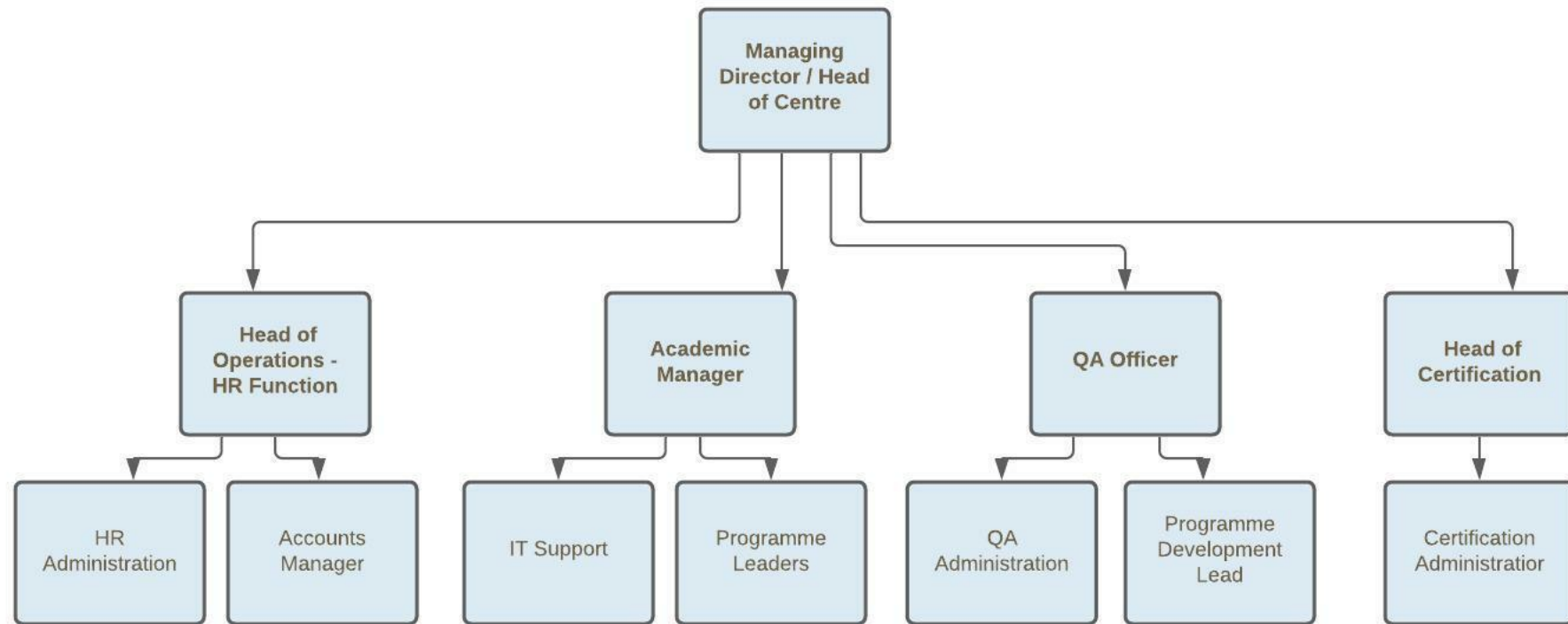
Roles and Responsibilities

Forus Training is fully committed to ensuring that sufficient and appropriately qualified Trainers and administrative staff are employed to meet the academic and administrative requirements to support the coordination and delivery of all programmes to the highest standard.

Staff Roles are outlined in detail in the following document: P5 S4 C2 - Job Descriptions - Roles and Responsibilities, with a synopsis of each outlined in Chapter 1. For further detail please access the document. Please note that responsibilities detailed are not exhaustive, as roles and areas of responsibility are reviewed and refreshed as the business evolves. Each role has its own identified quality assurance responsibilities. Each staff member has a current contract in place, using the following template: P5 First Name Last Name- Employment Contract. It is important that we sustain a skill mix and level of staffing commensurate with the maintenance of the quality assurance standards outlined in this manual. There is a form and a mechanism with which to request further staffing should levels fall below what is possible to support by the existing team. The following form is used: P5 S1 Manpower Requisition Form. The QAAGC approves and gives oversight to appropriate staffing levels. When designing specifications for staffing profiles a member of HR uses similar providers as a benchmark in order to successfully appoint new team members.

The P5 S8 Forus Training Employee Handbook also supports adherence to legal obligations in relation to employees

Quality Assurance of Trainers

In terms of Trainers the management team at Forus Training expects appointed Trainers to demonstrate andragogical and technical competence. This is initially evaluated at the recruitment stage in line with the requirements of the programme. It is the responsibility of Trainers to provide us with transcripts of qualifications and referee contact information to support relevant industry experience. It is the responsibility of the Academic Manager to verify appropriate evidence supporting Trainers qualifications and work experience.

Forus Training have set the following minimum pre-requisite requirements for all newly appointed Trainers:

- Hold a third level degree (at a minimum) in a relevant discipline. Where an accreditation / professional body sets additional specific academic or professional qualifications, these must also be adhered to.

- An andragogical qualification is required. In the case of experienced Trainers who do not possess a formal qualification, this should be completed within one year of Trainer appointment. Forus Training's minimum requirement is the QQI accredited Level 6 Special Purpose Training and Development Delivery Award (6S3372).

- A minimum of 2 years relevant industry experience.
- Practical training / teaching and assessment experience is highly advantageous.

Communication with Trainers Feedback and Feed-forward

The Forus Training management team engage in an open and constructive feedback and feed-forward (P9 S9 C13 Learner Feedback Form) process with all staff and Trainers; employed and contracted; to promote continuous programme improvement and on-going personal and professional development. Forus Training will pursue employment policies and procedures that will promote equality of opportunity.

Trainers are provided with a document entitled: P5 S10 C1 Trainer Code of Conduct in order to support the procedures that underpin meeting QQI's policy standards.

Mechanisms & Monitoring:

- Trainer and Learner course feedback forms (known as P9 S9 C13 Learner Feedback Forms),
- Trainer feedback on CPD events organised by Forus Training,
- Internal Verification Reports,
- External Authenticator Reports,
- Self-Evaluation Review Reports,
- Programme Delivery & Assessment Committee documented annotation,
- Continuous Professional Development (CPD) Logs,
- Periodic review of Trainer and Learner course feedback forms and Workable Improvement Notice (WINs),
- Trainer forum on Saturday mornings where zoom meetings with senior team members are facilitated through virtual meetups.

Continuous Improvement Process:

Agreement, implementation, and review of recommendations resulting from the on-going monitoring mechanisms noted above are described in our P5 S10 Workable Improvement Procedure and associated form: P5 S10 Workable Improvement Notice (WIN) Trainer / Staff Form.

Figure 6: **Improvement Cycle - Programme Delivery Through Staff and Trainer Feedback and Feed-Forward Mechanisms.**

Quality through people

The management team of Forus Training works to maintain a threshold of quality assurance in respect of the provision of all current QQI accredited programmes it is validated to deliver. Forus Training monitors and controls the quality of provision, ensuring courses are fit for the intended professed purpose stated via the performance management principles stated below;

- Office based staff and Trainers (and other staff involved in programme/course design, delivery and evaluation) are appropriately qualified within the subject matter delivery domain, training and development capability and/or, specific area of responsibility and function. This can be confirmed via;
  - Relevant and up to date accredited certification (including the QQI Special Purpose Award in Training & Development @ L6 in the role of the Trainer)
  - Relevant and up to date occupational experience
  - Trainers must demonstrate the minimum of an accredited qualification (or equivalent) of at least one level above that which they are facilitating on the QQI NFQ.
- Staff and Trainers alike, can qualify and demonstrate their competence across multiple areas of skill;
  - Knowledge of relevant occupational as well as scholarly standards applicable to the subject matter/work related responsibilities - All
  - Efficiency in their organisation of the delivery of content and assessment related activity via appropriate timetabling and lesson planning - Trainers
  - Efficiency in their organisation of work related tasks with the ability to prioritise and respond to challenges and competing demands professionally - All
  - Leadership in communicating, disseminating Learners (as individuals within a group setting as well as in a blended learning environment) - Trainers
  - Good interpersonal skills and the ability to relate with Learners, internal colleagues, external stakeholders reflecting organisational integrity and governance processes - All
  - Through the provision of constructive feedback, communicate with Learners using fair, transparent and equitable approaches. - All.
    - P5 S3 C1 Applicant Screening
    - P5 S3 C2 Rejection at Screening Stage
    - P5 S3 C3 Interview Scheduling Email
    - P5 S3 C4 Hold Interviews - Templates for each discipline available

- [P5 S3 C5 Communication to Candidates post interview](#)
- [P5 S3 C6 Reference Check and Due Diligence](#)

Recruitment and Selection Procedure of Teaching Staff for QQI Programmes

As a staff vacancy or requirement for a Trainer arises, Forus Training develops a job specification and associated selection criteria for the particular role, both of which are approved by Forus Training's Head of Centre. All vacancies are advertised externally using the services of Indeed.ie, and, where necessary, regional and national newspapers and online recruitment websites. Applicants are requested to complete the relevant application form along with the submission of an up to date curriculum vitae and supporting cover letter, which must showcase key skills reflecting the role criteria listed on the job specification. The recruitment and hiring process at Forus Training meets all legal and regulatory requirements. The process is outlined in Appendix 1 - SIPOC Diagram – Course Administration – HR Staff Recruitment Management and Development.

The short-listing process is overseen and approved by the Head of Centre prior to interviews taking place. All applicants invited for interview are required to provide copies of relevant qualifications/certificates, which are kept on file by Forus Training together with their curriculum vitae and other relevant supporting documentation, with written consent from the interviewee.

The interview process is structured and planned with an interview board of no less than 2 interviewers and where necessary, external oversight is adopted. A set of consistent questions is developed against the job specification criteria and takes an integrative approach;

- Questions are firmly anchored in the requirements of the job role,
- Questions allow the interviewers to examine the applicant's specific experience and competencies in a number of relevant work related areas,
- A *behavioural* approach is integrated allowing for the exploration of applicants examples of experiences, whereby skills and competencies have been previously demonstrated,
- Supplementary questions and probing is only permissible in the clarification of detail relating to the above,
- Applicant responses and evidence is assessed against a rating scale which details indicators of performance for each area/question of the interview. These are completed by the interview panel immediately upon completion of the interview.

The fundamental purpose of the interview process is to ensure an effective and transparent approach in achieving a balance between what the applicant has accomplished in their career to date

while examining the particular knowledge and skills necessary for performance in the role interviewed for.

Upon successful appointment, Forus Training requires all new staff and Trainers (employed and contracted) to accustom themselves with all facets of programme/course development, preparation and delivery. In the context of Trainers this is via the Trainer On-Boarding Presentation (access to which is via Forus Training's Information Management System), [P5 S6 C1 Trainer Handbook](#) and [P5 S10 C1 Trainer Code of Conduct](#) documents. Trainers are then obliged to sign-off on their understanding of the terms, conditions and conduct of their duties and responsibilities via their Contract of Service.

To ensure business continuity or service continuity Forus Training maintains a panel of Trainers in each geographic location where we offer programmes in order that should a Trainer encounter circumstances that result in them being unavailable to continue teaching your programmes then a substitute can be employed to continue and finish the programme. Schemes of work are provided by Trainers so that it is clear to the substitute what has been already covered. Within the recruitment process a panel of available Trainers is maintained where those candidates that meet the specifications and perform well at interview are advised that (subject to their approval) their contact details are retained for use in such circumstances. This approved Trainer list is accessible to coordinating staff.

4. Staff Recruitment, Management and Development				
4.1 Staff Recruitment				
	Plan	**Do**	**Check**	**Act**
P r o c e s s	P5 Human Resources Policy P5 S1 Staff Recruitment, Induction and Development Policy	The Managing Director is responsible for ensuring that staff are competent and have sufficient experience and expertise. Head of Operations verifies experience and qualifications.	Management & Academic Oversights. Management Review: review of hiring & staff development. Quality Assurance and Academic Governance Council monitors training budget & CPD.	Planning New hire induction & skills review. QA Officer plans CPD activities with individual Training budget planning.
S u b - P r o c e s s e s	P5 S9 Staff Learning and Development Policy P5 S10 Workable Improvement Procedure P5 S4 C2 Job Descriptions - Roles and Responsibilities P5 S10 C1 Trainer Code of Conduct P5 S6 C1 Trainer Handbook CPD Register All staff clear on the growth and the decline of staffing levels. Job role and Job specifications developed.	P5 S1 Workforce Planning Identification of Blended learning skills / Subject matter expertise / Training experience required. Pedagogical standards clearly understood. Benchmarking of staff skills & pedagogical profiles to ensure programme needs are being met. P5 S4 Position Offer. Contract of Employment issued to selected candidate(s). Accommodations for candidates with disabilities. Induction material, moderation support on induction.	At the Quarterly and Annual Planning Meetings, we discuss growth or decline and address staffing levels. QAAGC Review P5 S1 Manpower Requisition forms. Ratify new positions. Annual HR audit report reviewed by QAAGC. Flagging and follow up of low reaction scores and Learner outcomes. Flagging non attendance at CPD events.	CPD Tracking Maintain & monitor CPD logs Line manager skills review & 2-way feedback, incl. Learner feedback. Should reaction aggregate scores fall below 4/5 – WIN notice, review probation period follow through.

Table 13: **4.1 Staff Recruitment PDCA diagram.**

4.2 Staff Communication

For all Staff communication is a cornerstone of delivering quality. Daily communications between staff means that we:

- Check-in with each other regularly
- Solve problems regularly
- Support staff in facilitating Learners
- Engage everyone in the process
- Collaborate on visual systems to stay informed

Visual systems are as follows:

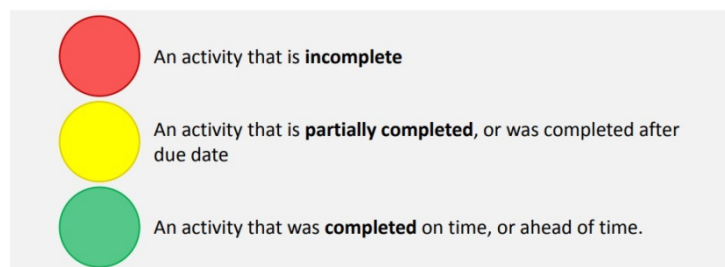Project information is expressed in terms of colors . . .

An activity that is **incomplete**

An activity that is **partially completed**, or was completed after due date

An activity that was **completed** on time, or ahead of time.

Figure 7: **Traffic Light System**

How well **activities** and **milestones** are being achieved?

How on track the overall project is?

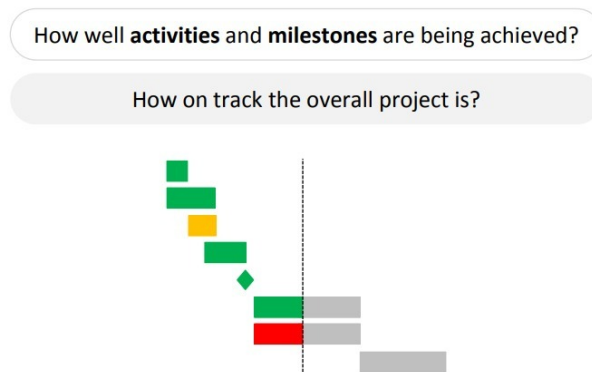**Figure 8**: **Visual Gantt Charts to Track Progress**

Since March 12th 2020, depending on restrictions, the team has operated a standing in-person / virtual meeting during business hours. When virtual the meeting operates very much like a virtual office. Logins are shared with all staff and Trainers each morning to facilitate drop in communication. Surprisingly, this is working to facilitate a greater level of coherence or of communication than was previously in place via discussion groups, telephone email et cetera. Now if the Trainer has a

question they can virtually arrange to "call into" the office. The meetings facilitate breakout rooms where individuals can meet with the appropriate member of staff in private to discuss the matter in question. We find this method of working to be very collaborative and productive as it facilitates screen sharing. We use visual management systems so that there is common use of terminology and greater focus on shared goals.

The following is outlined in our P2 S10 Communications Policy

1. ***To enable a clear and efficient flow of feedback to and from staff and Trainers, regarding their experiences of course development and delivery.***

Pre-Event

Prior to the commencement of any course, the Trainer who is to deliver the programme is required to meet with the Academic Manager, complete the Trainer On-Boarding Induction and give testament to having read and understood the Trainer Handbook and Trainer Code of Conduct. During the initial meeting with the Training Coordinator, there is a discussion of:

- Course design and content,

- Course delivery responsibilities and accreditation (if applicable),

- Particular issues regarding, for example, course themes, Learner diversity, the learning environment,

- The adequacy of Learner supports,

- Learner induction.

During Events

Post Event

The meeting has an agenda and minutes are documented by the Course Coordinator and recorded within the appropriate course file -linked to the event on the Learning Management System (LMS) P7 Programme Planning Meeting Form. This will provide evidence that all staff assigned with an administrative / instruction role are fully aware of the nature of the programme, the Learner supports that need to be in place and any potential challenges as well roles and responsibilities.

The Training Coordinator is to read each Learner P9 S9 Reaction Form. Substantive issues arising are to be discussed with the Head of Centre / Academic Manager during scheduled programme meetings.

Following External Authentication the Training Coordinator / Academic Manager / Head of Certification will brief the relevant Trainers on outcomes, both positive and areas of improvement required. More critical issues highlighted in the EA Report are discussed at the Results Approval meeting and written redress is provided to the Trainer. It is through these processes described that Trainers are kept informed of issues relating to their programme areas. P9 S12 C3 End of Programme Report.

Programme feedback from Trainers as part of periodic reviews

Trainer feedback in programme review processes is a fundamental quality assurance objective and ensures the inclusion of Trainers in the review process. This takes place in an ongoing process of communications between staff, a formal report has been developed for usage across all programmes. The P9 S12 C3 End of Programme Report used to collect data is a qualitative survey of Trainer feedback and reflection on every module's delivery, assessments, and resourcing. This list of questions is designed to elicit feedback on positive and negative aspects of programme delivery.

4. Staff Recruitment, Management and Development				
4.2 Staff Communication				
	Plan	**Do**	**Check**	**Act**
P r o c e s s	P2 S10 Communications Policy At programme Planning stage - Set up communication groups, comprising of Course Advisor, Programme Development and Design Lead, Course Coordinator. Facilitates daily / weekly flow of communication and information sharing.	Daily Huddles, Visual Management Systems. Planning and review meetings Zoom meetings. Collaboratively shared documents and resources. Culture that supports open, candid conversation.	QAAGC oversight given to Annual audit in May P5 Human Resources Internal Audit / Evaluation Form Report: review of hiring & staff development. Quality Assurance and Academic Governance council monitors training budget & CPD. Trainer feedback monitoring.	New Hire follow-up New hire induction & team integration. QA Officer to agree KPIs & performance management objectives. Benchmarking of staff skills & pedagogical profiles to ensure organisational needs are being met.
S u b - P r o c e s s e s	Planning & initial work. • Develop job role & specification • Identify BL/online skills required in role • Pedagogical requirements (one NFQ level above course level to be taught) Process to conform with all legal & regulatory standards Job advertised online, incl.	Staff feedback on CPD events P5 S19 Staff / Trainer CPD Activity Report. • Meeting minutes of programme planning meeting agendas. • P7 Programme Planning Meeting Agenda and Record Form. • P9 S12 C3 End of Programme Report.	Processes • Data is collated following reaction / feedback on CPD events, • P5 S6 Programme Planning Meeting Agenda and Record Form – completed, • Programme committee reviews End of Programme Reports, • Exit interviews for staff / Trainers who are ceasing their employment with us.	Selection • Process applications & create shortlist, • Interviews & testing, • Review & decisions, • Notify outcomes to candidates, • Contract of Employment, issued to selected candidate, • Suitable accommodations made for candidates with disabilities.

Table 14: **4.2 Staff Communication PDCA diagram.**

4.3 Staff Development

Staff development activities should contribute to the achievement of Forus Training's strategic goals and objectives. All staff members are encouraged to participate and engage with staff and career development activities and should take responsibility for their own learning, to develop personal goals and to record and reflect on their own development. Some staff development activities are mandatory as a consequence of employment agreements. We have a **P5 S9 Staff Learning and Development Policy** to support resource allocation to that end. Job descriptions detail roles and responsibilities and documentation supports individual reviews at which direct line managers discuss the staff members individual training plan.

The senior management team of Forus Training acknowledges and respects its responsibility to maintain and enhance the academic, professional and technical integrity of all programme, course and training standards. Initially this is managed through induction, and over the duration of the contractual/employment arrangement, access to continuous professional development opportunities.

Forus Training Induction:

All new Trainers are required to attend a *Welcome Induction* at Forus Training's office in Mullingar or at a location that is more geographically accessible to the Trainer / virtually where restrictions dictate. This must be completed prior to the delivery of any programme. The Forus Training *Welcome Induction* affords the Trainer an opportunity to meet with relevant Forus Training staff, such as the Head of Centre, Head of Certification and Academic Manager who they will liaise with on an on-going basis throughout the delivery and assessing of a programme. This may happen digitally where travel is not allowed. During this induction, the Trainer will be briefed on the following:

- Forus Training's background, aims, ethos and organisational structure,
- Specific and fundamental responsibilities associated with the Trainer role,
- Lines of effective communication with Forus Training's staff and the role of relevant internal Forus Training personnel,
- Academic and administrative procedures and regulations, including relevant documentation, and the use of our learning management system,
- Training in the use of Forus Training's Virtual Learning Environment.
- P7 S15 Trainer Onboarding Script / Companion Notes

We have a detailed training programme developed to on-board Trainers, which takes them through comprehensive information on our policies and procedures. Details and logs of each Trainer's induction and related events are maintained in each employee's CPD log, - hard copy file, which is retained by Forus Training.

CPD for Trainers is organised by Forus Training annually this is coordinated by the QA Officer and Academic Manager. All staff involved in the delivery of Forus Training programmes are expected to attend. The opportunity is also given, prior to the training event, to provide suggestions on specific areas to be included on the training agenda. The events are set up on our Learner on Management System and records are kept in line with standards for all programmes.

The annual CPD training events include presentations and open reflective discussions amongst internal Forus Training staff, Programme Leaders and Trainers. At the end of any training event, those involved are asked to complete an evaluation form and provide suggestions for future events. P5 S19 Staff / Trainer CPD Activity Report. By having a P2 S10 Communications Policy it ensures good communication among staff and Trainers.

Effectiveness of Trainers and Training Programmes

Procedures are applied to ensure that Trainers and programmes receive constructive feedback across a number of specific areas so far as to determine strengths, implement improvement plans and agree action plans where and when necessary. (CG 4.3)

Effective Trainers are lifelong Learners. Effective training programmes provide lifelong learning opportunities. Integral to any Trainer's role is the imparting of knowledge and knowledge transfer. Forus Training monitors and evaluates the effectiveness of both Trainers and programmes to determine whether the teaching and learning experience has achieved or failed its objectives. Through the analysis of the training events via the use of appropriate evaluation methodologies, Forus Training can enhance future teaching and learning outcomes.

1254 QQI Briefing for Trainers for Forus Training - Online Training.

Prior to 2020 Forus Training's delivery model was one where we employed contracted (self-employed) Trainers to deliver programmes. In this model there was a robust set of recruitment criteria and rigorous due diligence on qualifications and due diligence. There is extensive induction training and pre-planning meetings. From March, all Trainers work on an employed basis.

The management and committees of Forus Training are concerned with the responsibilities and conduct of persons employed to teach this is reflected in our Trainer Code of Conduct which is communicated to Trainers along with their contract at induction.

Professional Development Opportunities

We are committed to providing opportunities for staff development that are systematic. Planning and resources are committed to identifying and addressing staff training needs. A number of mechanisms are in place to ensure that Trainers engage, inform and support Learners in a manner that reflects the ethos and mission of Forus Training.

The management team has found that Trainer participation in committees and feedback in preparation for re-engagement has resulted in a fresh perspective and improved outputs.

Staff development is formalised in relation to routinely provide ongoing professional development of teaching and most recently, blended learning practice in the following;

- Teaching and learning - pedagogical practices,
- Best practice in association with Learner supports,
- Reflective, critical or theoretically informed approaches
- Assessment,
- Virtual learning environments,
- QA systems, policies and procedures.

Peer Review

The introduction of peer review as part of our co-training policy is a reflective and supportive process to explore different approaches to teaching using the structured assistance of an observer. This process gives opportunity for feedback and feed-forward on teaching activity. The peer reviewer should have the capability to provide insights on the delivery of the material, the Learner experience and on other factors such as engagement levels, teaching methodology and technology use. Self assessment forms and feedback "observers" forms are used to record the review. It is expected that reflective, candid and professional dialogue should take place between both the Trainer and the observer following the session.

Suite of Available Training Courses

Trainers and all staff are invited and encouraged to avail, free of charge of all training programmes that we offer to the public.

Annual Conference

The core administrative and management attend a 2 day conference in the UK on an annual basis. It gives the team an international perspective and as it involves a full team trip abroad benefits team

performance and employees in attendance understand each other's strengths, weaknesses, and interests. Typical topics covered by speakers are:

- The Importance of Lifelong Learning and How to Enable That Through Technology,
- Making the Most of Your Learner Feedback,
- The Future Of The Training Industry,
- The Impact of AI on Education,
- The 3 Things to Look for When Recruiting Instructors,
- How to Deliver Great Courses in Classroom, ILT, VILT, and Blended Environments,
- Visual Storytelling for Training and eLearning Content [Sandy Rushton]

CPD on Organisational Developments.

The senior management team have hosted fortnightly webinars on a rolling basis (2020 March to present time) -to bring Trainers up to speed with the digital tools we now use to assist us to deliver programmes in a blended manner, attendance has been mandatory and well attended. The aim of this is to standardise pedagogical competencies in line with the current landscape.

These have included;

- Zoom 1 - Delivering synchronous virtual classroom sessions through Zoom,
- Using Zoom Tools to improve Learner experiences,
- Training on the implementation of my.forustraining.ie portal,
- Development of quizzes and interactive Learner experiences,
- Tracking Learner engagement on blended learning programmes,

CPD Requirement

It is a requirement of Forus Training that staff and trainers attend relevant CPD training annually (Minimum 3 days). This may comprise formal and informal methods and must include both andragogical and technical (subject matter) skills.

Updating Teaching and Learning Skills	Subject Area CPD
Quality Management Systems	The purpose of this award is to equip the learner with the knowledge, skill and competence to evaluate and apply requirements specific to a documented quality management system.
Training & Learning Online	The aim of the course is to provide Trainers with the knowledge and skills needed to deliver effective online learning. This course also outlines the various

	pedagogical theories which guide the use of technology in blended or online programmes.
Data Protection Skills (GDPR)	This programme module aims to equip the learner with the knowledge, skill and competence to develop standard and, measure performance in order to operate in a Data Protection Role: ● Session 1 - All about Personal Data ● Session 2 - The Right Circumstances ● Session 3 - Principles ● Session 4 - Data Subject Rights ● Session 5 - Data Security ● Session 6 - Data Breaches ● Session 7 - Roles and Responsibilities ● Session 8 - Transferring Data
Technology as a tool in teaching	Gaining further qualification in subject specialism
Mentoring new Trainers	Membership of a professional body
Acting as an observer in Peer Reviews	Presenting at conferences
Formal education on teaching and learning	Annual Forus Training Trainer Training Day
	Reading and reviewing books or journal articles
	Planning / Running a staff / peer CPD activity

Table 15: **CPD Recognition**

A WIN (Workable Improvement Notice) may be raised to ensure specific corrective action will be taken. In certain circumstances, at the discretion of the Course Coordinator/Programme Leader/Head of Certification and subject to no adverse comments being received, a WIN may be deemed to be unnecessary. A record is nonetheless logged in such cases.

Supports for Performance Managing Staff and Trainers

When staff and Trainers are not performing to the standard required for the role in which they are contracted, it is the responsibility of Forus Training to discuss suspected and/or evidenced challenges with the staff member or Trainer in question. Following discussions with Forus Training, the Head of Centre arranges and agrees with the staff member/Trainer, the implementation of a time-based action plan to address such issues. This time-based action plan will take the form of a further WIN Notice (Workable Improvement Notice). Supervision meetings to discuss progress with WIN feedback are noted with the aim of evaluating and detailing improvements made. Records of the informal and formal interventions and support are retained by Forus Training.

P5 S10 Workable Improvement Notice (WIN) Trainer / Staff Form

Probationary Period

For the first 6 months of the Trainer's contract, they are contracted on a probationary basis. The Trainer's performance is reviewed during and at the end of 6 months and if satisfactory, the Trainer's status on a panel of Trainers for future similar events will be confirmed. Forus Training retains the right to extend your probationary period, subject to a maximum probationary period, inclusive of notice, and this will be done following discussions with the Trainer.

Dismissal of Poorly Performing Staff and/or Trainers

Should a Trainer fail to comply with agreed interventions or, improvements are not successful in meeting the required threshold of effective teaching and learning practice, following documented discussions reflecting the adherence to the procedural process, the Trainer will be subject to dismissal. Depending on the nature and severity of the issues addressed, this may only apply to the delivery of the QQI programmes investigated. However, if the concern was deemed to be a matter of seriousness, dismissal can apply to all programmes.

In the event that a staff member or a Trainer needs to be disciplined, Forus Training will do so in a fair and consistent manner so as to assist the staff member / Trainer in overcoming the performance concern detailed and thus, progress to satisfactory role performance. Forus Training's disciplinary process operates at a number of stages. These are outlined below. The QAAGC will be informed of the situation at all stages and documentary evidence will be recorded on the individuals' personnel record.

Dismissal & Disciplinary Procedures:

To ensure a fair system for all, we have the following disciplinary procedure.

Following any breach of the normal rules of employment, or if a Trainer fails to perform their work satisfactorily the Trainer will be given a first verbal or written warning by Forus Training.

Should the Trainer not show any improvement following the first warning, a second written warning will be given by Forus Training.

In the case of repeated breaches of the normal rules of employment or repeated failure to meet the required standards of work or, in the event of any misconduct, a final written warning will be given by the Head of Operations or the Academic Manager acting under the guidance of the QAAGC.

In the event of repeated misconduct, gross misconduct, or unfitness to work, the Trainer's work under their contract will be suspended pending investigation by the QAAGC and the Trainer's services may be terminated.

Dismissal Procedure:

The Trainer will be informed in writing by the Academic Manager, detailing the reasons for their dismissal. The Trainer has the right to appeal any disciplinary action within seven days to Forus Training who will consider any such appeal.

4. Staff Recruitment, Management and Development				
4.3 Staff Development				
	Plan	**Do**	**Check**	**Act**
Process	P5 S9 Staff Learning and Development Policy.	Peer review as part of the co-training policy Mandatory CPD Annual training day organised by the Quality Assurance Officer Conference attendance by staff Blended learning training skills	QAAGC oversight Peer review reports collated QAAGC monitors adherence to the CDP activities and reviews staff feedback based on the same.	Gaps identified through Monitoring and Programme / Institutional reviews are identified for future training activity.
Sub-Processes	Line Manager to agree KPIs & performance management objectives with Trainer / Staff Member. Maintain and manage Trainers' qualifications and achievements through our Learning Management System., Clear job roles specified Diligence checks on records of new Trainers. CPD expectations clearly communicated in handbooks.	Management Review: review of hiring & staff development Line manager performance appraisal and review with direct reports. Communicate EA feedback, and Learner feedback to Trainers as standard. Design of CPD material.	QAAGC oversees the KPIs (Learner outcomes) and attendance figures in relation to training initiatives. P5 S8 Staff Member New Hires & Induction CPD activity discussed as part of the staff members performance appraisal review P5 S11 - Appraisal and Review Form Completed WIN forms Learner Feedback Learner Outcomes EA feedback.	New hire induction follows standard format Create skills circles Staff Reviews Training Plans & CPD logs Line manager review & 2-way feedback Management & Academic Reviews Management Review: feedback on hiring & staff development Academic Committee: monitor staff feedback & approve training budget; CPD reviews.

Table 16: **4.3 Staff Development PDCA diagram.**

Chapter 5: Teaching and Learning

5.1 Teaching and Learning:

The Quality Assurance and Academic Governance Council is responsible for Forus Training's annual programme monitoring process in line with our internal Systems and the published QQI Policy on Monitoring 2014. Appropriate monitoring mechanisms for ongoing review and mechanisms for periodic review. These mechanisms underpin our commitment to self monitoring and improving the quality of teaching and learning. The information provided by monitoring, that is ongoing and periodic review provides relevant and timely information for those charged with academic oversight. Stakeholders, staff and committee members can make informed decisions when reviewing these reports.   The decisions made and oversight given by these committees drive appropriate improvement and corrective action.
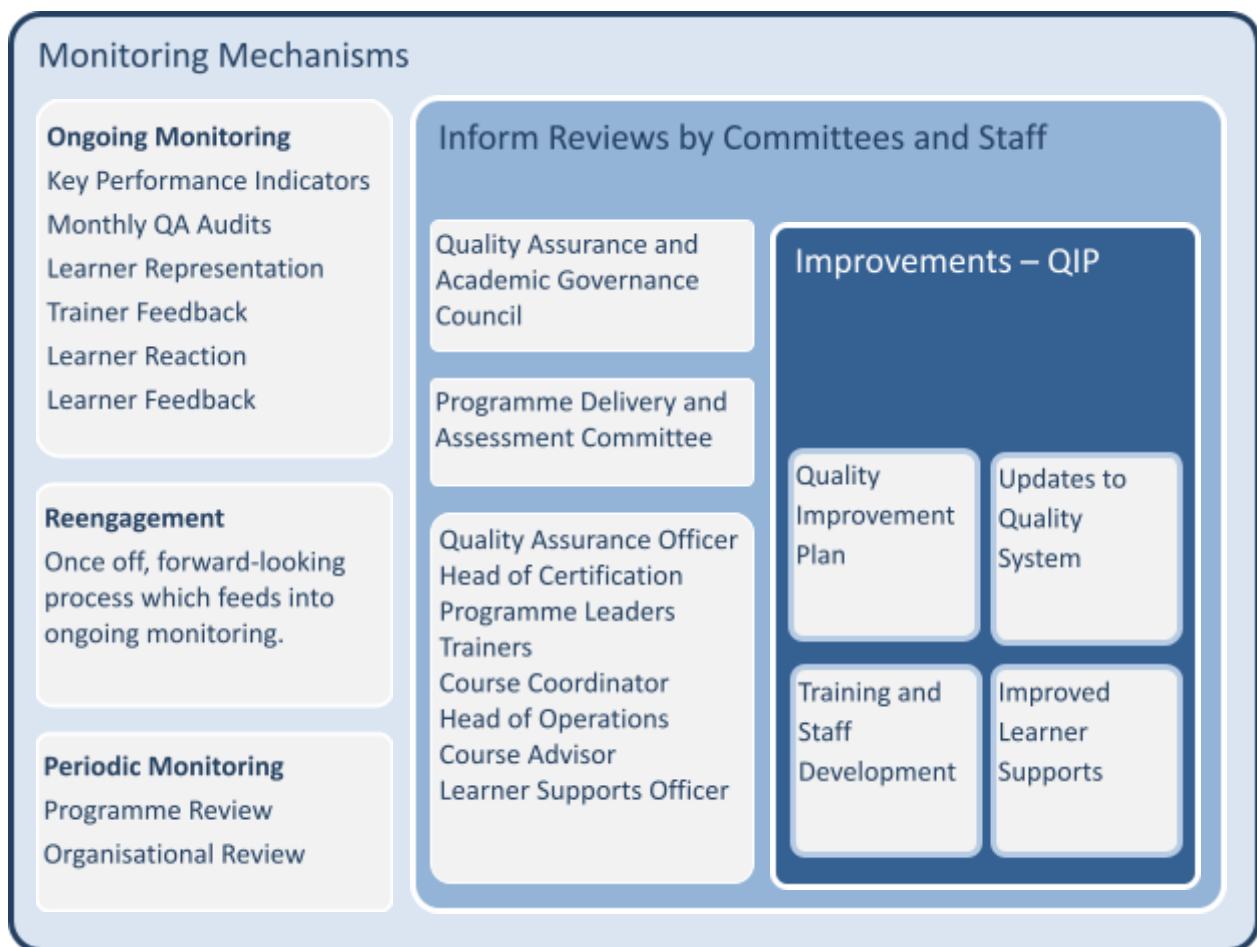
Monitoring Mechanisms

Ongoing Monitoring
Key Performance Indicators
Monthly QA Audits
Learner Representation
Trainer Feedback
Learner Reaction
Learner Feedback

Reengagement
Once off, forward-looking process which feeds into ongoing monitoring.

Periodic Monitoring
Programme Review
Organisational Review

Inform Reviews by Committees and Staff

Quality Assurance and Academic Governance Council

Programme Delivery and Assessment Committee

Quality Assurance Officer
Head of Certification
Programme Leaders
Trainers
Course Coordinator
Head of Operations
Course Advisor
Learner Supports Officer

Improvements – QIP

Quality Improvement Plan

Updates to Quality System

Training and Staff Development

Improved Learner Supports

Figure SEQ Figure * ARABIC 9: Use of self-monitoring to improve the effectiveness of teaching and learning

Ongoing Monitoring

The quality of the learning experience is monitored using a number of feedback mechanisms:

1. Mid-course monitoring forms,

2. Learner reaction forms (end of course delivery following the final session),

3. Learner feedback post assignment submission,

4. Stakeholder observation (management observer on a programme),

5. Learner representative feedback committee meetings,

6. Trainer course review report (self-evaluation),

7. Internal verification reports,

8. External authentication reports,

9. Third party - procured feedback (in the case of programmes delivered in house),

10. Peer review from other Trainers.

These mechanisms facilitate the on-going monitoring of teaching and learning activity.

Mid-Event Learner Reaction:

Trainers are required to ensure monitoring of courses is undertaken at mid-point - there is an easy-to-complete comment postcard in place - please see it here: Unsolicited Comment Card. This was implemented so as mid course feed-forward from Learners could be acted upon in a timely fashion.

The monitoring forms are collected by an assigned Learner, collated into a sealed envelope and submitted by the Trainer to the Course coordinator. This mid-course feedback from Learners should gauge the satisfaction levels of learners with their experiences mid-course. It serves as a simple what is helping what is hurting, temperature check, creating scope for feed-forward improvements.

Post-event Learner Reaction:

Following this, Trainers also request that all Learners complete an end of course P9 S9 C13 Learner Feedback Form during the final session of the course. The same procedure is applied to safeguard the anonymity of the Learner response. This procedure also applies to in-house/third party training courses, with forms that meet and match the criteria as set out in our quality assurance arrangements so that comparative reaction data can be compiled. It is the responsibility of the Quality Assurance Officer to review and collate Learner feedback and take action where required.

Process for Reviewing Feedback

Forus Training has a process in place to ensure the feedback gathered is used to improve the overall quality of its further education and training provision. The Course Coordinator is required to mirror this process when reviewing both mid-point and end of course *Learner Reaction Form*;

1. Self-evaluation of questions: do the questions asked on the monitoring and reaction forms provide an appropriate opportunity for sincere and comprehensive feedback that is relevant to this particular course (in other words, there is a balance between both closed and open questions)?

2. Evaluation of Trainer: Overall, what is the analysis of feedback stating about the Trainer?

3. Strengths & Weaknesses: Consider the feedback across a spectrum, include the extreme but focus on these areas using a constructive approach; what are the average areas of strength and weakness? The aim is to achieve a measured view of the teaching and learning effectiveness on the course,

4. Self-evaluation of Trainer: A short and informal Q&A is held between the Trainer and the course coordinator. This assists in establishing if there are any gaps or differences in perception,

5. Identify areas for improvement:

    a. Are there any trends or themes?

    b. Does the feedback demonstrate that a particular teaching practice has not been effective?

    c. Does the analysis indicate that particular materials do not work for the Learners?

    d. Are there indications that the needs of different learning styles within the Learner group are not being met?

    e. Are there areas of administration challenges that need to be considered?

    f. All findings need to be categorised and prioritised as areas for improvement.
        The QA Officer leads out on documenting the plan and operating the traffic light system to monitor progress against planned actions.

6. Continuous Professional Development: What, if any, further training/skill development is needed to support the implementation in improvement?

7. Programme changes: Are there trends in the feedback provided that show that certain topics do not resonate with Learners? Are there indications that Learners require alternative learning outcome based examples? Create a documented plan on how the programme changes could be implemented in the P2 S3a Quality Improvement Plan,

8. Sharing evaluative feedback: The overall analysis needs to be communicated with both colleagues and Learners. It is important in the context of Learner communication that their

feedback has been taken seriously, concerns have been addressed and changes are being made.

5. Teaching and Learning			
5.1 Teaching and Learning			
Plan	**Do**	**Check**	**Act**
Process P6 S8 C10 Programme Evaluation, Monitoring and Review Procedure P1 S4 Academic Strategy Policy	It is the role of the Course Coordinator and QA officer to carry out Monitoring Activity in line with policy Programme Delivery & Assessment Committee is responsible for managing and monitoring the validity, reliability and transparency of programmes.	The PDAC reports to the Quality Assurance & Academic Governance Council are responsible for Monitoring of attendance and for Monitoring & Review.	Following review of recommendations from Monitoring Activity Update P2 S3a Quality Improvement Plan Assign roles and responsibilities.
Sub-Processes Ethos: Mission, Ethos and Values P9 S7 Learner Attendance Policy. P9 S7 Learner Attendance Policy used as a flagging system. P9 S9 Reaction Form	Frequency - Monitoring Form … Observer report • Respects and attends to the diversity of Learners and their needs, enabling flexible learning pathways, • Encourages a sense of autonomy in the Learner, while encouraging adequate guidance and support for the Learner, • Promotes mutual respect within the Learner-Trainer relationship, • Has procedures for dealing with Learner complaints, • Has procedures for dealing with Learner appeals. Populate a report on the learning experience.	The QAAGC also: • Reports for awarding bodies • Relevant reports external examiners inc External Authentication reports, • annual programme review reports • Manage Ad-hoc Appeals Review Panel Responsibility for programme objectives and the Learner's expectations, • Monitoring assessment deadlines / reporting from the Trainer. • Consider the use of different modes of delivery, where appropriate. • Flexibly uses a variety of teaching methods that are evaluated and monitored and adjusted accordingly.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 17: 5.1 Teaching and Learning PDCA diagram.

5.2 A Provider Ethos that Promotes Learning

Forus Training have developed a teaching and learning policy which is the theme of a workshop we have developed for trainers, P9 S6 C8 Teaching and Learning Policy. With the formation of the committees in 2019, in line with re-engagement, increased focus has been placed on what happens when teaching and learning occurs. Through review of monitoring activity there has been increased reflective and critical practice. This is central to Forus Training's organisational goals. Having theoretically informed approaches to teaching and learning can greatly enhance the learning experience. It is important that trainers and those who provide inputs to the learning experience concern themselves with the quality of teaching and what good further training and educational interventions look like.

Through monitoring review and feedback it is important for us to "close the loop" and to bridge the gap between theoretically informed approaches and practice. we want to encourage in learners also an awareness of their own metacognition that is an understanding of how they learn

P1 S4 Academic Strategy Policy

Forus Training enhances its teaching and learning strategies to encourage:

- Increased 'visualisation' in academic learning by use of more visual, practical and technology based learning experiences,

- Increased cooperative learning using 'Learner groups' and to support the equality and diversity of the learning experience,

- Increased Q&A based learning through inquiry based activities,

- Increased Learner led 'differentiated learning',

- Increased professional development for Trainers specifically in the areas of educational technology, online safety and competency in using a range of effective and alternative teaching and learning strategies.

The event coordination policy, P7 Course Coordination Policy along with other relevant policies and standard operating procedures guide staff members on steps to be taken when planning and preparing programmes. The policies collectively provide direction to the work of administrative staff members in confirming programme arrangements to all Stakeholders, Learners and Trainers, ensuring that planning takes place and that teaching and learning are well planned and prepared for.

Event coordination sets into motion the mobilisation of the detailed arrangements pertaining to a programme. Among many tasks the process ensures training rooms meet safety standards, that

course materials are complete and that assessment materials are fit for purpose and up-to-date. It takes into account and allows for fully on-boarding Trainers and fielding questions they might have regarding the operation of the programme.

The process of event coordination ensures that Forus Training coordinates and makes available accurate information in regards to programme details, assessment and facilitation in a timely manner. Forus Training aims to provide complete and current responses to enquiries so that expectations regarding Learner effort can be managed and the Learner or other stakeholders can make informed decisions immediately.

Core to this phase is the development of a plan that meets the needs of specific Learners and aligns with the overall objectives of the course in question.

P7 Internal Audit / Evaluation Form - Audit Period: August

Relevant KPI	Role Responsible for the report generation	Programme Delivery and Assessment Committee
Internal Audit – Process	QA Officer	•
No. Health and Safety incidents	H&S Officer	•
Satisfaction with public information rating.	QA Officer	•

Audit 6: **Coordination of Programmes**

Delivery Mechanisms and Learning Resources

P5 S6 C1 Trainer Handbook, Trainer Induction and CPD.

Forus Training utilises the following delivery mechanisms and learning resources, each of which are customised for individual programmes depending on specific Learner profiles and company requirements;

- **Face-to-Face Teaching**: in keeping with the ethos of adult learning and the integration of work based assessment, much of our programme content has, and where possible continues to be, facilitated through appropriate traditional delivery mechanisms such as classroom based group discussion and workshops. However, current changes to the delivery of programmes due to COVID-19 have provided Forus Training with the opportunity to evolve into the online and blended learning space.

- **Forus Training's Training Materials & Programme Resources**: Forus Training provides all Learners with both hard and soft copies of programme specific notes, which are supported by self-directed assessment. Programme material is updated as necessary to ensure it is up to date, whilst ensuring that programme and module specific learning outcomes are delivered and appropriately assessed. Case samples, self-directed group work learning strategies and quizzes are reviewed on a programme basis, and where necessary are updated to reflect the profile of the specific Learner group.

- **Learner Representation**: Forus Training appreciates that Learners are not just passive receivers and engage them as partners in the learning process, promoting a partnership approach between staff, Trainers and Learners and in doing so, develop Learner capacity to engage much more holistically with the learning process. Forus Training see Learner involvement in the context of:

  1. Learning and teaching: key to enhancing Learner motivation, attendance and academic performance;
     a. Strengthening the sense of identity and belonging in the learning community,
     b. Trainer responses to the Learner's sense of perspectives of their learning experience,
     c. Enhancing the reputation of the learning experience and teaching excellence.
  2. Feedback and Assessment; integral to course standards, design, monitoring, review and updates;
     a. Feedback is a two-way process and requires a joint and shared responsibility thriving on dialogue,
     b. Feedback needs to include;

- Assessment of learning,

- Assessment for learning,

- Assessment as learning.

Learner representation is fundamental to both governance (via organisational, provider engagement) and andragogy (the teaching, learning, assessment and curriculum pathways). Learner representation is proactively embedded within our governance structures with Learners invited to attend and participate in a range of governance committees as outlined in Chapter 1-P1-QA1 Governance.

The Management Team at Forus Training believes in a holistic approach to the teaching and learning experience offered to both Learners and Trainers. Upon enquiry by a potential Learner, the opportunity to register commences. This process of learning is the culmination of all systems described in previous chapters. The Forus Training admission process is documented within the corresponding QQI Programme Validation Application and is adhered to upon coordination of the same.

P8/9 S2 Learner Recruitment and Registration Policy. Decisions affecting the conduct of programmes and services recorded and communicated to those who need to implement them through a number of mechanisms P10 SOP Programme Knowledge Bank.

Information on requirements to apply for a course is available at the bottom of the course page under the "How to Apply" section of our website. Admission detail includes programme information relevant to (but not exhaustive of);

- QQI Component Specification,

- NFQ Award Level (and where appropriate, NFQ Grid of Level Indicators),

- Programme Delivery modes,

- Programme Assessment and Learning Outcome Requirements,

- Learner Entry Requirements,

- Reasonable Accommodation,

- Exemption/APEL/RPL guidance,

- Progression.

Forus Training is committed to ensuring that teaching and learning practices promote enquiry and critical evaluation and encourage Learners to take an active role in their learning experience. This Learner-centred approach to teaching and learning plays an important role in stimulating Learners' motivation, self-reflection and engagement in the learning process. Here you can find the P2 S2 C3 Learner Code of Conduct.

Forus Training continuously aims to provide a coherent and integrated range of learning resources and Learner supports, which are actively promoted and communicated within Forus Training, and which are responsive to Learner feedback and to the evolving needs of Learners during their learning journey. We also have a comprehensive help centre with categories and topics that Learners can refer to at any time - they are provided with access to this following their first class. https://forustraining.ie/frequently-asked-questions/, this is referred to internally as the "knowledge base".

Forus Training is committed to carrying out assessment processes in a fair and transparent manner. To achieve this, Forus Training develops and adheres to procedures for the fair and consistent assessment of Learners in line with relevant and prescribed standards and guidelines set out by the awarding body. Assessment tools are fit-for-purpose and Learners receive on-going support and formative feedback in a timely manner. P9 S9 C1 Fair and Consistent Assessment of Learners Policy.

Criteria and regulations governing Learner assessment are made available in a manner which is easily understood and accessible by all relevant stakeholders.

P9 Internal Audit / Evaluation Form

P9 Internal Audit Tool Learning - Audit Period: October

Relevant KPI	Role Responsible for the report generation	QAAGC	PDAC	RAP Committee	Head of Centre	Programme Leaders	CGC
Completion Rate (%)	Head of Certification	•	•	•			
No. Registered Learners	Head of Certification	•	•				•
Progression Rate (%)	Head of Certification	•	•				
Reaction Forms (review period, annual and cumulative)	Head of Centre				•	•	
Assessment Results	Head of Certification	•		•			
Pass / Fail Rate	Head of Certification	•		•			
Withdrawal / Non Submission Rate (%)	Head of Certification	•		•			
APEL Statistics % Learners admitted on basis of APEL	Head of Certification	•					
No. Reviews, Rechecks and Appeals (Checkmark on Appeal box)	Head of Certification	•					
No. Extension Requests (Late submission with a valid reason)	Head of Certification	•					
No. Deferrals (Complete the course at a later stage)	Head of Certification						
Course Rating	– training services rating scale					•	
Learner Reaction Form – wrt Learner support and relevant resources	H&S Officer – where environment is concerned					•	
No. Learners with disabilities / specific learning difficulties	Head of Certification	•					

Audit 7: **Learner Supports -** Quality Assurance and Academic Governance Council (QAAGC), Programme Delivery and Assessment (PDAC), Commercial Governance Committee(CGC)

5.2 Customer / Learner Complaints

Forus Training is committed to providing a high quality service for all our Learners. Complaints are taken very seriously and are considered an important source of information for continuous improvements in the specific area. A complaint is viewed as an expression of dissatisfaction concerning the provision of a service or services by Forus Training. The process for complaints meets the same standards of fairness, consistency and fitness for purpose as assessment in general. (CG 6.1)

Forus Training endeavours to deal with all complaints on an informal basis using appropriate mechanisms such as meetings or telephone calls with the complainant and other relevant personnel such as Trainers, Programme Leaders, Course-Coordinator, Head of Certification, and Head of Centre. If the complainant wishes to make a formal complaint, the procedures outlined in P9 S13 Complaints Policy & Procedure (P9 S13 C1B Complaint Form Forus Training Level / P9 S13 C1A Complaint Form Event Level) are followed. Informal complaints are documented, monitored and corrective action is taken using the WIN system, when necessary. (CG 5.2)

P9 S13 C1 Complaint Procedure Flow-Chart

5. Teaching and Learning			
5.2 A Provider Ethos that Promotes Learning			
Plan	**Do**	**Check**	**Act**
P r o c e s s P5 S1 Staff Recruitment, Induction and Development Policy	The Managing Director is responsible all staff being appropriately qualified and experienced	The QAAGC are the custodians of promoting critical reflection	Clear decision making and follow up. P2 S3a Quality Improvement Plan in line with strategy and objectives
S u b - P r o c e s s e s P5 S1 Staff Recruitment, Induction and Development Policy P5 S4 C2 Job Descriptions - Roles and Responsibilities P7 S20 Learning Environment Policy P7 S20 Health and Safety Checklist for Training Venues The approval monitoring and periodic review of programs, The learning resources and learning support, The quality assurance of academic staff.	The Managing Director is responsible for all staff being appropriately qualified and experienced. The Programme Development and Design Lead makes sure that the content is contemporary The Academic Manager applies the complaints policy and follows the decision tree. P9 S13 Complaints Policy & Procedure P9 S13 C1 Complaint Procedure Flow-Chart.	Review Learner and Trainer feedback, P9 S9 Reaction Form, P9 S 26 End of Programme Report, - contains specific questions about other appropriate programmes for Learners. Feedback: Feedback from Learners regarding Trainers, Course material and standard of delivery, Overall rating of the course. P9 S12 C3 End of Programme Report Programme subscription rates/registrations/enrolment, P9 S17 Results Approval Panel Meeting Minutes, P9 S16 EA Report, P9 S15 Internal Verification Report, P9 S21 IV KPI Report December to June Combined.	The QAAGC highlights good practice in teaching and learning and identifies themes and trends. Where this indicates that Learner and staff support requirements and/or training are necessary actions are taken on this basis. P5 S10 Workable Improvement Procedure

Table 18: **5.2 A Provider Ethos that Promotes Learning**

5.3 National and International Effective Practice

Forus Training Further Education and Training (FET) Programmes in line with the National Framework of Qualifications (NFQ). Through QQI's membership of ENQA (European Association for Quality Assurance in Higher Education), international effective practice is also assured. In relation to FET programmes reference is made to IQAVET, as the Irish national reference point for EQAVET (European Quality Assurance in Vocational Education and Training). Therefore, from a policy and framework perspective all programmes offered by Forus Training aim to maintain and develop national and international guidance to encourage the development of new approaches and enhance the status of the programmes offered by Forus Training.

In line with the following policy; P1 S1 C7 Externality Policy, the principle of externality is embedded throughout Forus Training's quality assurance systems making appropriate use of external persons to ensure national and international comparisons are made. Care is taken by the Quality Assurance and Academic Governance Council that the principle of Externality is applied in terms of the following development and review activities:

- Organisation Review Committee. External reviews of the Forus Training systems have been completed by international consultants, such as for OTC's online provision to students, to ensure that national and international best practice is reflected in the recommendations for enhancement.

- Programme development for validation where independent expert panels are an integral part of the process and will often include international and national subject matter experts. This ensures an impartial judgement on the continued maintenance of the overall standard of a programme and on its acceptability for the award in question, when compared with similar programmes elsewhere in Ireland and / or internationally.

- Programme reviews where external Subject Matter Experts

External Persons	Development and Review Committees		
	Type 1. Organisation Review Committee.	**Type 2**. Programme Development Committee	**Type 3**. Programme Review & Evaluation Committee
Independent Further Education Advisor	**Chair**		
Subject Matter Expert		Member	Chair
Industry (Employer Representative)		Member	Member
Trainer Representative	Member	Member	Member
Learner Representative	Member	Member	Member
Expert Panel Involved in the evaluation of the programme		REVIEW	

Figure 10: **Externality an important component of development and review activities**

Forus Training embraces benchmarking as a comparative assessment performance tool in measuring academic success.   In addition to internal benchmarking (such as performance and practice benchmarking in the form of programme monitoring and reviews and self-evaluations), Forus Training liaises with other external further education and training providers and industry.   Such networking is generally informal using a quantitative *feed-forward* approach whereby Forus Training share information and data across a range of variables including, but not limited to: major award associated components (how one component may follow on from another in delivery); how Learner profiles within specific fields of study vary from one year to the next and grade distribution analysis and how sectoral changes can enhance the curriculum and content of the teaching and learning process.   The access to the QQI Info-graphics also informs much more qualitative data led benchmarking activity. Forus Training aims to evolve its approach to benchmarking and is exploring a custom approach to benchmarking which would involve a collaborative network of providers, facilitated by a third party to coordinate data collection and analysis applicable to all stakeholders.

The outcomes identified through benchmarking are of particular significance in ensuring absolute academic integrity as they assist Forus Training in reviewing current processes and standards in the context of policy, procedures and relevant legislation and regulative directives. Forus Training use these findings to revise and/or create measurable standards for teaching and learning to which Learners, Trainers and the overall Forus Training learning experience and academic success can then be monitored, reviewed and evaluated against

Facilitation of guest speakers on programmes provides opportunities for Learners to hear from stakeholders, employers and practitioners.   Guest Speakers may reflect on their personal

experiences, tell stories and enrich a programme by sharing insights. Talks that add value to specific subjects or sectors are of huge benefit.

Field trips are also facilitated to visit organisations that are recognised as centres of excellence. Employer engagement is also facilitated in this way. Feedback from Trainers and Learners report the benefits of such activity and gives Learners opportunities to learn from employers about work, employment and the skills and aptitudes that are valued in the workplace. This is an important dimension of ensuring that delivery of programmes is contemporary and keeping up-to-date with sectoral advances.

Field trips are now not possible during government restrictions. We hope to resume these activities once the current threat has passed.

TELU - Open online resources for teaching with technology http://telu.me/

TELU is a collection of free online micro-learning courses ("Micro-Lessons") designed to help busy educators use technology to support their teaching and learning.

The Further Education Support Service (FESS) was established in 1997. The Support Service is a full-time, year-round consultancy service operating through the Education and Training Boards (ETBs). The funding for this service is provided by the Department of Education and Skills.

Forus Training offers numerous and ongoing opportunities for staff members to be kept up-to-date on national and international developments in the areas of education in general and also with a particular focus on the subject areas offered by Forus Training.

Examples of this:

1. Erasmus study to Italy for trainers - Reggio Emilia,

2. Attendance at Future Health Summit Events,

3. Attendance at 'As I Am' Events,

4. Attendance at 'Administrate' Events in Scotland, United Kingdom,

5. Membership of the Irish Institute of Training and Development

    https://www.iitd.ie/Membership/MembershipBenefits.aspx

Shared Learning from CDP activities

The learning Insights gained through the events attended and resources received feedback into Forus Training academic governance systems, via programme boards, through staff and trainers, ensuring

effective learning and standards are shared with learners via teaching, learning and assessment practices.

The course advisor assists many learners where English is not their first language. Learners are admitted to the programmes upon successful completion of the CEFRL language proficiency tests as prescribed by the Common European Framework of Reference for Languages.

Given the subject matter nature of the programmes offered by Forus Training, continual and current references with regard to updates is made to materials, course content and teaching and learning practices from the HSE, Department of Health, CORU (Regulating Health and Social Care Professionals), HIQA (Health Information and Quality Authority) and other relevant regulators such as Early Childhood Ireland (e.g. the Charities Regulator, Data Protection Commissioners, Health and Safety Authority) as well as QQI policy and guideline updates. Much more recently this will also include an emphasis on information disseminated by NPHET (The National Public Health Emergency Team).

5. Teaching and Learning			
5.3 National and International Effective Practice			
Plan	**Do**	**Check**	**Act**
Process P1 S4 Academic Strategy Policy P1 S1 C7 Externality Policy P9 S16 External Authentication Policy	Independent Further Education Advisor Industry Non-FE Executive External Consultant: Legal Representative A Second Independent Further Education Advisor Subject Matter Expert External Authenticator	Appointment of External. Review feedback from Learners who have visited organisations and/or attended a session with a guest speaker. Externality policy and Academic strategy ensures an enrichment of oversight and approach.	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes P9 S16 External Authentication Report Template P6 Programme and Service Development Policy It is the role of the Head of Operations to Identify dependencies, collaborations, obligations, parent organisations, and stakeholder obligations that impact upon the capacity of Forus Training in any way.	It is the role of the Programme Development and Design Lead that they engage with community of practice and that they work with subject matter experts that have contemporary knowledge of the national and international community of practice. P1 S1 C5 Self-Evaluation and Review Policy P6 S1 Programme and Service Development Policy P6 S8 C10 Programme Monitoring & Review Procedure	In turn the Independent Further Education Advisor, the Industry Non-FE Executive External Consultant, Subject Matter Expert, External Advisory Panels, External Authenticator. Are involved with their respective communities of practice. EA ensures that assessment material is aligned with national standards and consistent with QQI assessment guidelines and the NFQ grid level of indicators.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy. P5 S10 Workable Improvement Procedure,

Table 19: 5.3 National and International Effective Practice PDCA diagram.

5.4 The Learning Environment

Programmes are delivered at public locations (nationwide subject to demand) or at onsite training facilities in the case of in-house programmes. Programmes are also being developed via the VLE (as outlined above) in line with QQI's Blended Learning Criteria in response to the COVID-19 pandemic (GP & QIP).

Physical Learning Environment

Forus Training has comprehensive, quality-led procedures in place to ensure the appropriate, safe and timely coordination of the physical environment for teaching and learning purposes. To ensure venues meet a standard the course coordinator completes or arranges for a P7 S20 Health and safety checklist for Training Facilities / Venues and the Health and Safety Statement to be completed. Such procedures incorporate the obligations to and organisation of:

- Health and safety practices,
- Specific accommodating requirements - not exhaustive to solely disability access but also inclusive of lighting, ventilation, personal hygiene access, car parking, refreshments,
- Room layout,
- Equipment and resources,
- Security,
- Arrangement of training materials,
- Arrangement of course details including location of training room.

Work Experience Arrangements

Depending on the requirements of the QQI Award, Learners may be required to undertake work experience within an appropriate vocational setting. Work Experience is a valuable part of the learning experience, allowing Learners to get a taste of the realities of working in their chosen career. Therefore, most courses leading to a major award include a Work Experience module with a compulsory work placement. Of note is that work experience can be taken within a current working environment (i.e. Where the Learner is in employment at a childcare facility or with a healthcare provider). Host organisations providers will receive an application letter from the Learner along with a document P9 S9 C15 Work Experience Information for Host Organisations outlining the requirements of the Work Placement, including their written agreement in the form of our P9 S9 C15 Work Experience Arrangements Form The Learner is required to undertake particular tasks as outlined in their assignment briefs issued by their course Trainer.

The Trainer will conduct a supervision and support visit / conference call on site during the work placement, to ensure the effectiveness of the placement. During this visit, the supervisor and the Learner will have the opportunity to discuss with the Trainer how the placement is progressing.

The Trainer:

- Is the primary point of contact for the Learner on work placement,

- Meets with the Learner prior to their work placement,

- Liaises with the Learner during work placement to make sure all is going well,

- Visits or arranges a conference call / visit with the Learner and workplace supervisor midway through work placement,

- Assesses the Learner's performance and manages academic queries,

- Gains insight into the placement company and its activities,

- Liaises with work placement supervisor in relation to any concerns/issues around work placement,

- Maintains a log of all communication with the Learner during the placement period,

- Meets with the Learner for a debriefing after work placement is complete.

During this support visit the Trainer completes a P9 S9 C12 Work Experience Trainer Site Visit Form.

An attendance log is maintained for the duration of the work experience P9 S9 C12 Work Experience Attendance Log. On completion of the Learner's work experience, the Work Placement Supervisor will be required to complete a Supervisor's Report which assesses the Learner's performance and competence in the assigned tasks. This should be reflective of the Learner's actual performance on the work placement and free from bias. Any issues arising during work placement must be notified by the Trainer to the Head of Certification. Overall quality is reviewed as part of the Programme Review process P6 S8 C10 Programme Monitoring & Review Policy and Procedure.

Lead-in process to ensure the logistical arrangements / programme coordination are in place prior to a course being started. This process allows for an evaluation of the site and provision of the equipment and resources required for each course.

5. Teaching and Learning			
5.4 Learning Environments			
	Plan	**Do**	**Check**	**Act**

	Plan	Do	Check	Act
Process	P7 S20 Learning Environment Policy Course Coordinator who books venues is made of the venue specification / room specification of training facilities and the importance of meeting these standards.	Trainer has responsibility to monitor the quality of work placements. Head of Certification ensures integrity of outcomes on work experience. Course coordinator manages work placements within the programmes.	Programme review process checks the quality of the learning environment. Actions support a culture of learning and teaching. P7 S20 Health and Safety Checklist for Training Venues	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes	Forus Training Safety Statement 31/07/2020 Virtual Learning Environment Insurance for Work Experience Garda Clearance Service Contingency Planning Covid-19 Government Protocols Course Coordinator maintains a bank of organisations and contact details to refer Learners to.	P9 S9 C12 Work Experience Arrangements Form P9 S9 C12 Trainer Work Experience Site Visit Form P9 S9 C12 Work Experience Attendance log Assessment guidance for the workplace supervisor in the assessment of competencies. Formal process of communication of feedback from supervisor.	Work placements are a critical aspect of the learning experience. Skills checks in relation to technology enhanced learning for Trainers.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Issue of WIN notices in line with policy. P5 S10 Workable Improvement Procedure.

Table 20: **5.4 Learning Environments PDCA diagram.**

Chapter 6: Assessment of Learners

6.1 Assessment of Learners

Principles of Assessment

The principles that under-pin the enrolled on QQI programmes at Forus Training are derived from Quality Assuring Assessment Guidelines for Providers (revised 2018) as follows:

i.   Learners are responsible for demonstrating their learning achievement,

ii.   Assessment supports standards based on learning outcomes,

iii.   Assessment promotes and supports effective teaching and learning,

iv.   Assessment procedures are credible,

v.   Assessment methods are reviewed and renewed, as necessary, to adapt to evolving requirements,

vi.   Learners are well informed about how and why they are assessed.

       P9 S9 C13 Forus Training Garda Vetting Policy

Quality Assuring the Assessment Process

Both the QAAGC and the PDAC committees have a role to play in the governance of assessment, with decisions made by the PDAC ratified by the QAAGC. The day to day management and operation of assessment is performed by a number of Forus Training personnel. The assessment process and associated procedures are overseen and reviewed by the Head of Certification. These functions are supported by the Quality Assurance & Academic Governance Council and the relevant sub-committees.

A P9 S9 Quality Assuring Assessment Handbook gives further detail on the following topics.

- Fair and Consistent Assessment of Learners Policy

- Assessment Planning

- Assessment Deadlines

- Repeat Assessments

- Reasonable Accommodation in Assessment

- Assessment - Skills Demonstrations

- Examination Assessment - incl. Invigilation

- Trainers Assessment - Correcting Learner Evidence

- Assessment - Conduct of assessment and security of assessment materials

- Giving Feedback on Assessment to Learners

- Certification

- Work Experience including assessment by 3rd parties, Insurance arrangements and Garda Clearance

The functions of individual personnel with respect to assessment are presented in the tables below;

Individual	Roles and Responsibilities with Respect to the Assessment Process
Head of Certification	• Ensure security in all matters pertaining to assessment, • Act as a point of contact for all awarding bodies, • Securely print and distribute examination papers (where applicable), • Coordinate and approve associated invigilation, • Collect and manage Learner assessment material, • Maintain relevant records and documents, • Securely transfer Learner assessment to assessors, • Make arrangements for Learners requiring special accommodation, • Appoint External Authenticators subject to approval by the QAAGC, • Provide administrative to support the external authentication process, • Ensure that accurate results, assessment material and other data such as statistical data is available for the External Authenticators, • Communicate provisional/final results to Learners, • Administration of Learner appeals, (CG 5.2) • Organise and prepare relevant information relating to RAP, • Participate in RAP Meetings and other relevant meetings as designated by the organisation, • Investigate possible cases of plagiarism or misconduct with respect to assessment.
Trainer	• Communicate assessment requirements to Learners as per Learner and programme brochures and handbooks,

	• Grade Learner assessment in accordance with agreed marking schemes and regulations,
	• Provide mentoring and guidance to Learners completing assessments and provide on-going feedback in a timely and formative manner,
	• Track, monitor and record Learner progress,
	• Note and report possible cases of plagiarism or breach of assessment regulations with respect to assessment,
	• Participate in RAP Meetings and other relevant meetings as designated by Forus Training.
Programme Leader	• Support the development of assignment briefs and associated marking schemes as appropriate,
	• On-going review of assessment instruments to ensure that assessment is fit-for-purpose and is compliant with relevant policies, procedures and standards, including validation approval,
	• Suggest revision of assessment methodologies when necessary,
	• Engage in cross moderation when requested.
Course Manager	• Provision of assessment information to Programme Leaders, Trainers and Learners.
External Authenticator	• Communicate all sensitive information via registered mail or agreed form of secure correspondence,
	• Review and moderate representative samples of assessment material and in particular cases where results have provisionally completed on borderline grades. 'Unsuccessful' results may also be moderated, Forus Training requires EA procedures to moderate all those from 45% +.
	• Meet and discuss findings with Head of Certification and/or Head of Centre or appointed administrative staff,
	• Complete and submit a comprehensive External Authenticator report, as per the Forus Training contract already signed by the External Authenticator.
Course Coordinator	• Approval of work experience host organisations nominated by Learners,
	• Support of Learners in relation to finding a suitable placement,

	● Ensuring that work experience is documented and that through the Head of Certification workplace supervisors receive adequate support.
Workplace supervisor	● Establish learning goals as per competency log which the Learner will work towards during work placement. ● Guide Learner to enhance or develop observation, communication and relationship skills as essential requirements for sectoral environment. ● Develop an open, trusting and confidential relationship with the Learner, where opportunities for learning and professional development are maximised. ● Set aside a regular time for feedback on the Learner's progress or discuss any issues that arise. ● Completion of assessment Supervisor report. ● Secure communication of the report to the Head of Certification.
Cross Moderator	● A Trainer of one programme may serve as the cross-moderator for a programme delivered and assessed by another, in line with P9 S9 C13 Cross Moderation Policy.
Learners	● Attend and participate in all classes in line with the attendance policy, ● Get any information that I have missed through non-attendance, ● Submit assessments on time and in the format requested, ● Bring support needs to the attention of the centre in a timely manner, ● Prepare for and participate fully in assessments, ● Take responsibility for ensuring that they have received all assessment information, ● Familiarise themselves with and adhere to Forus Training's Assessment Procedures and regulations, ● Arrive on time for examinations, ● Submit their own original work, correctly reference any quotations and not plagiarise anyone's work, ● Attend feedback sessions and request additional feedback if required, ● Keep copies of all assessment materials, ● Review their progress to get the most from my training programme.

Appointment of External Authenticators

An External Authenticator is an independent expert who is a member of the broader community of practice within the programme's field of learning. Nominations are brought to the attention of the Head of Certification on a programme basis, the HoC who makes a proposal to the Programme Delivery and Assessment Committee. Once agreed, the appointment is ratified by the Quality Assurance & Academic Governance Council**.** A verbal agreement and commitment has been made with the nominee, details are confirmed in a formal contract of appointment by the Head of Certification and a formal induction is provided prior to commencing the role. External Authenticators are normally appointed for a period of three years after which time placements are identified. QQI are notified of an External Authenticator appointment and relevant information is provided as requested. Should an External Authenticator need to be replaced, prior to their three-year appointment the procedure for the appointment of an External Authenticator will apply. P9 S16 External Authentication Policy.

The function of the External Authenticator is to provide independent authoritative confirmation of fair and consistent assessment of Learners. It is the principal means for maintaining academic standards and to provide an assurance of 'due process' and in doing so, is an integral component of quality assurance. The external authentication process does this by;

- Ensuring the teaching and learning process has assessed all of the minimum intended programme learning outcomes[6] (i.e., the programme's basic educational goal), and other additional programme objectives as has been prescribed and agreed in Forus Training's programme approval agreement with QQI,

- Sample the actual attainment of Learners using the assessment materials and Learner evidence presented by Forus Training,

- Determine whether or not the applied procedures for assessment are valid, reliable, fair and consistent,

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[6] In the FE sector, a pass by compensation cannot be used. Every module is a module in its own right, and all learning outcomes must be assessed. It is important to reflect this throughout our communication on assessment to Trainers and Learners. There are no penalties for late submissions in the Common Awards System as assessment is criterion-referenced (QQI Quality Assuring Assessment Guidelines for Providers, updated 2018).

- Review the appropriateness of the programme assessment strategy and the assessment procedures,
- Provide recommendations based on assessment evidence,
- Report findings and provide recommendations for continuous improvement to Forus Training using the Forus Training Report Template only.

Forus Training welcomes recommendations and feedback from the External Authenticator and is committed to implementing such items as soon as is practicable. All recommendations / actions set out in the RAP minutes and reports of External Authenticators are implemented by relevant Forus Training personnel under the management of the Head of Certification.

Upon visiting Forus Training to undertake external authentication, the External Authenticator is provided with a programme relevant induction pack includes the following:

i.   Programme aims and objectives,

ii.   Programme learning outcomes,

iii.   Programme assessment strategies,

iv.   Quality assurance procedures,

v.   Sample assignments, rubrics and feedback,

vi.   Contact details of relevant internal staff, together with details of their key functions,

vii.   External authenticator report template,

viii.   Copies of recent external authenticator reports,

ix.   Appropriate QQI policy documents.

Ratification of Assessment Results

On completion of the External Authenticator visit all signed provisional results sheets are submitted to the Head of Certification for internal ratification. A Results Approval Panel (RAP) meeting is conducted with the QA Officer, Academic Manager and the Head of Certification in attendance to internally ratify the Learner's results and discuss any matters arising from the External Authentication report. A check list has been developed to support this meeting P9_S17 Results Approval Panel Checklist and members of the panel sign the following agreement Results Approval Panel Confidentiality Agreement.

Once ratified all results are forwarded to QQI. The External Authenticator may be asked to attend if there are findings or recommendations requiring detailed discussion. The Trainer may also be asked to attend for reasons pertaining to feedback and ongoing continuous professional development,

where this is the case the Trainer is required to complete a report as follows [P5 S19 Staff / Trainer CPD Activity Report](). The meeting minutes are documented using the following templates: [Results Approval Panel Meeting Minutes]().

Please see [P9 S17 Results Approval Policy and Panel - Terms of Reference]()

Communication of Results

Results are formally communicated to Learners via secure email within one week of the External Authenticator visit. All emails are securely and electronically archived. Certificates from Forus Training and/or the relevant awarding body are either issued to the postal address provided by the Learner at the point of registration the Learner's address is verified by (only where an Eircode has been provided) or, manually distributed to the Learner should they prefer to collect from the Head Office. A template is used to communicate results which includes a time-line reminder of the issue of the Learner's certificate.

Appeals

Learners who wish to appeal their results are subject to the appeals procedures which are laid out in [P9 S18 Recheck, Review and Appeals Policy and Procedure](). There is a knowledge bank article on this and Learners are informed of how they can make an appeal in their handbook, at induction and most importantly when they are sent their results.

6. Assessment of Learners			
6.1 Assessment of Learning Achievement			
	Plan	**Do**	**Check**	**Act**

	Plan	**Do**	**Check**	**Act**
P r o c e s s	P9 S9 C1 Fair and Consistent Assessment of Learners Policy QQI component specification and approved programme validation documentation • Programme Descriptor • Marking Criteria / Schemes • Marking sheets / Feedback tools • IV checklists	The Trainer in their role as Assessor is to assess and grade assessments where relevant as well as providing feedback and mentoring to Learner within the agreed timescale of the assessment activity. Adhere to policies. Work supervisors conducting assessment activities	Head of Certification inc. Examination Secretary -management relating to all assessment entries and results, - assist Trainers or Learners with queries relating to assessment, to seek ways of improving quality in all aspects of the work in line with QMS. Certification Administrator	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	P9 S8 C1 Academic Integrity Policy and Procedure P9 S18 Recheck Review and Appeals Policy and Procedure includes externality P9 S13 Complaints Policy & Procedure Identify CPD plus T&L enhancement opportunities Reflection on assessment activities: P7 Programme Planning Meeting Form P9 S6 C8 Learner Representation Policy	Trainer as Assessor P5 S6 C1 Trainer Handbook P9 S6 Learner Sign-off following Induction P9 S9 C8 Examinations policy P9 S9 C4 Late Submission of Coursework Policy P9 S7 C6 Compassionate Consideration Policy	P6 S8 10 Programme Evaluation Monitoring and Review Procedure suitable subject matter expert. Review and evaluation of Grade Distribution and P9 S9 Reaction Form provide valuable info. on the effectiveness of teaching and learning Ensure Trainers understand assessment regulations. policy for moderation on borderline grades EA role ensures clarity and transparency in its assessment methods and grading,	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 21: **6.1 Assessment of Learning Achievement PDCA diagram**

Security & Integrity of Assessment

Assessment Strategies

Assessment strategies are developed, implemented and reviewed by the new programme development team at programme design stage. Strategies and assessment instruments are reviewed on an on-going basis and changes are implemented as appropriate by the Programme Leader (subject to recommendations and approval from the Quality Assurance & Academic Governance Council and within the scope of minor changes allowed ref section 3.2.2). Policy Governing this area of QA P9 S9 C11 Security of Assessment.

Assessment Regulations

Provision of Assessment Information to Learners

Assessment information is available to all potential Learners via the Forus Training website. In addition, information pertaining to the wider spectrum of assessment related policies, procedures and regulations is available in the Learner handbook, which is provided on programme commencement. P9 S5 C2 Learner Handbook is reviewed and updated, as necessary, to reflect current practices, policies, procedures within Forus Training as well as updates to national standards and European regulations to further education and training.

Responsibilities of Learners in the Assessment Process

Learners have a number of responsibilities with respect to assessment which are outlined below:

i. *Learners* are expected to attend a minimum of 80% of teaching days unless otherwise approved by Forus Training,

ii. *Learners* are expected to actively engage with the assessment activities provided on their programmes, and to act on feedback provided by their Trainers,

iii. *Learners* must ensure that they familiarise themselves with marking schemes, assessment criteria and learning outcomes against which their work is assessed,

iv. *Learners* must ensure that they fully understand assessment guidelines and assessment briefs, advice and guidance should be sought if necessary,

v. *Learners* are expected to submit legible work for assessment, as required,

vi. *Learners* must ensure that all assessment deadlines are met or that approval for an extension has been granted in advance of the original deadline,

vii. *Learners* must ensure they understand what constitutes academic misconduct and plagiarism and ensure they do not commit such offences in preparing for assessment.

Regulations for Written Examinations

Learners should observe a broad range of regulations during written examinations. These regulations are detailed in P9 S9 C8 Examinations policy and P9 S5 C2 Learner Handbook.

Submission of Learner Assessment Material to Forus Training

Depending on the digital literacy skills of the learner group there are two methods whereby learners can submit evidence for assessment.

The method for submission of assessment materials is communicated to all Learners within the assessment brief.

By Hand / Post:

Assessments such as projects and case studies must be submitted to Forus Training in hardcopy (via registered post or by hand) and soft copy by email or before the deadline which is also specified in the assignment brief. All assessments must be supported by the assigned assessment cover sheet and a signed P9 S9 C11 Learner Declaration and Authorship Statement. Learners are advised to retain a copy of all assessment work and projects submitted as well as documentary evidence of postage.

Online Through a Custom Made Portal

Learner submissions are managed through my.forustraining.ie. The Certification Administrator ensures that there is a signed P9 S9 C11 Learner Declaration and Authorship Statement as to the authenticity of the evidence attached to each piece of work being submitted. An acknowledgement email is sent to each Learner using a pre pre-written template P9 S11 Receipt of Learner Evidence and the Trainer is copied in on this correspondence. The scores template on the LMS is populated with the course work submitted date relative to each Learner by module. Learners who have not submitted are sent a notification email P9 S11 Notification of Overdue Assessment Material from the Head of Certification.

Extension Requests

In the context of assessment, Forus Training treats all Learners equitably. in order to assist the transparency of practising fair and consistent assessment of Learners and the associated decision-making process where Learners require additional/extended submission timelines, it is necessary for Forus Training to have in place, a policy that supports the request for information from the Learner so that an appropriate and sincere evidence base can be sought so as to inform the accuracy of judgement. A Learner may apply to defer an assessment event due to extenuating

circumstances and do so by filling out the following form [P9 S9 C4 Application to defer assessment due to Extenuating Circumstances](#) the following document guides the Head of Certification to determine how this application is adjudicated.

Assessment submission deadlines are provided to Learners within an assignment brief on commencement of their programme. in cases where *extenuating circumstances* or *compassionate consideration* apply, Learners are required to complete an extension request form (with accompanying evidence) [P9 S9 C4 Student Application for Extension](#) to the Head of Certification prior to the assessment deadline. 'Extenuating' is defined as 'making forgivable' and is used to define factors that are serious and/or exceptional and outside of the Learner's control and thus, have adversely affected their ability to complete or submit assessment.

The following are examples of circumstances under which Forus Training may consider giving *compassionate consideration* to the Learner:

- Medical reasons, in cases where the Learner has been absent due to illness/injury/Severe accident and has submitted a medical certificate covering a substantial proportion of the time allowed for completion the assessment question,

- A physical injury or emotional trauma during a period four to six weeks previously,

- A physical disability or chronic or disabling condition such as epilepsy, glandular fever, or other incapacitating illness of the Learner,

- Recent bereavement of close family member or friend,

- Personal domestic crisis,

- Terminal illness of a close family member,

- Other extenuating circumstances.

The scope of *extenuating circumstances* includes;

- The occurrence of unforeseen events which may have prevented a Learner from attending a substantial number of classes and by doing so, has affected the ability to study for and complete assessments, resulting in deadlines being missed,

- The occurrence of unforeseen events which prevents a Learner from attending a scheduled practical skills demonstration or examination assessment,

- The occurrence of unforeseen events which prevents a Learner from completing written assessments shortly before and prior to a submission timeline,

- The occurrence of unforeseen events which has adversely affected performance in any assessments undertaken and submitted.

Extenuating Circumstances do not cover events which are foreseen, such as sporting, cultural or leisure. The Learner is required to follow due procedures which are clearly outlined in the [P9 S5 C2 Learner Handbook](#) and [P2 S2 C3 Learner Code of Conduct](#).

Forus Training considers the severity of the circumstances, the nature and weighting of the assessment activity and the quality of past achievement of the Learner where appropriate, in making the decision to grant compassionate consideration. This decision is final and is not subject to an appeal. Learners are notified of the decision within 5 working days. If an extension is neither sought nor granted, or work is submitted after the extended due date, late submission of assignments are penalised by a fee of €100 and the Learner must apply to do so using the following form [P9 S9 C4 Learner Application for Late Submission of Assessment](#). [P9 S9 C4 Policy for Late Submission of Coursework](#)

Marking and Grading

Specific programme assessment strategies are documented for all QQI programmes offered by Forus Training. The programme assessment strategy should:

- Link Programme Assessment Instruments (summative and formative including continuous and repeat assessment) to the minimum intended learning outcomes,
- Describe and provide a rationale for each choice assessment task,
- Describe specific 'special regulations associated with a programme i.e., Learners may be required to achieve a minimum grade in each assessment,
- Ensure that the programme work load is appropriately balanced and distributed and that the effort required is proportionate to the credit allocated,
- Relate to the programmes teaching and learning strategy.

Each Programme Leader reviews and revises generic marking criteria in the form of marking schemes and associated rubrics for each assessment element, reflective of the approved and validated documentation. Such criteria ensure accuracy and consistency of standards across all internal assessors. Once graded, assessment material is subject to internal cross moderation, particularly in the case of border line or failed grades. All assessed work is subject to external authentication which is a crucial factor within the assessment process; the purpose of which is to provide independent authoritative confirmation of fair and consistent assessment of Learners. It is the principal means for maintaining academic standards and to provide an assurance of 'fair play' and in doing so, is an integral component of quality assurance.

Only after assessment material has been judiciously moderated and marks have been recommended by the External Authenticator will they be submitted to the RAP for approval.

Late Submission of Assessment

If work is submitted after the due date (and an extension is neither sought nor granted or an extended deadline is missed), late submission of assignments are charged a €100 late submission fee.

Any Learner who is unsuccessful with an element of course work and subsequently fails the module will be permitted a further attempt at the unsuccessful assessment(s) within a specified period and subject to a reassessment fee. Any Learner who satisfies the requirement for the award by availing of a reassessment opportunity for any part of the continuous assessment of a programme are capped at a pass mark only.

Academic Integrity

Forus Training expects Learners to follow acceptable standards of academic honesty. Plagiarism constitutes an act of academic dishonesty and is not accepted or tolerated at Forus Training. Plagiarism is the act of taking or copying someone else's work, including another Learner's, and presenting it as if it were their own.

Typical plagiarists use ideas, texts, theories, data, created artistic artefacts or other material without acknowledgement so that the person considering this work is given the impression that what they have before them is the Learner's own original work when it's not. Plagiarism also occurs where a Learner's own previously published work is re-presented without being properly referenced. Plagiarism is a form of cheating and is dishonest.

Plagiarism can take a variety of forms and can be categorised as follows:

- Copying of a whole or substantial part of a paper from a source text (e.g. a website, journal article, book or encyclopaedia), without proper acknowledgement,
- Piecing together sections of the work of others into a new whole,
- Procuring a paper from a company or essay bank (including Internet sites),
- Submitting another Learner's work, with or without that Learner's knowledge,
- Submitting a paper written by someone else (e.g. a peer or relative), and passing it off as one's own.

The work based nature of the assessment strategies approved for QQI programmes make it difficult for Learners to plagiarise assessment material. All Learner assessment (continuous and project based) must be accompanied by a signed assessment cover form which includes declarations of authenticity. Assessments are not accepted without such forms.

Procedure for Dealing with Plagiarism

Step 1: Where a Trainer / Internal Assessor suspects that a piece of course work contains plagiarised material, a short report should be prepared including a marked up copy of the assessment material, together with any evidence for suspected plagiarism. The report should be forwarded to the Head of Certification within 5 working days of the suspected case being identified. All notifications of suspected plagiarism should be in writing and sent to certification@forustraining.ie.

Step 2: The Head of Certification along with other parties reviews the work and the Trainers report on the suspected plagiarism.

Step 3: In the case of plagiarism the Head of Certification sends the email template, P9 S8 Plagiarism Notification along with the Learner feedback form and annotated Learner evidence to the Learner. This notification is to be given at the same time as the Learner is receiving results along with the rest of the group of Learners on the event. The Trainer is copied on this email.

Step 4: An informal meeting is then arranged with the Learner, Head of Certification and Trainer (if possible) to discuss the plagiarized work. If a meeting cannot be facilitated then this may occur via telephone. The Learner is offered a short period (7-10 days) to reference/rewrite the work and resubmit for a resubmission fee. Their final result would be capped at a pass if resubmission is the chosen option.

If the Learner is not accepting of this offer or resubmits the work with plagiarism uncorrected then full malpractice investigations should be completed as outlined in Forus Training's P9 S8 C1 Academic Integrity Policy and Procedure

Learner Evidence

There are strict guidelines for the submission of assessment evidence by the Learner, these are detailed in the P9 S5 C2 Learner Induction as well as very specific protocols for staff when receiving Learner evidence form Learner(s) P9 S11 C2 Receipt of Learner Evidence.

Learner evidence is stored in a locked room (locked when unoccupied) in a locked filing cabinet along with a S9 P15 Form Learner Evidence Handling form. Only the Head of Certification and the Head of Centre have access to the cabinet. Learner on submission and when graded IV, EA and during the appeals period.

Learner evidence can be submitted in the following ways:

- By registered post: it is stamped with that day's date.
- Submitted by upload through the my.forustraining.ie site.
- By hand at Forus Training, Castle House, Castle Street, Mullingar.
- my.forustraining.ie

A designated member of staff ensures that there is a signed P9 S9 C11 Learner Declaration and Authorship Statement as to the authenticity of the evidence attached to each piece of work being submitted.

An acknowledgement email to each Learner using a pre-written template for P9 S11 Receipt of Learner Evidence and cc the Trainer on the email. The scores template on the IMS is populated with the course work submitted date relative to each Learner by module. Learners who have not submitted their assessments are sent a notification email P9 S11 Notification of Overdue Assessment Material from the system.

Given the movement restrictions in place due to COVID-19, evidence is now being shared with the Trainer on a secure, backed-up shared drive that includes video/audio/photographed evidence. Naming conventions on the drive indicate the stage of processing.

Where this is not available, all Learner evidence is securely parcelled and sent by registered post to the relevant Trainer and an email is sent to say the parcel is on its way to them. We use the template P9 S11 Learner Evidence on its way to you, for this event for assessment to notify the Trainer that the evidence has been dispatched to them.

Learner Evidence Handling

Online assignment handling is carried out by a system configured to be integrated with our Learning Management System. The functionality of the portal my.forustraining.ie cater for our needs in terms of receiving evidence securely from Learners, making them available to Trainers to assess, returning marking sheets, grades, annotation and feedback on assessed work to Learners and keeping the Head of Certification and course administrators informed at all stages of the process. Extension requests can be initiated by the Learner as part of the system. By having the assignment handling system securely based online on a private server, all aspects of dealing with assignments are maintained in a single location, accessible from anywhere with an internet connection. The system has the requisite back-up infrastructure and is compliant with up-to-date security / encryption standards with extensive firewall protection. As we can accept Learner submissions electronically, all Learners, wherever, can operate to the same time schedule.

This electronic system reduces the amount of paper handling required. Staff members do not need to photocopy assignments and the system allows for secure communication with assessors. Archiving electronic versions of documents reduces the physical storage space required for paper versions.

Our online assignment handling system includes email notifications to relevant personnel of key events: submissions, extension requests, uploading of grades and marked work. Appropriate staff involved in the process can access the system at any time to check whether assignments have been received or marked and the status of extension requests. Communication between all those involved is easy, lessening delays in the whole process.

The logging of every action is integrated into the system so it is easy to track / audit who submitted what and when, and all documents uploaded to the system are stored for easy reference and retrieval.

The system has been developed to provide an easy-to-use interface, supported by full documentation.
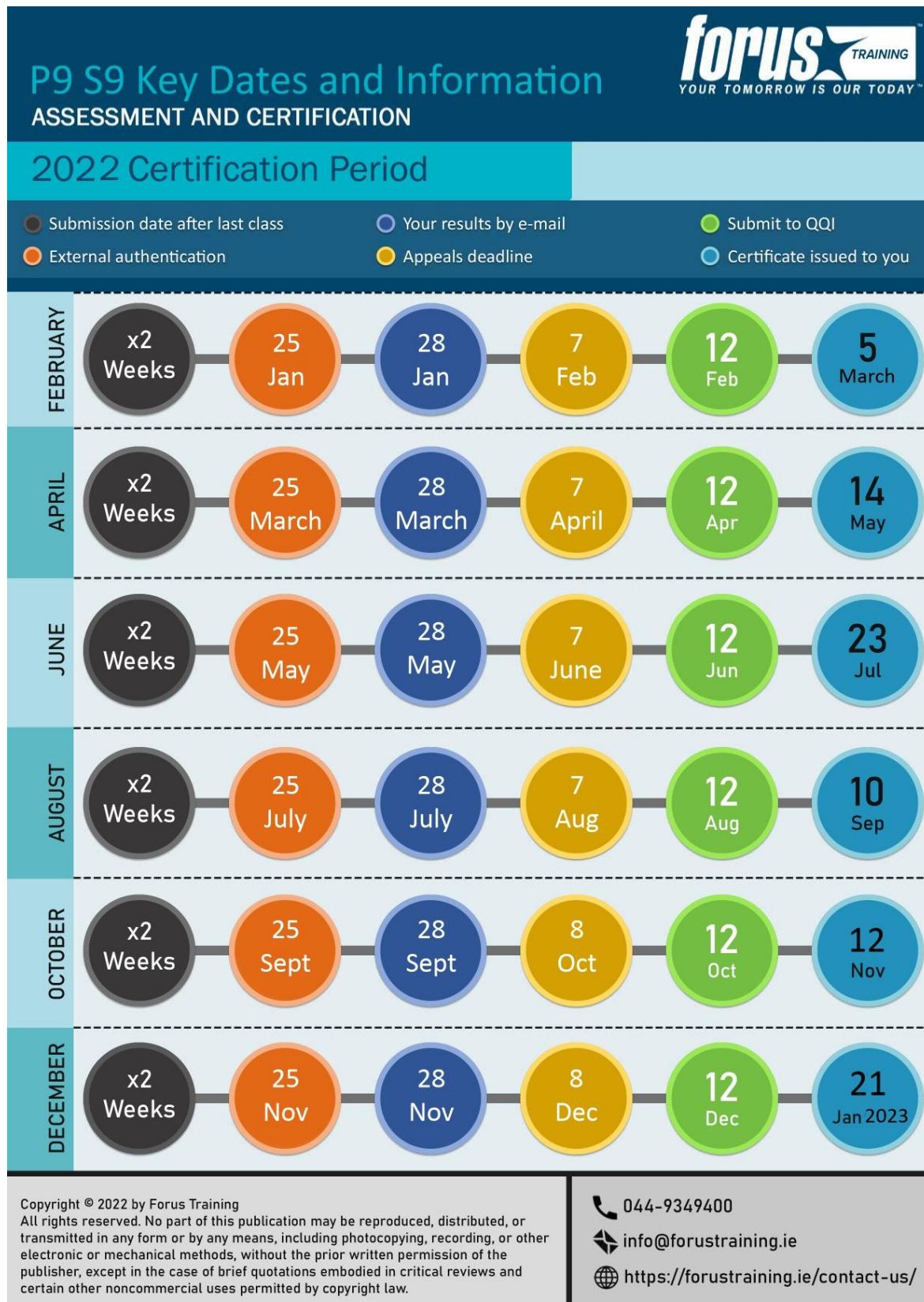
Figure 11: Key Dates in Forus Training's Assessment Calendar

Chapter 7: Supports for Learners

Forus Training is committed to offering its Learners a comprehensive and considered range of support while they take part in its training courses. These supports have been, and regularly are, refined and tailored to meet the needs of all. It endeavours to provide all Learners with equal opportunity and to create fair entry arrangements.

Our Course Advisor has a dual role of Learning Support Officer and acts as a point of contact for learners seeking orientation / additional support. The Support Advisor organises a weekly "Digital Ambassador" session that learners can login to via zoom to have their individual digital support needs met.

- **Identification of funding sources**: Course advisors assist Learners in identifying and gaining access to funding for training. This includes identifying funding schemes that the person may be eligible for depending on their employment status.

- **A unified approach from the Learner's point of view**: Forus, through its Course Coordinator and Head of Certification, has established an integrated and consistent resource and support range for Learners. Measures have been taken to guarantee that all these resources and supports are suitable and convenient. Forus undertakes to fully inform Learners about all of our services. Feedback is garnered via an annual survey which gathers usable information which may be actioned in order to better the programme. Learning resources and Learner supports reflect:

  - The programme's needs,

  - Analysis and evaluation,

  - Feedback.

  A concerted approach is established by concise communication between Learner resource and support units. Resource and support awareness is ensured by its effective and ongoing promotion. Forus benchmarks its support and resources against standards.

- **Access to services related to programmes**: Regular review of all areas relating to the programme are carried out in order to assess their standards and effectiveness. Some of these areas include:

  - Administration,

- Learner support services (both academic and non-academic),
- Library and information systems,
- Technical services,
- Maintenance and associated services,
- Communications and promotions services,

Support and administrative staff are appropriately qualified and have opportunities for staff development. The requirements of a varied Learner demographic including; mature, part-time, employed, as well as Learners with disabilities, are all closely considered by the Course Coordinator whilst planning and providing learning resources and support.

- **Study skills and assistance with academic writing**: The Further Education Support Services (FESS) developed an [Academic Writing Handbook](#) and a [Referencing Handbook](#) for Learners in the Further Education and Training Sector. These provide guidance on writing and referencing.

- **Learner representation**: There are mechanisms in place for the Learners to elect two class representatives to speak on behalf of the class as a whole and to ensure the Learner voice is heard by the decision making bodies of Forus Training. See [P9 S6 C8 Learner Representation Policy](#).

- **Access to Support Services**: The Course Coordinator strives to ensure all Learners are listened to and responded to holistically. Support is organised by the course coordinator in respect of both academic learning and non-academic support as and where requested and appropriate.

- The approaches adopted and strategies taken are detailed throughout this section in the context of Learner accommodation, compassionate consideration, assessment support and extensions re. Submission, career guidance and pastoral care. [P9 S7 C6 Compassionate Consideration Policy](#).

- Digital Ambassador – Saturday Zoom – to assist learners with their technology related challenges - no question too small! The staff in this "Digital Ambassador" role are experienced in Accessing all our systems including the LMS and myforustraining.ie. They are positioned to assist with all the usual technology queries learners might have: Microsoft Office (Word, PowerPoint, Excel etc), Email, File saving and organisation etc.

The Head of Certification considers the severity of the circumstances, the nature and weighting of the assessment activity and the quality of past achievement of the Learner where appropriate, in making the decision to grant compassionate consideration.   This decision is final and is not subject to an appeal. Learners are notified of the decision within 5 working days.

If an extension is neither sought from the Head of Certification, nor granted, or work is submitted after the extended due date, late submission of assignments are penalised by fee of €100 and the Learner must apply to do so using the following form P9 S9 C4 Learner Application for Late Submission of Assessment.

Where a Learner, pursuing an award, through no fault of his/her own, is unable to complete their assessment, the exit pathway below is in place to facilitate this Learner with an alternative course. The Learner is given the opportunity to obtain the Award by completing the course at an alternative date/location should they have relocated to an area where we provide the same award.

The following are examples of circumstances where a Learner is unable to complete their project/ their course:

- Bereavement,
- Illness,
- Pregnancy,
- Relocation,
- Extenuating circumstances.

Please see P9 S7 C6 Compassionate Consideration Policy**.**

- **Learner Welfare**: P9 S6 C6 Learner Welfare Policy and practices are fully integrated throughout teaching and learning experiences by both Trainers and staff to effectively meet the health and wellbeing needs of all Learners. The Forus Training welfare policy is focused on the welfare of all Learners and addresses any particular challenges individual Learners may be experiencing during their learning experience. The learning environment includes welfare support provided by staff for Learners which is fully integrated throughout the teaching and learning and organisation of teaching and learning to effectively meet the personal, social (wellbeing) and academic needs of Learners and staff.

- **Career Guidance / Guidance**: Forus Training is committed to improving the career chances of Learners and in doing so, aims to offer a life-long learning and employment progression

pathway to all Learners. The opportunity to avail of optional independent career guidance is communicated by the Head of Certification to all Learners during the induction phase of course commencement and again, towards the end of the learning process. Forus Training keeps abreast of the benefits of career guidance in further education via the National Centre for Guidance in Education (FET) website and supporting resources, as well as in partnership with local resources such as the local Enterprise Board. Prospective Learners can often be confused about course / programme choices when exploring career options. Learners are offered an appointment where they can have an opportunity to reflect on their previous learning experiences, their skills and talents and preferences and their goals.

- **Job seeking support**: We also help job-seekers in preparing their CV's, undergo mock interviews and undertake aptitude tests.

- **On-line Trainer led classes**: Co-hosted / trained by two Trainers with experience. The additional Trainer can look after technical issues or can start a conversation where Learners are unsure of attending class in an on-line setting. See P9 S6 Co-Training - Blended Learning Policy. The COVID-19 pandemic has resulted in Forus Training implementing contingency planning strategies in respect of business continuity. As a result, Forus Training has commenced the efficient migration into facilitating learning via the virtual learning environment (VLE). While this model of delivery is in its infancy for Forus Training, a wide range of methodologies are in place to ensure Learners are receiving quality led learning and teaching guidance.

Reasonable Accommodation & Compassionate Consideration Including Supports for Learners with Disabilities and Specific Learning Difficulties:

Forus Training is fully committed to complying with relevant policies and legislation with respect to equality and disability. Registered and potential Learners with verified disabilities or specific learning difficulties may be given compassionate consideration and reasonable accommodation to enable them to successfully complete their programme this is arranged by the Course Coordinator.

- A *reasonable accommodation* is any action that helps to alleviate a substantial disadvantage due to an impairment or medical condition. Such accommodations are put in place to help reduce these barriers in order to provide equality of access and opportunity for all. Reasonable accommodations are made for Learners on a case by case basis and must be supported with medical documentation. See P9 S2 C6 Evidence of Disability Form and P9 S2 C6A Application Form for Reasonable Accommodation.

In cases where a Learner develops or discovers a support requirement during the course of their studies, the Learner is advised to contact certification@forustraining.ie as soon as possible and the same procedure is followed.

Supports available for Learners with a physical or sensory disability

- Venue check to ensure is it accessibility inappropriate facilities,

- Modifications to the training on examination environments such as seating arrangements or sound amplification et cetera,

- Learning materials provided in an accessible format where possible,

- Additional time allocated to complete assessments,

- Alternative assessment for maths,

- Support of the scribe to complete examinations,

- Supports that are available for Learners with specific learning difficulties,

- Alternative assessment formats,

- Report of a scribe to complete examinations,

- Additional time allocated to complete assessments,

- Spelling and all grammar waiver for assessments,

- Extended individual support.

P2 S2 C1 Equality Policy

Compassionate consideration may be approved in circumstances where a Learner experiences an extraordinary/extenuating situation which duly impacts upon the capacity to participate in classes and/or, complete assessment evidence by the scheduled submission date. Further detail is provided further into this document.

Our standard operating procedure details the steps the Course Coordinator takes to ensure that when implementing applications for reasonable accommodation/compassionate consideration.

Forus Training's Trainers and Learners utilise the additional support mechanisms over the duration of the programme. This may include extending the assessment period from 10 weeks to 12 months post programme delivery as well as any or all of the following;

1. **Email / Telephone Support**: Individualised Learner support such as email and/or telephone throughout the duration of the programme.

2. **Work placement Support**: Support during a Learner's work placement is increased to ensure appropriate access to skill and competency development. (CG 5.4)

3. **On-going Project Mentoring and Feedback**: On-going mentoring and project feedback for the duration of the formative assessment duration.

4. **Programme Administration and Examination Support**: Forus Training Course Coordinator and Head of Certification are available to provide necessary programme administrative and assessment support, respectively, and endeavour to respond to queries within 24 hours. See P9 S7 C6 Compassionate Consideration Policy.

Review of Learner Supports

The adequacy and effectiveness of all academic and other support services related to the programme of education and training are regularly reviewed. Learners' participation in programme reviews allows for Learner feedback on the quality of supports P6 S8 10 Programme Evaluation Monitoring and Review Procedure. Learners are prompted to give feedback on their experiences via: Unsolicited Comment Card, P9 S9 Reaction Form. A clear quality improvement plan is in place P2 S3a Quality Improvement Plan. Quality improvement plan is in line with strategy and objectives and seeks to improve services as necessary.

7. Supports for Learners				
7.1 Supports for Learners				
	Plan	**Do**	**Check**	**Act**
P r o c e s s	P9 S6 C8 Learner Representation Policy P9 S6 C6 Learner Welfare Policy P2 S2 C1 Equality Policy P9 S9 C6 Reasonable Accommodation Policy	P9 S2 Learner Requirements Form completed by course advisor Provision of information on supports to Learners Role of Learner Support Officer is held by Course Advisor..	The adequacy and effectiveness of all academic and other support services related to the programme of education and training are regularly reviewed P6 S8 10 Programme Evaluation Monitoring and Review Procedure	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	P9 S7 C6 Compassionate Consideration Policy P9 S2 C6 Evidence of Disability Form P9 S2 C6A Application Form for Reasonable Accommodation P9 S5 C2 Learner Handbook Supports are identified at programme validation stage P6 S2 Programme Development - Tool 6 - Learner Support Identifier	Learners' participation in programme reviews allows for Learner feedback on the quality of supports P6 S8 10 Programme Evaluation Monitoring and Review Procedure Learners are prompted to give feedback on their experiences via: Unsolicited Comment Card, P9 S9 Reaction Form, P9 S12 C3 End of Programme Report from Trainers P6 S8 C10 Observation of Teaching & Learning (OTL) Form	P9 S13 C1A Complaint Form Event Level Unsolicited Comment Card P9 S9 Reaction Form Programme Reviews: Record Document Experience with Learner Supports Identify areas for improvement Feedback to QAAGC.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with the procedure. P5 S10 Workable Improvement Procedure

Table 22: **7.1 Support For Learners PDCA diagram**

Chapter 8: Information and Data Management

8.1 Information Systems

Forus Training recognises that its information and data systems are intrinsic resources which ensure that reliable information and data are available for informed decision-making, whilst ensuring that management and staff are informed of what is working well, and what needs attention. The quality of our information systems collectively and efficiently, incorporate evidence of all the activities relating to education and training service provision. The GDPR Officer ensures compliance with all up-to-date GDPR obligations. The Managing Director is responsible for the management of the company's Information Technology and associated IT support systems, they ensure controls and structures are in place to generate data and reports which are communicated internally for planning and monitoring purposes. The Quality Assurance and Academic Governance Council gives oversight to reviewing, maintaining and continuously enhancing its knowledge based on the information and data systems made available through reporting. The IMS facilitates the collection, analysis and use of relevant information to ensure accountable, effective reliable data is available to support decision making by the QAAGC regarding the development of Forus Training's programmes and services to Learners. To safeguard data subjects, we have a comprehensive P4 S1.1 - Data Protection (GDPR) Policy in place.   The key policy document relating to this area of quality is P4 S1.2 Information Systems Security Policy and Procedure. Our systems incorporate evidence of all the activities relating to the education and training service provision, whilst also meeting up-to-date GDPR related statutory obligations and safeguarding business integrity.

Related documentation:

P4 S1.2 Code of Practice regarding the operation of Closed Circuit Television Cameras for security purposes

P4 S1.2 Facility Security Plan

P4 S1.2 Security Scorecard- Supplier Relationship Management - Questionnaire

P4 S1.3 ICT Acceptable Usage Policy And Procedures - Bring your own Device and Remote Working Policy and Procedure

P4 S1.4 Disaster Recovery Plan

P4 S1.5 Privacy Notice

P4 S1.6 Password Policy

P4 S1.7 Data Breach Policy

P4 S1.7 Data Breach Report Form

P4 S1.8 IT Antivirus and Antimalware Policy

P4 S1.9 Media Handling and Destruction

Device Decommissioning Register

P4 S1.9 Records of data destruction by IT Department Reister

P4 S1.10 Network Device Security and Configuration Policy

P2 S4 C2 Data Retention - Control of Records Policy and Procedure

Forus Training's approach to the management of information and data ensures:

1. Appropriate management, maintenance and security of information and records. See also P9 S9 C11 Security of Assessment Policy and Procedure,

2. Appropriate access management controls to both manual and digital records,

3. Appropriate implementation of risk management in the event of the need to apply disaster recovery measures and in doing so, mitigate the risk of loss of critical data and information,

4. Appropriate time-managed, authorised and secure disposal of expired records,

5. Appropriate identification and secure protection of information and data records which require archiving, for as long as is required,

6. Appropriate application of reporting tools to measure KPI's and in doing so, facilitate both academic and organisational management decision-making, i.e., Programme Reviews, Trend Analysis Reports, Self-Evaluations.

P4 Internal Audit / Evaluation Form - Audit Period: April

Relevant KPI	Indicators	Role Responsible	Quality Assurance & Academic Governance Council (QAAGC)	Programme Committee	Commercial Governance Committee
Internal Audit - Process	Staff training on GDPR Permissions Sought Document Control	QA Officer	●		
No. Failed Backups	Monitored daily - KPI is 0 Failed backups	Head of IT	●		
IT Statistics (website)		Head of IT		●	●

Audit 8: Information Systems

Appropriate, quantitative and qualitative measures are identified which are used as benchmarks or key performance indicators. Some examples include:

● Minimum and maximum Learner numbers per programme,

● Profile of the Learner population,

- Learner satisfaction rates,

- Learner progression / Learner attrition or drop-out rates / completion rates,

- Graduation/certification rates, including grade analysis,

- Career paths of graduates.

Various methods of collecting information are used as appropriate. Learners and staff are involved in providing and analysing information and planning follow-up activities. The Head of Certification monitors Learner outcomes, progression and retention performance indicators while the Managing Director performs checks and brings appropriate information to the appropriate committee.

8 Information and Data Management			
8.1 Information systems			
Plan	**Do**	**Check**	**Act**
P r o c e s s	QAAGC sets organisational objectives. Described in Chapter 4 Quality Manual P4 Information Systems Policy	The Head of Certification monitors Learner outcomes, progression and retention performance indicators.	Managing Director ensures that the KPI reports and Learner Reaction reports are collated and measured against optimal levels these reports are brought to the committees.	It is the role of the QA Officer to review Learner, Trainer and industry feedback and take action where required. P2 S3a Quality Improvement Plan in line with strategy and objectives.
S u b - P r o c e s s e s	P9 S9 Reaction Form P4 S1 Information & Communication Technology (ICT) Acceptable Usage Policy and Procedures P2 S4 C2 Control of Records Policy and Procedure	Appropriate, quantitative and qualitative measures are identified which can be used as benchmarks or key performance indicators. Examples include min and maximum Learner numbers per programme; profile of the Learner population; Learner satisfaction rates; Learner progression, drop-out, completion rates, certification rates, inc. grade analysis; career paths of Learners. Various methods of collecting information are used as appropriate. Learners and staff are involved in collating and analysing data and planning follow-up activities.	Each committee has defined requirements as to what information / reports / indicators need to be supplied for review within their terms of reference to support informed decision making (Chapter 1 P1 S1 QA Manual). E.g. P9 S21 - IV KPI Report Feb 2020 P9 S21 IV KPI Report December to June Combined P9 S12 Learner reaction results Feedback from Learners Regarding our Trainers Overall Rating of the Course Course Material and Standard of Delivery	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy. P5 S10 Workable Improvement Procedure.

Table 23: **8.1 Information Systems PDCA diagram.**

8.2 Learner Information Systems

The management, staff, Trainers and Learners of Forus Training employ an Information Management System (IMS) "Administrate" that is robust, comprehensive and capable of:

- Maintaining secure Learner records for current use and historical review,

- Providing reports required for internal quality management and improvement,

- Generating data required for, and compatible with, external regulatory, professional or national systems as appropriate,

- Generating statistical and other reports to meet internal and external information requirements, for example, on the QQI database of programmes and awards as prescribed by the legislation,

- Ensuring that the database is maintained securely and that data relating to Learner assessment is accurate and complete.

The QA Officer ensures that the data is securely stored within the LMS and that data processors are fully aware of their roles. The Head of Certification generates statistical and other reports to meet internal and external information requirements. For example, on the QQI database of programmes and awards as prescribed by the legislation, the Head of Certification provides reports required for internal quality management and improvement. This system is also modulated with user access tailored by role, in order to ensure that there can be no inappropriate internal spread of data.

Forus utilise the following documents to distribute information to Learners;

- Course Brochures - Email Templates,

- Booking Forms - "Registration" process,

- Welcome Letters - Templates,

- P9 S5 C2 Learner Handbook LMS (Hard copy along with Learner pack),

- P5 S6 C1 Trainer Handbook - LMS (Hard copy along with Trainer pack),

- Assessment Packs or just Assessment Briefs (Hard copy along with Learner pack),

- Feedback Forms - Triggered from the end date,

- Guidelines for Referencing & Bibliography – LMS.

<table>
<tr><td colspan="5" align="center">8. **Information and Data Management**</td></tr>
<tr><td colspan="5" align="center">**8.2 Learner information systems**</td></tr>
</table>

	Plan	Do	Check	Act
Process	Managing Director is responsible for ensuring that the LIM is fit for purpose and meets the regulatory standard P4 S1.1 - Data Protection (GDPR) Policy	Head of Certification ensures that Learner evidence is maintained securely and that data relating to Learner assessment is accurate and complete.	The Managing Director ensures that data and Learner evidence are kept securely and that reports are accurate.	It is the role of the Head of Certification to review Learner, Trainer and industry feedback and take action where required. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes		Head of IT ensures that the database is maintained securely. Head of Certification generates statistical and other reports to meet internal and external information requirements, for example, on the QQI database of programmes and awards as prescribed by the legislation and Head of Certification provides reports required for internal quality management and improvement.	It is the Managing Director's role to ensure that each committee receives data as in the form of reports in a timely manner to serve the purpose of internal quality management and improvement.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. P5 S10 Workable Improvement Procedure WIN notice issue

Table 24: **8.2 Learner Information Systems PDCA diagram.**

8.3 Management Information Systems

The senior management team has implemented a training and data management platform. The management information system enables necessary information to be stored and channelled to where it is needed and when it is needed. It facilitates timely analysis in light of key performance indicators and objectives. Our IMS is vital to integrating quality assurance procedures into the day to day work and communication between all staff, Trainers, Learners and other stakeholders with minimum unnecessary administrative requirements. Communication templates are used on a manual or triggered basis, they reduce the administrative burden and ensure a fair and consistent approach by all in the application of policy to individual circumstances. The system is hosted on a secure cloud-based platform. It reports daily to all staff and integrates in real-time to our website. The system was first implemented by Forus Training in 2017 and provides an excellent data repository allowing for both qualitative and quantitative reporting functions across all organisational activities. The system is monitored through day-to-day use and various other forums, such as IT meetings and staff communication meetings as well as a systematic QA audit process. Updates and necessary maintenance are carried out by a support company that are contactable 24 hours a day.

Forus Training's information management system has been customised for our needs. The system has the capacity to provide reports required for internal quality management and system improvements. Learner records can be accessed for current use and historical review.

The system is also capable of generating reports from data required, and is compatible with external regulatory purposes. The system can produce statistical and other reports to meet information requirements from the Quality Assurance and Academic Governance Council as well as the other committees. The information system is restricted to access by authorised administration users to ensure accuracy and integrity of data and reports can be anonymised as to the data subject while still reporting aggregate learner data.

Reports specific to the needs of each committee enable a timely analysis of key performance indicators to support decision-making processes by the members of this group.

The reports are built around key performance indicators that relate to the strategic objectives of Forus Training. These reports provide crucial information for monitoring and reviewing performance and operational aspects of programme delivery. Reported performance against these quality

indicators on a periodic basis is given appropriate oversight by the committees, this focuses the organisation to continually improve the day-to-day running and identify operational changes that need to be made to positively impact on the quality of the Learner's journey.

Policies that support the meeting of this quality assurance criteria:

- P2 S1 C3 Development and Control of QA Documentation - Procedure and Guidance details how documents are controlled,

- Forus Training is committed to conducting its business in accordance with all applicable data protection laws and regulations. P4 S1 – Data Protection (GDPR) Policy.

8. Information and Data Management				
8.3 Management Information System				
	Plan	Do	Check	Act
P r o c e s s	P4 Information Systems Policy and Procedure	It is the Managing Director's role to ensure that each committee receives aggregate anonymised data in the form reports in a timely manner to serve the purpose of internal quality management and improvement.	The Independent Further Education and Training Advisor gives oversight to the timely analysis of data in light of key performance indicators and objectives by the Committee	It is the role of the Head of Certification to review Learner, Trainer and industry feedback and take action where required. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	The management information system enables necessary information to be stored and channelled to where it is needed when it is needed. It facilitates timely analysis in light of key performance indicators and objectives.	Quality Assurance Officer ensures that the IMS's reporting is appropriately configured to give the information that is required in line with data security standards, removing personally identifiable information from data sets.	Results Approval Panel ensures that the KPI report matches the data in the IV and EA reports. The Independent Further Education and Training Advisor gives oversight to the facilitation of timely analysis of data in light of key performance indicators and objectives.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 25: **8.3 Management Information System PDCA diagram.**

8.4 Information for Further Planning

The information contained in the Management Information System is reviewed holistically on an annual basis by the Course Coordinator, to determine what additional insights can be gleaned from it. P1 S1 C5 Self-Evaluation and Review Policy. Forus Training is committed to reviewing, maintaining and continuously enhancing its knowledge-based information and data systems to allow for the collection, analysis and use of relevant information to ensure accountable, effective and secure management support and development of its programmes and other activities. The purpose of Forus Training's self-evaluation and review process is to evaluate the governance and management of quality assurance and the effectiveness of quality assurance procedures. The process contributes to the development of an improvement plan which will support Forus Training in meeting its statutory requirements for the establishment and operation of compliant internal quality assurance procedures. We seek to identify good practice and use the findings to inform future policy and practices. Any breaches of this policy will be dealt with immediately and appropriately. Critical quality indicators are maintained and reviewed on an on-going basis and used to inform continuous improvement within the organisation.

The Supervisory processes in programme monitoring **-** P6 S8 10 Programme Evaluation Monitoring and Review Procedure decision-making procedures are built into Forus Training's various evaluative mechanisms, including the procedures for oversight of such mechanisms by the governance system or equivalent.

Data Collection and Sources

The data which is captured can be organised into the following categories:

1.   Lead Staging Life-cycle data - Personal data in relation to enquiries
2.   Commencement (Learner data)
3.   Learning Life-cycle inc. Access Transfer and Progression - Programme specific data and assessment data - see also P9 S11 Learner Evidence Handling.
4.   HR Records Life-cycle (Staff and Trainer data)
5.   Financial and operational data (Accounting records such as Learner bank details)
6.   Learner, Trainer and Programme feedback data

Source of data can be:

1.   Publicly accessible,
2.   Provided by private person themselves,

3. Private person "behaviour" (out of own systems: e.g attendance pattern),

4. Derived data: Scores, results, grade - plagiarism detection,

5. 3rd party providers at each stage – e.g. External Authenticator.

Forus Training maintains an active P4 S3 Field Justification that details all data collection points.

Terminology relating to KPIs is defined and categorised. Currently we collect aggregate data relating to completion rates and outcomes on courses. This is currently compiled by certification period: these provide data upon which systematic oversight of assessment outcomes and trends can be based.

Aggregation of Data

Forus Training's committees view reports which detail in summary format the following:

- QA Audit Report from External Authenticator (detailed in EA Policy),
- Internal Audit - Reports,
- Reaction Forms (review period, annual and cumulative) P9 S12 Learner reaction results; Trainer Rating, Course Rating,
- P9 S12 C3 End of Programme Report- Trainer Course Feedback,
- P9 S6 Workable Improvement Notice (WIN) Learner Form
- P5 S10 Workable Improvement Notice (WIN) Trainer / Staff Form
- No. of New Programmes Validated,
- Staff Turnover,
- No. of Staff Training Days Attended,
- No. of Health and Safety incidents,
- No. of Learners with disabilities / specific learning difficulties,
- No. of Failed Backups,
- IT Statistics (website).

Further data has been identified as worthwhile in an aggregate and this is reflected in our Quality Improvement Plan.

Information Distribution - Documents Used for Information Management

These email templates are named to coincide with the relevant process (P) they relate to e.g. P9 S9 C4 Student Application for Extension. The system allows only for the version in use. The numbering of all documents is in line with Forus Training's QMS.

8. Information and Data Management			
8.4 Information for further planning			
Plan	**Do**	**Check**	**Act**
Process P1 S1 C5 Self-Evaluation and Review Policy	The Head of Operations, the Head of Certification, and the Managing Director along with the support of the Quality Assurance Officer are responsible for determining the templates required for reporting.	The QAAGC is responsible for Monitoring & Review AD-hoc cyclical Review Committee	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes The information contained in the management information system is reviewed holistically from time to time to determine what additional insights are to be gleaned from it.	Manages and maintains data for the development and improvement of teaching and learning, while ensuring compliance with the relevant legislation. The Head of Certification is responsible for transferring information to third-party awarding bodies and preparing reports for meetings in that regard. See the following document for security measures: P4 Information Systems Policy and Procedure	The QAAGC is responsible for Monitoring & Review Review annual programme review reports and make recommendations based on the same.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 26: **8.4 Information for Further Planning.**

8.5 Completion Rates

[P6 S8 10 Programme Evaluation Monitoring and Review Procedure](#) **taken into account.**

1. Withdrawal	
1.1 Withdrawal / Cancelled >30	A Learner who has cancelled the registration > 30 days before the course commences full refund due - Withdrawal is also the umbrella term used for a Learner no longer participating on the course.
1.2 Withdrawal / Cancelled <30	A Learner who has cancelled the registration < 30 days before the course commences no refund due - Withdrawal is also the umbrella term used for a Learner no longer participating on the course.
1.3 Withdrawal / Cancelled Postponement	When Forus has been postponed by more than the period stated in the Terms and Conditions and the new scheduled date does not suit.
2. Non Completion	
2.1 Non Completion - Drop-out	A Learner who has commenced, but - who misses > than 20% of the sessions consecutively at any time during the course and does not return.
2.2 Non Completion - Deferred	A Learner who decided to continue the course on a scheduled event in the future.
2.3 Non Completion - Duplicate Registration	Administrative Error.
2.4 Non Completion - No-Show	A Learner who has registered but has not attended any session.
3. Completion	
3.1 Completion only	Number of registered Learners who achieved 80% or more attendance.
3.2 Completion - Extension Sought	Entered on the Scores Template.
3.3 Completion - Non-submission	Deadline Missed - No extension sought.
4. Assessment Complete	
4.1 Submitted and Assessed - Pass	Complete successful.

4.2 Submitted and Assessed - Fail	Complete unsuccessful – referral.
4.3 Completion - Partial Submission	Where only partial assessment has been submitted and graded.
4.4 Exemption	Admitted to the programme on the basis Exemption.
4.5 Appeals	Reviews, Rechecks and Appeals.

Based on the figures above the following KPIs are set

	Key Performance Indicator	Target	Calculation
5 Assessment Rates	5.1 Pass Rate, greater than	70%	The number of "Completed Successful" Learners divided by the Total Number of Learners =(4.1+4.4)/0
	5.2 Completion Rate, greater than	80%	The number of "Completion" and "Assessment Complete" divided by the Total Number of Learners =(3.1+3.2+3.3+4.1+4.2+4.3+4.4)/0
	5.3 Dropout Rate, less than	10%	The number of "Drop-out" =(2.1+2.2+2.4)/0 Learners divided by the Total Number of Learners
	5.4 Non Submission Rate, less than	10%	The number of "Non-submission" Learners divided by the Total Number of Learners =3.3/0
	5.5 Reviews, Rechecks and Appeals **Rate**, less than	10%	The number of "Appeals" Learners divided by the Total Number of Learners
	5.6 Extension Requests / Deferrals, less than	20%	The number of "Deferred" and "Extension Sought" Learners divided by the Total Number of Learners =(3.2+2.2)/0
	5.7 APEL Statistics % Learners admitted on basis of APEL Comparison of assessment results for those admitted on basis of APEL vs Educational History – Exemptions, less than:	10%	The number of "Exemption" Learners divided by the Total Number of Learners =4.4/0

Table 27: **Key Performance Indicators and Associated Targets**

December 2019 - P9 S21 - IV KPI Report Dec 2019

February 2020 - P9 S21 - IV KPI Report Feb 2020

April - 2020 - P9 S21- IV KPI Report April 2020

June - 2020 P9 S21 - IV KPI Report June 2020

In this spreadsheet, P9 S21 IV KPI Report December to June Combined, you can find the summary of the IV KPI reports.

Attendance

Attendance is a key metric. Attendance records are detailed and gathered by the Trainers and passed on to the Course Coordinator as evidence of Learner's participation. Attendance monitoring systems, monitored and reported upon daily by accounts, allows for flagging of non attendance and are updated within 24 hours to our cloud-based platform giving real-time data to certification and other stakeholders. Non attendance (2 or more, unexplained, missed sessions) are followed up daily, the Head of Certification and the Trainer receives notifications and can follow up where appropriate in line with the policy - P9 S7 Attendance Policy.

Where issues have been identified, these will be noted in the meeting minutes and added to a quality improvement plan by the Quality Assurance Officer and responsibility and target dates assigned. Open actions will be reviewed at the next committee meeting P2 S3a Quality Improvement Plan.

Information Distribution – Documents used for Information Management

The system is auditable, in that, what has been sent to the individual, as well who sent the information, may be examined. There is a built-in Document Management System (DMS) on our IMS, current versions are linked to email templates and can be "triggered" or sent following an interaction/request from a Learner.   This ensures consistency of approach and smooth implementation of policies and procedures. An "audit trail" exists, whereby information sent to a Learner/group of Learners or Trainer can be queried and the naming convention ensures that no duplication occurs.

8. Information and Data Management			
8.5 Completion Rates			
	Plan	**Do**	**Check**	**Act**
P r o c e s s	Completion rates need to be collected and prepared for external quality reviewers.	The Head of Certification manages the collection of the completion rates and makes them available for external review.	The managing director is responsible for the oversight of this process. Ensuring the committees are furnished with accurate data.	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	Completion rates are collected, used and made available to external quality reviewers.	P9 S21 - IV KPI Report Feb 2020 P9 S21- IV KPI Report April 2020 P9 S21 - IV KPI Report June 2020 P9 S21 IV KPI Report December to June Combined		Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 28: **8.5 Completion Rates PDCA diagram.**

8.6 Records Maintenance and Retention

P2 S4 C2 Control of Records Policy and Procedure details the maintenance and retention of records.

Typically, records include items such as objectives, plans and targets; performance indicators; evidence used in the evaluation of performance against objectives; self-monitoring reports; evaluation reports; minutes of QA meetings; actions taken (including changes made to the quality assurance system) and the rationale for these; and follow-up reports. The Data Protection Officer is in charge of this and reports directly to the Managing Director.

8. Information and Data Management			
8.6 Records maintenance and retention			
	Plan	**Do**	**Check**	**Act**

	Plan	**Do**	**Check**	**Act**
Process	P2 S4 C2 Control of Records Policy and Procedure	All staff and stakeholders must comply with the Information and Data Management policy.	The Data Protection officer is in charge of this area but reports directly to the Managing Director.	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes	Identify who may approve documents. Define document management and identification.	P5 S4 C2 - Job Descriptions - Roles and Responsibilities The Data protection officer has oversight in this area. Data is initially collected by the Course Advisor then used to assist the Learner through the lifecycle.	The Data Protection Officer reports to the MD.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 29: 8.6 Records Maintenance and Retention PDCA diagram.

8.7 Data Protection and Freedom of Information

Data is initially collected by the Course Advisor and logged on the IMS from the point of initial course enquiry and or registration. It is then used by staff and Trainers, as appropriate, throughout the Learner lifecycle (registration, commencement, learning, assessment, certification) to support the delivery of the programme to Learners. Data is controlled internally to ensure its safety and integrity. Data includes but is not limited to the following information:

 A variety of Learner, staff and Trainer's personal data is gathered to assist in fulfilling its contracts e.g.:

- Learner interests, questions asked, programmes enquired about,
- Learner Requirements – goals, hopes and dreams,
- Email address, contact telephone number(s), job title, home address,
- ID, PPS, DOB, gender, proof of identification, proof of address,
- Training needs analysis: job title, professional experience, educational qualifications,
- Professional qualifications and / or professional experience,
- Programme on which currently enrolled,
- Credit / debit card details, dank details in the case of direct debits or refunds,
- Correspondence,
- Date of commencement,
- Attendance records,
- Entry standard to programme.

All of these data sets have been reviewed and deemed to be required to ensure the optimal service for the Learner is assured in our delivery of services to Learners and other interested parties. The P2 S4 C2 Control of Records Policy and Procedure details how these records are managed. The statutory obligations in relation to data retention are reflected in the schedule. Learners are informed of their rights in relation to their data and are given access to a number of forms designed to assist them in exercising those rights. The Managing Director ensures that all staff receive training at induction and refresher training is delivered at a minimum once per year. The information system is designed to enable compliance with data protection legislation.

This includes;

- The establishment of data access controls,
- Data backup systems and ensuring Learner information material makes clear what personal data will be collected,

- For what purpose and with whom it will be shared.

Forus Training collects a wide range of data which is captured within the MIS and consequently used for relevant analysis and reporting within all functional areas. Data is collected by the Course Advisor through various methods in traditional and paper-based formats such as:

- Registration forms (paper-based),

- Telephone conversations,

- Financial documents,

- Learner and Trainer course assessment forms,

- Programme assessment cover sheets and other appropriate means.

At the point of commencement, all Learners receive access to our P9 S5 C2 Learner Handbook which refers to Forus Training's data management policies. The information relating to the storage and use of all personal information is published within P2 S4 C2 Control of Records Policy and Procedure in P4 Privacy Policy, a matrix is used to justify the collection of personal data P4 S3 Field Justification and this follows government guidance on data protection. The Privacy Policy is made available to Learners and other interested parties on Forus Training's website to assist with subject access and similar requests.

Data Protection Act

Forus Training maintains and shares data in accordance with Data Protection Act 2018/ General Data Protection Regulation (EU) 2016/679, with our Data Protection Officer having oversight of this area, reporting to the Managing Director. P4 S1 - Data Protection (GDPR) Policy.

Learner Evidence

There are strict guidelines for the submission of assessment evidence by the Learner, these are detailed in the Learner Induction presentation as well as very specific protocols for Trainers when receiving Learner evidence from Learner(s).

Learner evidence is stored in a secure (locked when not occupied room) in a locked filing cabinet along with a S9 P15 Form Learner Evidence Handling form. Only the Head of Certification and the Head of Centre have access to the cabinet.

Learner Evidence can be submitted in the following ways:

- By registered post: it is stamped with that day's date,

- Submitted by upload through my.forustraining.ie,

- By hand at Forus Training, Castle House, Castle Street, Mullingar.

The Certification Administrator ensures that there is a signed P9 S9 C11 Learner Declaration and Authorship Statement as to the authenticity of the evidence attached to each piece of work being submitted.

An acknowledgement email is sent to each Learner using a pre pre-written template P9 S11 Receipt of Learner Evidence and the Trainer is copied in on this correspondence. The scores template on the IMS is populated with the course work submitted date relative to each Learner by module. Learners who have not submitted are sent a notification email P9 S11 Notification of Overdue Assessment Material from the system.

Given the movement restrictions in place due to COVID-19, evidence is now being shared with the Trainer on a secure, backed-up shared drive that includes video/audio/photographed evidence. Naming conventions on the drive indicate the stage of processing.

Where this is not available all Learner evidence is securely parcelled and sent by registered post to the relevant Trainer and an email is sent to say the parcel is on its way to them. We use the template P9 S11 Learner Evidence on its way to you for this event for assessment to notify the Trainer that the evidence has been dispatched to them.

Duration of Storage of Learner Evidence

All Learner assessment evidence is retained securely by the Head of Certification until after the appeals process concludes (unless stated otherwise by the relevant awarding body) after which it will be disposed of securely (e.g. Shredded / deleted from the relevant drive). We receive certificates of destruction of documentation from the contracted organisation tasked with this. When Trainers have assessed the Learner's work, each submission's marking sheet and Learner feedback form are scanned and uploaded to the Document Management System (DMS) by the Head of Certification / uploaded to my.forustraining.ie. The Trainer has also limited access to the IMS and enters the Learner's scores on the scores template associated with that Learner. They are saved in the format "First name, last name, Learner contact ID, event ID", File name abbreviations e.g. "John Smith 43215 5623 MS+LF". The Trainer has also limited access to the IMS and enters the Learner's scores on the scores template associated with that Learner. P2 S4 C2 Control of Records Policy and Procedure details the maintenance and retention of records.

Transmission of QQI Certification Data

The Head of Certification also maintains access to QQI's QBS system through a password-protected link via www.qqi.ie. This is used by the Head of Certification to upload Learner data in support of Learner certification and also access other QQI systems, e.g. Validation services and Q-help.

Backups and Disaster Recovery

Forus Training's backup system is managed by the external IT support company. Backups are carried out by this specialised company who back up data and exchange on a remote on-line server each night. Daily notifications of successful/ failed backups are received by both Forus Training and the external IT consultants and are dealt with as necessary. All other data is maintained in cloud based platforms, IMS, LMS, accounting, payroll, payments. Our integrated calendar, contacts and drive are backed-up on a nightly basis also.

- In accordance with our P2 S4 C2 Control of Records Policy and Procedure, the Document Management System (DMS) within our IMS allows Forus Training employees to store any type of document so that it can be accessed by permissioned users regardless of their location.

- This DMS has a secure, virtual filing cabinet. With ease we can search, store and archive physical documents. Documents can be linked to specific entities, events, Learners, Trainers - once linked, we can view that particular entity, and see all related documents in a single location.

- DMS controls the document version that is communicated to Learners / Trainers or other stakeholders via templated email such as standard forms and policies, this is auditable.

- Each user of the system has the appropriate permission, Documents - View, ticked in their User Role to access the DMS.

- In the case of an emergency, where it is not possible to gain access to Forus Training's physical office, a disaster recovery box is maintained off site. The box contains information required to ensure that the company can operate on a temporary basis and includes essential software disks etc.

8. Information and Data Management			
8.7 Data protection and freedom of information			
	Plan	**Do**	**Check**	**Act**
P r o c e s s	P4 S1.1 - Data Protection (GDPR) Policy P4 Privacy Policy P2 S10 Communications Policy	Daily backup email - Head of IT Monitoring Systems, updates. etc Application of patches to system	Run Information and Data Audit	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	The information system is designed to enable compliance with data protection legislation. Obligations under data protection legislation are complied with. This includes the establishment of data access controls, data backup systems and ensuring Learner material makes clear what personal data will be collected, for what purpose and with whom it will be shared.	Monitoring phishing attempts, Correct procedure applied for starting / terminating employees. Run awareness campaigns. Roll out training to all new starters and annual updates for employees.	Check records of processing activities **Management Controls,** Senior Personnel **Organisational Controls**, Asset classification and risk, Device Management **Physical Controls,** Environmental factors, Access Controls **Technical Controls**, Network Controls, Protection mechanisms, Disaster recovery and backup **Third Parties** **Security Incidents** **Hosting Data**	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 30: **8.7 Data protection and Freedom of Information**

Chapter 9: Public Information and Communication

9.1 Public Information

As a provider of education and training programmes who, through QQI, issues certificates (parchments) to Learners who have reached the standard for a QQI award, Forus Training is committed to the principles of transparency and good governance in both its functioning and conduct of its activity.

Forus Training uses its website; www.forustraining.ie, as its primary tool for sharing, communicating and marketing all relevant programme information pertaining to its activities with additional marketing and information resources, such as brochures.

Our intention is to maintain good practice at all times. Forus Training gives substance to transparent information to the public by making available to the general public comprehensive, objective and relevant information on its activities and functioning. All information is reviewed, checked and approved prior to being made public. This approval process is reflective of relevant risk management principles. The QAAGC is accountable for the accuracy and academic integrity oversight.

The following documents are/will be accessible to the public via the website:

1. DRAFT QA Manual - P1 S1 Forus Training Quality Manual,
2. Annual Self-Evaluation/Monitoring Reports,
3. P4 S1 Data Protection (GDPR) Policy,
4. Minimum programme details such as;
   a. The Award and awarding body,
   b. The full title of the award,
   c. Award level and code.

Additional information is available upon enquiry;

1. Access, Transfer and Progression procedures, (CG 3.2)
2. PEL arrangements.

Forus Training has in place a statement of arrangements available in respect of each of our programmes for the recognition of prior learning, for entry, for credit towards an award and for access to a full award. These statements define the purposes for which recognition of prior learning processes can be used, i.e., to enable entry to the programme; to provide exemption from programme requirements or credit towards an award; or to establish eligibility for a full award.

Where the recognition of prior learning is used to enable entry to a programme, the statement of arrangements available indicates to Learners the competences needed to succeed on a programme.

Forus Training also maintains and keeps up to date other Learner related resources such as the P9 S5 C2 Learner Handbook and induction information. These documents collectively and comprehensively characterise the programme details, Learner responsibilities, course expectations and Knowledge Bank. In addition, each programme has a developed resource list associated with it that includes all the equipment, audio / visual teaching aids, props for practical demonstrations / skills tasks. See sample here: P7 Packing List - Cleanpass Kit. Stocks of these resources are managed by the course coordinator.

<table>
<tr><td colspan="5" align="center">9. **Public Information and Communication**</td></tr>
<tr><td colspan="5" align="center">**9.1 Public information**</td></tr>
<tr>
<th></th>
<th>Plan</th>
<th>Do</th>
<th>Check</th>
<th>Act</th>
</tr>
<tr>
<td>P ro c e ss</td>
<td>P2 S10 Communications Policy

P8 Information to Learners Policy</td>
<td>The Head of IT ensures that the Information Management System end to end captures data, triggers actions and communication and reporting of all elements.</td>
<td>Organisational and programme review P1 S1 C5 Self-Evaluation and Review Policy
P6 S1 Programme and Service Development Policy</td>
<td>Clear decision making and follow up.

P2 S3a Quality Improvement Plan

Quality improvement plan in line with strategy and objectives.</td>
</tr>
<tr>
<td>S u b-P ro c e ss e s</td>
<td>P9 S5 C2 Learner Handbook

P9 S6 Learner Induction Presentation

P9 S13 Complaints Policy & Procedure

Communication systems –

Live chat facility on Website.

Monitored presence on Social Media Platforms.</td>
<td>Course template online: Detailing, prerequisites Content, Assessment information, Qualification, Progression, How To Apply, About QQI.

https://forustraining.ie/course-categ ories/Early-Childhood-Care-and-edu cation/Level-6-Early-Childhood-Care -and-Education-6M2007/6N1957-Sp ecial-Needs-Assisting</td>
<td>P6 S8 10 Programme Evaluation Monitoring and Review Procedure

Monitoring of accuracy of Course Templates driven to the website through API (Application Programming interface)

Audit period-September – audit report arising.</td>
<td>Identified gaps in intended outcomes addressed through resource allocation and planning.

Address associated risks arising, mitigation steps taken.

Actions taken on findings, SMART goals set, identifying those responsible and associated time frames.

Issue of WIN notices in line with policy

P5 S10 Workable Improvement Procedure</td>
</tr>
</table>

Table 31: **9.1 Public Information PDCA diagram.**

9.2 Learner Information

The following documents are accessible to the public via Forus Training's website; www.forustraining.ie:

1. P1 S1 Forus Training Quality Manual,
2. Annual Self-Evaluation/Monitoring Reports,
3. P4 GDPR Policy
4. Minimum programme details such as;
   a. The Award and awarding body,
   b. The full title of the award,
   c. Award level and code.

Additional information is available upon enquiry;

1. Access, Transfer and Progression procedures, (CG 3.2)
2. PEL arrangements.

Communicating Information to Learners

Forus Training works to a systematic approach when communicating programme information to potential Learners. Forus Training commits to a consistent approach, programme by programme, in communicating current and relevant details to both potential and existing Learners. Please see the Information to Learners policy, P8 Information to Learners Policy.

Programme related information is managed through our information management system for each independent course. Each programme has a range of templates which assists in formatting the process to how it is delivered. Courses are referred to as 'events' and each event follows this system, using the templates. The information related to the specific programme enquired about, is outlined in several sections, common to each course.

Through an Application Programme Interface (API) this information is subsequently fed directly to our website, updating what was previously there and thus, facilitating documentation control and continuous improvement. This means that staff and management can update pertinent information and have it appear on the website in real time.

The Management Team at Forus Training are committed to ensuring that complete information is provided to Learners, including detail regarding their own responsibilities. During the qualification process (when the Course Advisor or the Course Coordinator is considering the Learners application at the point of enquiry) the Learner needs to be made fully aware of the programme prerequisites. Thus, it's important that the level of communication with a knowledgeable staff member, who

understands the demands of the programme and can articulate to the potential Learner, a complete understanding of any prerequisites the course may have whilst understanding any specific disclosures the Learner may wish to make. Every effort is made to facilitate Learners enquiring about access to programmes and ensuring clear advice as to which programme would best suit their needs.

Learners are informed about PEL arrangements relating to their programme, should PEL be relevant. There is some overlap between Learner recruitment and registration. P8/9 S2 Learner Recruitment and Registration Policy.

P8 Internal Audit / Evaluation Form - Audit Period: September

Relevant KPI	Role Responsible for the report generation	Programme Delivery and Assessment Committee
Internal Audit - Process	**QA Officer**	●

Audit 9: **Learner Recruitment**

The following forms and processes exist to ensure that the registration process happens in line with our P2 S2 C1 Equality Policy and P9 S9 C6 Reasonable Accommodation Policy.

- P9 S2 C6 Evidence of Disability Form,
- P9 S2 Learner Requirements,
- P9 S2 C6A Application for Reasonable Accommodation,
- P9 S2 Student Application Booking Form

Prior to commencing a course, Learners are required to have viewed the P9 S6 Learner Induction Presentation.

Learners are also required to read the P9 S5 C2 Learner Handbook and will then sign a declaration; P9 S9 C11 Learner Declaration and Authorship Statement, confirming their understanding of the terms and conditions of their role with Forus Training as a Learner. This will give all Learners the opportunity to understand the purpose and learning involved in each module and what is expected of them. A commencement Form is completed. Learners must give permission to be contacted re: data protection (opt in).

Learners must engage in the course by attending a minimum of 80% of the scheduled sessions. The Learner is required to sign the following document following induction and to submit it to the Trainer P9 S6 Learner Sign-off following Induction.

9. **Public Information and Communication**				
9.2 Learner Information				
	Plan	**Do**	**Check**	**Act**
Process	P2 S10 Communications Policy and Procedure P8 Information to Learners Policy	Course Advisor Role, Course Coordinator role	Oversight is provided by P1 S5 Programme Delivery & Assessment Committee (PDAC) as to the accuracy and completeness of information	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub-Processes	All relevant programme and award information is made available to prospective and current Learners, including the following: • whether or not a programme leads to an award, • the name of the awarding body • the title of the award; award is recognised on NFQ award type & level • whether the programme is subject to procedures for access, transfer and progression, • details of the Protection of Enrolled Learner (PEL) arrangements in place, where applicable. The accuracy of such info. is maintained. Info. For prospective Learners it is honest, transparent and facilitates comparison.	Link to a course template online: Detailing, prerequisites, Content, Assessment information, Qualification, Progression, How To Apply, About QQI. https://forustraining.ie/course-categories/Early-Childhood-Care-and-education/Level-6-Early-Childhood-Care-and-Education-6M2007/6N1957-Special-Needs-Assisting	Checks are carried out on the quality and consistency of information by requiring promotional material (online or print) designed to be approved by the Academic Manager prior to publication. The management team is involved in marketing strategies.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 32: **9.2 Learner Information PDCA diagram.**

9.3 Publication of Quality Assurance Evaluation Reports

Once the report has been finalised and approved by the Quality Assurance and Academic Governance Council the quality assurance evaluation reports are published to the knowledge base on our website.

Forus Training's process and methodology to complete a self-evaluation and review project is as follows:

1. The QAAGC in collaboration with an external advisor/Non-Executive Director who will identify the evidence basis for the self-evaluation and review.

2. The QAAGC will scope the self-evaluation and review the outline; addressing the agreed objectives, criteria, terms of reference (ToR) and the critical path and control schedule.

3. The QAAGC will determine and accede the resource requirements to ensure a diligent and rigorous approach is implemented and executed.

4. A project lead for the self-evaluation and review process will be identified from within Forus Training.

5. The project will be conducted with the expertise of an external advisor to ensure oversight and objectivity.

6. The project will collate a descriptive report detailing responding to the previously agreed objectives and criteria.

7. A draft report will be submitted to and signed off by the Head of Centre.

8. The draft report and any further recommendations will be discussed by the Quality Assurance and Academic Governance Council. If the draft report is deemed acceptable, it will be agreed as final and signed off.

9. The project report findings will then be included in the Quality Improvement Plan.

10. All quality assurance evaluation and review reports will be subsequently published on our website www.forustraining.ie.

	9. Public Information and Communication			
	9.3 Publication of Quality Assurance Evaluation Reports			
	Plan	**Do**	**Check**	**Act**
P r o c e s s	P2 S10 Communications Policy and Procedure.	Forus Training's documentation (Policies, Procedures, guidelines and work instructions are maintained on G-Suite (Google Workspace) They are shared onto www.forustraining.ie	Once reviewed by the Quality Assurance and Academic Governance Council QAAGC reports are published to the web.	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	P1 S1 C5 Self-Evaluation and Review Policy P6 S1 Programme and Service Development Policy P6 S8 10 Programme Evaluation Monitoring and Review Procedure	Learning Outcomes are published along with learner satisfaction rates. Programme Reviews, Self-Assessment Reports / Organisational Reviews are published to www.forustraining.ie	Programme Reviews, Self-Assessment Reports / Organisational Reviews are published to www.forustraining.ie Quality and Accessibility of this documentation is audited in September of each year. Monitor and review Stakeholder Learner Feedback	Actions planned on findings, SMART where gaps are identified and goals set> Progress monitored by the QA Officer

Table 33: **9.3 Publication of Quality Assurance Evaluation Reports PDAC diagram.**

Chapter 10: Other Parties Involved in Education and Training

Forus Training has cultivated an environment where external parties may communicate and operate with it for the expressed purposes of education and training.

10.1 Peer Relationships with the Broader Education and Training Community

The management team at Forus understands the value of having support from relevant peer relationships. They offer a multifaceted range of opportunities and may be developed by:

- Various requests from interested parties or the QQI themselves;
- Communications with other training or educational organisations, domestically or internationally;
- Partnerships with 3rd level institutions;
- Presence at sector specific lectures, seminars, etc.

To develop strong connections with those industries to which fields of learning align via ensuring indicative content and emerging curriculums are reflective of and reviewed in line with current industry standards, regulations, legislation and evidence-based practice, through the provision of appropriately pitched opportunities to Learners so essential workplace skills can be developed, specifically in the:

- Early Years Sector,
- Health and Social Care Sector,
- Primary School Sector (via Special Needs Assisting programmes).

As well as offering short non-accredited programmes, Forus Training delivers a range of programmes which are accredited by the following awarding bodies:

QQI (Quality and Qualifications Ireland)

Pitman Training

ICS (Irish Computer Society)

Pearson Education

EHAI (Environmental Health Officers Association)

NMBI (Nursing and Midwifery Board of Ireland)

10. **Other Parties Involved in Education and Training**			
10.1 Peer relationships with the broader education and training community			
	Plan	Do	Check	Act
---	---	---	---	---
P r o c e s s	P1 S1 C7 Externality Policy	Quality Assurance Officer manages communication with external stakeholders regarding our Quality Assurance Framework. Involvement of broader education and training community in Programme Development and Programme Review.	The QAAGC reviews any reports form other parties involved in the training and education community sent to Forus Training and gives oversight to recommendations arising.	Clear decision making and follow up. P2 S3a Quality Improvement Plan in line with the report issued and objectives.
S u b - P r o c e s s e s	Stakeholders involvement with our Course Coordinator and our senior management team promotes recognition and confidence in the learning outcomes attained by Learners.	The nature of all arrangements in place with the broader national and international education and training community are published on Forus Training's website. Observers from organisations are invited to attend programmes (particularly grantors / employers and those who fund courses), free of charge – They are asked to provide documented feedback on the programme.	Subject to appropriate internal and external quality assurance procedures.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 34: **10.1 Peer Relationships with the Broader Education and Training Community PDCA diagram.**

10.2 External Partnerships and Second Providers (Where Applicable)

All elements relating to the operation, quality assurance, monitoring and review of collaborative arrangements are governed by this 'Code of Practice' including how such arrangements articulate with the Governance Framework.

The QAAGC is responsible for the Code and for embedding policy and processes and ultimate oversight for educational collaborative arrangements within Forus Training's wider quality assurance governance. It has a central role in the safeguarding of quality and standards. It oversees the Code and the type of arrangement agreed, each of which is reviewed annually. It scrutinises proposals for new educational collaborative arrangements and for the renewal of existing arrangements following periodic review, to ensure that these align with Forus Training's regulatory, policy and quality assurance framework.

Forus Training, does from time to time, engage in collaborative agreements with other, external training partners. Such agreements are subject to the same level of governance and quality assurance standards as all other strategic and operational provisions as coordinated and managed by Forus Training.

Collaborative partnerships are included within the Forus Training capacity in managing academic strategy, with the additional responsibilities such arrangements present, governed by the Quality Assurance and Academic Governance Council. This includes but is not limited to specific areas such as:

1. Programme Monitoring, Review and Self-Evaluation,

2. Risk Management,

3. Data Protection, GDPR and Privacy procedural processes,

4. Teaching & Learning and Assessing of Assessment policies and standards.

Forus Training recognises that the quality of collaborative arrangements impacts upon academic integrity and Learner achievement and to that end, Forus Training make certain that governance and oversight is applied to the framing of potential collaborations to ensure all arrangements align with quality assurance criteria and in doing so, can justify the requirement of resources and consider such collaborations for approval. Forus Training is committed to exploring and approving only those mutually beneficial educational collaborations that promote the eight elements of 'Good Governance' as detailed in our Governance Position Statement.

The QAAGC must be consulted with in the first instance, regarding any potential educational collaborative agreement. This is important to ensure that time and resources are not spent on the development of projects / proposals that may not meet strategic approval. Collaborating organisations / individuals must be in a position to demonstrate quality and breadth of training and educational opportunities within the area of subject matter that complements Forus Training's own existing provision. Externality oversight may be applied to the proposal for collaboration to verify the collaborating organisation / individual's academic standing. Furthermore, an initial meeting with the collaborating organisation/individual will be arranged to determine alignment to Forus Training quality assurance and teaching and learning ethos and values. Due diligence via the QAAGC, including externality oversight, with direct regard to the academic, financial and legal status of potential collaborators forms a significant part of the approval of collaborative arrangements process.

Forus Training ensures that there is appropriate infrastructure to support collaborations and in doing so, mitigate the associated risks of working with other organisations. It is imperative that the proposed structures, systems, resources and staffing levels are checked for viability. Further due diligence checks covering resource and staffing needs will be undertaken, and appropriate planning for the required infrastructure will form part of the approval process. In all cases, the approved resources must be in place before the arrangement in question comes into effect. This will include the collaborator's capacity to work within the Forus Training robust quality assurance framework, guaranteeing the quality of the Learner's learning experiences.

The resource implications and the sustainability of a potential collaboration must be considered as part of its strategic fit. When a collaborative arrangement is developed, due regard must be given to contingency planning to minimise the impact on Learners in the event that a partner withdraws from the collaborative agreement.

Overall, confidence that a suitable collaborative infrastructure has been scoped out, both with Forus Training and with the proposed collaborator, is required before an arrangement can be approved. Any educational collaborative arrangement must offer parity for the Learner in terms of learning opportunities and in Learner support arrangements.
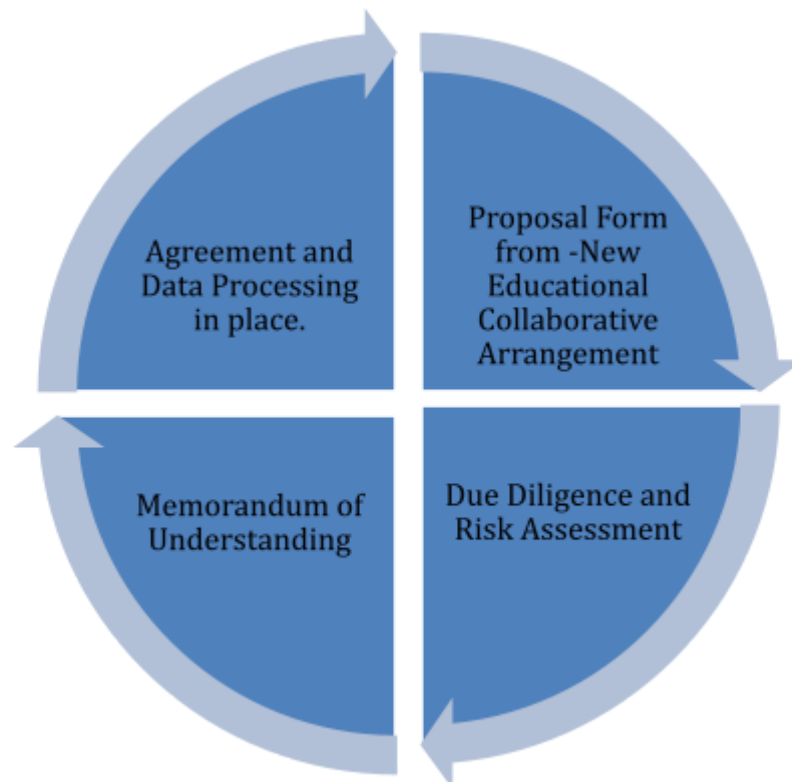
Figure 12: Quality Assurance Cycle in relation to Collaborative Agreements

Step 1 – Proposal Form: New Educational Collaborative Arrangements

- Initial proposal includes specification of Forus Training as the Lead Partner (overall responsibility for QA and Certification).
- Specification of programme(s) and awards to which they lead.
- How the Collaborative partner will be involved in learner recruitment.
- Arrangements for Supervision and Monitoring.
- Conduct of Assessment (per Forus QA).
- Operational requirements and Regulatory standards to be met.
- Initial Risk assessment.

Step 2 - Risk Assessment and Strategic Approval of Educational Collaborative Arrangements: Due Diligence Checklist

- Proposal must have agreement of QAAGC before proceeding to Due Diligence.
- Full Risk assessment as part of Due Diligence.
- Full investigation of proposed partner's standing: establishment, mission, QA, resources and facilities. Legal, financial and academic standing fully reviewed.
- Due Diligence report re-submitted to QAAGC for approval to proceed to MoU.

Step 3 - Memorandum of Understanding (Collaborative Agreement)

The written agreement will cover, as applicable, inter alia:

- The responsibilities of the collaborating organisations**,**
- Regulations and quality assurance processes**,**
- Arrangements for the admission and registration of learners**,**
- Assessment requirements**,**
- Award arrangements**,**
- Financial arrangements**,**
- Provisions for withdrawal or termination of the agreement**,**
- Including the discharging of obligations to learners in those circumstances.

Collaboration Agreements with insufficient information will be considered incomplete and will not be approved.

Step 4 Data Processing and Collaborative Arrangement Agreement

The Code of Practice is supported by relevant QA documentation including a signed data processing agreement and forms/documents relevant to the collaborative process and programme delivery. These include:

- Proposal Form: Educational Collaborative Arrangements,
- Collaborative Arrangement for Course Form,
- Learner Recruitment Registration Policy.

A list of the documentation relating to this area of our quality assurance can be found here.

- [P1 S7 Educational Collaborative Arrangements - Governance Framework](#)
- [P1 S7 Proposal Form - New Educational Collaborative Arrangement](#)
- [P1 S7 QAAGC Due Diligence Checklist Collaborative Agreements](#)
- [P1 S7 Memorandum of Understanding (Collaborative Agreement)](#)
- [P4 S1 Standard Data Processing Agreement for Collaborative Agreements](#)

The QAA Quality Code defines 'due diligence' as: "*enquiries relating to the governance, ethos, status, capacity, reputation and general suitability of a potential delivery organisation or support provider to satisfy the requirements of a degree-awarding body for an arrangement to deliver learning opportunities*".

The checklist above, is designed for use in the sorts of enquiries that should be made, and evidence gathered, concerning the suitability of potential educational partners. It will be used both for initial

due diligence in relation to prospective new arrangements, and for periodic due diligence checks when a current arrangement is near the end of its term and potential renewal is being considered.

While the proposed partner(s) will usually supply information and supporting evidence, this checklist is for internal use.

Forus Training recognise that the quality of collaborative arrangements impacts upon academic integrity and Learner achievement and to that end, Forus Training make certain that governance and oversight is applied to the framing of potential collaborations to ensure all arrangements align with quality assurance criteria and in doing so, can justify the requirement of resources and consider such collaborations for approval.

10. Other Parties Involved in Education and Training			
10.2 External partnerships and second providers			
Plan	**Do**	**Check**	**Act**
P r o c e s s	Documentation and Collaborative Framework in place. QA Officer supports the Quality Assurance and Academic Governance Council with proposal documentation.	Screen Proposals for Educational Collaborative Arrangements Carry out Due Diligence Checks. Provide training to Service Providers PEL arrangements	The Quality Assurance and Academic Governance Council gives oversight to proposals, due diligence and monitoring and review of these agreements.	Clear decision making communication and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	P1 S7 Educational Collaborative Agreement Governance Framework & Code of Practice P1 S7 Proposal Form - New Educational Collaborative Arrangement P1 S7 QAAGC Due Diligence Checklist Collaborative Agreements P1 S7 Memorandum of Understanding (Collaborative Agreement)	PDAC – oversight to training materials Standardise documentation – clear to 3rd parties – Forus Training is the Provider. Review documentation Monitoring activities on standards of training and learning, learning supports and attendance etc Monitor learner feedback and learning outcomes. Establish regular communication.	P1 S7 QAAGC Due Diligence Checklist Collaborative Agreements Review trainer reports post, carry out monitoring visits. Review data from monitoring activities Follow P6 S8 C10 Programme Monitoring & Review Procedure.	Work with Service providers to identify gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 35: 10.2 External Partnerships and Second Providers PDCA diagram.

10.3 Expert Panellist, Examiners and Authenticators

Forus Training employs a provider-owned quality assurance system which makes appropriate use of external advisors who are independent of the provider. These advisers are expertly qualified to provide relevant and impartial direction and make national and international comparisons in the context of benchmarking standards.

Forus Training liaises with other external further education and training providers and industry. Such networking is generally informal using a quantitative *feed-forward* approach whereby Forus Training share information and data across a range of variables including, but not limited to: major award associated components (how one component may follow on from another in delivery); how Learner profiles within specific fields of study vary from one year to the next, grade distribution analysis and how sectoral changes can enhance the curriculum and content of the teaching and learning process. The access to the QQI Info-graphics also provides much more qualitative data led benchmarking activity.

Forus Training aims to evolve its approach to benchmarking and is exploring a custom approach to benchmarking which would involve a collaborative network of providers, facilitated by a third party to coordinate data collection and analysis applicable to all stakeholders, see P1 S4 Academic Strategy Policy.

There are two main criteria for panel members and external examination selection;

Competence: Panellists must possess adequate levels of experience and be sufficiently knowledgeable to provide worthwhile advice and opinion on any evaluation. There are different metrics for competence such as;

- Reputation
- Expertise
- Knowledge
- Research Completed

Impartiality: It is vital that all panellists operate independently and without any outside influence from Forus or any other external sources. To avoid any conflict of interest, panellists are asked to sign a 'No Conflict of Interest' form.

Procedure for Selection of External Panel Members (QQI)

External Panel Members are chosen by the Managing Director in line with the above stated requirements in addition to the following:

- Relevant people(s) may nominate Panel Members
- Those nominees are then brought before the Quality Assurance and Academic Governance Council, where their case is judged.
- If approved, the Director of Quality and Academic Affairs relays the nominees to the QQI
- On QQI approval, the nominee is approached by Forus Training and is offered the role and advised of all information related to it.
- If QQI do not agree then the process begins again with alternate nominees.
- QQI may request an up to date CV and the signed Declaration of No Conflict of Interest from the candidate.

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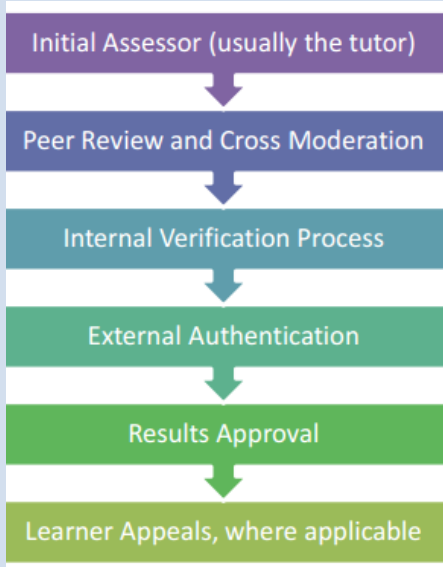
10. **Other Parties Involved in Education and Training**			
10.3 Expert Panellists, Examiners and Authenticators			
Plan	**Do**	**Check**	**Act**
P r o c e s s P1 S1 C7 Externality Policy P9 S16 External Authentication Policy	Head of Certification works with External Authenticator	Quality Assurance and Academic Governance Council gives oversight to the report generated by the External Authenticator and subsequently the Results Approval Panel	Clear decision making and follow up. P2 S3a Quality Improvement Plan in line with strategy and objectives. Feedback communicated to assessors., inc third party assessors (workplace supervisors)
S u b - P r o c e s s e s P9 S16 EA Contract Forus Training P9 S16 External Authenticator In-Service Training P9 S16 External Authentication Report Template P9 S8 Declaration regarding Conflict of Interest	Data Processing Agreement	` 	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 36: **10.3 Expert Panellists, Examiners and Authenticators PDAC diagram.**

Chapter 11: Self-Evaluation, Monitoring and Review

11.1 Provider-Owned Internal Review, Self-Evaluation and Monitoring

Click here to see the Self Evaluation activity schedule P2 S1 Performance Monitoring.

The mechanisms designed for self evaluation and review that are described throughout this Quality Manual are designed to culminate an Annual Report.   Training intends to publish its first annual report in 2022. This document will serve as a summary document to capture this valuable work from the preceding year.   The collation of this information over time will lend itself to trend analysis. Following review by the Quality Assurance and Academic Governance Council it will be published to our website. The Annual Report will serve as an important data source for Organisational Review on a 5 year cycle.

Figure 13: Annual Report Inputs and Planning

Forus Training complies with external QQI QA obligations to undertake diligent self-evaluation reviews of quality, including reviews of programmes, the learning experience and the existing quality assurance systems and procedures that support these. Our quality assurance system to facilitate this reflects both the internal review for improvement and enhancement as well as the statutory external review under the Quality and Qualifications Assurance (Education and Training) Act 2012.

The Quality Assurance Officer, a new role established in 2020, is an important resource and serves to provide a crucial support service to the Governance Committee Structure as well as the rest of the team. The role has an important part to play in QA procedure implementation and review as well as self evaluation and monitoring, stakeholder engagement and continuous improvement initiatives.

Re-engagement

Re-engagement is a once off, forward-looking process which feeds into ongoing monitoring and, ultimately, institutional review. Through the process of re-engagement many of our policies and procedures have come under review by the Quality Assurance and Academic Governance Council.

Procedures for the Ongoing Monitoring of Programmes and procedures for the periodic review of programmes and the associated procedure P6 S8 10 Programme Evaluation, Monitoring and Review Procedure are described in P6 SOP Manual Programme & Service Development Life Cycle. The Forus Training Self Evaluation and Review Policy is located here; P1 S1 C5 Self-Evaluation and Review Policy.

On-Going Internal Audits

The Quality Assurance & Academic Governance Council (QAAGC) is responsible for the on-going oversight of the review and evaluation of quality assurance policies, procedures and associated documents. See P2 S3 C4 Internal Audit Policy and Procedure for more detail. The committee meets on a bi-annual basis and audit procedures based on a defined schedule. This schedule ensures that all procedures are evaluated at least once in a twenty-four month period. The audits are carried out by reviewing documentation and consulting with relevant staff who are familiar with the policy and related procedures. A quality audit form and associated check list is maintained for each audit. The audit tools are adapted from the re-engagement gap analysis.

- P1 Internal Audit / Evaluation Form Governance Audit
- P2 Internal Audit / Evaluation Form Management / Documentation Audit Tool
- P4 Internal Audit / Evaluation Form Information Systems Audit Tool
- P5 Internal Audit / Evaluation Form Human Resources Audit Tool
- P6 Internal Audit / Evaluation Form Programme and Service Development Audit Tool
- P7 Internal Audit / Evaluation Form Course –Co-Ordination Audit Tool
- P8 Internal Audit / Evaluation Form Lead Staging Audit Tool
- P9 Internal Audit / Evaluation Form Learning Life Cycle Audit Tool
- P10 Internal Audit / Evaluation Form Knowledge Bank Audit Tool

Auditing Procedure

The audits of many of our key processes are described in many of the chapters of this Quality Assurance Manual, there is a table of these audits to be found in Appendix 4: Table of Audits.

The following is a guide for conducting an Internal Audit of conformance with quality assurance standards.

The audit phases are a) Planning, b) Performing, c) Documenting, d) Change implementation.

a) Planning for an Internal Audit

- Decide who will manage the audit. – They must have audit training and preferably not be directly involved in the process they are auditing. A flare for uncovering potential problems is required.

- Define the audit **objectives**, e. g. comply with standards or specifications, / identify improvement opportunities,

- Define the **scope** of the audit. Determine what specific activities or processes will be audited and whose work the audit will pertain to,

- Define the audit **criteria** to be considered, which are relevant processes or steps of components.

- Gather and understand data and information for the area to be audited,

- Prepare and distribute the audit plan.

b) Performing an Internal Audit

Auditing involves:

- Understanding requirements, looking for opportunities for improvement, looking for best practices, asking questions, gathering information, analysing what's seen and heard, forming opinions, reaching conclusions.

This effort requires that auditors be: prepared, fair, objective, impartial, able to exercise good judgment. Audits are not only to find what procedures need improvement, but an auditor also should recognize outstanding efforts and practices by individuals and note them in their report.

Performing the Audit Steps

- Decide who will manage the audit. – They must have audit training and preferably not be directly involved in the process they are auditing. They need to have a flare for uncovering potential problems,

- Hold an opening meeting with the person with responsibility for the area to be audited,

  o   Introduce all parties,

o   Review the audit objectives and scope, as well as putting the audited party at ease with the whole process.

- Carefully observe the process and final output. Here the auditor probes to assess the degree to which the processes are operating in conformance with the requirements of the Quality Management System,

- Ask questions. It is important to ask open-ended questions, an open-ended question is one that requires more than a yes or no answer,

- Gather objective evidence of the extent to which requirements are or are not being met. For example, if a step in the process involves countersigning a document, request to see evidence of this step being carried out on records.

- Keep great notes. Notes will minimize the struggles to remember what was observed,

- Analyse objective evidence looking for opportunities for improvement. Ask themselves questions-, Is the process operating under controlled conditions? Are the requirements outlined in the Quality Management System being met or exceeded?

- Take all aspects of the audit into account prior to reaching a conclusion. Is a failure observed to be an isolated event or is it systemic? Are there any individuals who displayed uncommon diligence, professionalism, or attitude that merits special recognition?

- Hold a closing meeting with the person in charge of the audited area, the Managing Director attends this meeting. At this meeting, the auditor shares their overall opinion on what they have observed, outlining the negative and positive observations. Explain the process for corrective action on any significant adverse findings. The auditor at this time should also try to resolve any disputes the person in charge may have with the auditor's conclusions.

c)   Documentation of audit findings

Findings should be written down in a clear, concise, and brief summary of facts. It is important to document both the positive and negative observations. Documenting positive findings can be an effective tool in reinforcing good performance. These documented facts must be truthful, objective, apply to the scope of the audit, and must be written in a way that all parties involved can understand them. The findings must simply show that they comply with the requirements of the Quality Management System or they do not.

The audit report is the official record of the audit and should contain:

- Scope and criteria of audit,

- Listed objectives of audit,

- Auditor's name, area being audited (remember not to use names save that of the auditor),

- Date and location of audit,

- Findings and positive practices,

- An overall closing statement, which could include action items for area reviewed.

d)   Change Implementation

- During the course of performing an internal audit for compliance with the Quality Management System, non-conformances are documented,

- The purpose of the internal audit is preparation for the external audit and self-regulation for conforming to the published Quality Management System. Documented non-conformances should be handled in the same manner and with the same degree of seriousness as any found during an external audit. A log of non-conformances and intended corrective action should be established, P2 S3a Quality Improvement Plan

- The Quality Assurance and Academic Governance Council (QAAGC) should be convened to hear the internal auditor's report with each non-conforming item or area being thoroughly identified and explained. It is a function of this meeting to ascertain whether or not the noted item is, in fact, in breach of Forus Training's Quality Management System. Beyond that, the committee might want to consider whether the Forus Training's Quality Management System accurately reflects good, standard practice with respect to the item in question and, if not, consider taking the appropriate steps to update the manual,

- Upon agreement that the item is non-conforming and needs correction, it is the responsibility of the Quality Assurance to update the QIP noting the person to whom responsibility has been assigned with a target date for completion. A clear outcome of the intended correction should be available,

- The QA Officer then reviews the items with respect to the agreed upon completion date. It is the responsibility of the QA Officer to verify that the service level is now within conformance. In the non-conformance log for the audit, it is then noted that the item has been satisfactorily addressed as of that date. The report and the non-conformance log is kept on file for future reference.

11. Self – Evaluation, monitoring and Review			
11.1 Provider – Owned Internal Review, Self – Evaluation, Monitoring			
Plan	**Do**	**Check**	**Act**
Process P6 S8 C10 Programme Monitoring & Review Procedure P2 S3 C4 Internal Audit Policy and Procedure	Monitoring Programme Reviews and Audits form the basis of ongoing internal self-monitoring. This monitoring is frequent in nature. Conduct of Programme Review QAAGC appoints Programme Review Sub Committee	Programme Review- Follow-up Quality Assurance and Academic Governance Council. • Minutes of Meeting • Report from • Programme Improvement Plan	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
Sub - Processes	Programme Review - Planning QA Officer to prepare Programme Review schedule in consultation with Programme Leaders. Further Education and Training Advisor confirms and reviews team, agenda items & meeting date Quality Assurance Officer to compile feedback & statistical data Check status on Self-evaluation Reports	Programme Review- Meeting FE&T Advisor chairs Programme Review Meeting Analyse reports & results: Completion rates, award levels, etc. Tutor & PL reports Self-evaluation report Feedback: Learner surveys, employer comments Document controls Minutes of Committee Meetings. Programme Improvement Plan (if required).	QA Officer records actions to be implemented / documents recommendations Review team considers further opportunities for QA enhancements.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure

Table 37: **11.1 Provider Owned Internal Review, Self-Evaluation, Monitoring PDCA diagram.**

11.2 Internal Self-Monitoring

Self -monitoring is a core part of Forus' quality assurance policy. This is vital for the identification and improvement of key areas. Monitoring and review is vital to the ongoing success at Forus Training. There are several reason for self – monitoring such as:

- To maintain that the stated aims of each programme are met,
- Identify the impact of interventions, services or development,
- Identify issues for further learning enhancement or corrective action,
- Evaluate the appropriateness of practices,
- Monitor student achievement and progression,
- To ensure that the academic needs of all Learners are met,
- To ensure that rules and guidelines are always followed,
- To ensure a culture of quality,
- To meet the changing needs of the Learners,
- To reduce risk and non-conformances,
- Improve standards.

11. **Self – Evaluation, monitoring and Review**			
11.2 Internal Self Monitoring			
	Plan	**Do**	**Check**	**Act**

	Plan	**Do**	**Check**	**Act**
P r o c e s s	P1 S1 C5 Self-Evaluation and Review Policy	Organisational Review Committee anointed by QAAGC Chairperson – Independent Further Education Advisor – Gives Externality and Oversight Trainer and Learner Representation	QAAGC and ultimately QQI provide the framework for institutional reviews. Self Evaluation having a broad and Systematic Focus	Clear decision making and follow up. P2 S3a Quality Improvement Plan QIP in line with strategy and objectives.
S u b - P r o c e s s e s	Planning List programmes for review Chairperson of QAAGC with the administrative support of the QA Officer assigns team members to plan and implement self-evaluation. Document terms of reference for self-evaluation exercise Self-evaluation Plan Self-evaluation checklist Key staff briefed on process and methodology to be used in self-evaluation.	Delivery • Scope an action plan for the specific self-evaluation exercise • Collate and analyse data for the review • Key staff briefed on process and methodology to be used in self-evaluation • Appoint an External Evaluator ('EE') Finalise conclusions and make recommendations arising from the self-evaluation.	Discuss and document findings of review. Make updates to QA Manual, policies & procedures, plus update training plans, as required. Implement Programme Improvement Plan and brief Training Manager on review outcomes Report to QAAGC on self-evaluation review outcomes Finalise conclusions and make recommendations arising from the self-evaluation.	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken. Actions taken on findings, SMART goals set, identifying those responsible and associated time frames. Issue of WIN notices in line with policy P5 S10 Workable Improvement Procedure Submit reviews copies of self-evaluation report and Programme Improvement Plan to QQI.

Table 38: **11.2 Internal Self Monitoring PDCA diagram.**

11.3 Self-Evaluation, Improvement and Enhancement

At the end of every calendar year the Quality Assurance Officer schedules all related quality assurance and self-evaluation activities for the forthcoming year. This includes where intended by the policy Self-Evaluation and programme reviews. The QA officer is the custodian of evidence of the Quality Assurance System implementation through an annual schedule and records of meetings, reports and actions detailed in P1 Meeting Calendar.

Evaluating the Effectiveness of the Quality Assurance System

The effectiveness of the Quality Assurance System is evaluated using a range of strategies. To ensure sound compliance with QQI Quality Assurance systems, the main strategies used are;

1) On-going internal quality audits,

2) Programmatic / course reviews,

3) Organisational self-evaluation.

On-going monitoring and evaluation of specific aspects of the QA system are detailed within the relevant sections of this manual.

Step 4: **Development of Self Evaluation Report**

QQI (2010) Provider Monitoring Policy and Procedure, Pg. 14 The Self-Evaluation Report (SER) is compiled by the programmatic review team. The report is designed to provide the expert panel with an overview of developments over the five year period under review and to provide relevant information as specified by QQI. The final Self Evaluation Report (SER) is presented to the Quality Assurance and Academic Governance Council for endorsement prior to submission to QQI for review consideration by the expert panel.

Step 2: **Site Visit**

The expert panel normally visits the provider to review necessary documentation and meets with relevant representatives. A detailed agenda for the visit is agreed between Forus Training and QQI in advance. This agenda allows for meetings with Programme Leader(s) and Trainers, support staff, Learners, graduates and employers. The agenda allows for private discussions of the panel and for review of further documentation and evidence not included in the SER. The Chairperson of the expert panel normally provides verbal feedback at the end of the visit, indicating overall conclusions, whether the panel will be recommending the programme(s) for further validation, and conditions and recommendations associated with the same.

Step 3: **Panel Report**

The formal report of the expert panel is compiled by the Chairperson of the group and is based on their combined review and evaluation of the SER and the panel visit. It will make a recommendation in respect of the continuing validation of the programme, including the duration of the revalidation recommended (not exceeding 5 years). The report includes proposed programme schedules and any conditions and recommendations associated with the continuing validation of the programme. Forus Training receives a copy of the panel report and as per guidelines and procedures set out in Provider Monitoring Policy & Procedures (QQI, 2010) afforded the opportunity to check the factual accuracy of the same before being finalised by the Chairperson of the expert panel.

Stage 3: Decision by Forus Training

Following receipt of the report of the expert panel, Forus Training's Quality Assurance and Academic Governance Council (QAAGC) reviews the findings and makes a decision on whether or not to consider revalidation from QQI. A formal response to the QQI report and supporting implementation plan is prepared by Forus Training. This plan addresses the findings and recommendations in both the SER and in the report of the expert panel.

11. Self – Evaluation, Monitoring and Review				
11.3 Self – Evaluation, Improvement and Enhancement				
	Plan	**Do**	**Check**	**Act**
P r o c e s s	P1 S1 C5 Self-Evaluation and Review Policy QAAGC appoints the Organisational Review Committee Appointment of Independent Further Education Advisor as chair	Organisational Review Committee carries out Self-Evaluation activity, co-coordinating actions such as workshops and surveys in line with policy.	QAAGC gives oversight to the outputs, and monitors the actions within the quality improvement plan.	Clear decision making and follow up. P2 S3a Quality Improvement Plan Quality improvement plan in line with strategy and objectives.
S u b - P r o c e s s e s	ORC Committee formation – Scope determined and agreed Define data collection methodologies – quantitative and qualitative The emphasis is on 6 critical indicators i.e. The impact on Learners and other stakeholders. Define reporting mechanisms.	Collation of Evidence Reflection on outputs and analysis of findings: Creation of a self-evaluation report (SER), including findings and recommendations for improvement, and an improvement or action plan detailing how and when individual staff will address the recommendations.	Did implemented actions have their intended effect? Quality Assurance Officer monitors / records actions against the QIP Do actions address identified risks arising,	Failure to address shortcomings identified are allocated additional resources and planning by QAAGC. Follow up on those responsible and associated time frames. Traffic Light System to monitor progress over time.

Table 39: **11.3 Self-Evaluation, Improvement and Enhancement.**

11.4 Provider-Owned Quality Assurance Engages With External Quality Assurance.

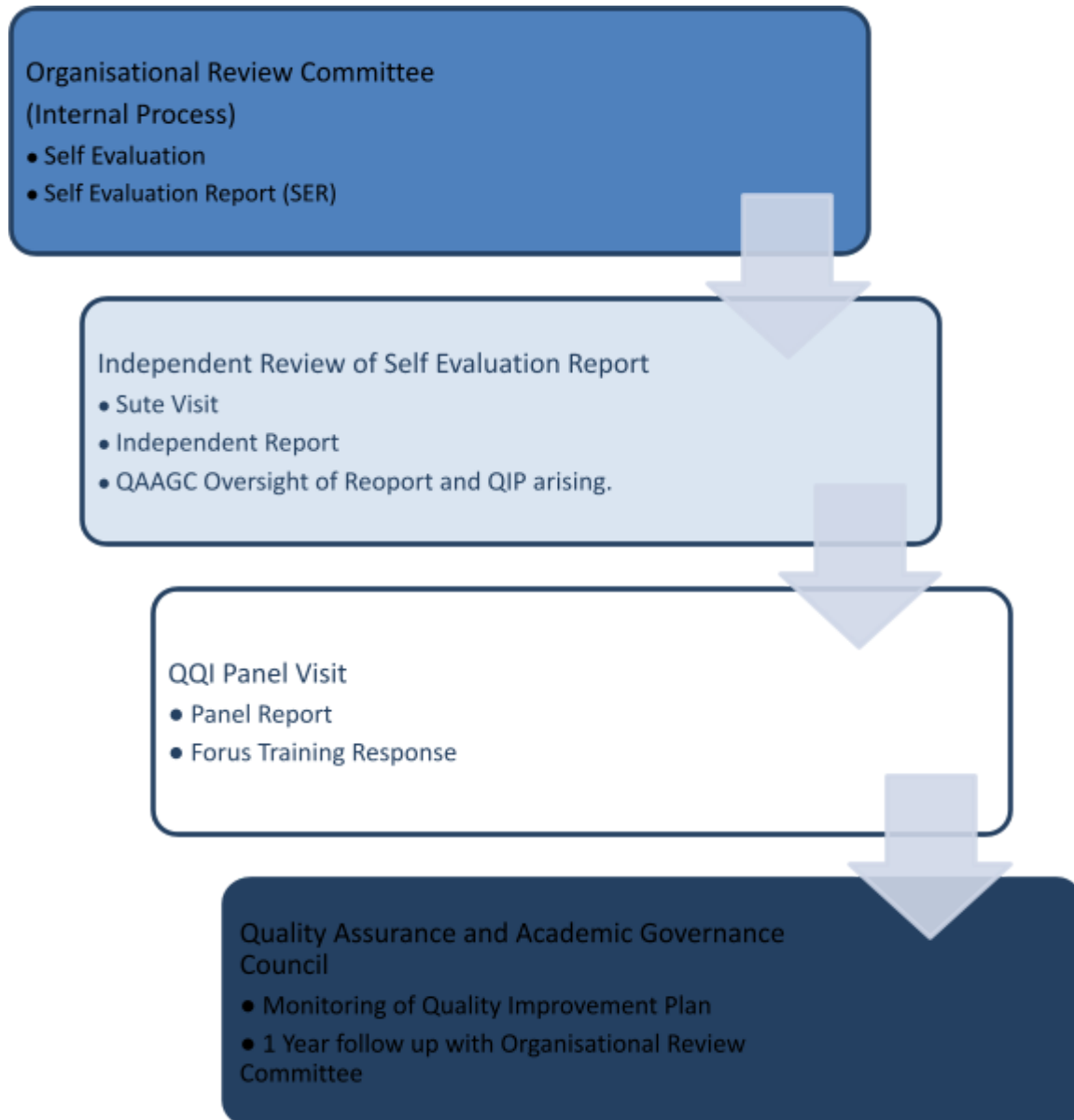See our policy on Externality P1 S1 C7 Externality Policy,

Figure 14: Summary of P1 S1 C5 Self-Evaluation and Review Policy and Procedure

External Quality Review – A Legal Obligation

It is through the mechanism illustrated in the diagram and the policy that it summarises P1 S1 C5 Self-Evaluation and Review Policy that Forus Training engages with external quality assurance. In this way Forus Training meets it's external QA obligations, including meeting it's statutory requirement of external review of it's QA under the Qualifications and Quality Assurance (Education and Training) Act, 2012.

11. Self – Evaluation, Monitoring and Review				
11.4 Provider – Owned quality assurance engages with external quality assurance				
	Plan	**Do**	**Check**	**Act**
Process	P1 S1 C5 Self-Evaluation and Review Policy	Organisational Review Committee Internal Process of Self Evaluation	QAAGC Oversight QQI Panel Visit Panel Report	QAAGC oversight P2 S3a Quality Improvement Plan in line with strategy and objectives.
Sub-Processes	P1 S1 C7 Externality Policy and Procedure	Organisational Review Committee drafts an Self Evaluation Report (SER) Independent Review of Self Evaluation Report, entails "Mock" visit and feedback to management team, Self Evaluation Self Evaluation Report	Forus Training Response Quality Assurance and Academic Governance Council Monitoring of Quality Improvement Plan 1 Year follow up with Organisational Review Committee	Identified gaps in intended outcomes addressed through resource allocation and planning. Address associated risks arising, mitigation steps taken Actions taken on findings, SMART goals set, identifying those responsible and associated time frames.

Table 40: **11.4 Provider - Owned Quality Assurance Engages with External Quality Assurance PDCA diagram.**

Appendix 1 – Acronyms used

Acronym	Full term
APEL	Accreditation of Prior Experiential Learning
API	Application Programme Interface
CGC	Commercial Governance Committee
CPD	Continuing Professional Development
DMS	Document Management System
DP	Data Protection
EA	External Authenticator
EOP	End of Programme
EQF	European Qualifications Framework
FE&TA	Further Education and Training Advisor
FoI	Freedom of Information
GA	Gap Analysis
GDPR	General Data Protection Regulation
ISO	International Organisation for Standardization
KPI	Key Performance Indicator
LMS	Learning Management System
MIS	Management Information System(s)
NFQ	National Framework of Qualifications
PAEC	Programmes and Awards Executive Committee
PEL	Protection for Enrolled Learners
QA	Quality Assurance
QAAGC	Quality Assurance & Academic Governance Council
QBS	QQI's Business System (online service)
QIP	Quality Improvement Plan
QMS	Quality Management System
QQI	Quality & Qualifications Ireland
RAP	Results Approval Panel
RPL	Recognition of Prior Learning
SCORM	Sharable Content Object Reference Model

SER	Self-Evaluation-Report
SME	Subject Matter Expert
SOP	Standard Operating Procedure
ToR	Terms of Reference
VLE	Virtual Learning Environment
WIN	Workable Improvement Notice
WTE	Whole Time Equivalent
MoU	Memorandum of Understanding
PER	Programme Evaluation Report

Appendix 2 – Documents within Quality Management System

Document Type	Document Name
Policy and Procedure	[P1 S1 C5 Self-Evaluation and Review Policy and Procedure](#)
Policy and Procedure	[P1 S1 C7 Externality Policy and Procedure](#)
Policy	[P1 S4 Academic Strategy Policy](#)
Policy	[P1 S8 Risk Management Policy](#)
Audit Tool	[P1 SOP Governance Audit Tool](#)
Code	[P1 S7 V3 Collab Agreement Governance Framework & Code of Practice](#)
Plan	[P1 S8 COVID-19 Contingency Plan](#)
Register	[P1 S9 Risk Register](#)
Minute Template	[P1 Meeting Calendar](#)
Minute Template	[P1 S4 C1 Meeting Minutes for Quality Assurance & Academic Governance Council (QAAGC)](#)
Minute Template	[P1 S4 C2a Meeting Minutes for Ad-hoc Disciplinary Sub Committee](#)
Minute Template	[P1 S4 Meeting Minutes for Programme Development and Review Committee](#)
Minute Template	[P1 S4.1 Programme Development and Review Committee Agenda Template](#)
Minute Template	[P1 S5 C2b Meeting Minutes for Academic Appeals Sub-Committee](#)
Minute Template	[P1 S5 Meeting Minutes for Programme Delivery & Assessment Committee (PDAC)](#)
Agenda Template	[P1 S4 C2a Meeting Agenda for Ad-hoc Disciplinary Sub Committee](#)
Agenda Template	[P1 S4 C2b Meeting Agenda for Ad-hoc Academic Appeal Sub-Committee](#)
Agenda Template	[P1 S4 C4 Meeting Agenda for Ad-hoc Programme Development and Review Sub-Committee](#)

Agenda Template	P1 S4 C1 Meeting Agenda for Quality Assurance & Academic Governance Council (QAAGC)
Agenda Template	P1 S5 C2b Meeting Agenda for Complaints Sub-Committee
Agenda Template	P1 S5 Meeting Agenda for Programme Delivery & Assessment Committee (PDAC)
Agenda Template	P1 S6 Meeting Agenda for Commercial Governance Committee
Policy Template	P1 S3 C7 Policy - Template
Checklist	P1 S7 QAAGC Due Diligence Checklist Collaborative Agreement
Checklist	P1 S7 QAAGC Due Diligence Checklist Collaborative Agreement Monitor & Review
Contract Template	P1 S7 Memorandum of Understanding (Collaborative Agreement)
Form	P1 Internal Audit / Evaluation Form
Form	P1 S7 Proposal Form - New Educational Collaborative Arrangement
External Document	P1 S1 Application Form for Re-engagement
Policy	P2 S10 Communications Policy
Policy	P2 S2 C1 Equality Policy
Policy	P2 S2 C2 Dignity & Respect Policy
Policy	P2 S3 C1 Quality Policy
Policy	P2 S3 C5 Preventative Action and Continual Improvement Policy
Policy	P2 S3 C6 Non-Conforming Service Policy
Procedure	P2 S1 C3 Development and Control of QA Documentation - Procedure and Guidance
Policy and Procedure	P2 S3 C4 Internal Audit Policy and Procedure
Policy and Procedure	P2 S3 C7 Corrective Action Policy and Procedure
Policy and Procedure	P2 S4 C2 Control of Records Policy and Procedure
Standard Operating Procedure	P2 S1 Performance Monitoring
Code	P2 S2 C3 Learner Code of Conduct
Plan	P2 S3a Quality Improvement Plan
Report Template	P2 S3 C6 Non-Conformance Report

Audit Tool	P2 Internal Audit / Evaluation Form
Form	P2 S11 Accident or Incident Report Forms
Audit Tool	P3 Internal Audit / Evaluation Form
Policy	P4 Information Systems Policy
Policy	P4 Privacy Policy
Policy	P4 S1.1 GDPR Policy
Policy	P4 S1.3 Information & Communication Technology (ICT) Acceptable Usage Policy and Procedures
Register	P4 S3 Field Justification
Audit Tool	P4 Internal Audit / Evaluation Form
Contract Template	P5 - Employment Contract
Policy	P5 Human Resources Policy
Policy	P5 S1 Staff Recruitment, Induction and Development Policy
Policy	P1 S1 C7 Externality Policy
Policy	P5 S9 Staff Learning and Development Policy
Procedure	P5 S10 Workable Improvement Procedure
Guidance	P5 S4 C2 Job Descriptions - Roles and Responsibilities
Handbook	P5 S6 C1 Trainer Handbook
Code	P5 S10 C1 Trainer Code of Conduct
Handbook	P5 S8 Employee Handbook
Communication Template	P5 S3 C2 Rejection at Screening Stage
Communication Template	P5 S3 C3 Interview Scheduling Email
Communication Template	P5 S3 C5 Communication to Candidates Post Interview
Report Template	P5 S19 Staff / Trainer CPD Activity Report
Register	P5 S19 C1 CPD Register
Checklist	P5 S20 Induction Checklist
Audit Tool	P5 Internal Audit / Evaluation Form
Form	P5 S1 Manpower Requisition Form
Form	P5 S10 Workable Improvement Notice (WIN) Trainer / Staff Form
Form	P5 S11 Exit Interview Form

Form	P5 S3 C6 Reference Check and Due Diligence
Policy	P6 S1 Programme and Service Development Policy
Procedure	P6 S5 Development of Assessment Instruments Procedure
Procedure	P6 S7 Designing Learning Experiences and Materials Procedure
Procedure	P6 S8 C10 Monitoring and Review Procedure
Policy and Procedure	P6 S8 10 Programme Evaluation Monitoring and Review Procedure
Guidance	October 2020 P6 Blended Learning Development Guidance
Audit Tool	P6 Internal Audit / Evaluation Form
Programme Development Tool	P6 S1 Programme Development - Tool 1 - Scoper
Programme Development Tool	P6 S1 Programme Development - Tool 2 - Programme Framer
Programme Development Tool	P6 S1 Programme Development - Tool 3 - Delivery Framer
Programme Development Tool	P6 S1 Programme Development - Tool 4 - Programme Structure Deviser
Programme Development Tool	P6 S2 Programme Development - Tool 10 - Outcome and Content Mapper
Programme Development Tool	P6 S2 Programme Development - Tool 11 - Assessment and Outcomes Mapper
Programme Development Tool	P6 S2 Programme Development - Tool 5 - Assessment Scheduler
Programme Development Tool	P6 S2 Programme Development - Tool 6 - Learner Support Identifier
Programme Development Tool	P6 S2 Programme Development - Tool 7 - Programme Module Objective Developer
Programme Development Tool	P6 S2 Programme Development - Tool 8 - Programme Module Content Developer
Programme Development Tool	P6 S2 Programme Development - Tool 9 - Learning Strand and Delivery Strategy Mapper

External Document	Applications CAS Minor Programme Descriptor Template
Policy	P7 Course Coordination Policy
Programme Development Tool	P7 S15 Trainer Onboarding Script / Companion Notes
Programme Development Tool	P7 S15 Trainer / Subject Matter Expert Induction Script / Companion Notes
Policy	P7 S20 Learning Environment Policy
Minute Template	P7 Programme Planning Meeting Form
Sample Checklist	P7 Packing List - Training Kit
Checklist	P7 S20 Health and Safety Checklist for Training Venues
Audit Tool	P7 Internal Audit / Evaluation Form
Policy	P8 Information to Learners Policy
Policy	P8/9 S2 Learner Recruitment and Registration Policy
Audit Tool	P8 Internal Audit / Evaluation Form
Policy	P9 S2 C1 Recognition of Prior Learning Policy and Exemptions Policy
Form	P9 S2 Recognition of Prior Learning Application Form 2022
Form	P9 S2 Recognition of Prior Learning Application Form - Interview 2022
Policy	P9 S2 Learner Recruitment and Registration Policy
Policy	P9 S6 C6 Learner Welfare Policy
Policy	P9 S6 Co-Training - Blended Learning Policy
Policy	P9 S7 C6 Compassionate Consideration Policy
Policy	P9 S7 Learner Attendance Policy
Policy	P9 S8 C1 Academic Integrity Policy and Procedure
Guide	P9 S8 C2 How to Detect Plagiarism
Handbook	P9 S9 Quality Assuring Assessment Handbook
Policy	P9 S9 C1 Fair and Consistent Assessment of Learners Policy
Policy	P9 S9 C13 Forus Training Garda Vetting Policy
Policy	P9 S9 C4 Late Submission of Coursework Policy
Policy	P9 S9 C8 Examinations Policy
Policy	P9 S6 C8 Learner Representation Policy

Policy and Procedure	P9 S13 Complaints Policy & Procedure
Policy and Procedure	P9 S18 Recheck Review and Appeals Policy and Procedure
Policy and Procedure	P9 S9 C11 Security of Assessment Policy and Procedure
Form	P9 S11 C2 Receipt of Learner Evidence
Policy	P9 S16 External Authentication Policy
Code	P2 S2 C3 Learner Code of Conduct
Policy	P9 S8 C1 Malpractice and Plagiarism Policy
Guidance	P9 S9 C12 Supervisor's Guidance Letter / E-mail
Form	P9 S9 C12 Trainer Work Experience Site Visit Form
Flow Chart / Diagram	P9 S13 C1 Complaint Procedure Flow-Chart
Flow Chart / Diagram	P9 S9 C4 Process for Dealing with Applications for Extenuating Circumstances
Handbook	P9 S5 C2 Learner Handbook
Handbook	P9 S6 Academic Writing and Referencing Handbook
Training / Induction Resource	P9 S6 Learner Induction Presentation
Training / Induction Resource	P9 S16 External Authentication In-Service Training
Communication Template	P9 S1 Exemption Application Template
Communication Template	P9 S11 Learner Evidence on its way to you for this event for assessment
Communication Template	P9 S11 Notification of Overdue Assessment Material
Minute Template	P9 S17 Results Approval Panel Meeting Minutes
Report Template	P9 S12 C3 End of Programme Report
Report Template	P9 S15 Internal Verification Report
Report Template	P9 S16 External Authentication Report Template
Audit Tool	P9 Internal Audit / Evaluation Form
Contract Template	P9 S16 External Authentication Policy
Form	P9 S1 Exemption Application Form
Form	P9 S13 C1A Complaint Form Event Level
Form	P9 S13 C1B Complaint Form Forus Training Level
Form	P9 S2 C6 Evidence of Disability Form

Form	P9 S2 C6A Application Form for Reasonable Accommodation
Form	P9 S2 Learner Requirements Form
Form	P9 S6 Learner Sign-off following Induction Form
Form	P9 S6 Workable Improvement Notice (WIN) Learner Form
Form	P9 S9 C11 Learner Declaration and Authorship Statement
Form	P9 S9 C13 Learner Feedback Form
Form	P9 S9 C4 Application Form to defer assessment due to Extenuating Circumstances
Form	P9 S9 C4 Learner Application for Late Submission of Assessment
Form	P9 S9 C4 Learner Application Form for Extension
Form	P9 S9 Reaction Form
Form	S9 P15 Learner Evidence Handling Form
Form	P9 S9 C12 Work Experience Arrangements Form
Form	P9 S9 C12 Trainer Work Experience Site Visit Form
Form	P9 S9 C12 Work Experience Attendance Log
Report	P9 S12 C3 End of Programme Report Feedback from Learners regarding Trainers Course material and standard of delivery Overall rating of the course
Report	P9 S10 Course material and standard of delivery
Report	P9 S10 Overall rating of the course
Report	P9 S16 EA Report
Report	P9 S21 - IV KPI Report Dec 2019
Report	P9 S21 - IV KPI Report June 2020
Report	P9 S21 - IV KPI Report Feb 2020
Report	P9 S21 - IV KPI Report December to June Combined
Report	P9 S21- IV KPI Report April 2020
External Document	QQI (2013) Quality Assurance Guidelines and criteria for provider access to initial validation of programmes leading to a QQI Awards Higher Education and Training
External Document	QQI (2013) Revised General Programme Validation Manual

External Document	QQI (2014) Policy on Monitoring
External Document	QQI (2016) Policies and criteria for the validation of programmes of education and training
External Document	QQI (2016) Quality Assurance Guidelines
External Document	QQI Policies and criteria for the validation of programmes of education and training Revised 2013
Procedure	P9 S18 Recheck Review and Appeals Procedure
Form	Results Approval Panel Confidentiality Agreement
Code	P5 S10 C1 Trainer Code of Conduct
Form	P9 S2 Student Application Booking Form
External Document	Template for Self-Evaluation against QQI Validation Criteria
External Document	The Sector Specific Guidelines for Independent and Private Providers
Form	Unsolicited Comment Card
External Document	Validation applications; CAS Minor Programme Descriptor Template

Appendix 3: Table of Tables

Appendix 3: Table of Figures

Appendix 4: Table of Audits

Appendix 5: Cleanpass and Forus Training

On the basis of its memorandum and articles of association, Cleanpass Ltd. is a not-for-profit organisation and has worked since 2010 to reduce the rates of healthcare associated infection in Irish Healthcare settings through the education and training of clinical and non-clinical staff. The work of Cleanpass Limited was used in the establishment of the programme "Public Area Cleaning 3N0574" under the common awards system. Forus Training's application to QQI, at the time FETAC named the programme Cleanpass. Forus Training has been advertising the programme Cleanpass in line with the QQI validated programme name.

Cleanpass Limited has devised standards relating to a syllabus that is sectorally appropriate to health and social care provision. Further to this, Cleanpass have developed comprehensive teaching and learning resources and a training system that is licenced along with the Cleanpass name to Forus Training for its use. This material has been further expanded to include the approved QQI Level 3 "Public Area Cleaning Skills" Award (3N0574) for use in the Cleanpass programme as referenced above. Cleanpass is used as a reference term on the QBS certification system for learner groups.

The relationship between Forus Training and Cleanpass;

- Lisa O'Connell is the Managing Director of both companies,
- Both Cleanpass and Forus Training operate from separate offices within the same building.
- Cleanpass is a registered trading name of Forus Training licenses the name "Cleanpass" and the teaching and learning resources to Forus Training.

How and when learners enrolled on Cleanpass programmes, advertised as leading to QQI awards, have been submitted for certification;

The Cleanpass programme is licenced for use by Forus Training and validated by QQI as a Forus Training Programme.

The Cleanpass programme is delivered by Forus Training Trainers employed by Forus Training.