

The Rehab Group Self-Evaluation & Review of Programmes (L&E)

Applies Jurisdiction: Ireland ONLY

Division: Learning & Employability

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Date: Dec 2018

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Title: Director of Quality & Governance
Date: Jan 2019

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POLICY STATEMENT

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It is the policy of the Rehab Group to implement a system of self-evaluation and review of programmes in line with quality assurance requirements to include:

- An Annual Self-Evaluation of Programmes
- Annual Programme Review
- An Annual Quality Assurance Review (QAR)

Quality and its assurance is the primary responsibility of all staff within the Rehab Group as a provider of programmes of education and training.

Self-Evaluation

Self-evaluation is a fundamental part of our quality assurance system. Self-evaluation is a structured and systematic process to explore, reflect and report on the effectiveness of a programme. The aim of self-evaluation is to identify good practice/new innovations and areas for improvement to inform future practice.

The annual self-evaluation of programmes provides an opportunity to:

- inform the annual planning for the programme
- provide re-assurance the programme meets funding and awarding body requirements
- ensure the programme remains appropriate and relevant to the needs of the labour market as well as the education environment
- identify resources, supports and staff training needs
- share good practice and innovations
- give feedback on the programme – e.g. what works well, what needs to change
- make recommendations to improve the quality of the programme

Programme Review

Programme review is a fundamental part of our annual planning process. All non ETB funded programmes must be reviewed on an annual basis. All ETB programmes must be reviewed in line with ETB requirements.

Programme evaluation and review provides an opportunity to assess the continued relevance of programmes to the needs of learners,

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stakeholders, the labour market and the educational environment in which the learner will progress.

Quality Assurance Review (QAR)

The quality assurance review is a fundamental part of our quality assurance systems. The aim of the QAR is to ensure compliance with:

- organisational requirements
- funding and awarding body requirements

2.0 PURPOSE

The purpose of this policy is to outline the steps to Self-Evaluation, Programme Review and Quality Assurance Review (QAR).

3.0 SCOPE

This policy applies to all Rehab Group programmes of education and training (Ireland).

4.0 DEFINITIONS

Self-evaluation – a collaborative, inclusive, and reflective process of review. An evidence-based approach, it involves gathering information from a range of sources, and then making judgements.

Review – a formal assessment with the intention of making changes where necessary.

Quality Assurance – the maintenance of a desired level of quality, especially by means of attention to every stage of the process of delivery.

Compliance - the action or fact of complying with a requirement.

5.0 GENERAL PROVISIONS / PROCEDURE

Stage 1. Annual Self-Evaluation of Programmes

- The Quality Improvement Officer (QIO) will issue the programme Self-Evaluation Questionnaire (SEQ) to the Area/Centre Manager.
- The Area/Centre Manager will issue the SEQ to the instructor(s) for the programme.
- One SEQ will be completed per programme.

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- The programme instructor(s) for each programme will complete the SEQ in consultation with other instructors involved in the delivery and assessment of the programme.
- The SEQ automatically generates
 - A Programme Action Plan (Action plan is a live document)
 - Innovative/Good Practice Record
 - Programme Results
- All of the above should be discussed at local level with centre manager and/or Programme Development Officer (PDO)
- An overall centre action plan, based on all programme SEQs, and innovative/good practice record is developed by the Area/Centre Manager.
- Any actions that cannot be resolved at local level will be escalated to regional level.
- Any actions that cannot be resolved at regional level will be escalated to national level.
- The results of the SEQ will inform future planning.
- Centre Action Plan and Centre Innovative/Good Practice Record must be emailed to Quality Improvement Officer

The SEQ will be completed allowing adequate time to inform future planning.

Stage 2. Annual Programme Review

Non - ETB funded programmes on an annual basis

ETB funded programmes as specified by the local ETB.

Step 1 - Programme Review

- Centre manager is responsible for implementing Programme Review with the support of the Programme Development Officer (PDO)
- The programme review will take into consideration the views of learners, stakeholders, staff and employers. The review process will include:
 - Completing a Learner, Stakeholder, Staff, Employer Feedback Questionnaire
 - Previous Surveys
 - File Check including Training and Confidential files
 - Guide: Check 25% of records. If any anomalies arise an additional 25% is checked.

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- Learner and Staff Forums (as appropriate)
 - Learner and Staff forums should be facilitated by a person or persons who is independent of the programme such as a Rehabilitation Psychologist (RP) / Rehabilitation Officer (RO)/ Programme Development Officer (PDO) or other staff member.

Step 2 – Programme Review Report

- A Programme Review Report must be completed on an annual basis by the Programme Development Officer. The report will take into consideration the following:
 - Results/actions from the programme SEQ (SEQ AFI Tab)
 - Results/actions from the programme review (See Step 1)
 - Results/actions from previous reviews/internal audits (Action Plans/ Recommendations)
 - Demand for the programme
 - Outcomes (where appropriate)
 - Certification (where appropriate)
 - Aims and objectives of the programme (Programme LTS)
 - Resources Programme Questionnaire
- Facilities
- Quality Improvement Officer will provide relevant templates
- Programme Review report will lead to a review of the Training Specification
- All staff members involved in the programme must be consulted throughout this process

All programmes must be reviewed in line with funding body and awarding body requirements to ensure continued relevance, quality and value.

All programmes must be approved internally through the Quality & Governance Directorate and externally by the funding and awarding body.

3. Quality Assurance Review (QAR)

A QAR will take place at least once a year. The Quality Improvement Officer will lead the process. A team of reviewers will be appointed to

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support this process. Reviewers will be selected from a panel based on geographical location and expertise. Centres will receive a four week notice period that an QAR will be carried out. QIO will issue centre checklist to centre manager. The QAR will include a desktop review and a 1 day centre visit.

The QAR process will allow for different types of quality assurance reviews to take place as follows;

- A full or themed QA review
- A request to carry out a QA Review e.g. manager/ISM/ROO request
- An unannounced QA Review – (in exceptional circumstances)

The aim of the QAR is to provide re-assurance that the centre is:

- Completing the Self-evaluation process
- Completing programme reviews
- Addressing areas for improvement
- Highlighting, maintaining and sharing good practice/innovations
- Compliant with Quality Assurance requirements
- Compliant with the training standard requirements (if appropriate)
- Adhering to the organisations policies, procedures and guidelines

The QAR will also:

- Inform existing policies, procedures and guidelines
- Identify new policy areas
- Provide a National Quality Assurance Report

The team of reviewers will take into consideration any internal/external audits performed in order to avoid duplication of work, drive efficiencies and add value to the process. The team will take a collaborative approach at all times when carrying out the above processes.

6 .0 ROLES & RESPONSILBITIES

The Quality Improvement Officer will:

- Issue the Self-Evaluation Questionnaire (SEQ) to the Centre Manager.

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- Notify centre manager of Quality Assurance Review
- Issue Centre Checklist to centre manager
- Appoint reviewers to complete QAR
- Oversee the QAR process
- Return completed QAR report and action plan to centre managers
- Collate a National Quality Assurance Report

The Centre Manager will:

- Ensure all aspects of this process are implemented
- Issue SEQ to programme instructor(s)
- Develop a centre Action Plan
- Develop Centre Innovative/Good Practice record
- Discuss SEQ with programme staff
- Complete Centre Checklist
- Return centre action plan and innovative/good practice record to QIO

The Programme Instructor(s) will:

- Complete SEQ in consultation with all staff who contribute to the programme
- Review automated Programme Action Plan
- Discuss SEQ with centre manager and/or Programme Development Officer

The Programme Development Officer will:

- Support all aspects of this process
- Discuss SEQ with manager and programme instructor(s) to include Action plans/innovations/good practices and results
- Support centre manager to implement the Programme Review cycle
- Complete Programme File Check
- Provide support during a Quality Assurance Review

The Integrated Services Manager will:

- Ensure all aspects of this process are implemented
- Include centre action plans in regional and national team meetings

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7.0 EVALUATION & AUDIT

This policy on self-evaluation and review of programmes will be evaluated and audited through the Rehab Groups audit and review processes. This policy will be reviewed every 3 years.

8.0 REFERENCES

QQI Core Statutory Quality Assurance (QA) Guidelines	ETB Standard Operating Guidelines
QQI Sector Specific Guidelines	ETB Contracts
City & Guilds Practical Guide to Quality Assurance	HSE Service Agreements
	New Directions Interim Standards

8.1 Related PPPGs

Programme Development & Approval Policy	Conformance to Local Training Specification Policy
Programme Outcomes Policy	Quality Policy
Assessment of Awards Policy	Feasibility Study

9.0 APPENDICES

Appendix 1 – List of Authors

Appendix 2 – Read & Understood

Appendix 3 – Self Evaluation, Monitoring & Review Process

Appendix 4 – SEQ Process Map

Appendix 5 – Programme Review Process Map

Appendix 6 – Quality Assurance Review Process Map

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Appendix 1 – List of Authors

Authors List for New/ Reviewed Policy Area

The following names individual authors/ reviewers to this policy area.

Division/Other	Name(s)
RehabCare	Siobhan Barry Arleen Sweeney
Quality & Governance	Cormac Woods Mary Hughes/Suzanne Allen Helen Keogan Jeanette Haughey Staff Operations South Programme Development Officers Ger Columb

*Note that it is not obligatory for each division to be involved in a new policy/ review if the policy is not relevant; this should be decided by each division on a case-by-case basis.

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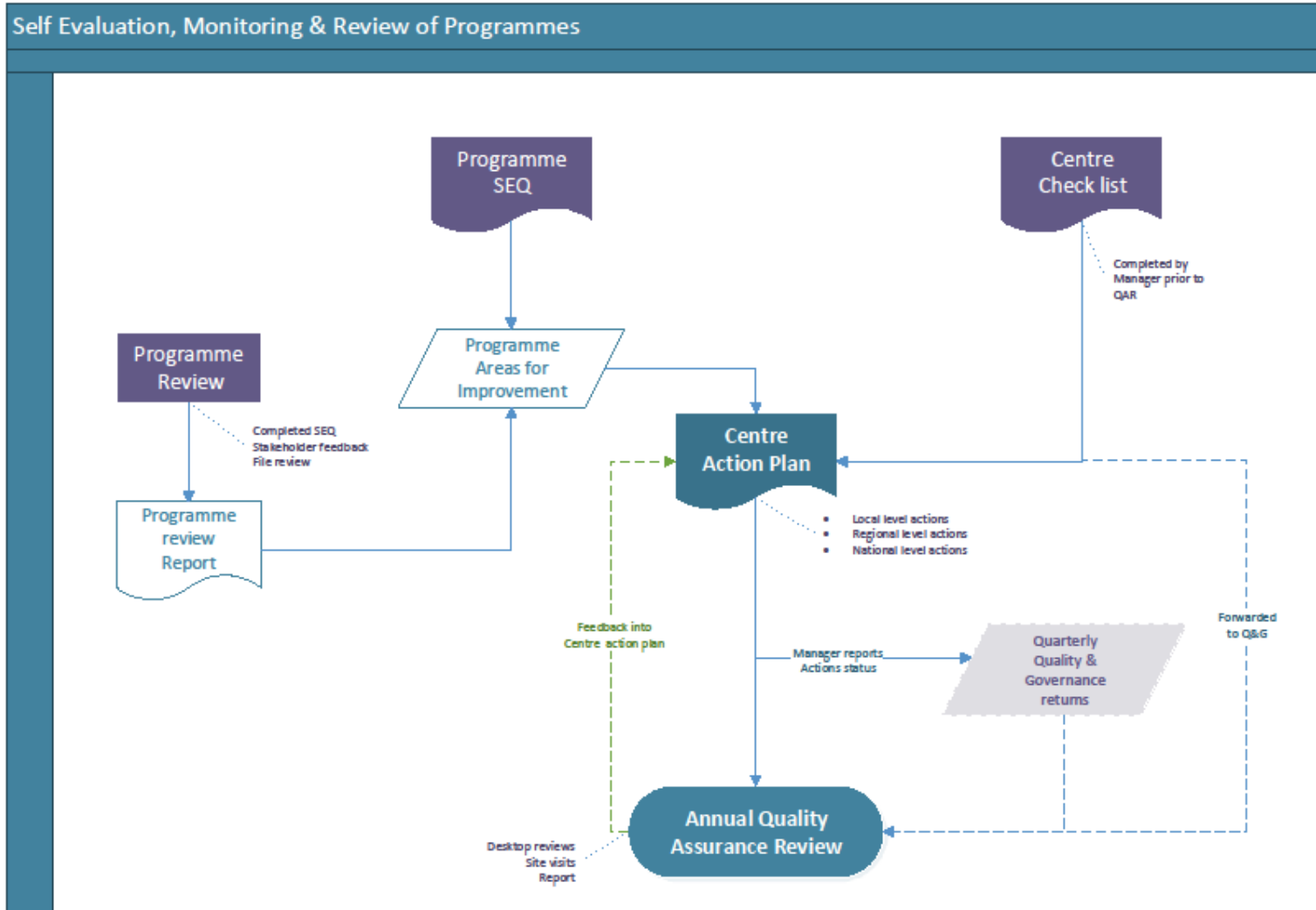
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Appendix 2 – Read & Understood

I have read, understand and agree to adhere to the attached Self Evaluation and Review of Programmes Policy, Procedure, Protocol/ SOP or Guideline:

Print Name	Signature	Date

Appendix 3 – Self Evaluation, Monitoring & Review of Programmes Process



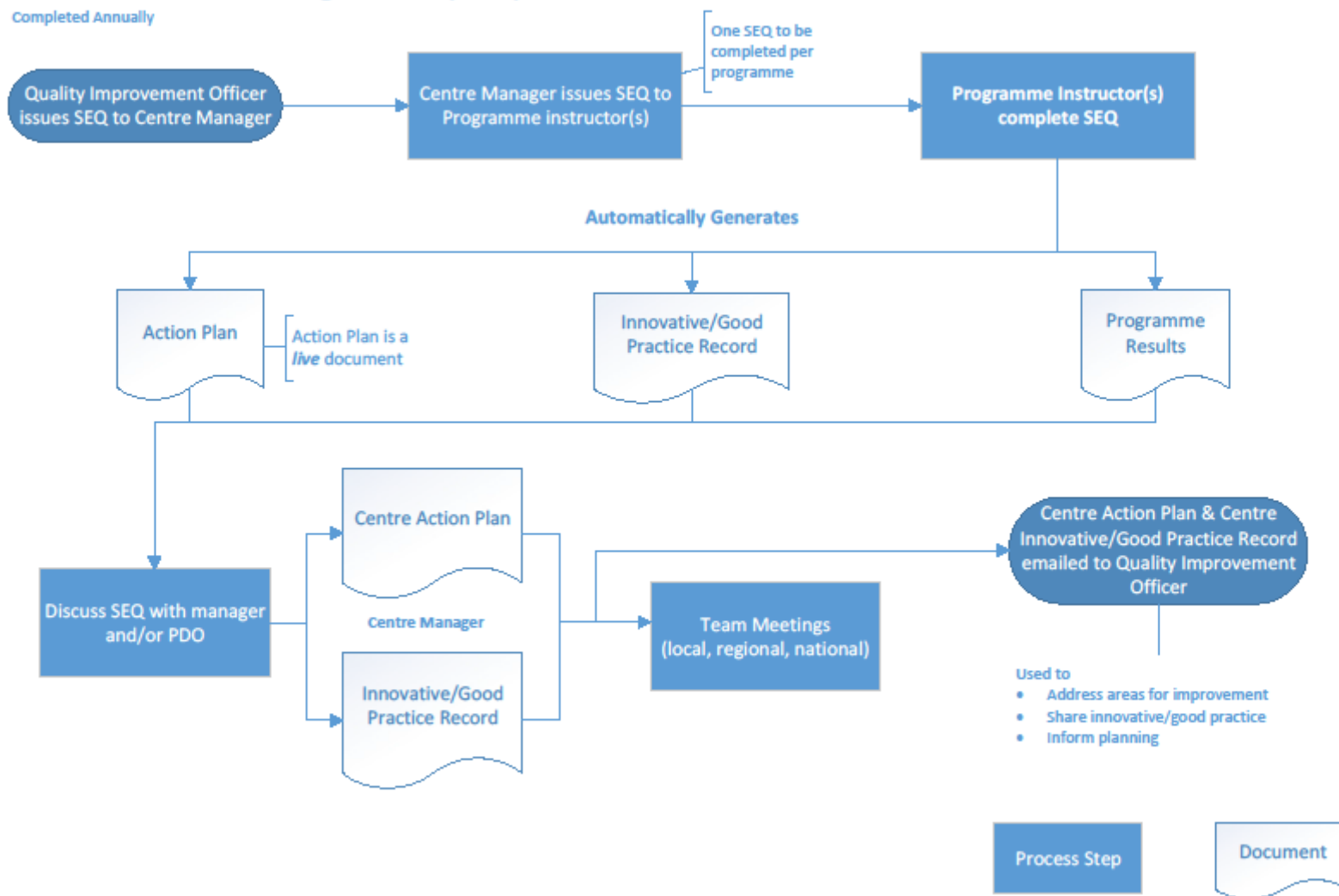
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Appendix 4 – SEQ Process Map

Self Evaluation of Programme (SEQ)

Completed Annually



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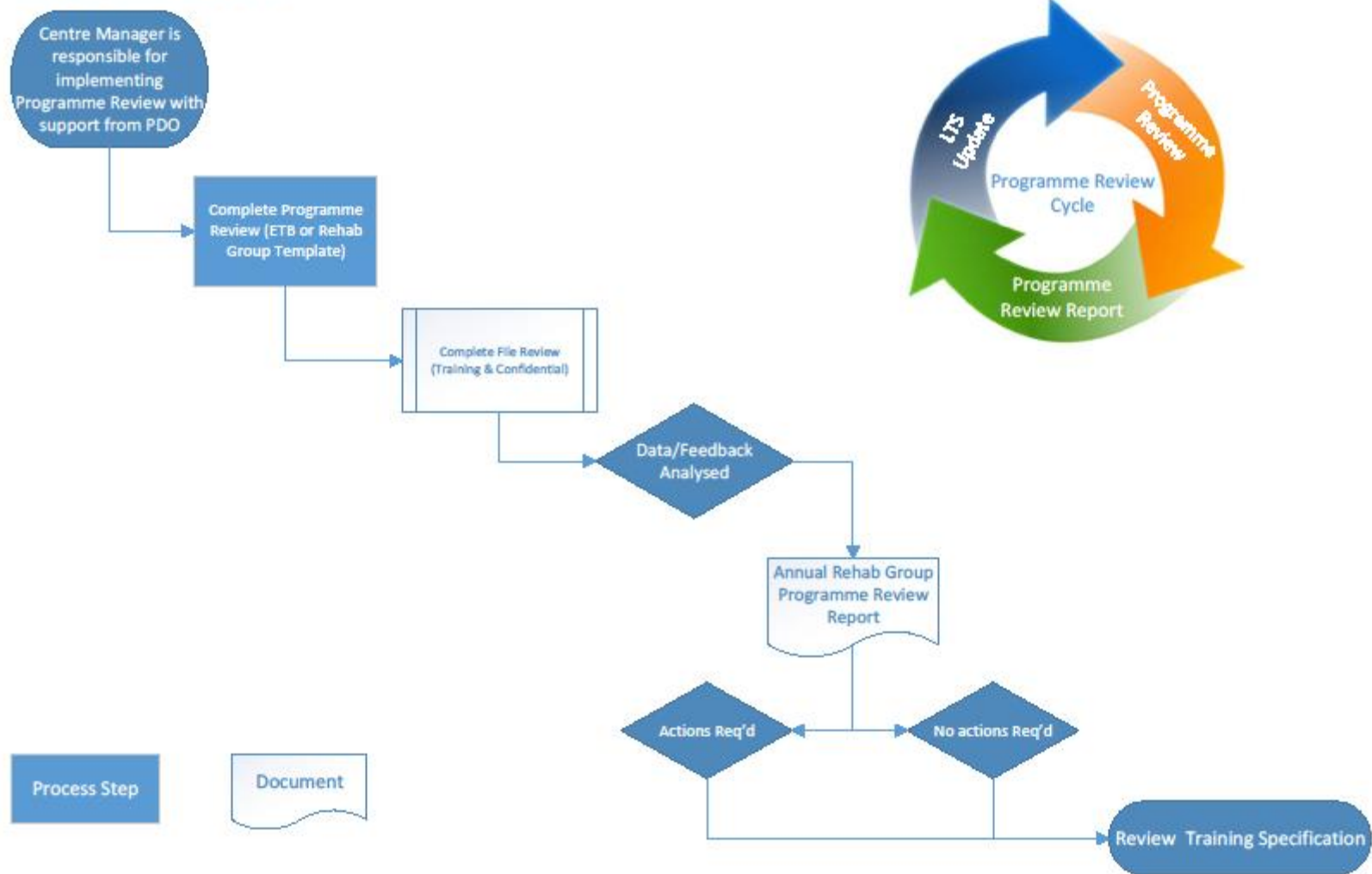
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Appendix 5 – Programme Review Process Map

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Programme Review

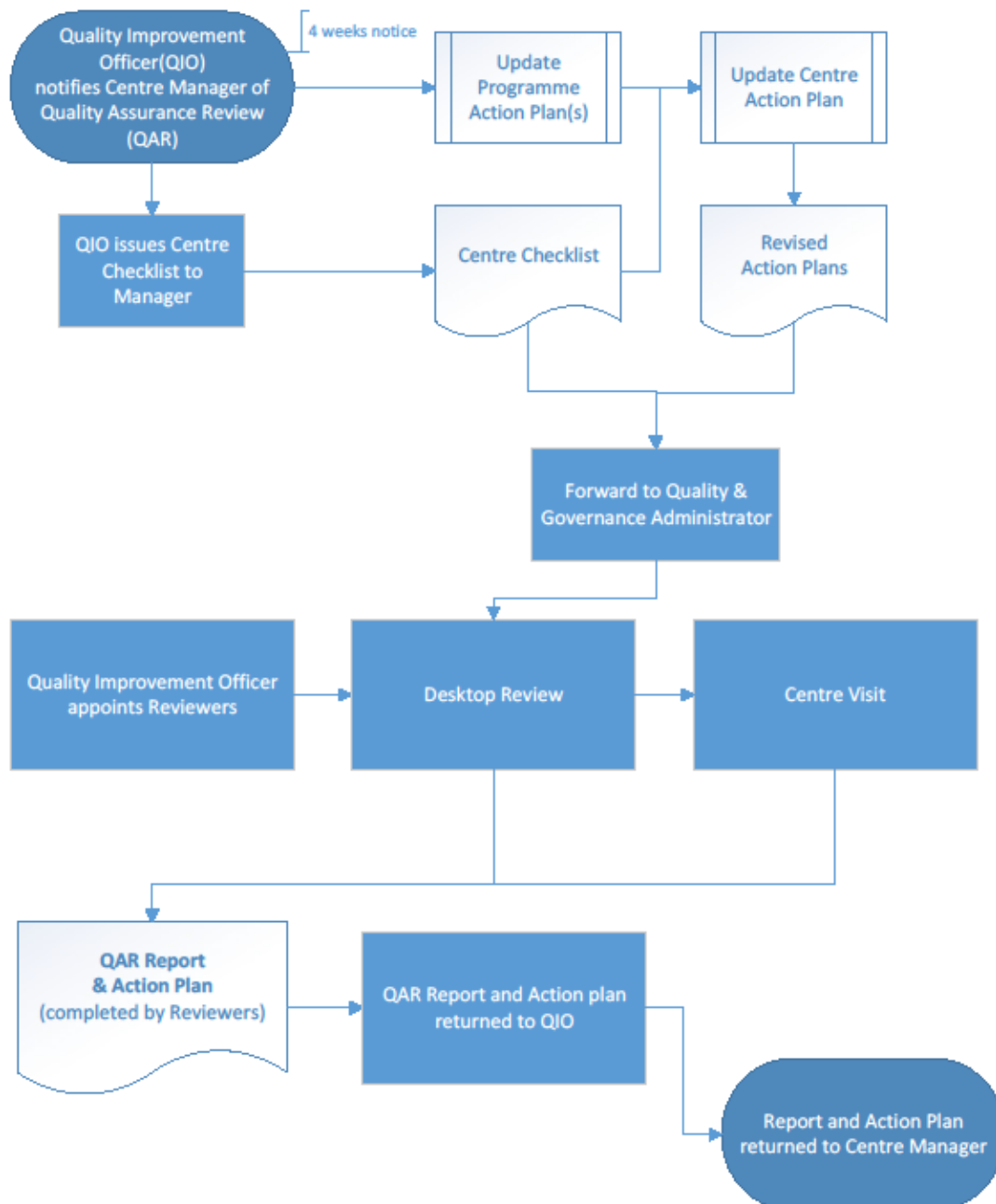


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Appendix 6 – Quality Assurance Review Process Map

Quality Assurance Review (QAR)

Completed at least once a year (please see policy re: exceptions)



Action Plan is a *live* document, which may be used to inform future planning and programme review

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