

**POLICY:** **QUALITY ASSURANCE POLICY AND PROCEDURE DEVELOPMENT PROCESS**

**Provider Name:** Tipperary ETB (TETB)

**Policy Area:** Governance and Management of Quality Assurance

**Purpose:** The purpose of this document is to inform management and staff about TETB's approach to developing quality assurance policies and procedures across Further Education and Training (FET). This document also intends to inform stakeholders of the QA policy and procedure development process.

**Scope:** This policy applies in the context of the development of all quality assurance policies and procedures in FET.

## 1. Context

TETB is developing its new integrated policies and procedures in line with its strategic goals and priorities and also to meet its quality assurance obligations outlined in QQI's [Core Guidelines](#) (published in 2016).

To ensure a robust process of QA policy and procedure development and one that demonstrates effective governance and clear communication of the process of development, it was agreed by TETB's QA Governance Group that a formal process was needed.

## 2. Definitions

A policy in TETB is a statement of intent, a high-level overall plan, used to guide decisions. A policy may stand on its own or can be implemented through procedures. Policies can assist in promoting compliance with applicable regulations, best practice, ethical norms or the pursuit of TETB's mission, values and goals.

A procedure in TETB describes the steps or actions required to implement the policy.

## 3. Identification of the Need

- 3.1 The QA Governance Group (FET Senior Management Team (SMT)), identify the policies and/or procedures to be developed.
- 3.2 The need for policy/procedure development is done as part of anticipated need e.g. the annual quality improvement planning process and/or in response to a need.
- 3.3 Reasons for developing a new policy/procedure include a change in legislation or government policy, following the identification of a gap, in response to managing risk, a strategic change for TETB and in response to evaluations and reviews.

## 4. Development

- 4.1 The QA Governance Group considers the priority, timeline and approach (e.g. individual/group).

- 4.2 A key person is assigned to the development. If a group approach is taken, a key person is assigned to co-ordinate the development. A QA Task Group is established (See [Terms of Reference for QA Task Groups](#)) and a work brief is agreed.
- 4.3 The QA Governance Group may seek the support from the QA Steering Group (QASG) and the QA Office.
- 4.4 The approach to consultation will vary depending on the complexity of the policy/procedure (e.g. wider/narrow focus; representative/full audience; etc.) and the optimal approach will be determined at the planning stages.
- 4.5 Steps in Development:
- 4.5.1 Draft policy/procedure is developed with relevant consultation(s) and presented to the QASG for review. Amendments are made.
- 4.5.2 Draft policy/procedure is then submitted to the QA Governance Group for review. Amendments are made.
- 4.5.3 Quality, compliance and factual-accuracy checks are made on the draft policy/procedure document. Checks on sense, meaning, clarity and readability are completed and further adjustments are made.
- 4.5.4 Final checks of the policy/procedure takes place to identify and address any other gaps that were overlooked.

## 5. Finalisation and Approval

- 5.1 Draft policy / procedure is approved by QA Governance Group and recommended to the Executive for ratification.
- 5.2 Executive reviews and ratifies the policy and notifies the Tipperary ETB Board and FET Committee.
- 5.3 Final policy/procedure is approved for implementation.

## 6. Consultation

- 6.1 Policies and procedures are typically developed in consultation with FET staff/stakeholders as it is recognised that FET staff/stakeholders have expertise to contribute and will be the impacted parties.
- 6.2 The approach to consultation will vary (see 4.3)
- 6.3 The policy or procedure is circulated to stakeholders at draft level.

## 7. Communication of New Policy/Procedure

- 7.1 Following formal adoption, the policy and procedure is communicated to staff/stakeholders via the appropriate channels.
- 7.2 All quality assurance policies and procedures are published to the website.

## 8. Implementation

- 8.1 Training or information sessions may need to be conducted to ensure that stakeholders are fully informed and able to implement the policy.

## 9. Recording

- 9.1 The start date of the policy/procedure and it's duration will be noted within the document.
- 9.2 Version control and the history of review and update will be applied to the document.

- 9.3 Tipperary ETB policy/procedure template to be used.
- 9.4 Easy-to-read version to be included, as appropriate.
- 9.5 Infographics/process maps/charts to be used, if appropriate.
- 9.6 Policy Record Log to record date of FET SMT and Executive ratification.

## **10. Monitor and Review**

- 10.1 Implementation of the policy/procedure will be monitored.
- 10.2 The basis upon which are which policies and procedures are updated and reviewed include the need for compliance and to reflect best practice at all times
- 10.3 Recommendations for amendment or review are to be forwarded to the relevant person/office.
- 10.4 The update and review process considers input from FET staff/stakeholders e.g. direct feedback, change request logs etc.

DOCUMENT CONTROL	
<b>Dates:</b>	Created: June 2021
<b>Revised By:</b>	Quality Assurance Office
<b>Approved By:</b>	QA Governance Group
<b>Versions:</b>	V1.0

REVISION SUMMARY		
<b>Revision Type:</b>	<b>Update</b> <input type="checkbox"/>	<b>Review</b> <input type="checkbox"/>
<b>Version</b>		
<b>Summary of Changes</b>		

# APPENDIX 1

