## 3.3.1 Internal Policy Evaluation and Review

| Procedure code and title: | 3.3.1 Internal Policy Evaluation and Review |
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| Policy area: | 3.3 Monitoring and Evaluation |
| Version Number: | 1 |
| Reviewed by: | Quality Assurance Sub-Group |
| Date approved by Quality Council: | 27th June 2023 |
| Date of Implementation: | 1st January 2024 |
| Review Date: | |

## Purpose

The purpose of this procedure is to detail how KWETB carries out internal policy evaluation and review in order that KWETB has a robust process in place to ensure that policies and procedures are relevant and up-to-date.

## Scope

This procedure applies to all FET Provision and FET Provision-Second Providers.  There is an integrated single policy, with integrated procedures for FET Provision and FET Provision-Second Providers.

## Preamble

KWETB FET Provision and FET Provision-Second Providers policies and procedures can become out-of-date over time and may become no longer fit for purpose.  Overarching policy and environmental changes and future challenges can have a significant impact on current policies and procedures.

Policies and procedures may also be impacted by national policies published by national agencies or government departments.

## Process and Application

A schedule of policies and procedures for review should be agreed on an annual basis. The Quality Assurance sub-group should monitor the implementation of the review process and should report its progress to the Quality Council.

Feedback from Programme Co-ordinators, learning practitioners, internal review and quality processes should support this process. Policies and procedures may also be flagged for improvement at Quality Team meetings, Quality Council meetings, Results Approval Panel meetings, by FET Management, or in other meetings.

The process should include initial recommendations for changes, consultation with the Quality Assurance Sub-group on the draft and updating as per feedback, and if necessary, a wider consultation on the updated draft across services and stakeholders.

Following the review, document version control and management processes should be observed, and previous versions should be withdrawn and archived. All stakeholders should be informed of the updated version.

KWETB may trigger a comprehensive review of the Quality Assurance System in advance of a quality review (i.e. in a five-seven-year cycle).

## Procedure – 3.3.1 Internal Policy Evaluation and Review

| 1 | The Quality Assurance sub-group should plan annual policy and procedures review, with timelines and submit to KWETB Quality Council. |
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| 2 | The Quality Assurance sub-group should communicate review process and timelines to all relevant stakeholders, and provide opportunities to submit feedback. |
| 3 | The Quality Assurance sub-group should set out relevant objectives and criteria for the review. |
| 4 | The Quality Assurance sub-group should identify who will lead the review i.e. the Quality Team or Quality Council |
| 5 | The lead person(s) responsible should consult with stakeholders and collect feedback. (Feedback can be gathered continuously from stakeholders and ongoing QA processes as issues arise, as well as at review intervals). |
| 6 | The lead person(s) responsible should conduct the consultation, review and evaluation of the KWETB QQI QA policy and procedures, against outlined objectives and criteria. |

| 7 | The lead person(s) should redraft updated policies and procedures or create new policies and procedures as required and should submit for approval the KWETB Quality Council. |
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| 8 | The Quality Team should communicate the approved finalised policy or procedure to all stakeholders. |
| 9 | The Quality Team should update databases and archive withdrawn versions, as per document management and version control procedures. |

## Links to other Policies and Procedures

| 3.4.5 | Document and Version Control |
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