BORD OIDEACHAIS AGUS OILIÚNA
CHILL DARA AGUS CHILL MHANTÁIN
KILDARE AND WICKLOW
EDUCATION AND TRAINING BOARD

Quality Assurance Framework

January 2024

Rialtas na hÉireann
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Purpose ..... **Error! Bookmark not defined.**

Policy Statement ..... **Error! Bookmark not defined.**

QQI Requirements on Learners achieving all Learning Outcomes ..... **Error! Bookmark not defined.**

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Section 1: Introduction

The details in the following handbook describe Kildare and Wicklow ETB's (KWETB) overarching approach and quality policies and procedures. KWETB Single Quality Assurance Framework for Policies and Procedures are based within three main headings: Core Policies and Procedures (green section), Support Policies and Procedures (blue section), Management and Corporate Policies and Procedures (yellow section).

Each of the three headings are divided into Policy areas. Each Policy area is then subdivided into relevant procedures. Each of the subdivided sections contain KWETB's Purpose, Scope, Preamble, Procedure, link to other Policies and Procedures and relevant resources.

As Policies and Procedures are developed, they are submitted to the QA Sub-group for approval and recommendation to the Quality Council. Once approved, all QA documentation will be uploaded to QA SharePoint and Quality Assurance sections of the KWETB website.

It is noted that this is a cyclical process, it involves ongoing cycle of continuous improvement, as new Policies and Procedures are developed, reviewed and approved they will supersede the existing Policies and Procedures which are currently available.

Where Policies and Procedures have yet to be developed, learners, KWETB staff and stakeholders should refer to legacy QA agreements.

This work will lead to the publication of KWETB's Single Quality Assurance Framework for FET Provision and FET Provision Second Providers. The development of specific policies and procedures is an ongoing process.

Section 2: Acronym

ABE	Adult Basic Education
AEO	Adult Education Officer
AI	Artificial Intelligence
AIS	Assessment Instrument Specification
ATSO	Assistant Training Standard Officer
BTEI	Back to Education Initiative
CAS	Common Award System
CC	Compassionate Consideration
CE	Chief Executive
CPD	Continued Professional Development
DFET	Director of Further Education and Training
EA	External Authentication
ETB	Education Training Board
ETBI	Education and Training Boards Ireland
ESF	European Social Fund
FARR	Funding Allocation Request and Reporting System
FESS	Further Education Support Service
FETCH	Further Education Training Course Hub
GDPR	General Data Protection Regulation
HEI	Higher Education Institution
HR	Human Resources
IV	Internal Verification
KWETB	Kildare and Wicklow Education and Training Board
LLSS	Learning and Language Support Service
LO	Learning Outcome
MIPLOs	Minimum Intended Programme Learning Outcomes
MIMLOs	Minimum Intended Module Learning Outcomes
NCC	National Course Calendar
NPD	National Programme Database
PD	Professional Development
PLSS	Programme and Learner Support System
QA	Quality Assurance
QBS	Quality Business System
QIP	Quality Improvement Plan
QQI	Quality Qualifications Ireland
RA	Reasonable Accommodation
RAP	Results Approval Panel
RCCRS	Results Capture and Certification Request System
RPL	Recognition of Prior Learning

SST	Specific Skills Training
TEL	Technology Enhanced Learning
TSO	Training Standard Officer
TQAS	Transition Quality Assurance System
UDL	Universal Design Learning
VTOS	Vocational Training Opportunities Scheme

Section 3: Glossary

KWETB have developed a Glossary to ensure clarity and consistency of the QA language used across Policies and Procedures

Authorship Statement	Form signed by the Learner confirming that work submitted is their own authentic work and submitted with assessment evidence.
Centre	The Centre refers to any KWETB College or KWETB Education/Training Centre.
Co-ordinator	If procedure only refers to Centre Manager in FET Provision
FET Provision	Education and Training provided in FET centres
FET Provision-Second Providers	Education and Training provided by Contracted and Community/Local Training Initiatives, National Learning Network /Apprenticeship programmes
Invigilator	Exam Supervisor/Learning Practitioner who supervises learners during an examination.
Learner	Person who is enrolled on a course in FET Provision or FET Provision-Second Providers
Learning Practitioner	Teacher/Tutor/Instructor/Trainer who delivers education and training programme across KWETB FET provision and FET Provision – Second Providers
Module Descriptor	A Module Descriptor is a document that outlines the MIMLOs, assessment criteria, indicative content and marking and allocation of assessment for a specific module
Programme Co-ordinator	If procedure refers to the person who is responsible for management of centre in FET Provision and FET Provision-Second Providers
Programme Descriptor	A Programme Descriptor is the formal document approved by QQI that sets out the overall structure of a programme, including the purpose, MIPLOs, entry requirements, associated modules, assessment strategy and any special validation requirements.
Programme Manager	If procedure only refers to Centre Manager in FET Provision-Second Providers

Section 4: Index of Policies and Procedures in Single Quality Assurance Framework

Teaching and Learning - KWETB Policy Areas

Core Policies for Teaching and Learning	
1.1	Programme Development, Approval and Validation
1.2	Programme Delivery
1.3	Assessment of Learners

Teaching and Learning – KWETB FET QA Procedures

Core Procedures for Teaching and Learning		
Policy Area 1.1 Programme Development, Approval and Validation		
1.1.1	Programme Review	
1.1.2	Programme Development	
1.1.3	Programme Approval and Validation	
1.1.4	Local delivery of validated programmes	
Policy Area 1.2 Programme Delivery		
1.2.1	Programme Delivery and Assessment	
1.2.2	Work Placement	
1.2.3	Blended Learning	*To be developed*
Policy Area 1.3 Assessment of Learners		
1.3.1	Development and Design of Assessment	
1.3.2	Information to Learners about Assessment	
1.3.3	Planning, Conducting and Concluding Assessment	
1.3.4	Administration of Examinations	
1.3.5	Adapting Assessment	
1.3.6	Marking of Assessment	
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Support Policies and Procedures - KWETB Policy Areas

Support Policies	
2.1	Communications
2.2	Support for Learners
2.3	Staff Development and Support
2.4	Partnerships and Collaboration

Support Policies and Procedures – KWETB FET QA Procedures

Support Procedures		
Policy Area 2.1 Communications		
2.1.1	Access, Transfer and Progression	
2.1.2	Learner Induction	
2.1.3	Promoting and Marketing Programmes	
2.1.4	Information to Learners	
2.1.5	Information on Learner supports available	
2.1.6	Information to Staff	
2.1.7	Information to Stakeholders	
2.1.8	Learner and Stakeholder Engagement	*To be developed*
2.1.9	Student Councils	*To be developed*
Policy Area 2.2 Support for Learners		
2.2.1	Guidance Supports	
2.2.2	Learner Complaints	
2.2.3	Learner Appeals	
2.2.4	Academic Integrity and Assessment	
2.2.5	Reasonable Accommodation in Assessment	
2.2.6	Compassionate Consideration	
2.2.7	Deadlines, short-term extensions and deferrals	
2.2.8	Repeat of Assessment	
2.2.9	Recognition of learner achievement	*To be developed*
2.2.10	Support for Graduates	*To be developed*
Policy Area 2.3 Staff Development and Support		
2.3.1	Continuing Professional Development	
2.3.2	Staff Support	
2.3.3	Learning and Development	*Refer to OSD Policy*
2.3.4	Codes of Conduct for staff	*Refer to OSD Policy*
Policy Area 2.4 Partnerships and Collaboration		
2.4.1	Establishing partnerships, collaborative and shared arrangements	
2.4.2	Staff International activity	

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Governance, Management and Corporate Policies and Procedures - KWETB Policy Areas

Governance, Management & Corporate Policies	
3.1	Services and Resources
3.2	Quality Assurance
3.3	Monitoring and Evaluation
3.4	Information Management and Data Systems

Governance, Management and Corporate Policies and Procedures - KWETB FET QA Procedures

Governance, Management & Corporate Procedures		
Policy Area 3.1 Services and Resources		
3.1.1	Resource allocation	
3.1.2	Risk Management	
3.1.3	Planning, development and maintenance of resources	*Refer to OSD Policy*
3.1.4	Staff planning and recruitment	*Refer to OSD Policy*
Policy Area 3.2 Quality Assurance		
3.2.1	Governance of Quality	
3.2.2	Operation of Working groups	
3.2.3	Co-ordinating Providers of Apprenticeships	
3.2.4	Sub-contracting programme delivery	
3.2.5	Protection of enrolled learners	
3.2.6	International Activity	*To be developed*
Policy Area 3.3 Monitoring and Evaluation		
3.3.1	Internal Policy Evaluation and Review	
3.3.2	Internal programme Monitoring, Evaluation and Review	
3.3.3	Self-evaluation	
3.3.4	Conducting Thematic Reviews	
3.3.5	Quality Improvement Planning	
3.3.6	Review of learner support services	
3.3.7	Gathering feedback from learners and staff	
3.3.8	Data collection, processing and analysis	
3.3.9	Corrective Action	
Policy Area 3.4 Information Management and Data Systems		
3.4.1	Learner Records	
3.4.2	Blended learning platforms	
3.4.3	Information systems	
3.4.4	Document and version control	
3.4.5	GDPR	*Refer to OSD Policy*
3.4.6	Data Security	*Refer to OSD Policy*

Section 5: Procedures for 1.1 Programme Development, Approval and Validation

Policy Area 1.1 Programme Development, Approval and Validation	
1.1.1	Programme Review
1.1.2	Programme Development
1.1.3	Programme Approval and Validation
1.1.4	Local delivery of validated programmes

1.1.1 Programme Review

Procedure code and title:	1.1.1 Programme Review
Policy area:	1.1 Programme Development, Approval and Validation
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 programmes are regularly reviewed to ensure that the details, standards, content and assessment criteria are fit for purpose and adhere to current regulations.

Scope

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

Preamble

This procedure covers the process for an overarching review of the prospectus and for individual review of specific programmes. A need for review of specific programmes may be triggered, for example by:

- A local request from a specific centre
- Issues raised during the Internal Verification and External Authentication processes
- Evidence regarding demand or decline in demand for the programme

- Changes in the occupational field for which learners are being prepared.

Proposals can be made at Centre level, by the Quality Team, or by the FET Management Team.

This procedure is designed to:

- Inform decisions about the range of KWETB awards and validated programmes and location of programme delivery
- Inform changes and updates to existing validated programmes
- Detail how gaps are identified in the KWETB prospectus of programmes for FET Provision and FET Provision-Second Providers
- Enable determination and strategic planning of new programmes to be developed and validated

Where it is identified by a Programme Review that there is a requirement for a new programme leading to a QQI award or non QQI award, then a new programme validation application must be made to QQI/awarding body separately.

This procedure sets out the steps to be followed in order to generate the review process.

Procedure 1.1.1 Programme Review

1	The Programme Co-ordinator or Quality Team or TSO *or* FET Provision-Second Providers or member of FET management team should complete the application for Independent Programme Review, setting out the rationale and analysis for the Review.
2	The Line Manager of the person making the application for Independent Programme Review should sign off the proposal, giving permission for the review to take place.
3	The person who signs off the application should forward the application to the designated person with responsibility for programme development.
4	The application should be screened by the designated person with responsibility for programme development. The designated person with responsibility for programme development should seek further information if required.
5	The designated person with responsibility for programme development should forward the application to the Secretary of the Programme Governance sub-group. The proposer who is proposing the programme review or nominated person may be invited to the Programme Governance sub-group meeting to discuss their application.

6	The Programme Governance sub-group should convene and review the application. The person or nominee who is making the application for the programme review can be invited to the Programme Governance sub-group meeting to discuss their application and answer any relevant questions. The application should be either approved, declined or referred for further information.
7	The Programme Governance sub-group should have an oversight role in the process. If the application is approved, the Programme Governance sub-group should convene a review working group, with relevant expertise, to carry out the review. All information should be entered on the Review Process document. The working group team may include subject matter experts, curriculum experts and external stakeholders, depending on the level of the proposal. This should be a working group of the Programme Governance sub-group and should be convened for a time bound period specified by the Programme Governance sub-group. The Programme Governance sub-group may seek the support of Quality Team to give support and guidance to the working group in relation to QQI guidelines and QA procedures.
8	The Programme Governance sub-group should draw up a time-bound plan for the work, depending on the breadth and range of the task.
9	The Quality Team should support the process through the provision of training if required, communication platforms for the review team and provision of relevant document templates.
10	The working group reviews and identifies aspects of the programme that works well and areas where improvements are needed. The working group should submit the draft updated programme or programme module for an accuracy check to the designated person with responsibility for programme development.
11	If adjustments are required, the designated person with responsibility for programme development should return the draft to the working group for further adjustments.
12	The working group should forward the final draft to the Programme Governance sub-group for review and recommendation.
13	The Chair of the Programme Governance sub-group should submit to the Quality Council for final approval.

14	Once approved, the designated person with responsibility for QA authentication should ensure that the programme is uploaded to the shared KWETB Programme platform.
15	If the application is relevant to revalidation, the designated person with responsibility for programme development should ensure that the revalidation application is entered on qHub.
16	The designated person with responsibility for QA authentication should ensure that all centres are notified of the updated programme version and all previous versions should be archived.

Link to other Policies/Procedures

1.1.2	Programme Development and Curriculum Development
1.1.3	Programme Approval
3.2.2	Operation of Working Groups

Resources

Resources	• Application for Independent Programme Review • Review Process document

1.1.2 Programme Development

Procedure code and title:	1.1.2 Programme Development
Policy area:	1.1 Programme Development, Approval and Validation
Version Number:	1.1
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Purpose

The purpose of this procedure is to detail how KWETB ensures that programmes developed within KWETB are of the highest standard and meet demands for local and national needs. Programme development comprehends the development of programmes from levels 1-6.

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 delivers programmes leading to Major, Minor and Special Purpose certificates together with programmes leading to non QQI awards. A structured application process applies to all centres seeking to develop a new programme.

The process of programme development draws on the expertise of personnel with experience of the subject areas. Demand for programme development may come from labour market reviews, new company start-ups and industry closures, internal research, regional business needs, job vacancy trends, EU initiatives or external stakeholders.

Programmes leading to Common Award System awards should be developed in accordance with QQI's CAS Compound Programme Descriptor Template and associated Guidelines (can be located in resources for this procedure).

Programmes leading to non-common award system awards should be developed in accordance with QQIs non-CAS Compound Programme Descriptor and associated Guidelines (can be located in resources for this procedure).

Apprenticeship programmes should be developed having regard to QQI's Topic Specific Statutory Quality Assurance Guidelines for Apprenticeship Programmes.

Every proposal for programme development will be the subject of robust evaluation and governance procedures for both QQI and non QQI programme development.

Objectives of Programme Development

- To provide programmes which reflect changing educational, academic, industry, technological and environmental needs.
- To ensure that the programme level is aligned with the National Framework of Qualifications and national standards.
- To ensure that all programmes are compliant with internal and regulatory frameworks.
- To ensure that KWETB provide opportunities for smooth progression for learners, with well-defined and coherent pathways.
- To ensure that programmes reflect the required levels of knowledge, skills and attributes and that learning outcomes are fit for purpose.
- To ensure that learning outcomes enable assessment for advanced entry and recognition of prior learning.

Procedure – 1.1.2 Programme Development

1	The proposer who is proposing the development of a new programme or programme module should ensure that they submit a Proposal for Programme Development Application to their line manager. The proposer should ensure that the proposal is based on evidence and well-founded research into the need for the programme and based on either skills or progression. The proposer should ensure that research has been carried out as to whether the proposal duplicates any other programmes already delivered with KWETB.
2	The Proposer should ensure that requirements for transparent, responsible and ethical AI use are included in the development of programme materials and teaching resources.
3	The line manager of the person making the proposal should ensure that they sign off on the proposal. The line manager should ensure they forward the application to the designated person with responsibility for programme development.
4	The designated person with responsibility for programme development should ensure that the proposal is screened. Further information/clarification can be requested at this stage before submission to the Programme Governance Sub-group.
5	The designated person with responsibility for programme development

	should ensure that they forward the proposal application to the Secretary of the Programme Governance sub-group at least two weeks prior to the next Programme Governance sub-group meeting.
6	The proposer or nominee who is proposing the development of a new programme can be invited to the Programme Governance sub-group meeting to discuss their application and answer any relevant questions. The Programme Governance sub-group should review the proposal and either request further information or make a recommendation for approval of the development and establishment of a Programme Development Group.
7	If the Programme Governance sub-group approve the proposal, they should ensure that a working group is established to undertake the work of developing the new programme. This work should be co-ordinated by the designated person with responsibility for programme development. The Programme Governance sub-group may seek the support and guidance from the designated person with responsibility for programme development. The Programme Governance sub-group may seek the support and guidance from the Quality Team in relation to QQI guidelines and QA procedures.
8	The designated person with responsibility for programme development should ensure that the working group are provided with a specified timebound period, programme template and access to an online platform for their work.
9	The designated person with responsibility for programme development should support and give guidance to the working group throughout the process.
10	The Programme Governance sub-group should monitor the progress of the project, providing support where necessary.
11	When the new programme has been developed, the Programme Governance sub-group should ensure they review the programme documentation.
12	The Programme Governance sub-group, with the support of the designated person with responsibility for programme development should assign one or more evaluators to conduct a self-evaluation of the programme. These may be drawn from within KWETB or may be external individuals with relevant expertise.
13	The Evaluator(s) should complete the self-evaluation report. They may also request further information if necessary. The designated person with responsibility for programme development should screen the draft programme and associated documents to ensure that all relevant details are included.

14	If necessary, the designated person with responsibility for programme development should address any concerns raised by the Evaluator(s) and should submit the final version of the programme to the Programme Governance sub-group together with the self-evaluation report.
15	The Programme Governance sub-group should review all programme documentation and either recommend approval for submission or decline the submission for validation.
16	If approved, the Programme Governance sub-Group Chair or nominee should present the programme to the Quality Council for approval and submission to the awarding body for validation.
17	The Director of FET or nominated person should sign off on the application for validation.
18	The designated person with responsibility for programme development should upload and submit application for validation to relevant awarding body.
19	Once approved by the awarding body the AEO responsible for Quality Assurance should notify the PLSS team.

Link to other Policies/Procedures

1.1.3	Programme Approval
1.1.5	Decisions about local delivery of validated programmes
1.2.4	Work Placement

Resources

Resources	• Proposal for Programme Development Application • Programme Template • Evaluation Report Template • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

1.1.3 Programme Approval and Validation

Procedure code and title:	1.1.3 Programme Approval and Validation
Policy area:	1.1 Programme Development, Approval and Validation
Version Number:	1.1
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Date of Implementation:	1st January 2024
Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB ensures that programmes are approved and validated in line with internal governance structures and adhere to current regulations.

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

This procedure is core to the governance processes of KWETB Programme Governance sub-group in submitting for approval and validation.

All proposed programme leading to a QQI award must be approved in line with KWETB's annual FET service plan submission to SOLAS. Courses are entered onto the National Course Database and FARR and are formally approved following review by the FET Management Team, under the direction of the Director of Further Education and Training.

Procedure – 1.1.3 Programme Approval and Validation

1	The designated person with responsibility for programme validation should circulate a Programme Approval and Validation Schedule to all stakeholders which sets out timelines for submission of applications and dates of Programme Governance Sub-group meetings at beginning of year. The designated person with responsibility for programme validation should issue reminders of deadline dates to stakeholders ahead of deadline dates for submission of applications.

2	The Centre Co-ordinator should complete the application for programme approval and validation in the Approval hub and upload relevant documentation. The application should be uploaded according to the Schedule for Programme Approval and Validation timelines.
3.	The Centre Co-ordinator/Manager should ensure that they include a statement in their application to the Programme Approval Hub that "AI enabled teaching tools are aligned with EU AI risk categories" The EU AI Act, Regulation (EU) 2024/1689 of the European Parliament and the Council of 13 June 2024.
4	The designated person with responsibility for programme validation should ensure that all applications for programme approval and validation are screened in the specified timelines.
5	The designated person with responsibility for programme validation should ensure that all documentation for programme approval and validation is uploaded to the Programme Governance sub-group Teams site, ensuring that members have a minimum of two weeks to review applications prior to Programme Governance sub-group meeting.
6	The designated person with responsibility for programme validation should present the application for programme approval and validation to the Programme Governance sub-group. The person or nominee who is making the application for programme approval and validation can be invited to attend the Programme Governance sub-group to discuss their application and answer any relevant questions.
7	The Programme Governance sub-group should decide to either approve or decline the application for programme approval or to seek further clarification.
8	If approved, the Programme Governance sub-group Chair or nominee should present to the Quality Council and recommend for approval and submission to the awarding body for validation.
9	Following the Quality Council meeting, the Adult Education Officer with responsibility for Quality Assurance should ensure that the application is forwarded to the Chief Executive or nominated delegate (usually the FET Director for review.
10	The Chief Executive or nominated delegate (usually the FET director should review the proposal and sign off on the application for approval and validation.
11	If this decision is positive, the designated person with responsibility for programme validation should upload all the required documentation to qHub.
12	The Adult Education Officer with responsibility for Quality Assurance will receive notification once the award has been approved.

	If the awarding body seeks amendments or makes recommendations, the designated person with responsibility for programme validation should forward to the applicant for amendments to be made. Once amendments have been made and resubmitted, the designated person with responsibility for programme validation should ensure the amendment is noted at the next Programme Governance sub-group meeting.
13	The designated person with responsibility for programme validation should advise all relevant personal when the application has been validated.
14	The designated person with responsibility for QA authentication should ensure that all documentation is uploaded to the QA site on SharePoint, old documents are archived, and centres are aware of the changes.

Link to other Policies/Procedures

1.1.2	Programme Development
1.1.4	Local delivery of validated programmes

Resources

Resources	• KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

1.1.4 Local Delivery of Validated Programmes

Procedure code and title:	1.1.4 Local Delivery of Validated Programmes
Policy area:	1.1 Programme Development, Approval and Validation
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 ensures that all programmes delivered at local level comply with internal governance structures.

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 is an approved regional provider for the delivery of programmes leading to awards on the National Qualification Framework across FET Provision and FET Provision-Second Providers.
All programme delivery is subject to KWETBs programme governance. The Programme Governance sub-group and Quality Council have oversight for programme delivery across FET Provision and FET Provision-Second Providers.

There are instances when:

- A validated programme may be designed to be delivered by specific centres or colleges because they have specific expertise or are equipped with the correct facilities and equipment to deliver in the field.
- There may be a need to add a currently validated component or components to a currently validated programme.

Centres/colleges may make a change request application to deliver one of these validated programmes, or centres may make a change request to add a validated component to an existing validated programme.

A requesting centre must complete an application through the KWETB Approval Hub and give a detailed rationale supporting their ability to run this programme including staffing capacity and staff qualification. Approval will only be given if the requesting centre can meet all requirements.

The request will be reviewed by the Quality Team who may request further information, and the completed application will be evaluated by the Programme Governance sub-group. Following approval by the Programme Governance sub-group, the decision will be recommended to the Quality Council for approval.

Procedure – 1.1.4 Local Delivery of Validated Programme

1	The designated person with responsibility for programme validation should circulate a Programme Approval and Validation Schedule to all stakeholders which should set out timelines for the submission of applications and dates of Programme Governance sub-group meetings at the beginning of the academic year. The Schedule should include clear timelines for submission of request, noting times for submission, further information requests which should enable submission to Programme Governance sub-group two weeks prior to their meeting. The designated person with responsibility for programme validation should issue reminders of deadline dates to stakeholders ahead of deadline dates for submission of applications.
2	The Programme Co-ordinator should propose changes to local delivery to their Line Manager at area planning stage prior to formal application through Approval Hub.
3	The Programme Co-ordinator should complete the application for the change request in the Approval Hub setting out detailed rationale which should match the criteria for approval. All relevant documentation should be uploaded.
4	The designated person with responsibility for programme validation should review the application, check for accuracy and request additional information if necessary.
5	The designated person with responsibility for programme validation should forward the application and supporting documentation to the secretary of the Programme Governance Sub-group. All documents should be received two weeks ahead of the Programme Governance sub-group meeting.
6	The Programme Governance sub-group should review the application prior to meeting.
7	The Co-ordinator or nominee who is making the application can be invited to the Programme Governance sub-group meeting to discuss their application and answer any relevant questions.

8	The Programme Governance sub-group should discuss the application, it should be either accepted, declined or referred for further information.
9	If additional information is required, the designated person with responsibility for programme validation should liaise with the Programme Co-ordinator and upload relevant documentation.
10	If approved, the Programme Governance sub-group Chair or nominee should recommend approval to the Quality Council.
11	The Director of Further Education and Training or nominated person should sign off on the approval.
12	The designated person with responsibility for programme validation should notify QQI or the awarding body of the approved change request.
13	The designated person with responsibility for programme validation should inform the outcome of the process to the Programme Co-ordinator.

Link to other Policies/Procedures

1.1.2	Programme Development
1.1.3	Programme Approval and Validation
3.2.2	Operation of Working Groups

Section 6: Procedures for 1.2 Programme Delivery

Policy Area 1.2 Programme Delivery	
1.2.1	Programme Delivery and Assessment
1.2.2	Work Placement

1.2.1 Programme Delivery and Assessment

Policy area:	1.2 Programme Delivery
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 ensures that standards are maintained in programme delivery and assessment.

Scope

These processes apply to all FET Provision and FET Provision-Second Providers. There is an integrated single policy, with integrated processes for FET Provision and FET Provision-Second Providers.

QA Processes

KWETB is required in accordance with Section 30 of the Qualifications and Quality Assurance Act 2012, to request approval of all Quality Assurance Procedures.

Apprenticeship Programmes

The new Apprenticeship Programmes operate under the Quality Assurance Procedures for new National Apprenticeship Programmes. The governance of apprenticeship programmes is managed by the relevant National Apprenticeship Programme Board.

The National Commis Chef Apprenticeship Programme operates under the assessment procedure established under the Quality Assurance Procedures for new Apprenticeship Programmes.

The Quality Assurance Sub-Group

Within KWETB, the Quality Assurance sub-group is responsible for the development, oversight, planning, co-ordination and improvement of quality assurance policies, procedures, and processes. In doing so, it assists the FET Quality Council in protecting, maintaining and developing the standards of education and training programmes and the related activities of KWETB.

The Quality Assurance sub-group make recommendations to the Quality Council on revisions to quality assurance policies and procedures. They make recommendations for the approval of programmes and other quality review documentation that is required to be submitted to an awarding body. They are also responsible for receiving reports on significant common issues arising through monitoring processes, and on follow-up actions arising from quality reviews and reporting to the FET Quality Council on the identification of areas of risk associated with the quality assurance of programmes.

The Programme Governance Sub-group

Within KWETB, the purpose of the Programme Governance sub-group is to fulfil the role and responsibilities delegated to it by the FET Quality Council for the oversight, planning, co-ordination, development and quality of the programmes of KWETB. In doing so, it assists the FET Quality Council in protecting, maintaining and developing the standards of learner assessment and achievement in education and training programmes.

The Programme Governance sub-group oversee all programme developments. These include reviewing proposals for the development of new programmes and making recommendations on programme validation to the FET Quality Council for submission to the awarding body. They are also responsible for reviewing proposals for the provision and support of newly validated existing programmes.

Programme Delivery at Local Level

Programme Co-ordinators oversee the conduct of programme delivery and assessment delivered across FET Provision and FET Provision-Second Providers.

KWETB operate and maintain a consistent approach to assessment. These procedures are set out in Section 1.3 of this Framework.

Link to other Policies/Procedures

1.1.1	Programme Review
1.1.2	Programme Development
1.3.4	Administration of Examinations
1.1.3	Programme Approval and Validation
1.1.4	Delivery of Validated Programmes

1.3.1	Development and Design of Assessment
1.3.2	Information to Learners about Assessment
1.3.3	Planning, Conducting and Concluding Assessment
1.3.4	Administration of Examinations
1.3.6	Marking of Assessment
1.3.7	Security of Assessment Materials
1.3.8	Assessment by Third Parties
1.3.9	Feedback to Learners
1.3.10	Internal Verification
1.3.11	External Authentication
1.3.12	Results Approval
2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation in Assessment
Addendum 1	Learner Engagement in Assessment and Assessor Grading of Learner Effort

1.2.2 Work Placement

Procedure code and title:	1.2.2 Work Placement
Policy area:	1.2 Programme Delivery
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 ensures consistency and Quality Assurance in the administration and management of KWETB learners during work placements.

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

The term 'work placement' includes:

- Work Experience
- Work Placement
- Work-based learning
- Simulated experience

In KWETB, work placement is perceived as an integral part of the learning experience whether integrated during programme delivery or provided at the end of the learner's engagement with a programme. Work Placement gives learners opportunities to try out their new and developing skills in the workplace and learn from that experience.

KWETB personnel are responsible for ensuring that the quality of the experience is high, and that learners develop skills that can be assessed as part of their programme. The establishment of positive working relationships with employers is critical to the success of placements for learners.

Procedure – 1.2.2 Work Placement

1	The Programme Co-ordinator should ensure that all work placement documentation is collated and filed in a single location. The Programme Co-ordinator should ensure that this documentation is accessible to relevant personnel. The Programme Co-ordinator should create a file for each learner documenting work placements including associated legal and formal documents.
2	The Programme Co-ordinator should ensure that all documentation, including insurance documentation, relevant to work placement is reviewed and updated prior to commencement of either the year, or the programme.
3	The Programme Co-ordinator and the teaching team should devise a timeline and plan for work placement for the duration of the programme or course ensuring that the plan for work placement is integrated with the centre calendar.
4	The Programme Co-ordinator should develop a directory of employers from the local area, or a directory of employers relevant to a specific vocational field.
5	The Programme Co-ordinator and the teaching team should engage strategically with employers to devise work placement plans and programmes, for example, identifying the best time of the year for students to participate in placement.
6	The teaching team should review programme descriptors to identify the most appropriate types of placements for the field in question prior to giving information to learners.
7	All staff with responsibility for work placement should ensure that plans for work experience are designed so that placements align correctly with the requirements of the programme descriptor.
8	All staff with responsibility for work placement should ensure that they liaise with the employer to discuss current module descriptor learning outcomes.
9	The Programme Co-ordinator should ensure that employers are appraised of their responsibilities in relation to assessment of learners. These include, for example: • Providing evidence of insurance cover for the student who will be on site. • Identification of a staff member who will act as a supervisor and liaison contact with the centre/college. • Providing the learner with appropriate ID and PPE where applicable • Providing assurances regarding health and safety in their workplace
10	All staff with responsibility for work placement should review relevant documentation and be fully aware of the requirements for informing learners of work placement requirements and for organising work placements.

11	All staff with responsibility for work placement should ensure that information sessions are provided for learners to describe the purpose and intent of work placement. All staff with responsibility for work placement should ensure that learners are informed of their responsibilities in relation to work experience and of the centre/school supports available to them to ensure a positive experience.
12	All staff with responsibility for work placement should support learners to seek work placements and should work with learners to identify the key areas for development that can be achieved and assessed during the placement.
13	The Learning Practitioner responsible for work placement should make an appointment with the employer or supervisor either by phone, online or in person, to discuss the learner's performance against the agreed goals. The Learning Practitioner responsible for work placement should debrief the learners following their work placement.
14	In the event of longer placements, the Learning Practitioner responsible for work placement should visit the employer at the beginning, middle and end of the placement. In the case of shorter placement, a phone call/teams meeting may suffice.

*Note – Potential separate procedure for new ELC work placement – To be confirmed

Link to other Policies/Procedures

1.3.1	Development and Design of Assessment
1.3.2	Information to learners about Assessment
2.1.1	Student Induction
2.1.3	Information to Learners

Resources (outstanding)

Resources	1.Checklist Criteria for selecting employer
	The employer/company has the capacity to meet the identified needs of learners interested in pursuing a placement in the specific field
	Commitment and occupational expertise exist within the company to support the learners' achievement of their goals.
	The company can allocate/designate a staff member to the supervision of the learner on placement
	There is a current health and safety statement in place
	The company provides evidence that insurance underwriters have been informed that a student will be on placement.
	Details of Learner Placement

	Learner Timesheet Supervisor Report Sample Work Placement Letter Insurance Indemnity Letter to host Employer

Section 7: Procedures for 1.3 Assessment of Learners

Policy Area 1.3 Assessment of Learners	
1.3.1	Development and Design of Assessment
1.3.2	Information to Learners about Assessment
1.3.3	Planning, Conducting and Concluding Assessment
1.3.4	Administration of Examinations
1.3.5	Adapting Assessment
1.3.6	Marking of Assessment and Cross Moderation
1.3.7	Security of Assessment materials
1.3.8	Assessment by Third Parties
1.3.9	Feedback to Learners
1.3.10	Internal Verification
1.3.11	External Authentication
1.3.12	Results Approval
1.3.13	Contingency Procedure – Administration of Online Examinations

1.3.1 Development and Design of Assessment

Procedure code and title:	1.3.1 Development and Design of Assessment
Policy area:	1.3 Assessment of Learners
Version Number:	1.1
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 provides an integrated balanced assessment design and development which accommodates quality assurance while supporting worthwhile learning.

Scope

This procedure applies to FET provision.

Preamble

The design and development of assessment traditionally focus on measurement and results. Assessment should aim to improve the quality of student learning as it is an integral part of the learning process.

Learning Practitioner can engage in PD opportunities in assessment design and have access to the Further Education Support Service's (FESS) calendar of PD events. To support new Learning Practitioners, a micro learning platform is available which includes a unit on Devising Assessment.

For Further Education programmes, Common Award System assessment briefs are locally devised. Within FET Provision – Second Providers, assessment briefs are centrally devised, and Assessment Specification Instruments are used. FET Provision – Second Providers also operates using non QQI awards. Many of these non-QQI awards are developed by the awarding body.

Principles of Assessment

Validity:	The instruments for assessment are valid for assessing learner evidence.
Reliability:	Assessment should produce comparable marks across time, methods and Learning Practitioners. Various contexts can make this challenging. Reliable assessment design is fit for purpose.
Effective:	Assessment has a grading function and a learning function. Assessment design must support effective learning.
Comparable and consistent:	Ensuring quality standards and fairness in summative assessments.
Equitable:	Assessment provides equal opportunities for learners to effectively demonstrated learning. This includes providing reasonable accommodations where these are requested and approved.
Practicable:	The assessment techniques are suitable to the learning outcome(s) and the correct resources and facilities are available to ensure fair and consistent conduct of assessment.
Transparent:	Guidance on, and rules of assessment should be clear, accurate, consistent and accessible to all learners and Learning Practitioners e.g.: identifying learning outcomes, assessment criteria, marking schemes, policies on extensions and extenuating circumstances are all in place and available.
Attributable:	Assessment design should detect and prevent aassessment malpractice, collusion and plagiarism.

Procedure – 1.3.1 Development and Design of Assessment

1	The Learning Practitioner should review the assessment information and details in the relevant programme descriptor and review the learning outcomes.
2	The Learning Practitioner should ensure that they review all learning outcomes, as specified in the module/component descriptor and that they understand the assessment criteria for each learning outcome.
3	Where AI has contributed to the design of an assessment brief, the Learning Practitioner must be appropriately acknowledged as set out in the KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning
4	Where possible, the Learning Practitioner should carry out a collaborative process with other Learning Practitioners to identify whether it may be possible to develop an integrated assessment.
5	The Learning Practitioner should draft assessment instruments.
6	The Learning Practitioner should draft assessment instruments. The assessment brief should be designed to allow the learner to appropriately make use of a wide range of media in presenting assessment evidence. The Learning Practitioner should devise a marking scheme.
7	The Learning Practitioner should create/update the Local Devised Assessment per assessment period. The same assessment instruments should not be continually used from assessment period to assessment period.
8	The Learning Practitioner should issue a draft copy of the Local Devised Assessment to the Centre Co-ordinator for review and filing. Exams and back-up exams should also be issued in advance to the Centre Co-ordinator.
9	The Learning Practitioner should present the learner with an Assessment Brief which should include component details, timelines, instructions, assessment criteria and guidelines.
10	The Centre Co-ordinator should file all assessment material in a secure location either digitally or in hard copy.
11	If selected for External Authentication, the Co-ordinator should ensure that the assessment instrument and marking scheme is made available to the External Authenticator.

Link to other Policies/Procedures

1.3.3	Planning, Conducting and Concluding Assessment
1.3.11	External Authentication
1.3.7	Security of Assessment Materials

Resources

Resources	• Proposal for Programme Development Application • Programme Template • Evaluation Report Template • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

1.3.2 Information to Learners about Assessment

Procedure code and title:	1.3.2 Information to Learners about Assessment
Policy area:	1.3 Assessment of Learners
Version Number:	2
Reviewed by:	Quality Assurance Sub-Group
Date approved by Quality Council:	27th June 2023
Date of Implementation:	1st January 2024
Review Date:	November 2030

Purpose

The purpose of this procedure is to detail how KWETB provide appropriate, relevant and accurate information about Assessment to learners across FET provision and FET Provision-Second Providers.

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. The Quality Framework is a live document that may be updated as practice or regulations change.

Preamble

This procedure is to assist the Learning Practitioner to meet their legislative and Quality Assurance responsibilities when communicating with learners about assessments. The process is underpinned by the 8 principles of assessment as outlined 1.3.1 Design and development of assessment. The process is also written in line with 1.3.3 Planning, conducting, and concluding assessment.

The assessment technique and learning outcomes to be assessed are guided by the module descriptor. The Internal Verification and External Authentication process ensure that the assessment process is fair and consistent.

Procedure – 1.3.2 Information to the Learner about Assessment

1	The Learning Practitioner should familiarise themselves with the programme and module descriptor.
2	The Learning Practitioner should inform the learner of the following:

	• Instructions and guidelines for the learner – to include word count where appropriate • Assessment criteria/methods and marking schemes (allocation of marks) • Dates for distribution of assessment briefs • Deadline for submission • Policy and procedures on how to apply for an extension and the consequences for late submission of work • A written explanation of the assessment methods and techniques being applied may include a definition of the verbs used in the assessment briefs • Inform the learner on the appropriate formats for submission of assessment evidence (written, audio, multi-media, etc.). • Clear procedures for submission of assessment evidence in line with local policy for example, labelling of all assessment evidence prior to submission, signing of Authorship Statements, receipt of assessment evidence • Learners should be given information regarding digital processes including eportfolio, OneDrive process for upload of assessment. All assessment relation communication should be delivered in a respectful, supportive manner.
3	The Learning Practitioner should ensure the learner is aware of their responsibilities regarding assessment.
4	The Learning Practitioner should ensure the learner is aware for each assessment if: • AI is not allowed • AI is allowed in limited ways • AI is allowed with full transparency The Learning Practitioner should ensure that were AI use is prohibited, the learner is aware that submitting AI generated content will constitute academic misconduct and the procedures outlined in KWETB's Academic Integrity and Assessment Malpractice will apply.
5	The Learning Practitioner should where appropriate, inform learners their assessment will be put through Turnitin Similarity Checker in Microsoft Teams to support academic integrity.
6	The Learning Practitioner should explain the procedures for formative and summative feedback on assessments. Timelines are indicative and may be adjusted based on learner progress.
7	The Learning Practitioner should explain the procedures in relation to Reasonable Accommodations including: • How the learner can apply for reasonable accommodation • Supporting documentation required

	• Examples of possible reasonable accommodations
8	The Learning Practitioner should explain the procedures relating to Assessment Malpractice including: • What constitutes assessment malpractice? • Penalties for assessment malpractice • Procedures to verify that assessment evidence is the Learner's own original work (authorship statements) • Consequences of Assessment Malpractice • The KWETB Policy on the Use of Generative Artificial Intelligence in Teaching and Learning
9	The Learning Practitioner should explain the procedures in relation to Compassionate Consideration including: • How the learner can apply for compassionate consideration • Supporting documentation required • Examples of possible compassionate considerations
10	The Learning Practitioner should explain the procedures in relation to Appeals processes.
11	The Learning Practitioner should ensure that learners are aware of the conditions and limitations for repeat assessments, including one repeat opportunity and grade capping requirement.

Link to other Policies/Procedures

1.3.1	Development and Design of Assessment
1.3.3	Planning, Conducting and Concluding Assessment
1.3.9	Feedback to Learners
1.3.11	External Authentication
2.2.3	Learner Appeals
2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation in Assessment
2.2.6	Compassionate Consideration
2.2.7	Deadlines, short-term extensions and deferrals
2.2.8	Repeat of Assessment
Addendum 1	Learner Engagement in Assessment and Assessor Grading of Learner Effort

Resources

Resources	• Visual Guide Information to Learners about Assesment • ePortfolio Learner workflow

	• ePortfolio Educator workflow • ePortfolio project guidance. • Digital signatures quick guide. • Guidance on multimodal submission • The KWETB Policy on the Use of Generative Artificial Intelligence in Teaching and Learning • Using Turnitin Similarity Checker in Teams • 2.2.5 Reasonable Accommodation in Assessment Procedure and Application Forms • Reasonable Accommodations visual guide • Reasonable Accommodation Application and Approval Form.pdf • 2.2.6 Compassionate Consideration Procedure and Application Forms • KWETB Compassionate Consideration Application and Approval Form.pdf.pdf • KWETB Compassionate Consideration Process Visual.pdf

1.3.3 Planning, Conducting and Concluding Assessment

Procedure code and title:	1.3.3 Planning, Conducting and Concluding Assessment
Policy area:	1.3 Assessment of Learners
Version Number:	2
Reviewed by:	Quality Assurance Sub-Group
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Glossary

F01	Annual-Course-Assessment-Process-and-Results-Plan
F11	Assessment request Form
F12	Summary Assessment Sheet and Results Form

Purpose

The purpose of this procedure is to detail how KWETB ensures that assessment provides learners with fair and equitable opportunities to demonstrate their learning in response to assessment.

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 make every effort to ensure that learners are not unnecessarily overburdened with and stressed by assessment events at any one time. Learning Practitioners are encouraged to collaborate to integrate assessment where possible, using rubrics to distinguish between the specific assessment for the specific components or modules.

This will be achieved through assessment planning at centre level. Within centres/colleges, assessment will be planned to fit well with other scheduled activities and key external timelines. Assessment planning provides sufficient opportunity for learners to generate evidence and demonstrate achievement of standards, knowledge, skill and competence.

Learners will be informed of all requirements for assessment in a timely fashion. They will receive accurate and clear information about assessment. Assessment briefs and examination instruments will be prepared and reviewed in advance of the assessment instances and will be updated frequently to ensure currency.

Assessments are conducted under appropriate conditions; the technique being applied; the instrument in question and the requirements of the programme descriptor or module being delivered.

Confidentiality of all learner information must be protected throughout the planning, conducting and concluding of assessment in compliance with GDPR and KWETB data protection requirements, ensuring that learner data is handled, stored and shared securely at every stage.

Learning Practitioners are responsible for informing learners about their responsibilities regarding assessment. Learning Practitioners are responsible for supporting learners for whom assessment is new, or for whom assessment is a challenge, ensuring that they understand how to compile a portfolio of evidence.

Procedure – 1.3.3 Planning, Conducting and Concluding Assessment

Planning assessment: Effective assessment planning requires the Learning Practitioner to fully familiarise themselves with the programme and module descriptor, including learning outcomes and to prepare assessment instruments, marking schemes and sample answers that align with the learning outcomes. Programme Coordinators should review schedules to manage learner assessment workload, publish key dates, arrange invigilators where required and ensure assessment protocols and timelines are clearly communicated to staff and learners.	
1	The Learning Practitioner should familiarise themselves with the programme and module descriptor including the learning outcomes they are delivering. In FET Provision, the Learning Practitioner should prepare assessment instruments, marking schemes and sample answers. The Learning Practitioner should ensure that their assessment plan aligns with all learning outcomes. New Learning Practitioners should familiarise themselves with the Module Descriptor and from the perspective of a Subject Matter Expert in their discipline with regard to new developments i.e. legislation, techniques, work practices etc. The Learning Practitioner should consider the Indicative Content as a guideline only. In FET Provision-Second Providers centrally devised assessments will be issued by TSO.
2	In FET Provision the Learning Practitioner should submit draft assessment schedule to the Co-ordinator, identifying the stages at which assessment will take place.

	In FET Provision-Second Providers, the Programme Manager should submit the F01 to the TSO.
3	The Learning Practitioner should clearly define and communicate, for each assessment, the scope of AI use (prohibited / limited / permitted).
4	The Co-ordinator should ensure that repeat of assessment opportunities are planned at assessment design and centre planning stage.
5	In FET Provision the Co-ordinator should review the draft assessment schedules and create an overall award assessment schedule ensuring appropriate management of the assessment burden for the learner. The assessment schedule should include the dates on which: • Assessment instruments will be submitted to the Co-ordinator; • Assessment will be carried out; • Feedback and provisional results will be issued to learners; • Submission of final marks. The Co-ordinator should schedule repeat assessment opportunities within timelines and ensure they reflect the centre assessment schedule. The assessment schedule must comply with the procedure 2.2.8 Repeat of Assessment with the conditions and limitations for repeat assessments. In FET Provision-Second Providers, the Programme Manager should submit the F11 requests to the TSO requesting assessment no later than ten days prior to the scheduled assessment (including time/date and number of papers required). The TSO populates the assessment calendar and issues assessment as per the dates requested.
6	In FET Provision, the Learning Practitioner should submit assessment briefs, examination papers and back up papers, together with marking schemes and sample completed examinations to the Co-ordinator for filing. The Learning Practitioner should prepare alternative assessments to support repeat opportunities and compassionate consideration requests.
7	The Programme Co-ordinator should ensure that neutral invigilators, where appropriate are assigned for examinations and briefs them clearly about their responsibilities, informing them of when they are timetabled to invigilate. This does not apply to practical examinations.
8	The Programme Co-ordinator should appropriately communicate the assessment schedule to the learner. It should be ensured that the communication method(s) used are appropriate to the needs of the learner.

	The Programme Co-ordinator should ensure that Learning Practitioners are sufficiently well-informed to respond to learner queries about timeframes for assessment.
9	The Programme Co-ordinator should ensure that the assessment schedule is published to all staff and learners and is available through centre/college communication channels. Key dates are included in centre/college calendars.
10	The Programme Co-ordinator should ensure that assessment protocols are clearly explained to learners in good time.

Conducting assessment: Conducting assessment requires the Learning Practitioner to ensure that learners clearly understand the assessment criteria and marking schemes. Learners must be prepared for what to expect during scheduled assessments including skills demonstrations and examinations to ensure that learners are aware of their responsibilities regarding submission deadlines, academic integrity, reasonable accommodations and compassionate considerations.	
1	The Learning Practitioner should ensure that: • the learner is informed of assessment criteria in a timely fashion; • the assessment criteria are explained • learners understand the relationship between learning and assessment.
2	The Learning Practitioner should introduce learners to, and explain marking schemes to them.
3	The Learning Practitioner should review assessment briefs with learners, providing rationale; explaining requirement for all learning outcomes to be assessed; explaining requirements for presentation of the completed evidence; giving pointers for the approach to be taken by learners, and operational information, such as explanation of word counts, font size or timelines if appropriate.
4	Where assessment is taking place in a specific location or at a specific time, such as a skills demonstration or examination, the Learning Practitioner should inform learners of what to expect on the day, and of what is expected of them.
5	The Learning Practitioner should ensure that learners understand and know about their responsibilities as a learner for assessment, including observance of submission dates; assessment malpractice policy (including plagiarism and citation), KWETB Policy on the Use of Generative AI in Teaching and Learning and arrangements for learners to seek compassionate consideration and reasonable accommodations.

6	The Learning Practitioner should ensure that the environment and locations for on-site assessment are suitable and arranged in advance of the assessment instance. This includes ensuring that a room with enough seating, space and appropriate equipment are set up in advance.
7	The Learning Practitioner should ensure that the environment where the assessment (including examinations) is carried out is in a quiet location, where external noise is not going to represent a distraction. The Learning Practitioner should ensure other distractions are minimised.
8	The Learning Practitioner should check that all audio-visual equipment and other technical equipment is checked in advance of the assessment event. The Learning Practitioner should carry out health and safety checks in advance of assessment.
9	The Programme Co-ordinator should ensure that there is a filing and naming convention in place to ensure that audio-visual evidence is easily tracked and discoverable for review by the Learning Practitioner, the Internal Verifier(s) and the External Authenticator. To reduce GDPR risks and loss or corruption of video or audio files, KWETB strongly recommends the use of cloud storage. This approach also reduces the workload and time when managing storage and sharing of files. KWETB support cloud-based video sharing platforms i.e. • Microsoft Flip • Microsoft Stream • You Tube USB keys and/or external hard drive devices should not be used to store learner evidence. Photographs, video or audio should be recorded on either a KWETB managed device or learners may record evidence on their own personal device and submit for assessment in the same way they would with a traditional file tile, for example, a Word document. The Learning Practitioner should not take photographs, video or audio recordings of learners on their own personal device.
10	In the case of examinations, the Learning Practitioner should ensure that a file of documents is compiled including the assessment attendance register; door notice; correct number of examination papers; replacement examination papers for use in the case of events that compromise the primary papers; clear guidance on mobile phones, use of dictionaries and IT equipment.

	The Learning Practitioner should ensure that a defined, safe repository for learner personal possessions is provided. An accurate and visible clock should be provided in the room.
11	The Learning Practitioner/Invigilator should brief the learners on expectations for the duration of the examination. The Learning Practitioner/Invigilator should observe correct protocol for distribution and collection of examination papers.
12	The Learning Practitioner should ensure that assessment evidence is stored securely in accordance with KWETB procedure following the assessment event.

Concluding Assessment: Concluding assessment requires the Learning Practitioner to mark all learner evidence, clearly showing where criteria were met, completing marking and feedback sheets and issuing provisional results with information on repeats and appeals. Programme Coordinators must prepare and securely store evidence for Internal Evidence and External Authentication and ensure accurate uploads to QBS/RCCRS. Internal Verifiers should review evidence, record issues and required corrective action. The Results Approval Panel reviews and approves results for certification.
Reviewing Briefs (Marking and Feedback)
• The Learning Practitioner should ensure that all learner evidence is marked once the submission timeline has passed.
• The Learning Practitioner should ensure that marking clearly shows where criteria were met or not met, using pen or digital track changes.
• The Learning Practitioner should ensure that the marking sheet and summative feedback sheet are completed for each learner.
• The Learning Practitioner should not use AI to grade or determine assessment outcomes and/or provide automated grades or judgements as set out in KWETB Policy: The Use of Generative Artificial Intelligence (AI) in Teaching and Learning.
Informing Learners:
• The Learning Practitioner should ensure that provisional results and information in relation to repeats and appeals are issued to learners.
Assessment Locations:
• The Programme Coordinator should ensure that learner evidence is prepared for Internal Verification and External Authentication and evidence is presented.
• The Programme Coordinator should ensure that provisional results are uploaded to QBS/RCCRS.

• The TSO should ensure that QBS upload files from second providers are processed.
Responsibilities:
Learning Practitioner • The Learning Practitioner should ensure that evidence is marked, documented and provisional results are issued. • The Learning Practitioner should ensure that issues during IV addressed. Programme Coordinator • The Programme Coordinator should ensure that an internal appeals dates are set. • The Programme Coordinator should ensure that results are uploaded and learners are informed of the Repeat procedure and Appeals procedure. The internal Verifier • The Internal Verifier should ensure that verification is completed, issues or concerns are recorded and corrective actions are followed up. QA Lead/TSO • The QA Lead/TSO should ensure that External Authentication is completed and reports are submitted to the Results Approval Panel. Results Approval Panel • The Results Approval Panel should ensure that results are reviewed, approved and submitted for certification.
Environment:
• The Programme Coordinator should ensure that assessment evidence and documentation are securely stored and organised for Internal Verification and External Authentication.
• The Learning Practitioner should ensure that no identifiable learner work or sensitive data is pasted into AI tools.
Digital Requirements:
• The Learning Practitioner should ensure that digital marking tools are used appropriately. • The Programme Coordinator should ensure that all digital submissions to QBS/RCCRS are accurate and complete.

Link to other Policies/Procedures

1.3.1	Development and Design of Assessment
1.3.2	Information to learners about Assessment
1.3.4	Administration of Examinations

1.3.5	Adapting Assessment
1.3.7	Security of Assessment materials
1.3.9	Feedback to Learners
1.3.10	Internal Verification
1.3.11	External Authentication
1.3.12	Results Approval
2.1.2	Learner Induction
2.2.3	Assessment Appeals
2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation in Assessment
2.2.6	Compassionate Consideration
2.2.8	Repeat of Assessment
3.4.1	Learner Records
Addendum 2	Monitoring and Recording Quality Assurance Management within Centres

Resources

Resources	• Visual Guide Information to Learners about Assessment • Planning, Conducting & Concluding Assessment Visual Guide • Guidelines for the use of bilingual dictionaries in examinations • The KWETB Policy on the Use of Generative Artificial Intelligence in Teaching and Learning

1.3.4 Administration of Examinations

Procedure code and title:	1.3.4 Administration of Examinations
Policy area:	1.3 Assessment of Learners
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 staff will apply the principles of assessment in the conduct of examination. These principles are validity, reliability, fairness, quality and transparency.

The term 'examination' refers to any theory-based, oral, aural, online or practical assessment which occurs on a specific date and for a specific duration. This procedure does not cover other assessment techniques, including assignment; collections of work; learner record; project; or portfolio are not covered by this document.

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 denoted in sections Roles and Responsibilities and Examination procedure.

Roles and responsibilities

There are four key roles in relation to examination:
The Programme Co-ordinator (relevant to the scale of the location where the examination is being held).

- The Programme Co-ordinator
- The Learning Practitioner
- The Assessment Learner
- The Invigilator

Roles and Responsibilities of the Programme Co-ordinator (KWETB reserves the right to take the role of the Programme Co-ordinator, or to delegate this role where a need to host centralised examinations occur) The roles and responsibilities of the Programme Co-ordinator include:	
a.	Assigning the examination locations.

b.	Identifying and scheduling the Invigilator.
c.	Ensuring that all stakeholders have received information about the examination schedule and plans according to KWETB procedure 1.3.3 Planning, Conducting and Concluding Assessment. The latest notification should be issued no later than one month before the date of the examination.
d.	Ensuring that the room in which the examination is to occur is fit for purpose, properly equipped and properly laid out to ensure the integrity of the examination.
e.	Ensuring that all examination papers, back-up papers, marking schemes, outline solutions and sample completed examinations are secured correctly and safely in accordance with KWETB's procedure 1.3.7 Security of Assessment Materials.
f.	Ensuring that all resources and IT resources are in place and working in advance of the examination.
g.	Ensuring that all learners have received an assessment guide/instruction in advance of the examination.
h.	For FET Provision-Second providers, F11 request assessment packs are released by Training Standards to providers which include assessment documentation.
i.	Providing a list of assessment learners to the Invigilator in the form of an attendance register and this to be returned to Programme Co-ordinator on completion of the examination. For FET Provision-Second Provider, the contract provider provides the invigilator via F04 with a list of candidates.
j.	Advising the invigilator of any Reasonable Accommodations to be applied in relation to the specific examination. Reasonable Accommodation will have been agreed as per Reasonable Accommodation procedure.
k.	Where relevant, ensuring that a pre-arranged seating place is in place. For FET Provision-Second providers, this is expected as part of F04.

Roles and Responsibilities of the Learning Practitioner	
a.	Preparing examination papers, marking schemes and sample completed papers/answer books.

	For FET Provision-Second providers, the Learning Practitioner may be responsible for ensuring that pre-prepared examination papers for the instance of assessment are ordered in a timely fashion and stored securely in the location where the examination will take place.
b.	Informing the assessment learners of their responsibilities.
c.	Informing the assessment learners of the dates on which examination will take place and ensuring that learners understand the need to prepare for examinations, and that they have developed appropriate strategies for examination preparation and study skills relevant to their level.
d.	For FET Provision-Second Providers, TSO provides the required Invigilator documents as part of F11 request.
e.	Is available on site for the duration of the examination.
f.	Assessing the learner evidence according to the criteria, marking scheme and sample answers for the specific paper in question and assigns accurate marks to the paper.
g.	Planning their own personal timeline for reviewing the learners' assessment, marking it accurately and submitting accurate marks in time.
h.	Ensuring that the assessment judgement is transparently visible in the marking.
i.	Preparing feedback for the learner in response to the evidence completed. Giving learner provisional results.
j.	Submitting accurate marks for each learner to the Co-ordinator before the deadline for submission. For FET Provision-Second Providers, Contracted Training and Community/Apprenticeship programmes submit results to Training Standards for review and approval.

Roles and Responsibilities of the Assessment Learner	
a.	Taking responsibility for their own behaviour as an assessment learner according to the level and stage of their programme of education and training, and in response to guidance from the Learning Practitioner.
b.	Taking responsibility for noting key dates, deadlines and locations in advance of the examination.

c.	Requesting Reasonable Accommodations or Compassionate Considerations in a timely fashion.
d.	Arranging to be at the examination centre in advance of the start time, fully equipped with personal equipment required for the examination.
e.	Presenting a valid ID document to the invigilator.
f.	Not entering the examination centre 30 minutes after the start of the examination. (Example based on a 2-hour examination).
g.	Only leaving the examination centre after the allotted time has elapsed.
h.	Signing and submitting all assessment materials on completion of the examination.
i.	Taking responsibility for personal possessions, storing them in the allocated space as requested by the invigilator.
j.	Turning off all electronic devices before the examination starts and stores these in the allocated place.

Roles and Responsibilities of the Invigilator:	
a.	For FET Provision-Second Providers, the Contract provider reviews the invigilator pack prior to the assessment commencing.
b.	Is in attendance at least thirty minutes before the examination starts.
c.	Checking all learner identification and ensuring they have signed the attendance register.
d.	Ensuring that the clock is accurate.
e.	Noting the actual start time, duration and finishing time of the examination on a whiteboard/flipchart or other, reading this aloud to the learners.
f.	Actively monitoring learners for the duration of the examination, giving their entire attention to this task. Invigilators must not use personal music devices, read newspapers, books or magazines; engage in work activities/ or any occupation other than invigilating, for the duration of the examination. The invigilator must not bring any items not connected with invigilation into the examination.
g.	Dealing with any problems which arise. Knows who to contact in cases of emergency.

	The Programme Co-ordinator should ensure that another member of staff is always available onsite.
h.	Adhering to KWETB guidelines for conducting examinations.

Procedure – 1.3.4 Administration of Examinations

1	The Programme Co-ordinator should ensure that the Invigilator receives the examination materials, ensuring that the documents are taken directly to the examination centre.
2	The Invigilator should ensure that they check learner identification.
3	The Invigilator should ensure that learners sign the examination attendance list. The Invigilator should sign and date the attendance list.
4	The Invigilator should ensure that calculators or other resources (e.g., dictionaries) learners have brought to the examination comply with regulations State Examination Commission Guidelines – Use of Bilingual Dictionaries in the Certificate Examinations S01A/10.
5	The Invigilator should ensure that reasonable accommodations are complied with.
6	For FET Provision-Second Providers, the Invigilator should ensure that when they open the examination papers, a witness sign that all were opened in compliance with the procedure.
7	The Invigilator should ensure that all mobile phones are switched off and stored in bags, in the correct place.
8	The Invigilator should ensure that they distribute the examination papers face down, together with answer books. Where relevant, the Invigilator should ensure that all learners are logged on to computers appropriately.
9	The Invigilator should ensure that they read the learner instructions aloud before the time for the examination commences.
10	The Invigilator should ensure that all learners have the correct papers.
11	The Invigilator should ensure that they write the start time, duration and end time on a white board, blackboard or flip chart and reads these aloud to learners.

	For FET Provision-Second Providers, the Invigilator should ensure that they note the assessment start time on the invigilator report.
12	The Invigilator should ensure that strict silence is observed for the duration of the examination. The Invigilator should respond to learner needs if necessary, including seeking clarification about learner queries where these arise.
13	Where unexpected events occur, the Invigilator should ensure the integrity of the examination is maintained if reasonably practicable and records the event. For FET Provision-Second Providers, the Programme Manager should ensure that they record the event in the invigilator's report.
14	The Invigilator should notify learners when 10 minutes of the duration remains.
15	The Invigilator should ensure that learners sign all scripts.
16	The Invigilator should ensure that they collect all scripts.
17	The Invigilator should inform learners when they can leave the examination centre.
18	The Invigilator should collect, package and label all examination materials and should transfer it to Learning Practitioner or Programme Co-ordinator or nominated person.

Link to other Policies/Procedures

1.3.3	Planning, Conducting and Concluding Assessment
1.3.7	Security of Assessment Materials
2.2.5	Reasonable Accommodation in Assessment
2.2.6	Compassionate Consideration

Resources

Resources	• Invigilator report template (FET Provision-Second Providers) • Learner Guide for Assessment • Guidelines for the use of bilingual dictionaries in examinations • Examination Attendance list

1.3.5 Adapting Assessment

Procedure code and title:	1.3.5 Adapting Assessment
Policy area:	1.3 Assessment of Learners
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
Date approved by Quality Council:	27th June 2023
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Review Date:	

Purpose

The purpose of this procedure is to ensure that all learners are enabled to produce assessment evidence that is relevant to the learning outcomes being assessed without being inadvertently affected by specific barriers. Learners will be enabled to participate in authentic assessment that is aligned with their learning goals. It is the responsibility of KWETB personnel to adapt assessment where learners apply for reasonable accommodations in respect of a specific instance of assessment.

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

More broadly, KWETB will apply the principles of Universal Design for Learning (UDL) to the design of assessment to ensure that learners will have opportunities to participate in authentic assessment. These principles cover the why, what and how of learning, and ensure that assessment is a constructive part of learning. The principles are:

- Multiple means of engagement
- Multiple means of representation
- Multiple means of action and expression

Specific adaptations to assessment instruments.

Specific adaptations can be made to assessment in order to meet the needs of individual learners, in response to an individual application for reasonable accommodation, and recognising that the learner is the person best equipped to articulate their needs in respect

of the assessment. In some cases, a single application for reasonable accommodation may span a number of assessment instances. The learner should not be exposed to excessive and time-consuming form filling in order to avail an adaptation to assessment.

In making decisions to adapt assessment, the standard to be attained must not be compromised in any way, in order to maintain the principles of fairness, validity and reliability of assessment. The method by which the learner produces evidence is adapted.

Examples of adaptations to assessment include, but are not limited to,

- Provision of rest breaks
- Split sessions/increased number of shorter sittings
- Provision of additional time to complete the assessment
- Readers
- Writers or scribes
- Sign language interpreters
- Overwriting
- Provision of computers or other assistive technology
- Audio recording
- Provision of a braille machine
- Enlarged print
- Adjusted background colours
- Separate rooms

It is recommended that contingency plans for adaptation are in place in advance of the assessment period, that these are routinely embedded in centre or school planning, with key responsibilities for implementation, and are reviewed periodically.

Assessment may also be adapted for a complete cohort of candidates due to force majeure. Instances of force majeure are not covered in this procedure.

Procedure – 1.3.5 Adapting Assessment

1	The Programme Co-ordinator should review the application for Reasonable Accommodation and meet with the learner to determine the best course of action. There should be clear communication around the assessment to determine why it needs to be adapted, consideration of how it will still meet learning objectives of the awarding body and outline of how best to adapt an assessment, who will devise it and what channels it needs to go through to be approved for use. The Programme Co-ordinator should consider the impact of the change in relation to timetables, learners, Learning Practitioners and approval of how the facilitation of the changed assessment event will occur.

2	The Programme Co-ordinator should ensure that GDPR policy and principles are always applied.
3	The Programme Co-ordinator should ensure that they document the justification for the adaptation.
4	The Programme Co-ordinator should decide how best to adapt the assessment or circumstances while ensuring that the standard for the assessment is not compromised.
5	The Programme Co-ordinator should document the decision regarding adaptation and inform the learner of the decision.
6	The Programme Co-ordinator should ensure that they act based on the decision. For example, if a reader or scribe is required, the Programme Co-ordinator should engage these services in accordance with good practice. The Programme Co-ordinator should ensure that such personnel are equipped with the knowledge and skills to carry out their assigned task while upholding the principles of assessment. The Programme Co-ordinator should ensure that if changes to the mode of assessment are required, these are drafted and approved as being of the same standard as the instrument being administered to other learners. The adaptation should facilitate the learner to demonstrate their achievement of the learning outcomes of the assessment without altering the standard of the award. The Programme Co-ordinator should ensure that if additional space is required, an additional invigilator is engaged.
7	If necessary, the Programme Co-ordinator should ensure they seek and document the approval of the awarding body to make the adaptation.
8	The Programme Co-ordinator should inform the learner of the adaptation made, and of any specific logistic arrangements to be applied – e.g., change of venue, presence of a scribe. The Programme Co-ordinator should explain how learning objectives will be addressed; weighting of assessment; clear guidelines about the assessment event and prior notice; expectation of evidence required and deadlines to be met.
9	The Programme Co-ordinator should inform the Internal Verifier and External Authenticators of adaptations made.
10	The Programme Co-ordinator should ensure that copies of all documentation are retained and that records are maintained effectively.

Link to other Policies/Procedures

1.3.10	Internal Verification
1.3.11	External Authentication
2.2.5	Reasonable Accommodation in Assessment

1.3.6 Marking of Assessment

Procedure code and title:	1.3.6 Marking of Assessment
Policy area:	1.3 Assessment of Learners
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Date of Implementation:	1st January 2024
Review Date:	

Purpose

The purpose of this procedure is to set out KWETB process for marking of assessment.

Scope

This procedure applies to all FET Provision. For FET Provision-Second Providers, the AIS dictates the Marking Scheme. There is an integrated single policy, with integrated procedures for FET Provision and FET Provision-Second Providers.

Procedure – 1.3.6 Marking of Assessment

1	The Learning Practitioner should ensure they adhere to the assessment guidelines as set out in section 11 of Component Descriptor.
2	For FET Provision, the Learning Practitioner should devise a marking scheme with a detailed breakdown of how the marks will be allocated to the assessment criteria (A marking scheme is different to the marking sheet, which outlines the overall marks only).
3	For FET Provision, the Learning Practitioner should devise a marking scheme and marking sheet per technique and a summary marking sheet per minor award. A marking system should identify per technique: • marks allocated to each assessment criterion • sub totals • total mark
4	For FET Provision, when devising assessment instruments and marking schemes, the Learning Practitioner should identify what will be accepted as evidence and how this will be marked or measured – outline solutions are good practice and must be devised in the case of examinations.

5	For FET provision, the Learning Practitioner should devise a rubric to be used for marking of assessment. Rubrics help clarify the expectations for learner performance.
6	For FET Provision, at levels 1, 2 and 3, although not usually marked numerically, the Learning Practitioner should devise and apply assessment criteria.
7	If a borderline grade is achieved, it is recommended that the Learning Practitioner reviews the grading statements, as set out in QQI Grading Criteria, to verify that the grade awarded is in line with QQI grading criteria for levels 4,5,6.
8	If the Learning Practitioner identifies plagiarism, the Learning Practitioner should refer to Procedure 2.2.4 Academic Integrity and Assessment.

1.3.7 Security of Assessment Materials

Procedure code and title:	1.3.7 Security of Assessment Materials
Policy area:	1.3 Assessment of Learners
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to outline how KWETB securely store assessment material, learner evidence and records of assessment.

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 is committed to the principles of fairness, reliability and validity of assessment, and in order to ensure that these principles are maintained, all personnel will ensure that assessment materials are stored securely before, during and after the assessment period. Responsibility for this lies within each centre. All personnel are responsible for understanding the reason for security of assessment materials and evidence and contribute to ensuring security.

Assessment materials include, but are not limited to: Assessment briefs, examination papers, marking schemes, sample answers or sample answer books, solutions, instructions for practical and skills demonstrations, and backup examination papers and briefs.

Assessment records include, but are not limited to, completed attendance sheets, invigilator reports, seating plans, Learning Practitioner verification, photographic and/or audio evidence, signed assessment submissions, internal verification reports, external authentication reports, appeals documentation and records of reasonable accommodations, compassionate considerations and assessment malpractice processes.

Learner assessment evidence refers to competed examination scripts or answer books, hard or soft copy assessment evidence; artefacts created by assessment learners.

KWETB locations are equipped with secure, lockable storage for assessment materials and evidence.

The KWETB policy on GDPR covers the need to ensure the security of online material. There are clear lines of authority for ensuring security of assessment materials and evidence, and all personnel are committed to, and understand the significance of security of assessment materials and evidence. Programme Co-ordinators are responsible for establishing secure tracking and storage of assessment materials and evidence; ensuring that there is secure storage; informing personnel of their responsibilities and assigning responsibility where required.

Procedure – 1.3.7 Security of Assessment

1	The Programme Co-ordinator should inform the Learning Practitioner of the deadlines for submission of examination briefs and papers. The Learning Practitioner should submit these to the Programme Co-ordinator within the specific deadline.
2	The Programme Co-ordinator should ensure that the Learning Practitioner is routinely informed of the arrangements for secure storage / online storage of assessment materials and notified of changes if necessary.
3	The Programme Co-ordinator should ensure that all staff are informed of arrangements for the secure transfer of assessment materials where these are applied.
4	The Learning Practitioner should inform the learner of their responsibility for the submission of assessment evidence and of the arrangements for secure storage. The Learning Practitioner should inform the learner about their ownership of assessment evidence and of their responsibility to retain online back up or a hard copy of the evidence submitted.
5	The Learning Practitioner should ensure that the learner is aware that they are responsible for secure online storage / storage of their assessment material prior to submission. The Learning Practitioner should ensure that the learner is aware to retain online storage of back up files or a hard copy
6	For FET Provision, the Co-ordinator should ensure that all examination papers and back-up examinations papers are retained in the agreed secure location when submitted by Learning Practitioner.

	For FET Provision-Second Providers, as per F11 request, the TSO should securely send pre-release assessment materials. Theory papers are released to the FET Provision-Second Providers, the day before the scheduled event is due to take place.
7	The Programme Co-ordinator should ensure that examination papers are issued by the designated person, to the invigilator on the day of the examination/assessment instance.
8	The Learning Practitioner should ensure that assessment material is stored safely securely after submission by the learner. The Learning Practitioner should ensure it is placed in the designated secure storage area or cloud storage.
9	When artefacts assessment is presented by the learner, the Learning Practitioner should ensure that these are manually receipted, either using a physical receipt or an acknowledgement via email to the learner, that the evidence has been received. The Learning Practitioner should provide receipting for eportfolio/onedrive submission of assessment.
10	The Learning Practitioner should ensure secure storage of assessment materials and evidence during the marking and grading phase.
11	For FET Provision, the Co-ordinator should ensure that all learner evidence and assessment material (including application forms, learner contracts, exam sign-in sheets, course evaluations, etc) is retained until after the appeals process elapses. The Co-ordinator should notify the learner of a date within which assessment evidence will be disposed of securely and removed from relevant drives. For FET Provision-Second Providers, the Programme Manager should ensure that all assessment materials, used or otherwise are returned to the TSO where it is checked and securely disposed of.
12	Following the collection date, the Programme Co-ordinator should arrange for the secure disposal of the assessment materials.

Link to other Policies/Procedures

1.3.2	Information to learners about Assessment
2.1.3	Information to Learners
3.3.4	KWETB GDPR Procedure
3.4.6	Data Security

1.3.8 Assessment by Third Parties

Procedure code and title:	1.3.8 Assessment by Third Parties
Policy area:	1.3 Assessment of Learners
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Purpose

The purpose of this procedure is to outline how KWETB ensure fairness and consistency in assessment in the procurement of services of an individual or individuals (third party) to carry out assessment of learners.

Scope

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

Preamble

KWETB services are supplemented through procurement of the services of second providers where internal services cannot meet the training or education needs of specific industries, specific awards, learner cohorts or in a particular geographical location. FET Provision-Second Providers is undertaken on behalf of Training Services with Contracted Training/Community training, Local Training Initiatives, National Learning Network and are the subject of legal contracts with KWETB. FET Provision-Second Providers are expected to demonstrate the effectiveness of their own Quality Assured provision, and to adhere to KWETB policy where this is relevant/appropriate. FET Provision-Second Providers carry out assessment of learners for awards associated with their delivery.
KWETB may, from time to time procure the services of an individual or individuals (third party) to carry out assessment of learners.

Procedure – 1.3.8 Assessment by Third Parties

1	KWETB should follow the policy and procedures of the Office of Government procurement when identifying a second provider or third party to conduct assessment.
2	KWETB's representative should ensure that roles and responsibilities are clearly delineated.
3	KWETB's representative should ensure that the third party's policies and procedures for quality assurance of assessment are appropriate and are aligned with KWETB's policies.
4	KWETB's representative should ensure that an agreement with the third party is in place regarding the application of quality assurance.
5	KWETB's representative should ensure that there is an agreement with the third party about the design and use of specific assessment instruments. These can be provided by the third party in which case, they must be able to show that these instruments have been validated/approved by an umbrella body. Alternatively, the third party may have been procured to administer assessment using instruments developed by KWETB services.
6	KWETB's representative should ensure that clear communication, monitoring and reporting arrangements are drawn up and included in a contract (agreement).
7	The third party's employees should communicate at regular agreed times with KWETB's representative, reporting on a suite of agreed items pertinent to the assessment.
8	The third party, or its employees should assess evidence provided by learners.
9	KWETB's representative should assign Internal Verifiers and External Authenticators to determine whether the processes applied by the third party are consistent with national standards.

1.3.9 Feedback to Learners

Procedure code and title:	1.3.9 Feedback to Learners
Policy area:	1.3 Assessment of Learners
Version Number:	1.1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to outline how KWETB ensures fairness and consistency in giving constructive feedback to the learner so that learning can be assimilated and the learner has a positive outcome.

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 recognise that feedback is an essential, constructive part of the learning process that enhances the learner's knowledge, confidence and emotional response to learning.

Feedback to the learner should be provided regularly, in a timely fashion and should be beneficial and delivered according to the assessed learning needs of the individual.

Types of Feedback

KWETB recognise the importance in consistency when giving feedback and that all learners receive the same quantity and quality of feedback. The feedback process should be adjusted towards techniques that are most effective to different cohort of learners.

The Learning Practitioner can give general feedback to the class, e.g. where common themes have arisen in the group's assessment submission and suggest areas for improvement. Verbal feedback can be given to individuals, ensuring consistency for all learners.

Formative feedback is relevant to learning needs and furthers progression towards attainment of the intended programme learning outcomes. It is used to improve the

learner's competence to achieve intended learning outcomes and is carried out throughout the duration of the programme.

Summative written feedback should be given on assessment and should be provided with provisional grade.

Feedback to learners cannot be generated from AI, as set out in KWETB Policy: The Use of Generative Artificial Intelligence (AI) in Teaching and Learning.

Procedure – 1.3.9 Feedback to Learners

1	The Programme Co-ordinator should ensure that at staff induction, all Learning Practitioners are informed of KWETB's approach to the use of giving feedback to learners.
2	The Learning Practitioner should ensure that the learner is informed about the use and purpose of feedback to ensure that they understand and know its value. The Learning Practitioner should ensure that the learner is aware of their entitlement to receive feedback. The Learning Practitioner should ensure that learners receive timely provisional results to allow the learners who have been unsuccessful in assessment and would otherwise be referred to make decisions regarding a potential repeat. The Learning Practitioner should support the learner's understanding of whether a repeat assessment is feasible.
3	The Learning Practitioner should determine the type of feedback to be given with consideration of the subject matter. For example, audio, handwritten, verbal.

Formative Feedback: Formative feedback should be provided to the learner. This supports the learner in adapting, enhancing and improving their performance.	
1	The Learning Practitioner should ensure that the period for formally delivered feedback is included in the assessment schedule.
2	The Learning Practitioner should ensure that they give regular formative feedback to the learner.
3	The Learning Practitioner should give formative feedback using any of the following mechanisms: • Video evidence of feedback throughout the programme • Verbal feedback, for example, during a class or lecture

	• Written feedback, for example, on an assignment submitted at any stage of the programme. • Written report sheet for feedback

Summative Feedback: Summative feedback must be provided and evidenced for each completed assessment as part of the QA process.	
1	The Learning Practitioner should ensure that summative feedback is given shortly following each submission of assessment. The Learning Practitioner should ensure that summative feedback is given in relation to the learning outcomes and the assessment criteria. The Learning Practitioner should provide ongoing feedback and support to help learners achieve all learning outcomes.
2	The Learning Practitioner should ensure that on completion of assessment events, they give the learner their provisional grade achieved and summative feedback describing how the learner met the criteria for the assessment, and how the performance can be improved in future instances. The Learning Practitioner should ensure that the learner is aware that all grades at this stage are provisional and may be subject to change.
3	The Learning Practitioner should ensure that summative feedback to the learner is evidenced in the learner's portfolios of assessment.

Link to other Policies/Procedures

1.3.2	Information to learners about Assessment
1.3.3	Planning, Conducting and Concluding Assessment
2.1.3	Information to Learners
2.2.8	Repeat of Assessment
Addendum 2	Monitoring and Recording Quality Assurance Management within Centres

Resources

Resources	• KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

1.3.10 Internal Verification

Procedure code and title:	1.3.10 Internal Verification
Policy area:	1.3 Assessment of Learners
Version Number:	1.1
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 ensures that all learners have experienced fair and consistent assessment and that all assessment activities have been carried out correctly.

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 denoted in sections;

- Roles and Responsibilities
- Preparing for Internal Verification
- Sampling Strategy and Verification of Results
- Documenting and Evidencing the Internal Verification Report
- Verifying Assessment Procedures
- Verifying and Confirming Assessment Results
- Irregularities and Action Required
- Concluding the Internal Verification

Roles and Responsibilities

The Internal Verifier

- Roles
    - For FET provision, the number of Internal Verifiers is identified based on the number of awards being submitted for certification. For FET Provision-Second Provider, internal verifiers are required to check all results within the programme.
    - Internal Verifiers should not have taught or assessed the award being verified in the relevant cycle.

- Co-ordinators can participate in Internal Verification.
- It is recommended that a number of individuals in larger centres are involved in conducting Internal Verification.
- Co-ordinators will be requested to complete a list of Internal Verifiers.
- Co-ordinators must upload completed Internal Verification Reports to the OneDrive folder shared by QA office. This must be according to the deadline set out for the specific certification period.
- Internal Verifiers should review both original and repeat assessments and document in the IV Report that the grading of repeat assessment is aligned with the same marking criteria used for the original assessment.

- Responsibilities of Internal Verifiers
  - Systematically check that assessment procedures have been followed.
  - Check that all assessment procedures have been applied.
  - Monitor assessment results using the sampling strategy agreed.
  - Produce an internal verification report.

<u>The task</u>

- Systematic check to verify assessment results before submission for certification. It is at the discretion of the centre as to when the IV takes place.
  - Where learners are entered for certification, all portfolios containing assessment evidence for all associated minor awards are available.
  - Learning has been assessed using the techniques, instruments and criteria indicated in the validated programme leading to the award.
  - Evidence is presented as per the techniques specified in the Award Specification and using appropriate assessment instruments.
  - Assessment evidence is signed by learners indicating that it is their own work.
  - Procedures in relation to assessment deadlines, compassionate consideration, reasonable accommodations and assessment malpractice have been followed.
  - Assessment results are available and recorded for each learner.
  - Marks are totalled and percentage marks are calculated correctly and are transferred from learner evidence to marking sheets/provisional results sheets accurately.
  - The percentage marks and grades awarded are consistent with QQI grading bands and other relevant awarding bodies criteria.
  - The internal verifier initials and dates the provisional results sheet and portfolios where they have been internally verified, in the bottom right-hand corner of each document.

Procedure - 1.3.10 Internal Verification

Preparing for Internal Verification:	
1	For FET Provision, the Co-ordinator should ensure that each online submission through OneDrive or ePortfolio includes the Authentication Report (QBS Result Sheet) by Minor Award Result Sheet(s). For FET Provision, the Co-ordinator should sign the QBS Result Sheet to confirm that all details are correct. For FET Provision-Second Providers, the Programme Manager should submit the F12 Course Summary Assessment Sheet and Results Approval Form to the Training Standard Office.
2	The Programme Co-ordinator should ensure the Programme Descriptor and Component Specification are uploaded/submitted and made available to the Internal Verifier.
3	For FET Provision, the Co-ordinator should ensure that all assessment instruments and related documentation are uploaded/submitted and made available to the Internal Verifier. These include assessment brief(s), examination(s), marking scheme(s), model answers, assessment marking scheme, assessment marking sheets. For FET Provision-Second Providers, the Programme Manager should ensure that the relevant AIS and learner instructions is also be submitted and made available to the Internal Verifier.
4	For FET Provision, the Co-ordinator should ensure that the Assessment Plan and if relevant, the QQI Exemption Claim form are uploaded/submitted and made available to the Internal Verifier. For FET Provision-Second Providers, the Programme Manager should ensure that Assessment records i.e. notification of Assessment (F11), seating plans, attendance records are submitted and made available to the Internal Verifier.
5	The Programme Co-ordinator should ensure that the learner evidence is uploaded/submitted and made available for each learner presenting.
6	The Programme Co-ordinator should ensure that feedback to Learner(s) is uploaded/submitted and made available to the Internal Verifier.
7	The Programme Co-ordinator should ensure that IV findings are reviewed annually and included in the Annual Quality Report.
8	The Programme Co-ordinator should ensure that any QA issues identified during IV as QA incidents should be reported as set out in the requirement for Incident Reporting in the Monitoring and Reporting Quality Management within centres procedure.

The Programme Co-ordinator should ensure that:	
	Dates are assigned when Internal Verification will occur, taking into consideration the deadline for submission of Internal Verification reports as set out in KWETB Certification Schedule which is generated by the QA/TSO office.
	Internal Verifiers are advised of their role – major/minor award(s) to the be internally verified and the sampling strategy to be applied. For FET Provision-Second Providers, Contracted Training and Community Training provide their own Internal Verification, which is 100% sampled.
	All documentation/IT access for the Internal Verification process is available for the Internal Verifier.
	Dates are agreed for completion of Internal Verification. For FET Provision-Second Providers, this is set out in F01 form.
	Internal Verifiers should be issued with correct version of KWETB Internal Verification Report template.
All staff with a role in Internal Verification may avail of training that is provided by the QA team.	

Sampling Strategy and Verification of Assessment Results	
1	For FET Provision-Second Providers, the TSO should select the assessment to be verified by carrying out F01 Internal Verification on the Conduct of Assessment. For FET provision, the Co-ordinator should apply KWETB's Internal Verification sampling strategy to determine the correct sample size. The 'number sampled; column in the Internal Verification report should be completed. When sample is applied, the learners sampled should be identified in the sampling strategy section by using learner initials and grade achieved. (see Appendix 1 for FET Provision Sample Strategy to be applied).
2	The sampling strategy should include: • All fields of learning • All class groups • All major and minor awards • All new Learning Practitioners • All Learning Practitioners delivering a programme new to them • Any awards where issues arose in the previous certification period

Documenting and Evidencing the Internal Verification Report	
1	For FET provision, the Co-ordinator or nominated person responsible should complete Part 2 - Monitoring Assessment Procedures (Reasonable Accommodations, Compassionate Considerations, Assessment Malpractice, in advance of the Internal Verification. The Internal Verifier should complete Part 1 and Part 3 of the IV Report.
2	The Internal Verifier should complete all sections of the Internal Verification report. A tick should be entered under yes/no in the verification items. This should include the accessibility to online videos/skills demonstrations/YouTube etc. The Internal Verifier should verify that the assessment evidence matches the requirements set out in the award specification, and validated programme. The Internal Verifier should identify any errors or omissions; these should be documented within the 'Internal Verification Action Points arising. These should be documented in a clear and factual manner, identifying relevant component code and title. This report will be used to assist with any follow-up actions required and used as a platform for informing External Authenticator of any issues arising. For FET Provision-Second Providers, the Contracted and Community Providers should carry out Internal Verification and upon completion they should submit the IV report to the TSO as part of the overall Assessment Pack.
3	The Internal Verifier should ensure that all required documentation is signed and dated by Learning Practitioner and learner.
4	Once any correctional action has taken place, the Internal Verifier should print and sign and date the Internal Verification Report. The Co-ordinator should print and sign and date the Internal Verification Report. For FET Provision-Second Providers, the Contracted and Community Providers should submit the IV report to TSO as part of submission pack.

Verifying Assessment Procedures	
1	For FET provision the Internal Verifier should ensure that the IV report verifies: • All assessment procedures have been adhered to. • Learning has been assessed using the techniques, instruments and criteria indicated in the validated programme. • Assessment results are documented and recorded accurately.

	For FET Provision-Second Providers, the Internal Verifier should ensure that the IV report verifies: • All assessment procedures have been adhered to (resources, location, security). • IV for the Assessment event (instructions, if approved – learner supports were in place. • IV during Assessment (supervision, instructions, breach of assessment noted). • IV of Assessment documentation / records (anomalies identified, storage of records, previous continuous improvements / actions implemented.

Verifying and Confirming Assessment Results	
1	The Internal Verifier should ensure that all folders are present and correspond with the Authentication Report (QBS) by Learner Group by Minor Award Results Sheet. For FET Provision-Second Providers, the Internal Verifier should ensure that all folders are present and correspond to the F12 Course Summary Assessment Sheet and Results Approval Form.
2	Levels 1,2,3 are graded as successful. There is no adding up of marks. For Levels 4,5,6 the Internal Verifier should add up marks that the learner has achieved and confirm that marks are totalled, and percentage marks are calculated correctly and are transferred from learner evidence to marking sheets/provisional results sheets accurately. The Internal Verifier should confirm that all Learner Summary Sheets correspond with Authentication Report (QBS). For FET Provision-Second Providers, the Internal Verifier should confirm that all Learner Summary Sheets correspond with F12 Course Summary Assessment Sheet.
3	The Internal Verifier should ensure that borderline grades are checked thoroughly, and if a grade change is required, the folder should be returned to the Learning Practitioner for correctional action and should be reviewed and correctional action should be documented in the Internal Verification Report.

Irregularities and Action Required	
1	For FET provision, the Co-ordinator should facilitate the Internal Verifier in dealing with any irregularities / omissions identified. For FET Provision-Second Providers, the Contracted and Community providers should correct irregularities/omissions prior to submission; however, Contracted and Community providers should keep the TSO informed throughout the process.

2	The Internal Verifier should be aware of the procedures in place to notify appropriate staff (Co-ordinator or Learning Practitioner) to carry out corrective action and to ensure it is implemented before signing off on the Internal Verification report.
3	The Internal Verifier should be aware of the procedures in place to notify appropriate staff (Co-ordinator or Learning Practitioner) to carry out corrective action and to ensure it is implemented before signing off on the Internal Verification report.
4	The Co-ordinator or nominated responsible person should ensure that the Learning Practitioner is aware of any errors or omissions well in advance of the External Authentication process in order to carry out corrective action in a timely manner.
5	The Internal Verifier should ensure that learner assessment feedback, both summative and formative is available for each learner.
6	Where the Internal Verifier detects transcription errors from the Summary Results sheet to the QBS/F12 then the Internal Verifier should consult with the Learning Practitioner to confirm and rectify the result as soon as possible. The internal verifier should identify totalling errors. A totalling error occurs where: • A mark has been totalled incorrectly on learner evidence • The total mark awarded on an Assessment Sheet is incorrect • The total mark awarded on a Summary Sheet is incorrect. For FET provision, Learning Practitioner can correct this in eportfolio platform using different colour pen to identify. This should be recorded on Internal Verification corrective action.
7	Where signatures are missing, the Internal Verifier should contact the Learning Practitioner to amend. This should be noted on the Internal Verification report.
8	The Internal Verifier should record all corrective action on the Internal Verification report.
9	The Internal Verifier should ensure that all corrective action takes place before Internal Verification report is presented for External Authentication.

Internal Verification Sample Review Process	
	This process is carried out in FET Provision. The Sample Review Process is carried out by the QA person responsible.
1	For each certification period, only centres that are submitting for online EA will be included in the sampling process.

2	The designated person with responsibility for QA authentication should select two centres on a sampling basis from each of the six certification periods.
3	The designated person with responsibility for QA authentication should notify the Co-ordinator in advance of review.
4	The Co-ordinator should upload all IV and EA documentation as per KWETB Certification Schedule.
5	The IV review should be carried out by the designated person with responsibility for QA authentication.

6	The designated person with responsibility for QA authentication should sample the following: -
	One minor award from a major award
	• One minor award from a major award will be sampled across two centres submitting in a certification period.
	• All sections of the IV report are completed.
	• All new Learning Practitioner have been included in the centres sampling.
	• All new programmes have been included in the centres sampling.
	• If issues identified in previous certification period, this component is included in the centres sampling.
	• Checking and monitoring all aspects of assessment practices which include: -
	  ○ Correct KWETB and QQI logos are used where appropriate (the QQI logo should not appear on briefs, exams etc.,)
	  ○ Appropriate assessment techniques and related documentation was used by the Learning Practitioner and were in line with requirements for the minor award specification.
	  ○ Dates information was provided to learners in relation to learner supports
	  ○ Learner marks are totalled, and percentage marks calculated correctly.
	  ○ Learner marks are transferred correctly from learner evidence to learner marking sheet to QBS result sheet /RCCRS
	• A result is recorded for all learners listed on the QBS Result Sheet.
	• Assessment evidence is available for all learners listed on the QBS Result Sheet.
	• The recording on the IV report if errors have been identified and subsequently corrected.
	• The recording on the IV report if there were irregularities identified, including notifying Learning Practitioners and taking corrective action.
	• All IV reports are signed and dated by relevant person(s).

7	<u>Feedback to centres</u> The designated person with responsibility for QA authentication should ensure that each centre participating in the IV sample review receives feedback. The designated person with responsibility for QA authentication should file the reports and recommendations which may lead to future development of training. Where

	appropriate, the QA person responsible should give a summary of the IV sample review quarterly to the QA subgroup.
Concluding the Internal Verification	
1	For FET provision, The Co-ordinator should ensure that the signed and dated Internal Verification report is uploaded to shared folder in OneDrive. For FET Provision-Second Providers, the Contracted and Community Providers should ensure that the signed and dated Internal Verification report is submitted as part of the training pack submitted to the Training Standards Office.

Link to other Policies/Procedures

2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation
2.2.6	Compassionate Consideration in Assessment
1.3.7	Security of Assessment Materials
2.2.4	Academic Integrity and Assessment
2.2.8	Repeat of Assessment
Addendum 2	Monitoring and Reporting Quality Management within Centres

Resources

Resources	• Internal Verification Report Template (FET Provision) • Sampling Strategy • IV Sample Process (FET Provision) • Sample IV Checklist (FET Provision) • F01 Internal Verification Report (FET Provision-Second Providers)

1.3.11 External Authentication

Procedure code and title:	1.3.11 External Authentication
Policy area:	1.3 Assessment of Learners
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 the External Authentication process is to ensure that standards are met equally across all delivery ensuring consistency, validity and reliability have been applied, and that national standards have been reached across six certification periods. KWETB is committed to ensuring that the external perspective on assessment is maintained and that the appointed EA is fully aware of KWETB EA processes and procedures.

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-Second Providers denoted in sections;

- Assignment of External Authenticators:
- Preparing for External Authentication
- Documentation to be made available to External Authenticators
- Process for Online External Authentication
- Process for Onsite External Authentication
- Carrying out External Authentication
- Moderation of Results and Report Writing
- Payment of External Authenticators

The Role of the External Authenticator: (EA)

The EA provides independent confirmation of fair and consistent assessment of learners in accordance with QQI requirements and reports on consistency of assessment results with national standards.

External Authenticators:

- Confirm fair and consistent assessment of learners consistent with the KWETB's procedures and with QQI policy on quality assuring assessment.

- Review Internal Verification report(s) and authenticate findings/outcomes.
- Apply a sampling strategy to moderate assessment results consistent with QQI requirements.
- Moderate assessment results in accordance with standards outlined in the Award Specification.
- Have the technological skills to carry out online External Authentication.
- Communicate with appropriate staff.
- If required, participate in the Results Approval process as per KWETB's agreed procedures.
- Identify any issues/irregularities in relation to the assessment procedures.
- Recommend results for approval.
- Produce an External Authentication report.

External Authentication Code of Practice

The role of the EA is to provide independent authentication of fair and consistent assessment of learners in line with QQI requirements and national standards. This code of practice identifies the key areas of the role and the standards of professionalism which EA are expected to maintain. EAs must undertake to work within this code of practice.

The External Authenticator will undertake to:

- Exercise their role with utmost integrity and professionalism when undertaking External Authentication.
- Comply with QQI policies and procedures specifically in relation to awards and assessment.
- Fully comply with KWETB's policies and procedures.
- Inform KWETB of any potential conflict of interest which may compromise their role.
- Inform KWETB of their availability in a timely manner.
- Communicate appropriately with all relevant KWETB staff.
- Provide constructive feedback in a timely manner.
- Compile an External Authentication report on time and based on an independent evaluation of the processes and procedures.

Procedure – 1.3.11 External Authentication

Assignment of External Authenticators:	
1	The designated person with responsibility for QA authentication / TSO should ensure that EAs are registered on the National EA Directory or have gone through the KWETB EA recruitment process.
2	The Director of FET should request access in writing to ETBI for relevant QA staff to be given access to the National Directory al EA.

3	The designated person with responsibility for QA authentication / TSO should engage with EAs in relation to HR proceedings for new EA to carry out EA assignment for KWETB.
Criteria for selection of External Authenticator	
4	The External Authentication should: • Have technical/subject matter expertise within the appropriate award area/field of learning. • Have experience of programme delivery and/or assessment and/or work in industry area/field of learning. • Agree to undertake appropriate training and attend appropriate briefings. • Have the communication qualities necessary to interact with KWETB stakeholders. • Have administrative skills and relevant technological/IT skills. • Undertake to operate within the code of practice and guidelines issued by QQI. • Be available to KWETB at appropriate times. • Be independent of the centre to which they are assigned. • Not to be appointed to the same centre for the same award for more than three consecutive assessment periods.

Preparing for External Authentication	
1	For FET Provision, the designated person with responsibility for QA authentication should email centres in a timely manner requesting estimates for the upcoming certification period.
2	For FET Provision, the Co-ordinator should submit estimates in accordance with the deadline set out in Certification Schedule defining the number of portfolios being put forward for certification. The Co-ordinator should ensure that it is a true figure representing all portfolios being presented. EAs are based on these figures. For FET Provision-Second Providers, each submission of results must be authenticated.
3	The designated person with responsibility for QA authentication / TSO should assign EAs based on: • New programmes/components being delivered for first time. • Where a Learning Practitioner is new to the programme. • Where issues have been identified in previous certification period.

	• Where programmes have not been authenticated in previous two years. • At the request of Coordinator/Principal/Centre Manager.
4	The designated person with responsibility for QA authentication / TSO should assign EAs from the KWETB EA panel. For FET Provision-Second Providers, the TSO should assign the EA from KWETB EA panel. For QQI awards delivered under FET Provision-Second Providers, the QA person responsible for authentication should assign the EA.
5	For FET Provision-Second Providers, the TSO should contact the EA to agree a date to visit and to provide assessment documentation and learner assessment evidence in the selected sample. For FET Provision, the designated person with responsibility for QA authentication should contact the EA to check their availability to carry out online/onsite External Authentication. For FET Provision, the designated person with responsibility for QA authentication should advise in advance if the EA assignment is to be carried out online or onsite. The designated person with responsibility for QA authentication should give instructions to the EA on how to access online OneDrive/eportfolio platforms. (If the EA does not have the technological skills/relevant technology/equipment to access online documentation, then the EA should decline the assignment).
6	For FET Provision, the designated person with responsibility for QA authentication should ensure the following documentation is emailed to the EA; • Spreadsheet detailing major award, minor award, portfolio numbers, contact details for centre/school. • KWETB EA Instructions for EA process • KWETB EA Report template • ePortfolio Project Guide • EA salary/travel claim form. For FET Provision-Second Providers, the TSO should email the F12 to EA. The EA should select the sample and should notify the TSO.

Documentation to be made available to External Authenticators	
1	The designated person with responsibility for QA authentication / TSO should ensure that the following documentation is made available to the EA. • Relevant award specifications, validated programmes and programme modules.

	• All relevant assessment instruments and appropriate supporting documentation i.e., briefs, examination papers, outline solutions, marking schemes. • The assessment plan(s) • Feedback • All learner assessment evidence • All learner assessment results recorded on the QBS/F12 result sheet • List of Learning Practitioners per programme module and/or class group • Internal Verification Report(s) • KWETB sampling strategy

Process for Online External Authentication

The approved platform used for Online External Authentication is OneDrive. EA documentation can be uploaded through eportfolio platform or directly into the OneDrive folder.

	FET Provision
1	The designated person with responsibility for QA authentication should share a OneDrive folder with centres to upload: • eportfolio (through OneDrive platform). Or • Folders in OneDrive set up for: • Learner(s) assessment evidence • Learning Practitioner Folder • Coordinator folder • EA folder (IV Report, QBS Result Sheet)
2	The designated person with responsibility for QA authentication should contact ICT Support to set up with temporary KWETB accounts with access to OneDrive system for the EAs.
3	The designated person with responsibility for QA authentication should share the One-Drive folder with the Co-ordinator given editing rights.
4	The EA should familiarise themselves with the Certificate and Award specifications. A copy should be uploaded in the shared OneDrive online folder.
5	The EA should contact the Coordinator/Principal to arrange an opening meeting prior to commencement of External Authentication and a closing meeting at the completion of External Authentication.

	If there are issues accessing online content in folders during the EA process, the EA should contact the Co-ordinator. All meetings should take place through teams or telephone call.
6	External Authentication takes place (see Process Carrying out External Authentication).
7	The EA should ensure that each participating centre is provided with a specific External Authentication report within the appointed timeframe.
8	The EA should email a copy of the report to the designated person with responsibility for QA authentication.
9	The designated person with responsibility for QA authentication should contact ICT Support when the EA period is complete and request them to deactivate the temporary accounts.

Process for Onsite External Authentication	
The approved platform used for FET Provision for External Authentication is through the online External Authentication OneDrive platform. EA documentation for onsite EA should be uploaded through eportfolio platform or directly into the OneDrive folder. For FET Provision, the location of onsite EA will be at the discretion of the QA office. The presentation of assessment in boxes for EA can be used for extenuating circumstances and should be agreed by the QA office in advance of EA. For FET Provision, Centre visits is arranged at the discretion of the QA office. For FET Provision-Second Providers, all External Authentication takes place onsite.	
1	The designated person with responsibility for QA authentication should notify EAs of their assignment and contact centres/schools where the authentication is taking place to arrange the date and time for their visit within the determined timeframe.
2	The EA should familiarise themselves with the Certificate and Award specifications. For FET Provision, a copy will be uploaded in the shared OneDrive online folder.
3	The designated liaison person (usually the Programme Co-ordinator) should meet the EA on arrival at the centre and act as liaison person throughout the external authentication visit.
4	The EA should sign in giving all contact details.

5	The Programme Co-ordinator should ensure that the EA has IT access where evidence is presented online ensuring that all auditory or video recordings can be clearly viewed/heard. The Programme Co-ordinator should ensure that the EA has access to all practical assessment pieces and artefacts.
6	External Authentication takes place.
7	The EA should provide each participating centre with a specific External Authentication report within the appointed timeframe.

Carrying out External Authentication	
1	The EA should read the Internal Verification report. The EA should sign the Internal Verification report to indicate that it has been read.
2	The EA should check that they have been presented with the accurate number of portfolios i.e., the number stated on the QBS / F12 Result Sheet (by learner group).
3	If necessary, during the process, the EA can make a request to the Programme Co-ordinator to telephone or meet with a Learning Practitioner. (EAs are not obliged to meet with teachers outside of this element of the process).
Sampling Strategy	
EAs should authenticate a sample of components across centres.	
The EA should start with cut-off points either side of grading bands (levels 4-6) up to 6 in total.	
For Level 1,2,3 awards – the EA should take a random selection – including a range of portfolios.	
The designated person with responsibility for QA authentication should notify the EA if specific samples are required.	
Sampling ranges	
>12- Authenticate all portfolios presented 12-144 - Authenticate 12 minimum 144-168- Authenticate 13 minimum If an issue is discovered in terms of the standards, the EA should investigate in more depth by considering a higher number of portfolios.	

When recommending a change in grade, the EA should discuss this with the Co-ordinator at the closing meeting. The EA should inform the Co-ordinator/ TSO should in relation to the recommendation and reasoning. The Co-ordinator/TSO should bring any grade changes that are recommended by the EA to the RAP where these should be discussed, and accepted or not, by members of the RAP Panel. For FET Provision-Second Providers, the EA should inform the TSO of the outcome and sign off F12.

Moderation of Results and Report Writing	
Moderation of Results	
To moderate the assessment results, the EA should: • Review the award standards in the specific award specification • Confirm assessment techniques and instruments are consistent with award requirements • Judge the marked evidence presented according to the award standard and grading criteria • Determine cut-off points, as appropriate.	
Report Writing *The EA is advised to draft the report while conducting the authentication:*	
1	The EA should check that the standards are consistent in accordance with the levels for CAS/AIS.
2	The EA should give as much detail as possible when completing the EA report.
3	The EA should ensure that all commentary in the EA report is meaningful.
4	The EA should ensure that commentary relating to the individual modules are relevant to the module and reflective of specific findings of the EA for that module.
5	The EA should refer to individual examples of good practice.
6	The EA should note evidence of fairness and consistency and of standards being met, particularly where the EA is authenticating across a number of centres/schools.
7	The EA should comment on the assessment technique and processes applied.

8	The EA should note that there are two sections in the EA report 1. EA Recommendations 2. Areas for Improvement/Examples of good practice. The EA should be clear in their report if they are making a recommendation or stating areas for improvement. <u>EA Recommendation</u> – the EA should complete where they are suggesting or expressing an opinion. <u>Areas for Improvement</u> – the EA should complete where the EA is instructing KWETB on areas of improvement i.e., assessment practice both at centre level and/or by specific Learning Practitioners. This section will have significant impact on QA processes as it will form the basis for reporting to Quality Subgroups and Quality Council.
9	The EA should ensure that language, grammar and spelling are correct on the EA report.
10	The EA should complete the EA report and email to the designated person with responsibility for QA authentication / TSO and provide the relevant centre/school with a signed copy of the EA report.
11	The EA should **never** remove assessment material when carrying out onsite or online External Authentication.
12	If the EA should contact the designated person with responsibility for QA authentication / TSO if they require more than the allocated time for authentication due to the emergence of a significant issue. The QA person responsible for authentication/TSO should refer to the AEO responsible for Quality Assurance for confirmation.
13	The designated person with responsibility for QA authentication / TSO should advise EAs that they may be invited to attend Results Approval meetings if necessary.

Payment of External Authenticators Renumeration (and travel and subsistence) will be paid in accordance with the Department of Education's recommended rates.
For FET Provision, all EAs are registered as employees on KWETB payroll system for payment purposes. The QA person responsible for authentication should ensure that all new EAs complete a Commencement Form (Personal details and Paypath details).

The designated person with responsibility for QA authentication should ensure that EA's complete part-time payment claim form, travel and subsistence claim forms correctly. The EA should email all payment documentation and claims to the designated person with responsibility for QA authentication. The designated person with responsibility for QA authentication should sign off and forward to KWETB's payroll department for processing. Payments will be made via the next pay-run. For FET Provision-Second Providers, the EA should submit an invoice for work carried out against a previously raised PO number.

Link to other Policies/Procedures

1.3.7	Security of Assessment Materials
1.3.10	Internal Verification
1.3.11	Results Approval
2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation
2.2.6	Compassionate Consideration

Resources

Resources	• EA KWETB Instructions for External Authenticators • EA QAA5 KWETB External Authentication Report Template v2EA

1.3.12 Results Approval

Procedure code and title:	1.3.12 Results Approval
Policy area:	1.3 Assessment of Learners
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 ensures that appropriate decisions are taken with regard to outcome of assessment, verification and authentication in relation to approving of results for six certification periods.

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 in sections;

- Preparing for Results Approval Meeting
- Conducting the Results Approval Meeting
- Concluding the Results Approval Meeting

Procedure – 1.3.12 Results Approval Process

Preparing for Results Approval Meeting (RAP):	
1	The designated person with responsibility for QA authentication / TSO should issue dates for RAP meetings. The designated person with responsibility for QA authentication / TSO should schedule certification dates within the Certification schedule and should share with centres/second providers (Contracted and Community). The designated person with responsibility for QA authentication should ensure that RAP dates are available on QA site.
2	All RAP meetings for FET Provision and FET Provision–Second Providers take place online through MS teams. The QA/TSO office should share the date/time invitation to all RAP members.

	For FET provision, the designated person with responsibility for QA authentication should extend invitation to: • Director of FET • AEOs • Co-ordinator or nominated person from centres submitting for certification. For FET Provision-Second Providers, the TSO person responsible should extend invitation to: • TSO • ATSO • Training Services Manager • Head of Quality (RAP Chair)
3	For FET Provision, there should be a representative from each centre submitting for certification.
4	For FET Provision, the designated person with responsibility for QA authentication should share the following documentation through OneDrive with all RAP participants. The folders should be uploaded to shared teams RAP site. • RAP Agenda • Summary of centres/schools submitting (FET Provision) • Summary of grades achieved • Summary of External Authenticators assigned • Internal Verification reports • External Authentication reports • Results for approval (the above documentation should be taken as read for the RAP meeting)
5	For FET Provision, the Co-ordinator should prepare: • A short salient summary of key points from their IV reports. • A summary of EA reports to include areas of good practice, identification of concerns, recommendations.

Conducting the Results Approval Meeting:	
1	For FET Provision-Second Providers, the RAP meeting should be chaired by either the Director of FET or Training Services Manager or AEO. For FET Provision, the RAP meeting should be chaired by either the Director of FET or AEO. <u>The role of the Chairperson</u>: • The Chairperson should ensure that the quorum (tbc) is present before commencing the RAP meeting. • The Chairperson should open the RAP meeting and the agenda presented.

	• The Chairperson should ensure that the meeting functions effectively and efficiently. • The Chairperson should ensure that decisions are taken in the context of the requirements of the awarding body and KWETB policies and procedures. • The Chairperson should cast the final vote where consensus cannot be reached. • The Chairperson should ensure that all RAP attendees are aware of the operational procedures which include: • The proceedings of the RAP are confidential. • The identity of learners should not be disclosed during the RAP process. • The RAP may recommend actions to be made to KWETB quality assurance procedures. • Decisions and recommendations should only be made on the evidence and information provided to the RAP. • Requirements of the awarding body and KWETB's assessment procedures must be observed during all RAP proceedings.

2	For FET Provision-Second Providers,
	• The TSO should be present at RAP to discuss the number and range of awards being presented to the RAP.
	• The TSO should be present at RAP to discuss any issues raised by the EA.
	
	For FET provision,
	• The designated person with responsibility for QA authentication should take minutes of RAP meeting.
	• The designated person with responsibility for QA authentication should present to RAP:
	  ○ Record of centres and number portfolios submitted for certification
	  ○ Record of grades to evidence approval of results
	  ○ Presentation of results submitted for approval
	  ○ Record of assignment adapted/CAS modifications

3	The Chairperson should open the RAP meeting and the agenda should be presented.
4	For FET Provision, each Co-ordinator should present their summary of IV/EA reports. For FET Provision-Second Providers, the TSO should present summary of IV/EA Reports.
5	The panel members can seek clarification if required. A short discussion may ensue, and this should be through the Chairperson.
6	The designated person with responsibility for QA authentication should ensure that discussion and action points are noted in the minutes.
7	<u>RAP decision making</u>

	The RAP participants should reach agreement on results to be approved. The RAP participants should reach agreement on actions to be taken as a result of IV/EA reporting/discussion.
8	For FET Provision, where any significant issues arise that require further action, the Chairperson should adjourn the RAP meeting to a later date but prior to date for upload of results to QBS for that certification period.
9	For FET Provision, the designated person with responsibility for QA authentication should advise Co-ordinators or nominated person(s) of the deadline for upload to QBS and deadline for appeal application. For FET Provision-Second Providers, the TSO should upload all results, both QQI and non QQI. For QQI, results should be uploaded to RCCRS.
10	The Chairperson should present AOB for discussion.

Concluding the Results Approval Meeting:	
1	The designated person with responsibility for QA authentication / TSO should share Results Approval form to Chairperson and all RAP participants to sign the online Results Approval Sheet/F12.
2	For FET Provision, the designated person with responsibility for QA authentication should notify all centres through QA site that results have been approved.
3	For FET Provision-Second Providers, the TSO should scan and store all documentation. For FET Provision, the designated person with responsibility for QA authentication should upload all RAP documentation to QA site where all Co-ordinators should have access to EA reports, IV reports, Results approved, RAP minutes.

Link to other Policies/Procedures

1.3.10	Internal Verification
1.3.11	External Authentication

Resources

Resources	• Sample Agenda • RAP Report template • Signoff of Results template

1.3.13 Contingency Procedure – Administration of Online Examinations

Procedure code and title:	1.3.13 Contingency Procedure – Administration of Online Examinations
Policy area:	1.3 Assessment of Learners
Version Number:	1
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Purpose

The purpose of this procedure is to detail how KWETB ensures a consistent approach to the implementation of online examinations. The Online Examination procedure is to be used for Contingency purposes only (Covid-19). A request must be sent to the QA/TSO office seeking approval to carry out online examinations. There is a specified timeframe set out by QQI when this contingency expires.

Scope

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

- Prior to Online Examinations
- Equipment required for Online Examinations
- The Online Test Environment
- Commencement the Online Examinations
- Conducting the Online Examination
- The Integrity of the Online Examination
- Concluding the Online Examination

Preamble

To support online examination and to ensure that there is a consistent approach to the implementation of online examinations, quality standards should be maintained to ensure that all learners are provided with the same opportunities to demonstrate their learning across FET Provision and FET Provision-Second Providers.

Procedure – 1.3.13 Contingency – Administration of Online Examinations

Prior to Online Examination	
1	The Programme Co-ordinator should email the QA/TSO office requesting permission to carry out online examinations.
2	The Programme Co-ordinator should ensure that online test numbers are small in order that the Learning Practitioner/Invigilator can see all learners at all times during the online examination. If there is a large class group, the Programme Co-ordinator should arrange another invigilator to invigilate additional exam sessions ensuring that all exams commence at the same time. This needs to be agreed before the examination.
3	The Learning Practitioner should ensure that the learner has the ability to participate in an online examination. Alternatives should be considered where necessary.
4	The Learning Practitioner should ensure that clear communication has been given to learners regarding rules and learner responsibilities for online examinations, as well as specifics on the exam such as time, date, materials required, subject, percentage of exam, marking criteria and overall information help learners be prepared and comfortable with the assessment event. Breaches and consequences of same need to be clearly explained before the exam so there is no ambiguity around it. If a learner leaves the computer during the online exam, they will not be permitted to continue in the exam.
5	For FET Provision, the Learning Practitioner should send a secure log-in to learners and learners will have access to this prior to exam commencing. For FET Provision-Second Providers the Exam Office should issue exams electronically to second providers.
6	Learners should log in to the test environment to participate in the online examination.

Equipment required for Online Examination	
1	The Programme Co-ordinator should ensure that all learners have access to IT equipment such as laptop/computer/tablet, up-to-date browser, web camera, microphone, email account and internet connection.
2	The learner should test the equipment prior to the examination to ensure that all equipment is in working order.

3	The learner should ensure that their microphone and webcam required for the examination is enabled and running.
4	The learner is responsible for ensuring internet connection prior to commencement of online examination.
5	The Learning Practitioner /Invigilator should ensure that the webcam is always focused on the learner during the examination.
6	The Learning Practitioner/invigilator should check learner identification prior to exam. Learner photo ID should be held up for Learning Practitioner/Invigilator to view.
7	The Learning Practitioner/Invigilator should ask the learners to show 360o view of the test environment using the webcam prior to commencing the online examination.
8	The Learning Practitioner/Invigilator should ensure that desks are clear and have nothing in the area unless where exemptions have been given or part of the exam e.g. calculator, table logs books etc.

The Online Test Environment	
1	The Programme Co-ordinator should ensure that applications for reasonable accommodation or learning supports have been approved prior to online examination. If a learner needs a scribe and/or a reader, this exam should be assessed separately so as not to disturb other learners.
2	The Learning Practitioner/Invigilator should ensure that strict silence is observed during the examination and that learners are aware that no background noise is permitted.
3	The Learning Practitioner/Invigilator should ensure that no other person is present in the test environment and advise learners that no other person can enter the test room during online exams.
4	The Learning Practitioner/Invigilator should ensure that all devices (except for equipment required for examination) is turned off.
5	The Learning Practitioner/Invigilator should ensure that they can always see the learner during the examination.
6	The Learning Practitioner/Invigilator should inform the learners if examination resources are permitted e.g., books, dictionaries, bilingual dictionaries.

Commencing the Online Examination	
1	The Learning Practitioner/Invigilator should confirm attendance by completing an examination attendance register. This should contain a list of learners attending the examination (minus learner signatures) and be signed by the Learning Practitioner /Invigilator.
2	The Learning Practitioner/Invigilator should read aloud the exam instructions to learners, this to include the start time, end time and rules to be adhered to during examination.
3	The Learning Practitioner/Invigilator should distribute the online examination paper. The Learning Practitioner/Invigilator should confirm that all learners in attendance have received the examination paper.
4	The Learning Practitioner/Invigilator should advise learners they may commence the online examination. The Learning Practitioner/Invigilator should record the online examination starting time in the examination attendance register/checklist.

Conducting the Online Examination	
1	The Learning Practitioner/Invigilator should ensure that the test environment is silent. Learners are not permitted to communicate with each other during the examination.
2	The Learning Practitioner/Invigilator should ensure that learners do not leave the test environment during the examination.
3	The Learning Practitioner/Invigilator should ensure that the learner faces the computer at all times during the examination.
4	The Learning Practitioner/Invigilator should ensure that learners are not permitted to leave the examination until after 30 minutes from commencement of online examination.
5	The Learning Practitioner/Invigilator should ensure that Learners camera and microphone are on at all times during the examination.

The Integrity of the Online Examination	
1	If an unexpected event occurs during an online examination (internet connection failure, medical emergency, etc.), the Learning Practitioner/Invigilator should ensure that integrity of the examination is maintained.
2	The Learning Practitioner/Invigilator should ensure that any unexpected events are recorded.
3	If there are IT issues that cannot be resolved, the Learning Practitioner/Invigilator should abandon the online examination and rescheduled with a different paper.

Concluding an Online Examination	
1	The Learning Practitioner/Invigilator should remind learners that there are ten minutes remaining.
2	The Learning Practitioner/Invigilator should be responsible for collection of uploaded examination material. The Learning Practitioner/Invigilator should ensure that learners remain in the test environment until all examination material has been received.
3	The Learning Practitioner/Invigilator should confirm email receipt of work to the learner through.
4	The Learning Practitioner/Invigilator should ensure that once all examination materials have been received, learners are permitted to leave the test environment.
5	If the invigilator is not the Learning Practitioner, the invigilator should ensure that the exam material is issued to the Learning Practitioner in a secure manner.
6	The Learning Practitioner should ensure that there is no communication between learners until all material has been secured by Learning Practitioner/Invigilator.

Link to other Policies/Procedures

1.3.2	Information to Learners about Assessment
1.3.5	Adapting Assessment
1.3.7	Security of Assessment Materials
2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation

Resources

Resources	• KWETB Guidelines for use of bilingual dictionaries

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CHILL DARA AGUS CHILL MHANTÁIN
KILDARE AND WICKLOW
EDUCATION AND TRAINING BOARD

Section 8: Procedures for 2.1 Communications

Policy Area 2.1 Communications		
2.1.1	Access, Transfer and Progression	
2.1.2	Learner Induction	
2.1.3	Promoting and Marketing Programmes	
2.1.4	Information to Learners	
2.1.5	Information on Learner supports available	
2.1.6	Information to Staff	
2.1.7	Information to Stakeholders	
2.1.8	Learner and Stakeholder Engagement	*To be developed*
2.1.9	Student Councils	*To be developed*

2.1.1 Access, Transfer and Progression

Procedure code and title:	2.1.1 Access, Transfer and Progression
Policy area:	2.1 Communications
Version Number:	1
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB facilitates and supports the entry and successful participation of all learners. This procedure also identifies how KWETB identifies the knowledge, skill(s) and competence required for successful participation in programmes delivered through FET Provision and FET Provision-Second Providers. KWETB is committed to equality of opportunity and will work with leaners who require additional supports through reasonable accommodations to ensure the learner can participate in programmes across FET Provision and FET Provision-Second Providers.

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

'Access, transfer and progression' describes the pathways available to learners for entry, transfer between courses and progress from a programme to another programme in FET Provision and FET Provision-Second Provers in order to achieve awards and qualifications.

The terms are defined as:

Access	The process by which the learner may commence a programme in FET provision or FET Provision-Second Providers having received recognition for knowledge, skill(s) or competence required. Learners can access courses through: • FETCH • Self-referral • DSP referral • Adult guidance • External agencies • Disability Services
Transfer	The process by which the learner may commence a programme in FET Provision or FET Provision-Second Providers to another programme having received recognition of knowledge, skill(s) and competence acquired.
Progression	The process by which the learner may transfer both internally within FET Provision and FET Provision-Second Provision and also externally to other institutions

Procedure – 2.1.1 Access, Transfer and Progression

1	The Programme Manager or Course Recruitment should ensure that course details and information are inputted correctly on advertising platforms i.e. • The FETCH Course Directory, click here . • The Kildare and Wicklow ETB website, click here • Centre websites • Social media • Information leaflets • Local and national media including radio advertisement and newspaper advertisements • Marketing materials
2	The Programme Co-ordinator or Course Recruitment should ensure that course details and information are inputted correctly on PLSS.

	The Programme Co-ordinator or Course Recruitment should ensure that courses published to FETCH are in an appropriate and accessible format. Course details should include: • Entry arrangements - with reference to how decisions regarding allocation of places are made, including any restrictions that may apply (as set out in funding regulations) this may include literacy requirements. • Details on knowledge, skills and competencies required as a basis for entry to the programme (where appropriate). • Eligibility requirements (where appropriate)
3	The Programme Co-ordinator or Course Recruitment should ensure that potential learners are assessed prior to enrolment to ensure they meet the required knowledge, skills and competencies to undertake the programme.
4	For entry to programmes applicants seeking entry have achieved a minimum of an NFQ level 4 Major Award at the previous level or its equivalent prior to entry to the programme, or have achieved the relevant skills, knowledge, and competencies to allow full participation in the programme.
5	For all programmes, the Programme Co-ordinator or Course Recruitment should ensure that learners have a minimum English language and literacy competency sufficient to allow them to appropriately participate in the programme. Co-ordinators may access the Learning and Language Support Service to support this work. (Where there is a stated requirement for the achievement of B2 or equivalent on the CEFRL for admittance to specific programmes, assessment must be conducted). Decisions on programme admittance in this regard rest with the Co-ordinator.
6	KWETB currently do not have an RPL policy in place. The Programme Co-ordinator or Course Recruitment should ensure that potential learners have achieved the necessary skills to undertake the programme. For programmes at Level 5 and Level 6 on the NFQ, if the learner has not achieved the minimum NFQ entry requirement or its equivalent prior to entry, the learner may be accepted on the programme on the basis of achievement of the relevant skills, knowledge and competencies through work experience. Where relevant, the Programme Co-ordinator or Course Recruitment should provide exemption from programme requirements.
7	The Programme Co-ordinator should ensure that learners receive a comprehensive induction at the commencement of a course including information on: • Programme Content • Structure and duration • Assessment information • Placement of award on the NFQ (where appropriate) • Fees, grants (if appropriate)

	• Supports available • Information on exemption from programme requirements or credit towards an award • Code of Behaviour • Supports available
8	To support diversity, the Programme Co-ordinator or Course Recruitment should implement the Public Sector Duty on Equality, Diversity and Inclusion.
9	The Programme Co-ordinator or Course Recruitment or Adult Guidance should identify the transfer routes for learners in relation to the relevant awarding body into and onwards to other awards. The Programme Co-ordinator or Course Recruitment or Adult Guidance should ensure that there is continuous communication with learners in relation to desired pathways either through transfer to other programmes and also progression to external institutions.
10	The Programme Co-ordinator or Course Recruitment or Adult Guidance should inform learners of any particular attainments, in the awards to which their programmes lead, that are required for transfer or progression (i.e. where the achievement of a Distinction in an award is required to facilitate access to a programme leading to an award at the next level).

Link to other Policies/Procedures

2.1.1	Student Induction
2.1.2	Promoting and Marketing of Programmes
2.1.3	Information to Learners
2.1.6	Information to Stakeholders
2.2.1	Guidance Supports
2.2.5	Reasonable Accommodation in Assessment

2.1.2 Learner Induction

Procedure code and title:	2.1.2 Learner Induction
Policy area:	2.1 Communications
Version Number:	1.1
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Purpose

The purpose of this procedure is to detail how KWETB staff will use learner induction to give new learners an insight into the centre or college; introduce them to their peers and key staff; inform learners about their programme, assessment and qualification; and to inform of expectations and norms within the centre.

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

Learner induction is designed to allow new learners to meet one another in a relaxed environment, developing the relationships that will support their successful participation in the programme. Through the process, friendships will be formed, and mutual respect and informal supports developed.

Throughout the induction process, learners will be given the same, standard information, to ensure that all are informed about their programmes and awards, and to reduce confusion about requirements and ensure clarity for learners. Learners will gain an insight into the award; course materials; programme structures; modules; timetables; and assessment techniques.

Policies and procedures can be explained in a clear and concise manner in order to reduce ambiguity. Learners will be required to sign two documents:

1. Learner Induction Statement - indicating that they have been informed of and understand all items covered in Learner Induction.
2. Learning Agreement, indicating that learners will adhere to all policies and procedures

The induction period gives staff an opportunity to provide learners with orientation to the layout and flow of the building or location in which they will be learning, ensuring that all

know the relevant entrances and exits; where classrooms are; where toilets are; and who they can ask for help if they are unsure. Learners will be provided with an orientation to the IT system, receiving e-mail details and passwords, which will be distributed and tested during this period. The purpose of this is to give learners a sense of belonging and an insight into the community within the centre.

During induction, learners will be given full information about health and safety; fire safety; safety protocols for people who may need assistance, and any pandemic-related protocols that may be relevant.

Learners will have opportunities to meet with Learning Practitioners, and guidance personnel and to be informed about requirements for attendance at class and expectations for participation and behaviour during classes. These sessions will be designed to allow learners to express any concerns or expectations they might have and are an opportunity to put learners at their ease in advance of commencing the more formal aspects of delivery.

Procedure – 2.1.2 Learner Induction

1	The Programme Co-ordinator should ensure that the Induction programme is designed with the support of the centre/college team by complying with document – *Plan for Induction.*
2	The Programme Co-ordinator should ensure that learners are provided with a timetable and plan for induction one week before the start date.
3	The Programme Co-ordinator should ensure that learners are given an orientation to location/buildings.
4	The Programme Co-ordinator should ensure that learners are introduced to teaching, auxiliary, and guidance staff.
5	The Programme Co-ordinator should ensure that information about programme content and award systems, duration, including placement of award on the National Framework of Qualifications and relationship to transfer and progression opportunities is explained to learners at Learner Induction.
6	The Programme Co-ordinator should ensure that communication is given to learners in relation to learning outcomes and assessment criteria at the start of the course. The Learning Practitioner should re-enforce this information throughout the course.
7	The Programme Co-ordinator should ensure that the KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning, including transparency requirements is included in induction and should be re-enforced throughout the course.

8	The Programme Co-ordinator should ensure that learners are provided with information in a jargon free manner. It may be given in other languages where appropriate. Examples of information may include; • Equipment and materials required (if appropriate) • How to seek support, both for studies and for assessment • Timetable details • Programme information, including contact and self-directed hours; attendance requirements; expectations; study/homework expectations. • Assessment techniques and grading systems • Assessment schedules • Work Placement • Quality assuring assessment, including Results Approval; Internal Verification; External Authentication; Appeals (internal and external); Accessing reasonable accommodations and compassionate considerations and assessment malpractice. • Information technology systems and social media. Access to e-mail and passwords; e-Portfolio system if relevant. • Information relating to repeat assessment, repeat eligibility, capping of grade, timelines.
9	The Programme Co-ordinator should ensure that the learners are aware of all health and safety, fire safety, first aid safety is explained at Learner Induction.
10	The Programme Co-ordinator should ensure that all learners sign the following statements: (note - If other document/statement/agreements are in place, they will suffice). Learner Induction Statement – (learners to confirm they have been informed and understand items discussed at Learner Induction. Learning Agreement – (learners to confirm they will adhere to all policies and procedures. As appropriate, parents or guardians of U18s can sign both forms.
11	The Programme Co-ordinator should ensure that feedback is received from learners on the effectiveness of the Learner Induction process.
12	Throughout the course, the Learning Practitioner should re-enforce the induction topics to ensure that learners still understand all the information that was given at the Learner Induction.

Link to other Policies/Procedures

1.2.4	Work Placement
1.3.9	Feedback to Learners
1.3.10	Internal Verification
1.3.11	External Authentication

1.3.12	Results Approval
2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation in Assessment
2.2.6	Compassionate Consideration
2.2.7	Deadlines, short term extensions and deferrals
2.2.8	Repeat of Assessment

Resources

Resources	• Learner Induction Statement • Learning Agreement • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

2.1.3 Promoting and Marketing Programmes

Procedure code and title:	2.1.3 Promoting and Marketing Programmes
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Review Date:	

Purpose

The purpose of this procedure is to ensure that the promotion and marketing of all programmes are accurate and appropriate to the particular priority group.

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 denoted in the eight-step procedure.

Preamble

Learners entering courses for KWETB can be a combination of unemployed persons wishing to upskill, PLC students, early school leavers, lifelong learners, learners returning to education, persons with a disability, and professionals who wish to enhance their career. For FET provision, the Co-ordinator has responsibility for the promoting and marketing of programmes. For FET Provision-Second Providers, the Recruitment Officer has responsibility for the promoting and marketing of programmes.

Examples of Promotion of Active Courses for Advertising Campaigns include the following

- Career fairs, open days- inviting people into the centre
- Use of social media as a relevant, accessible, and quick means of reaching potential learners
- Organise visits to local schools
- Engage with school guidance counsellors
- Use student testimonials on website and centre social media sites
- Promotional activities throughout the year – putting course highlights, trips, activities out into public domain at various times throughout the year

Procedure – 2.1.3 Promoting and Marketing Programmes

1	The Co-ordinator/Recruitment Officer should ensure that the marketing and promotion is in line with the current KWETB Strategic Plan, QQI and SOLAS requirements for target demographic, and meets the current needs of the local community for which it serves. The use of FETCH fed by PLSS as a marketing tool is to be encouraged.
2	When writing the advertisement, the Co-ordinator/Recruitment Officer should use the following checklist.

a.	Does the course advertisement correctly match the module descriptor including access requirements and route to progression?	
b.	Is the correct course code issued on the advertisement?	
c.	Is the advertisement in line with the principles of UDL? (Is there a QR code with a link to an audio-visual captioned version for intended learners who are hard of hearing or visually impaired).	
d.	• Does the course advertisement correctly match the anticipated level of understanding of the intended learner? i.e. • plain English • technical language • the use of translations for multiple languages (if required)	
e.	Is the course advertisement culturally diverse and inclusive?	
f.	Is the location and access to the location clearly specified on the advertisement? i.e. location on google maps.	
g.	Is there a link to the content of the course?	

3	The Co-ordinator/Recruitment Officer should ensure they follow the steps below for the distribution of course promotion advertisement.

a.	Develop a proposal including demographic, budget, mediums, and advertising plan.
b.	Create an advertisement to match the mediums (via graphic designer, or in house).
c.	Ensure all marketing materials are in line with KWETB branding and to seek approval if required.

	d.	Propose a budget for advertisement (if required).
	e.	Agree timeline for marketing and closing dates.
4	The Co-ordinator/Recruitment Officer should ensure that all participating learners have signed a Specific Advertising Campaign waiver form.	
5	The Co-ordinator/Recruitment Officer should ensure that all data processed by KWETB is carried out in full compliance with current GDPR data protection legislation.	

Link to other Policies/Procedures

3.4.4	GDPR Policy

Resources

Resources	• Specific Advertising Campaign waiver form Learner Guide for Assessment

2.1.4 Information to Learners

Procedure code and title:	2.1.4 Information to Learners
Policy area:	2.1 Communications
Version Number:	1.1
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 ensure that all learners have a friendly and supported learning experience in KWETB services within FET Provision and FET Provision-Second Providers.

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 personnel are committed to giving clear and unambiguous information to learners and prospective learners. Clear information to learners from the outset of their participation in their programme is critical to assisting them to progress in their learning, to positive participation in the learning experience and to feel safe and comfortable in our centres across FET provision and FET Provision Second- Providers.

In all communications, KWETB personnel will avoid the use of acronyms and shorthand which may be unnecessarily confusing. Information provided will include, for example:

- Information of the National Framework of Qualifications and the qualification to which their programme leads
- Details of KWETB as an Education and Training Board
- The core mission, vision and values of KWETB
- Details of the orientation to the layout, entrances, exits and important locations in the centre
- Details of personnel and their roles in the centre
- Details of learner supports available
- Details on where to find class and assessment timetables and schedules

- Details of the language of further education and training – modules; programmes; learning outcomes; continuous assessment; portfolios; e-portfolios
- Details of health and safety requirements

Through provision of clear information, learners will be aware of their rights and responsibilities as learners. They will know how to access information about their programmes and about KWETB policies in order to assist them in availing of our services and have a positive experience of learning.

Learner engagement is key to the quality improvement of teaching and learning in FET provision and FET Provision-Second Providers. All learners should be invited to participate in events and data collection to inform improvements.

Procedure – 2.1.4 Information to Learners

1	The Programme Co-ordinator should ensure that there is a team-based approach to communication with learners and that all centre staff are prepared to present standard, accurate information about programmes, timetables and awards
2	The Programme Co-ordinator should ensure that all documentation features accessible, plain English
3	The Programme Co-ordinator should ensure that, if relevant, guidance on developing AI literacy and responsible use of GenAI is given to learners.
4	The Programme Co-ordinator should ensure there is provision for document translation or publication in other accessible and alternative formats
5	The Programme Co-ordinator should ensure that all Learning Practitioners are aware of standard branding and layout which should be applied to all documentation
6	The Programme Co-ordinator should ensure that student handbooks are complete and accessible to learners
7	The Programme Co-ordinator should ensure that student induction and orientation events are prepared and delivered to all learners
8	The Programme Co-ordinator should ensure that there is signposting in the centre

Link to other Policies/Procedures

1.3.2	Information to learners about assessment
2.1.1	Student Induction

2.1.4	Information on student supports available
2.1.5	Information to staff

Resources

Resources	• Proposal for Programme Development Application • Programme Template • Evaluation Report Template • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

2.1.5 Information to learners on Learner Supports available

Procedure code and title:	2.1.5 Information to learners on Learner Supports available
Policy area:	2.1 Communications
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB ensures that all learners and prospective learners are aware of supports available to them and that processes for accessing supports do not impede access to required supports or delay progress in the learners' course. It also ensures that all applications for support are treated fairly, with consistency and transparency.

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

FET Provision and FET Provision-Second Providers place a high value on the benefits of lifelong learning, and through its policies, seeks to cater for diversity and include learners from all backgrounds. Learner supports exist to ensure that learners experience ease of access to learning without unnecessary barriers to achievement of their goals. Information about learner supports is published in learner handbooks; on social media and other online platforms accessed regularly by learners and during induction, information and one-to-one meetings with learners.

Learner well-being is at the forefront and centre of all KWETB activity. Learner supports include, for example, digital, literacy, numeracy and study support; guidance and counselling; a complaints procedure; appeals procedures; reasonable accommodations; compassionate considerations; deferrals and exemptions of assessment and support for graduates. Learners can seek supports on accessing their programme, during the programme, or for instances of assessment.

KWETB provide consistency of learner supports across all FET provision and FET Provision-Second Providers. KWETB centres provide support for learners based on obtaining

information on supports or basic resources required. These can include a obtaining information indicating that specific support(s) must be given or a self-declared need for support from the learner or where a need is identified by the Learning Practitioner or member of guidance and counselling services or where there is a referral from another agency or agencies.

GDPR policies will be observed at all times. The learner's needs will be met under KWETB's commitment to equality legislation and to their public duty to deliver an inclusive service. Teaching, learning and assessment in KWETB FET services is informed by the principles of Universal Design for Learning (UDL), and staff are encouraged to engage in UDL.

Procedures – 2.1.5 Information on Learner Supports available

1	Prior to the learner commencing the course, the Co-ordinator/Recruitment Officer should review learner applications to determine the extent of supports required. The Programme Co-ordinator should be aware that there may be applications for learner supports during the duration of the course either by the learner or identified by the Learning Practitioner.
2	The Programme Co-ordinator should inform learners of the Learning and Language Support Service detailing the supports available, why a learner may need them and how to avail of them. The Programme Co-ordinator may arrange for the Learning and Language Support Service personnel to present to learners to describe the service and its benefits.
3	The Programme Co-ordinator should inform learners of supports available. This should be carried out at Induction and information packs. Information on learner supports should be given in a jargon free manner. It may be given in other languages where appropriate.
4	The Co-ordinator/Recruitment Officer should ensure that information on supports available is available in learner handbooks and also available on social media platforms.
5	The Programme Co-ordinator may arrange for the Learning and Language Support Service personnel to present to learners to describe the service and its benefits.
6	The Programme Co-ordinator should inform learners of how to apply for supports and how to access more information about supports. 2.2.4
7	The Programme Co-ordinator should ensure that learners are informed that applications for support are processed in a timely fashion, with learners receiving a response within an appropriate timeframe.

8	The Programme Co-ordinator should ensure that learners are informed that they have a right to appeal a decision using the relevant Appeal Form.

Link to other Policies/Procedures

2.1.1	Learner Induction
2.2.1	Guidance and Counselling
2.2.2	Learner Complaints
2.2.3	Learner Appeals
2.2.5	Reasonable Accommodation in Assessment
2.2.6	Compassionate Consideration
2.2.7	Deadlines, short-term extensions and deferrals
2.2.9	Support for Graduates
3.3.4	GDPR Policy

Resources

Resources	• Reasonable Accommodation in Assessment Application and Approval Form • Reasonable Accommodation in Assessment Appeal Form • KWETB Reasonable Accommodations Visual.pdf • Application for Compassionate Consideration • Compassionate Consideration Appeal Application Form • KWETB Compassionate Consideration Process Visual.pdf

2.1.6 Information to Staff

Procedure code and title:	2.1.6 Information to Staff
Policy area:	2.1 Communications
Version Number:	1.1
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 ensures that there are shared values and understanding of our systems and culture in order to promote a sense of community across all sections of the organisation.

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

Staff employed by KWETB have equal access to clear information to ensure that there is commitment to KWETB strategic goals, mission and values.

In the Further Education and Training (FET) sector, this means that all personnel will have access to timely and relevant information about their responsibilities; the activities of KWETB; supports available to them; Quality Assurance; opportunities for CPD and PD; and about projects and activities focused on quality improvement. Staff will have access to information through purpose-designed web-based communication platforms. All staff will be encouraged to participate in communities of practice. Every effort is made to ensure the open and transparent exchange of information, unless that information or data is the subject of GDPR policies.

The mode of communication used will be predominantly through web-based platform. If necessary, other information channels will also be used, as appropriate. For information that is more specific or sensitive, alternative systems such as staff meetings or staff notice boards will provide opportunities for providing information to staff. All documentation published to staff will be created using standard branding as recommended by Corporate Services.

Procedure – 2.1.6 Information to KWETB Staff

1	The QA team should ensure that all staff receive access to KWETB Single Quality Assurance Framework which include: • Core Procedures for Teaching, Learning and Assessment • Support Procedures • Governance, Management and Corporate Procedures
2	The QA PD team should ensure that documentation is supplemented with regular seminars and webinars.
3	The QA PD team should ensure the Quality PD micro-learning platform is circulated to all staff involved in the assessment of learners and Quality Assurance of assessment.
4	The Programme Co-ordinator should engage with all staff through a range of staff meetings to develop and feature mechanisms of implementation of policies and procedures.
5	The QA team should ensure that all staff are engaged in cyclical review of policies and procedures drawn on their own experience of implementation.
6	The Programme Co-ordinator /Team Manager should ensure that quality assurance and its improvements is a standing item on all staff meeting agendas.
7.	The Programme Co-ordinator should ensure that all staff are aware of the centre level monitoring and reporting QA systems in place (Incident Reports, Annual Quality Report, Risk Register).
8	The Programme Co-ordinator should ensure that the governance structures of KWETB are communicated through noticeboards.
9	The QA team publish an e-zine which should be made available to all staff through KWETB Intranet. This newsletter is a source for communication of decisions of the Quality Council and its Sub-groups.
10	The QA team should ensure that the QA site in SharePoint Office 365 is kept updated in relation to Quality news and timelines.
11	The QA team should ensure that in cases where sensitive issues arising from quality assurance processes are being addressed, the focus will be on the improvement of quality and the impact on students if possible.

Link to other Policies/Procedures

3.4.4	GDPR
Addendum 2	Monitoring and Reporting Quality Management within Centres

2.1.7 Information to Stakeholders

Procedure code and title:	2.1.7 Information to Stakeholders
Policy area:	2.1 Communications
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 staff promote a culture of quality when communicating formally and informally with all stakeholders.

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 services have working relationships with a wide range of stakeholders. Examples of stakeholders include:

- SOLAS, ETBI, QQI, other awarding bodies
- Funding bodies of different programmes i.e. ESF and Leargas
- Project Partners
- Government departments such as Dept of Education, Dept of Social Protection, Dept of Enterprise, Trade and Employment
- Industry and professional bodies, Local Enterprise Centre
- The Teaching Council, CAO
- Higher Education Institutions
- Local communities, Childcare Committee, Youth groups, Community groups and agencies
- Employers and entrepreneurs
- Work experience employers
- Suppliers
- Learners, parents, carers and families of learners
- All staff in all departments of KWETB
- Employee Unions

Second provider is the flexible tool for provision across FET to meet industry and learner need.

Appropriate communication of information to Stakeholders is key to giving structure, context and visibility to our processes. Communication with stakeholders should be open and transparent, unless information is governed by GDPR. An understanding of the FET environment and of the quality within that environment promotes our provision and increases the standing of our FET Centres and colleges at all levels. This shared understanding enables us to build partnerships and to collaborate with external agencies and community members.

Procedure – 2.1.7 Information to Stakeholders

1	The Co-ordinator/Recruitment Officer should engage stakeholders such as learners, local employers or professional representative bodies in planning and consultation processes.
2	The Chair of governance groups and working groups should ensure that external representatives are included in the group.
3	The person responsible for a specific advertising campaign, should ensure that available programmes are promoted throughout the year.
4	The relevant Programme Co-ordinator should share publication of data regarding KWETB FET to relevant stakeholders.
5	The relevant Programme Co-ordinator should share information with local partnerships through promotional material and invitations to events such as Open Days and Graduation Ceremonies.
6	The relevant Programme Co-ordinator should celebrate achievements and the day-to-day activities through social media posts, notice boards, newsletters and newspaper articles.
7	The relevant Programme Co-ordinator should collaborate with local agencies, employers and community groups where appropriate and practical.
8	The relevant Programme Co-ordinator should encourage and promote constructive engagement between staff, students and stakeholders within and outside centres and colleges.

Link to other Policies/Procedures

2.1.2	Promoting and Marketing Programmes
3.4.4	GDPR Policy

Section 9: Procedures for 2.2 - Support for Learners

Policy Area 2.2 Support for Learners		
2.2.1	Guidance Supports	
2.2.2	Learner Complaints	
2.2.3	Learner Appeals	
2.2.4	Academic Integrity and Assessment	
2.2.5	Reasonable Accommodation in Assessment	
2.2.6	Compassionate Consideration	
2.2.7	Deadlines, short-term extensions and deferrals	
2.2.8	Recognition of learner achievement	*To be developed*
2.2.9	Support for Graduates	*To be developed*

2.2.1 Guidance Supports

Procedure code and title:	2.2.1 Guidance Supports
Policy area:	2.2 Support for Learners
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 provides support and guidance to ensure the wellbeing of the learner across FET Provision and FET Provision-Second Providers.

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

Learner well-being is at the forefront and centre of all KWETB activity. Supports for the learner include access to Guidance and Counselling. The learner's needs are met under KWETB's commitment to equality legislation and to their public duty to deliver an inclusive service. Learners across FET Provision and FET Provision-Second Providers can seek

guidance and supports on accessing their programme, during the programme, and after they have completed their programme of learning.

Supports for the learner exist to ensure that learners experience ease of access to learning without unnecessary barriers to achievement of their goals. Information about learner supports is published in learner handbooks; on social media and other online platforms accessed regularly by learners, during induction, information and one -to-one meetings with learners.

The Adult Guidance / Advocate Service

The KWETB Adult Guidance Service and Information Service is available to all adults and those over 16 years of age who are no longer in mainstream school education in Co Kildare and Co Wicklow. The service assists clients in exploring further education and training options and assists in developing personal and career progression plan. Within KWETB the Adult Guidance Service provides a free service to the learner to support and assist in making informed choices around courses within FET Provision and FET Provision-Second Providers and guidance on progression opportunities. The service is both impartial and confidential and offers advice and guidance to support learners through the process of

- Identifying learner's current skill set, strengths, and experiences
- Assisting learners to make informed decisions about your future
- CV Preparation and Interview Skills
- Assisting learners in application procedures for colleges.
- Give learners information and advice on education grants, rights and entitlements

The Advocate service provides a career guidance, counselling service and one-to-one support for early school leavers aged between 15-21 years. The service supports young people that have left school early as they can struggle to find a route back into education, training or employment. The service gives each young person the opportunity to learn more about themselves and build on their skills. They can develop a career path plan for the future to enable them to progress to further education, training and employment. The service is confidential and free of charge.

The KWETB Advocacy service offers:

- Career guidance, counselling, mentoring, advocacy & information.
- Develop a career path plan with the advocate.
- Identify your interests, skills and abilities.
- Explore education, training & employment opportunities.
- Grant assistance & advice.

Procedure – 2.1.1 Guidance and Counselling

1	The Programme Co-ordinator should inform learners of guidance/advocate supports available at induction. The Programme Co-ordinator should ensure that information on guidance/advocate supports available is included in information packs and learner handbooks.
2	The Adult Guidance Service/Advocate should present to learners and describe the service and its benefits.
3	The Adult Guidance Service/Advocate should ensure that all learners across FET Provision and FET Provision-Second Providers know how to avail of the Adult Guidance/Advocate Service.
4	The Programme Co-ordinator should liaise with the Adult Guidance/Advocate Service to arrange either group presentations or one-to-one sessions for learners.
5	The Programme Co-ordinator and the Adult Guidance/Advocate Service should ensure that all applications for support are treated fairly, with consistency and transparently and GDPR policies are observed at all times.
6	The Programme Co-ordinator should ensure that learners who have left the programme can continue to avail of free confidential career guidance from the Adult Guidance/Advocate Service.

Link to other Policies/Procedures

2.1.1	Student Induction
2.1.3	Information to Learners
3.4.4	GDPR Policy

2.2.2 Learner Complaints

Procedure code and title:	2.2.2 Learner Complaints
Policy area:	2.2 Support for Learners
Version Number:	1.1
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 ensures fairness if a learner has a formal or informal complaint in relation to all aspects of delivery of programmes across FET Provision or FET Provision-Second Providers.

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

The Learner complaints procedure is intended to deal with any complaint a learner has in relation to any aspect of programme delivery across FET Provision or FET Provision Second-Providers, including, for example facilities, course provision or associated processes. This Complaints Procedure is for the use of KWETB learners or prospective learners. For Staff Complaints and/grievances, see relevant HR policies. All complaints will be handled in line with the ETB governing complaints policy.

Procedure – 2.2.2 Learner Complaints

Informal Stage	
1	The Programme Co-ordinator should encourage the learner to communicate with the Learning Practitioner in relation to any issues on assessment, facilities, course provision or associated processes.
2	If the issue is not resolved, the learner should communicate with the Programme Co-ordinator in relation to the complaint.
3	The Programme Co-ordinator should meet with the Complainant informally to discuss the issue and seek a solution.

4	If the complaint is about the Programme Co-ordinator, it should be escalated to the Line Manager.
5	The Programme Co-ordinator should record complaint themes on the centre risk register.
Formal Stage	
1	The Programme Co-ordinator should advise the Complainant that if the informal stage was not successful, any issues that could not be resolved at the informal stage will now proceed to the formal stage. The Programme Co-ordinator should advise the Complainant that this involves a written submission of the issue making a formal complaint.
2	The Complainant should complete the Learner Complaints Form detailing the nature and effect of the issue and providing: • Contact details • Nature of the complaint • What action has already been taken by the Complainant to resolve the complaint • Statement of what the Complainant believes an appropriate outcome of the complaint.
3	The Complainant should forward the Learner Complaints Form to the Programme Co-ordinator.
4	The Programme Co-ordinator should respond to the Complainant within five working days setting out the steps to be taken following receipt of the Learner Complaints Form. The Programme Co-ordinator should inform the Complainant of the expected timeline for the investigation (no more than 14 working days).
5	The Programme Co-ordinator should carry out a thorough investigation of the matter in-line with stated procedure.
6	The Programme Co-ordinator should respond in writing to the Complainant within 14 working days detailing the outcome of the investigation.
7	If the Complainant is dissatisfied with the outcome, they can appeal the process, in writing to the relevant Line Manager, who will escalate the matter if required.
8	The Programme Co-ordinator should escalate complaints that are QA incidents via the Incident Reporting procedure.

Link to other Policies/Procedures

2.1.1	Student Induction
2.1.3	Information to Learners
Addendum 2	Monitoring and Reporting Quality Management within Centres

Resources

Resources	• Learner Complaints Form • Learner Complaints Procedure Visual

2.2.3 Assessment Appeals Procedure

Procedure code and title:	2.2.3 Assessment Appeals
Policy area:	2.2 Support for Learners
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 the learner appeal process to determine that the learner has experienced a fair assessment process, marking of assessment evidence and that assessment was conducted in accordance with KWETB procedures and good practice for assessment. This procedure is applicable to QQI awards. Other awarding bodies will determine if appeals are permissible.

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 denoted in sections

- Roles and Responsibilities of the Programme Co-ordinator
- Roles and Responsibilities of QA/TSO
- Twenty step procedure.

Learners in KWETB are entitled to appeal the results of assessments leading to QQI awards. Appeals will be conducted in an open and transparent fashion. Appeals will be managed by the designated person with responsibility for QA authentication / TSO.

Appeals will be processed by individuals who are not directly associated with the centre or programme location where the appeals applicant studied and was assessed.

Roles and Responsibilities

Programme Co-ordinator Responsibilities	
a.	The Programme Co-ordinator should have prime responsibility for communications with learners in relation to appeals.
b.	The Programme Co-ordinator should ensure they compile all documentation relevant to the appeal in advance of review by the Extern Examiner.

c.	The Programme Co-ordinator should complete the N10 (External Appeal Application form).
d.	The Co-ordinator/Programme Manager should submit the N10 to the designated person with responsibility for QA authentication / TSO on or before 12.00 noon on the designated deadline date. Appeals received after this deadline cannot be processed.
e.	The Co-ordinator/Programme Manager should maintain a copy of the Learner Appeal Application Form and Centre Appeal Application form (N10 Form).
f.	The Co-ordinator/Programme Manager should acknowledge the remittance of €40.00 has been made to the centre. The Co-ordinator/Programme Manager should acknowledge the remittance of fees payable. Learners who are exempt from examination fees set by an awarding body may be exempt from the appeal fee. This will be in line with the State Examinations Commission.
g.	The Co-ordinator/Programme Manager should prepare all documentation for online/onsite Extern Examiner. Note – only evidence previously presented by learner can be considered as part of an appeal. No new evidence should be presented. The Learning Practitioner should not comment or create notes for the Extern Examiner.
h.	The Co-ordinator/Programme Manager should communicate the outcome of the appeal to the learner when they have received the outcome from the designated person with responsibility for QA authentication / TSO.

Quality Office / Training Standards Responsibilities	
a.	The designated person with responsibility for QA authentication / TSO should notify all centres of appeals deadlines for each certification period.
b.	The designated person with responsibility for QA authentication / TSO should review the appeals applications submitted immediately after the deadline.
c.	The designated person with responsibility for QA authentication / TSO should assign one or more Appeal Extern Examiners.
d.	The designated person with responsibility for QA authentication / TSO should consult with centres about upload of assessment evidence, Learning Practitioner folder, EA report (if relevant) to OneDrive Shared system.

	If onsite visit is to take place, the designated person with responsibility for QA authentication / TSO should consult with centres about arrangements for the visit.
e.	For FET provision, the designated person with responsibility for QA authentication should allocate temporary KWETB logins for Appeal Extern Examiners.
f.	The designated person with responsibility for QA authentication / TSO should brief Appeal Extern Examiners about their task.
g.	The designated person with responsibility for QA authentication / TSO should communicate the outcome of the appeal to centre(s) concerned using the Statement of Appeals form.
h.	The designated person with responsibility for QA authentication / TSO should communicate the outcome of the appeal to QQI.
i.	QQI will adjust the record and an updated certificate will be issued to the centre.

Procedure – 2.2.3 Assessment Appeals

1	The Co-ordinator/Programme Manager should inform learners of the process for the appeal of assessment results at induction. The Learning Practitioner should inform learners of the process for the appeal of assessment at the beginning of the assessment process.
2	The Co-ordinator/Programme Manager should ensure that dates of appeal deadlines are included in the certification schedule circulated to all centres at the start of the calendar year.
3	Following Results Approval, the Co-ordinator/Programme Manager should ensure that all learners receive notification of their final grades, together with information about appealing results, including the deadline for making appeals. The learner should be given a minimum of ten working days from receipt of results to return of appeal application form and appeal fee to centre.
4	Learners who wish to make an appeal should notify the Co-ordinator/Programme Manager.
5	The learner who wishes to appeal the result should complete the Learner Appeal Application Form, together with a fee of €40.00 per module and return to the centre within the designated timeframe.

	The Co-ordinator/Programme Manager should acknowledge the remittance of fees payable. Learners who are exempt from examination fees set by an awarding body may be exempt from the appeal fee. This will be in line with the State Examinations Commission.
6	The Co-ordinator/Programme Manager should notify the designated person with responsibility for QA authentication / TSO of the appeals submitted including details of the breadth of vocational fields concerned using the Appeals N10 form.
7	The designated person with responsibility for QA authentication / TSO should assign the Extern Examiner. The Extern Examiner cannot have carried out External Authentication on the module for relevant certification period. The designated person with responsibility for QA authentication / TSO should provide the Extern Examiner with reporting template and Appeal assignment.
8	For online appeal process, the designated person with responsibility for QA authentication / TSO should create folders in OneDrive and should share with centre(s) for upload of relevant information, assessment evidence/ Learning Practitioner folder/EA report if relevant. For onsite appeal process, the designated person with responsibility for QA authentication / TSO should ensure that all relevant information, assessment evidence is made available to the Extern Examiner, including, if required, arranging meetings between all relevant parties.
9	The Co-ordinator/Programme Manager should compile the relevant assessment documentation in preparation for onsite or online upload of documentation to the OneDrive system or the Extern Examiners' visit.
10	The Extern Examiner should examine the application made by the learner and consider the evidence in support of the grounds for appeal.
11	The Extern Examiner should email the designated person with responsibility for QA authentication / TSO a generated Statement of the External Appeals outcome outlining the: - • outcome of the appeal • why the appeal was successful or unsuccessful with clearly stated reasons for the decision.
12	The designated person with responsibility for QA authentication / TSO should email the outcome of the appeal and copy of report(s) to the Co-ordinator/Programme Manager using the Statement of appeal outcome form.

13	The Co-ordinator/Programme Manager should communicate in writing the outcome to the learner.
14	For FET Provision and FET Provision–Second Providers, the decision of the Appeal is final.
15	The designated person with responsibility for QA authentication / TSO should notify QQI of the appeal outcome.
17	The Programme Co-ordinator should refund appeal fee(s) where learner appeals are successful. The Programme Co-ordinator should lodge appeal fees that were unsuccessful to KWETB account and send copy of remittance to QA/TSO for filing.

Link to other Policies/Procedures

1.3.10	Internal Verification
2.1.1	Student Induction
2.1.3	Information to Learners

Resources

Resources	1. KWETB Appeal Examiner Report 2. KWETB Appeals N10 Template 3. KWETB Learner Appeal Application Form 4. KWETB Statement of External Appeal Outcome from External Appeals Office

2.2.4 Academic Integrity and Assessment Malpractice

Procedure code and title:	2.2.4 Academic Integrity and Assessment Malpractice
Policy area:	2.2 Support for Learners
Version Number:	1.1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB uphold the culture of Academic Integrity.

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 is committed to ensuring that assessment is fair and consistent and that all learners for assessment have equal opportunities to demonstrate their competence by participating in valid, reliable and transparent assessment.

Ethical behaviour in relation to assessment is part of the wider curriculum of all FET Provision and FET Provision-Second Providers. Learners and staff should be fully informed about their responsibilities in relation to assessment and for the prevention of assessment malpractice.

It is the responsibility of learners that all submitted work for assessment purposes, including text, graphics, tables, or any representation of ideas in print, electronic or any other media and artefacts, correctly acknowledges the source of any data which is not original to the learner. Within FET Provision and FET Provision-Second Providers, it is acknowledged that some learners are starting their academic journey, and that education about academic integrity must be embedded in planning of, and delivery of learner induction and information to learners.

It is the responsibility of the Learning Practitioner to enable assessments which are valid, reliable and accessible and give learners the opportunity to reflect their real progress in learning or achievement. Formative feedback in response to submitted assessment evidence is key to furthering learning and supporting learners to achieve their goals. While KWETB centres avail of electronic applications to detect plagiarism, education about

responsibility for academic integrity is the primary focus and strength for ethical behaviour in assessment.

The Programme Co-ordinator should ensure that both learners and Learning Practitioners are informed in relation to Assessment Malpractice

Assessment malpractice may include but is not limited to:

- Plagiarism i.e., passing off someone else's work as the learner's own work, with or without receiving their permission
- Direct plagiarism of another learner's work or getting another person to complete the assessment activity (both parties should be involved in the investigation)
- Impersonation of another learner
- Failure to produce correct personal identification for the purpose of engagement in an assessment activity
- Fabrication of assessment evidence
- Purchasing or obtaining assessment evidence from a third party/online source/another source where the work is not the learner's own work
- Alteration of results
- Wrongly obtaining secure assessment materials – e.g., examination papers
- Unauthorised removal of assessment material from the assessment location
- In an assessment event (e.g. examination), any form of communication with other learners Tampering with assessment instruments or evidence
- Behaving in any way that undermines the integrity of the assessment process
- Improper use of AI and submitting AI generated work as one's own

Where AI use is prohibited in assessment, submitting AI generated content constitutes academic misconduct and the procedures outlined in KWETBs Academic Integrity and Assessment Malpractice will apply.

Where assessment malpractice is suspected with due cause, this should be reported and processed according to KWETB procedures in a way which is consistent, transparent and fair to all learners.

Procedure – 2.2.4 Academic Integrity and Assessment

1	The Programme Co-ordinator should ensure that education about academic integrity and assessment malpractice is transparent and embedded in learner induction and information-sharing. To ensure that learners are confident in their abilities to successfully participate in assessment activity, the Programme Coordinator and Learning Practitioner should reinforce information sharing throughout the duration of the course on Reasonable Accommodation, Compassionate Considerations, Referencing Support, the Learning and Language Support Service and the requirement that repeat assessments must

	adhere to academic integrity and repeat submissions must be the learner's own work.
2.	The Programme Co-ordinator and Learning Practitioner should ensure that information-sharing about Academic Integrity and Assessment Malpractice is constantly reinforced through the duration of the course.
3	The Learning Practitioner should use computer applications, where applicable to check the reliability of assessment evidence submitted. The Learning Practitioner should ensure the validity of the submission of Skills Demonstration or Examinations assessment.
4	The Learning Practitioner should engage in questioning and seek clarification with the learner prior to escalating to the Programme Co-ordinator.
5	The Learning Practitioner should report suspected infringements of academic integrity, or assessment malpractice to the Programme Co-ordinator or designated responsible person. The Learning Practitioner should complete the Assessment Malpractice Incident Report. The Learning Practitioner should return the completed and signed Assessment malpractice Incident Report to the Programme Co-ordinator.
6	The Programme Co-ordinator should convene a meeting with the Learning Practitioner and the learner. The learner can bring a person with them to the meeting. The Learner should be given the opportunity to respond and give an initial response. The Programme Co-ordinator should ensure that the learner(s) whom the allegations have been made against are aware of: • The evidence that exists to support the allegations • The possible consequence for them if the allegation is upheld • Confidentiality if documentation is shared with relevant parties. (Documentation should only be shared with parties that are key to the investigation) • The appeals procedure, should a decision be made against him or her Minutes should be signed and dated.
7	The Programme Co-ordinator should convene a second meeting no later than five working days with the Learner to allow the Learner the opportunity to respond to the allegation. The Learning Practitioner may be requested to attend the meeting.

8	The Programme Co-ordinator should ensure that the learner's response to the allegation is recorded in writing. The Programme Co-ordinator should ensure that all other evidence about the incident is recorded in writing. The Programme Co-ordinator should ensure that minutes of the meeting are typed up and signed by all parties. The Programme Co-ordinator should ensure that documentation is stored in a secure manner.
9	The Programme Co-ordinator with recommendation from the Learning Practitioner should decide the outcome based on the evidence gathered. The decision should be based on the Policy with established sanctions. If the learner admits to Learner Assessment Malpractice at this point, the Programme Co-ordinator and the Learning Practitioner should decide on appropriate sanctions. If the Programme Co-ordinator deems that there is no evidence of assessment malpractice, the matter is closed.
10	The Programme Co-ordinator should communicate the decision to the learner.
11	Dependent if the Assessment Malpractice is a minor or major offence, sanctions should be put in place: A minor office involves errors in judgement without clear intent by the learner to engage in Assessment Malpractice. A major offence is whereby the learner premeditates to engage in Assessment Malpractice. If an instance of a major office in malpractice/plagiarism is proven, a mark of zero is assigned to that piece of the learner's work.
12	If malpractice/plagiarism is not proven, the learner's submission is marked and graded in the normal way.
13	It is important that the learner who has engaged in assessment malpractice is supported by the Programme Co-ordinator and supports are put in place to support the learner.

14	The Programme Co-ordinator should complete the Investigation Report (Academic Integrity). The Programme Co-ordinator should ensure that the Investigation Report (Academic Integrity) is filed in a secure manner.
15	The Programme Co-ordinator should ensure that the Investigation Report (Academic Integrity) is attached to the Internal Verification Report for the certification cycle and drawn to the attention of the External Authenticator. If zero mark has been awarded, this would not require to be externally authenticated. The Programme Co-ordinator should send a copy of the Investigation Report (Academic Integrity) to their line manager.
16	The Programme Co-ordinator should ensure that the learner is aware that they can appeal the process through KWETB's appeals procedures, in which case their line manager will manage the process. The Programme Co-ordinator should ensure that the learner is aware that appeals must be made within 5 working days from the date of communicating the findings of the investigation using the Appeals Assessment Malpractice Application Form.

Link to other Policies/Procedures

1.3.2	Information to learners about Assessment
1.3.9	Feedback to Learners
1.3.10	Internal Verification
1.3.11	External Authentication
2.1.1	Student Induction
2.1.3	Information to Learners
2.2.8	Repeat of Assessment
3.4.1	Learner Records
3.4.4	GDPR

Resources

Resources	• KWETB Citing and referencing Guide/Style Guide • Assessment Malpractice Incident Report Template • Investigation Report (Academic Integrity) Template • Appeals Assessment Malpractice Application • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

2.2.5 Reasonable Accommodation in Assessment

Procedure code and title:	2.2.5 Reasonable Accommodation in Assessment
Policy area:	2.2 Support for Learners
Version Number:	1.1
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 ensures the fair and consistent assessment of learners, through adapting assessment methods where necessary, to cater for the needs of learners with additional needs or personal needs. This procedure will ensure that the learner(s) requirements are addressed while not compromising the validity and reliability of the assessment process.

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 and its staff are committed to ensuring fairness, consistency and transparency across all activities and enable the learner to apply for reasonable accommodation where it is appropriate to maintain the principles of fairness and consistency. A successful application for reasonable accommodation by, or on behalf of, a learner, can result in changes to the assessment task or assessment instrument to be used for that learner.

All provision of FET Provision and FET Provision-Second Providers references the Equal Status Act, 2000, which requires education and training establishments to meet the needs of the learner with different abilities. A learner may apply for reasonable accommodation in respect of Specific Needs or in respect of Temporary Circumstances (for example, the impact of a serious injury that does not prevent the learner's attendance at the assessment event), but which may require additional supports).

Such arrangements or adaptations are not intended to and should not reduce the validity and reliability of the assessment or compromise the standard for the award. Adaptations are amendments to the aspects of the assessment technique, instrument or task which prevent the learner's participation in the assessment or hinder the learner's ability to demonstrate that they have met the learning outcome(s).

Reasonable accommodation is applied where the recommended assessment technique(s) or instruments disadvantage learners in assessment and are put in place to enable the learner to demonstrate their knowledge, skill and competence and that they can perform to the standard required to achieve the award in question. Providing reasonable accommodation is not intended to make the assessment easier or more achievable, and the learner availing of them should neither be advantaged nor disadvantaged by their use. The required standard MUST still be achieved and demonstrated.

KWETB personnel are equipped to design assessment using the principles of Universal Design for Learning (UDL) and will apply these principles to the design of assessment, using the available guideline documents published by SOLAS.

The term 'Reasonable Accommodation refers to the adjustment or adaptation of assessment tasks as necessary to cater for the needs of learners whose personal situation means that the assessment would otherwise be unfair e.g., learners with a physical disability; specific learning disability and/or other learners covered by equality legislation. Reasonable Accommodations are intended to facilitate learners to demonstrate their level of accomplishment in relation to the assessment standards. They are not intended to compensate for lack of accomplishment and should not:

- Give an unfair advantage over other learners.
- Reduce the validity and reliability of the assessment
- Compromise the standard of the award.
- Any adaptation of the assessment by Learning Practitioner should facilitate the assessment learner to demonstrate their achievement without significantly altering the standard for the award.

The Learning Practitioner making adaptations should, as far as possible, seek to amend the aspect or aspects of the assessment technique or instrument which prevent(s) or hinders the learner's participation in the assessment. It should be used where the assessment technique(s) or instrument(s) disadvantage the learner, and should do no more than is necessary to allow the learner to demonstrate his or her level of accomplishment, Examples of types of Reasonable Accommodations which can be applied include the following:

- Modified presentation of assignments/examination papers e.g., enlargements
- Scribes/readers
- Sign language interpreter
- Practical assistants
- Rest periods/supervised breaks
- Adaptive equipment/software
- Use of assistive technology
- The use of bilingual dictionary for learners whose first language is not English
- Additional time

The implementation of these adaptations will ensure that all learners are assessed on an impartial basis.

KWETB centres delivering programmes for non-QQI awarding bodies are required to reference specific policies and procedures they may publish to ensure that the correct procedures are applied, and standards maintained.

These procedures should be read in conjunction with 1.3.5 Adapting Assessment.

Procedure – 2.2.5 Reasonable Accommodation in Assessment

1	The Programme Co-ordinator should ensure that all staff are aware of the policy and procedures regarding the provision of Reasonable Accommodation.
2	At Induction, the Programme Co-ordinator should ensure that all learners are provided with information about what to do if they wish to apply for Reasonable Accommodation. The Programme Co-ordinator should ensure that this process is embedded in supports for learners regarding other elements of the programme, for example, on entry, so that all accommodations can be provided and tested, if necessary, in a timely fashion, without causing undue stress to the learner. Prior to assessment periods, the Learning Practitioner should ensure that all learners are provided with information about what to do if they wish to apply for Reasonable Accommodation.
3	The Programme Co-ordinator should co-ordinate the collation of applications for reasonable accommodation in any assessment period. The Programme Co-ordinator should communicate with all parties involved; documenting the processes and outcomes and ensuring formal documentation and schedules are changed if necessary.
4	The Programme Co-ordinator should ensure dialogue takes place between the Programme Co-ordinator, the Learning Practitioner and the learner to determine the needs of the learner and way to support and facilitate the leaner in the assessment process. The Programme Co-ordinator can seek additional information. Learners should provide supported documentation. A parent/guardian should attend all meetings for learners U18.
5	The Programme Co-ordinator should ensure they review the application for reasonable accommodation.

	The Programme Co-ordinator should ensure they meet with the learner to determine the best course of action.
6	The Programme Co-ordinator should ensure that they carry out the mapping stage which includes: ○ why it needs to be adapted ○ consideration of how it will still meet learning objectives of the awarding body ○ outline of how best to adapt the assessment ○ who will devise it and what channels it needs to go through to be approved for use. ○ consideration of the impact of the change needs to be considered regarding timetables, learners, Learning Practitioners ○ approval of how the facilitation of the changed assessment event will occur.
7	The Programme Co-ordinator should ensure they identify the level of the need of the learner in the following way: a. The learner, advocate or guardian should complete an application form for Reasonable Accommodation. In the case of specific needs, an application must be completed at least four weeks in advance of the assessment. deadline/scheduled date. In the case of temporary circumstances, an application must be made as soon as possible. b. Ask the learner to provide evidence of his or her disability. This evidence can include, for example, medical reports; educational psychologist's report; occupational therapist's report; guidance counsellor's report. c. Meet with the learner to discuss her or his needs. d. Analyse the application for Reasonable Accommodation, taking all the evidence into account. Additional evidence may be sought from the learner. e. Inform the learner (parent/guardian for U18s) in writing of the outcome of the application within 7 working days of receipt of the completed application. This can be either successful or unsuccessful. f. Inform Learning Practitioners of the outcome of the application process and requirements for adaptation if a successful application was made.
8	The Programme Co-ordinator should determine which aspects of the assessment will require adaptation, in consultation with Learning Practitioners. The Learning Practitioner should adapt the assessment, ensuring that all learning outcomes are met and the standard for the award is not compromised in any way and strictly adhering to the principles of assessment, and the standard for the award.

9	The Learning Practitioner should ensure that when adapting the assessment, that the same scope of AI use (prohibited / limited / permitted) is used for the adapted assessment.
10	The Programme Co-ordinator should adjust the centre's Assessment Plan if necessary. For FET Provision-Second Providers, additional time allocation is recorded as part of the Assessment plan and a separate F04 for the assessment is required. Contracted Training should be made aware that no additional charge will be passed onto the ETB for this provision.
11	The Programme Co-ordinator should inform all stakeholders of the adjustment to the Assessment Plan.
12	The Programme Co-ordinator should ensure they procure additional supports if necessary.
13	The Programme Co-ordinator should ensure they track and record all stages of the application for Reasonable Accommodations.
14	The Programme Co-ordinator should ensure they document and file all documents of meetings. The Programme Co-ordinator should ensure that all documentation is confidential and stored in a secure place.
15	The Programme Co-ordinator should ensure they document provision of Reasonable Accommodations on Internal Verification Report.

Appeals for Reasonable Accommodation in Assessment:	
1	The learner (or parent/guardian for U18s) have a right to appeal if they are dissatisfied with any aspect of the decision in relation to their application for Reasonable Accommodation in Assessment. The appeal must be made in writing using the Reasonable Accommodation Assessment Appeal form. The learner should submit this application to the Co-ordinator/Programme Manager within 5 working days from the date of notification.
2	The Programme Co-ordinator should submit the Reasonable Accommodation in Assessment Appeal Form with the original Reasonable Accommodation in Assessment Application and Approval form to the Adult Education Officer.

	The appeal decision must be based solely on the information originally used to assess eligibility. Where new supporting information becomes available this is considered as a new application and every effort will be made to process it in advance of the assessment.
3	The Programme Co-ordinator should inform the learner (parent/guardian for U18s) of the appeal decision within 5 working days of receipt of the completed Reasonable Accommodation in Assessment Appeal Form.

Records and Retention:	
1	The Programme Co-ordinator should retain all records of application for Reasonable Accommodation and supporting evidence until the learner has completed their programme of learning and the assessment process is complete.

Link to other Policies/Procedures

1.3.2	Information to learners about Assessment
1.3.5	Adapting Assessment
1.3.10	Internal Verification
2.1.1	Student Induction
2.1.3	Information to Learners
3.4.1	Learner Records
3.4.4	GDPR
Addendum 2	Monitoring and Recording Quality Assurance Management within Centres

Resources

Resources	• Reasonable Accommodation in Assessment Application and Approval Form • Reasonable Accommodation in Assessment Appeal Form • Guidelines for use of Bilingual Dictionaries • KWETB Reasonable Accommodations Visual.pdf • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

2.2.6 Compassionate Consideration

Procedure code and title:	2.2.6 Compassionate Consideration
Policy area:	2.2 Support for Learners
Version Number:	1.1
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 ensures that the learner is not unfairly disadvantaged if they cannot participate in assessment due to personal events/circumstances beyond their control. This procedure outlines how the learner can apply to defer an assessment activity if they feel their assessment performance or preparation for assessment has been affected due the event.

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

The learner can experience personal events which may impact on their ability to participate in assessment. When this type of event occurs, the learner can apply for Compassionate Consideration if they feel their assessment performance or preparation for assessment has been affected due to this event.

Examples of circumstances where a learner may apply for Compassionate Consideration include:

- A physical injury during a period of four to six weeks before the assessment deadline or scheduled assessment event.
- Emotional trauma during a period of four to six weeks before the assessment deadline or scheduled assessment event.
- A physical disability or chronic disabling conditions such as epilepsy, glandular fever or other incapacitating illness which prevented participation in the scheduled assessment.
- The recent bereavement of a close family member or friend.
- Severe accident.

- Domestic crisis.
- Terminal illness of a close family member.
- Other extenuating circumstances.

In these circumstances, the learner may apply to defer the assessment: i.e. to complete the assessment activity on another occasion or submit assessment materials on an alternative date.

These examples are circumstances which are unlikely to be considered valid criteria for availing of Compassionate Consideration:

- Typical symptoms associated with examination stress.
- Minor illnesses such as common cold.
- Holidays.
- I.T. or computer failure (excluding during an exam).
- Where English is not the first language of the assessment learner (This issue should be dealt with separately and appropriate supports provided to enable learners to contribute and participate in learning delivered through English.)

When considering an application for compassionate consideration, fairness to the learner and all other learners must be the overriding principle when evaluating applications.

Granting the compassionate consideration should be based on evidence provided by the learner regarding the extenuating circumstances.

The Programme Co-ordinator should decide based on the learner's application for compassionate consideration. The Programme Co-ordinator may consult with the designated person with responsibility for QA authentication / TSO regarding the application.

Procedure – 2.2.6 Compassionate Consideration

1	The Programme Co-ordinator should ensure that information about availing of Compassionate Consideration is circulated to learners at course induction. The Learning Practitioner should ensure that information about availing of Compassionate Consideration is circulated to learners and in advance of assessment periods.
2	The Programme Co-ordinator should ensure that if a learner is prevented from undertaking a specific assessment due to specific circumstances and therefore would not meet some of the learning outcomes, they should be given the opportunity to defer the assessment to another occasion to ensure all learning outcomes are met.
3	If appropriate, the learner should complete an application for Compassionate Consideration in advance of the assessment date.

	The learner should submit the application to the Programme Co-ordinator.
4	The Programme Co-ordinator should gather more information from the learner if necessary, including requesting medical certificates or other evidence.
5	The Programme Co-ordinator should decide based on the information received based on procedure.
6	The Programme Co-ordinator should ensure the decision is recorded and signed off on the Compassionate Consideration Application Form. **A decision must be made promptly, ideally within 3 working days from receipt of application.**
7	The Programme Co-ordinator should communicate the decision to the learner and affected staff.
8	The Learning Practitioner should arrange an alternative opportunity for the learner to complete the assessment, including the provision of an alternative examination paper/assessment brief to ensure the validity and reliability of the assessment. The Programme Co-ordinator should engage an invigilator as necessary. The learner should participate in the assessment under the same circumstances as the previous instance of the assessment. The Programme Coordinator should ensure that the learner is aware of the 2.2.8 Repeat of Assessment procedure and that there is a maximum timeframe of six months for repeat assessment. This is on condition that the repeat of assessment is feasible and the learner does not achieve a pass grade.
9	The Learning Practitioner should ensure that when providing an alternative opportunity for the learner to complete the assessment, that the same scope of AI use (prohibited / limited / permitted) is used for the alternative assessment / examination.
10	The Programme Co-ordinator should ensure they adjust the Centre Assessment Plan/ F12 if necessary.
11	The Programme Co-ordinator should ensure that all documentation is filed in the learner file. The Programme Co-ordinator should ensure that all documentation is confidential and stored in a secure place.

12	The Programme Co-ordinator should ensure they record the instance(s) of Compassionate Consideration applied for and granted (without reference to personal details) on the Internal Verification Report.

Appeals for Compassionate Consideration:	
1	The learner (or parent/guardian for U18s) have a right to appeal if they are dissatisfied with any aspect of the decision in relation to their application for Compassionate Consideration. The appeal must be made in writing using the Compassionate Consideration Appeal form. The learner should submit this application to the Co-ordinator/Programme Manager within 5 working days from the date of notification.
2	The Programme Co-ordinator should submit the Compassionate Consideration Appeals Application form to the Adult Education Officer for decision. The Programme Co-ordinator should inform the learner (parent/guardian for U18s) of the appeal decision with five working days of receipt of the completed Compassionate Consideration Appeals Application form.

Records and Retention:	
	The Programme Co-ordinator should retain all records of application for Compassionate Consideration and supporting evidence until the learner has completed their programme of learning and the assessment process is complete.

Links to other Policies/Procedures

1.3.2	Information to learners about Assessment
1.3.10	Internal Verification
2.1.1	Student Induction
2.1.3	Information to Learners
2.2.7	Deadlines, short-term extensions and deferrals
2.2.8	Repeat of Assessment
3.4.1	Learner Records
3.4.4	GDPR Policy
Addendum 2	Monitoring and Recording Quality Assurance Management within Centres

Resources

Resources	• Application for Compassionate Consideration • Compassionate Consideration Appeal Application Form • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

2.2.7 Deadlines, short-term extensions and deferrals

Procedure code and title:	2.2.7 Deadlines, short term extensions and deferrals
Policy area:	2.2 Support for Learners
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 ensures that the learners is given fair and realistic timelines within which to submit their work. This procedure sets out the process how the two situations of expected and unexpected missed deadlines may be granted:

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 staff should determine and agree assessment schedules and plans through centre planning meetings. The learner should be informed of key deadline dates early, and regularly through in-class interactions; noticeboards; student handbooks and through online and social media platforms. The learner should have access to information about deadlines to ensure that all will have fair opportunities to submit assessment evidence and other work on time.

The learner should be informed of actions to be taken in the event of extenuating circumstances (see procedure 2.2.6 Compassionate Consideration). The Learning Practitioner should not accept late submissions for assessment unless there are proven extenuating circumstances and a short-term extension of compassionate considerations application has been granted.

The Programme Co-ordinator is responsible for ensuring that all learners are aware of deadlines and of actions to take if a deadline is likely to be or has been missed.

Procedure – 2.2.7 - Deadlines, short-term extensions and deferrals – Expected Missed Deadlines

Expected Missed Assessment Deadlines is where a learner already had a commitment prior to publication of the assessment schedules. In this case, the learner should make every effort to submit the work prior to that deadline. In the case of a Skills Demonstration/Practical, the Learning Practitioner should arrange to reschedule the assessment if possible.	
1	The granting or refusal of a short-term extension is at the discretion of the Programme Co-ordinator.
2	The learner should contact the Programme Co-ordinator by phone or e-mail notifying them of the issue as soon as they are aware of it.
3	The learner should complete the application for a short-term extension.
4	On consideration, and if there are not consequences to the fairness, reliability and validity of the assessment, the Programme Co-ordinator may offer the learner a short extension which will allow the learner to submit for the current certification period. If a deferral is granted, the learner may submit for the current certification period or the next certification period.
5	The Learning Practitioner should ensure that the evidence submitted is marked and graded in accordance with the stated standards for the award.
6	The Co-ordinator/Programme Manager should ensure the learner is aware that, if unsuccessful, they can appeal the process and decision and KWETB's appeals procedure will be followed.
7	The Programme Co-ordinator should ensure that all details of the deferral are recorded on the Internal Verification Report.

Deadlines, short-term extensions and deferrals – Unexpected Missed Deadlines	
Unexpected Missed Assessment Deadlines, in which an unexpected event militates against the meeting of the deadline. In this case, the learner may apply for a. A short-term extension or b. Compassionate Consideration.	
1	Where the learner cannot apply for or complete a short-term extension, an application for compassionate consideration can be made. (2.2.6 Compassionate Consideration procedure).

Link to other Policies/Procedures

1.3.2	Information to learners about Assessment
1.3.10	Internal Verification
2.1.1	Student Induction
2.1.3	Information to Learners
2.2.6	Compassionate Consideration
3.4.1	Learner Records
3.4.4	GDPR

Resources

Resources	1. Application for a short-term deadline extension 2. Form B: Application for a short-term deadline extension appeal form

2.2.8 Repeat of Assessment

Procedure code and title:	2.2.8 Repeat of Assessment
Policy area:	2.2 Support for Learners
Version Number:	1.1
Reviewed by:	Quality Assurance Sub-Group
Date approved by Quality Council:	23rd October 2025
Date of Implementation:	3rd November 2025
Review Date:	October 2026

Purpose

The aim of this procedure is to detail Kildare and Wicklow ETB's procedure with respect to the repeat of assessments for learners enrolled in QQI accredited courses. It provides equitable opportunities for academic advancement while upholding the integrity of assessment standards.

Scope

This procedure is applicable to all learners enrolled in QQI accredited programmes delivered by Kildare and Wicklow ETB, where Learning Outcomes are assessed. Certain programmes, including Early Learning and Care (ELC), Apprenticeship programmes, and other programmes delivered by other awarding bodies have specific requirements that take precedence over the requirement in this document. Learners will be informed of the relevant repeat procedures during their course induction. This policy applies to courses at QQI levels 4,5,6.

Guidelines on the feasibility for Repeat of Assessment for each Assessment Technique

Guidelines have been developed to support this policy. The guidelines are organised by assessment technique, with each section outlining specific considerations and requirements relevant to that assessment criteria. For each assessment type, the guidelines highlight factors such as feasibility, resource implications and recommendations to ensure quality assurance standards. This structured approach is intended to assist Coordinators and Learning Practitioners in making informed, consistent decisions regarding repeat of assessments, ensuring alignment with Policy 2.2.8 Repeat of Assessment and the broader Quality Assurance Framework.

Information to Learners

All information regarding repeat assessments should be provided to learners in line with KWETB's procedures 2.1 Communications concerning assessment: Learners should be made aware of these procedures at Induction and throughout delivery.

- 2.2.6 Compassionate Consideration

- 2.2.7 Deadlines, Short-term Extensions and Deferrals
- 2.2.3 Assessment Appeals
- 2.2.8 Repeat of Assessment

Compassionate Consideration

If a learner cannot submit or sit an assessment due to illness, bereavement, etc, they should refer to procedure 2.2.6 Compassionate Consideration.

Feedback

Learners should receive timely and constructive feedback both formative and summative on their assessments as set out in procedure 1.3.9 Feedback to Learners.

Conditions of Repeat Assessment

Opportunities for Repeat and Resubmission

Learners should be offered the opportunity to repeat and resubmit an assessment.

Learners are given the opportunity to repeat the assessment task once only (i.e. two assessment opportunities in total).

Unsuccessful in Assessment

If a learner is unsuccessful in passing an assessment activity, resulting in not meeting all the Learning Outcomes, the learner should be offered the opportunity to repeat and resubmit an equivalent assessment.

Conditions for Repeat Assessments

Repeat assessments should be conducted under the same or similar conditions as the original assessment event.

This includes clearly defining and communicating to learners, the scope of AI use (prohibited / limited / permitted).

Repeated Assessment Grade

If a learner is granted approval by the Coordinator/Manager/Principal to repeat an assessment, the grade achieved in the repeat must be capped at a maximum of 50% or associated grade which represents a Pass mark. This applies regardless of the actual score attained in the repeated assessment attempt.

Notification of Repeat/Resubmission Details

Learners should be informed of the dates, deadlines, and times for repeat and resubmission of assessments. The minimum timeline for a repeat activity to conclude is one week before RAP. Dates of repeat activity should be selected by the centre manager for their centre, ensuring that it meets the criteria set out in this policy and is clearly communicated to learners. In some cases, due to timelines, learners will have to be submitted for a different

certification period. The **maximum timeframe** for a repeat activity is six months from the original certification period.

Grounds for Repeating / Resubmitting an Assessment

Where appropriate, learners can repeat an assessment only if they have not successfully passed an assessment and would otherwise be referred. Repeating an assessment is not permitted for the purpose of improving a learner's grade.

Learners may only repeat an assessment for a module in which they have not achieved success. This option is available only when they have previously submitted the assessment and have not attained at least 50% of the marks available for that assessment task.

Roles and Responsibilities

All Staff

Awareness – all staff should be familiar with the policies and procedures related to 1.3.3 Planning, Conducting and Concluding Assessment.

Compliance – All staff involved in the assessment process should ensure that it aligns with the Quality Assurance Policies and Procedures as set out in the KWETB Quality Assurance Framework.

Communication – All staff should ensure that learners are informed about repeat opportunity dates, deadlines, and assessment times.

The Centre Coordinator

Adherence – The Centre Coordinator should ensure that they follow the roles and responsibilities as set out for all staff.

Oversight – The Centre Coordinator should ensure that all Learning Practitioners are aware of their roles and responsibilities regarding the assessment process, assessment procedures and the offering of repeat of assessments.

Scheduling - The Centre Coordinator should ensure that the Repeats Schedule, is prepared at the planning stage of the course. If a learner has not succeeded in an assessment task and wishes to progress to another programme, the centre must make every effort to offer a repeat opportunity to ensure the learner's progression is not delayed or hindered.

Academic Integrity

Learners undertaking a repeat activity are required to adhere to KWETB Academic Integrity guidelines, as outlined in Procedure 2.2.4 Academic Integrity and Assessment Malpractice. All submitted work must reflect the learner's own effort.

The Learning Practitioner

Adherence – The Learning Practitioner should follow the roles and responsibilities outlined for all staff.

Awareness – The Learning Practitioner should be aware of the policies and procedures related to the assessment process and the repeat of assessments.

Communication – The Learning Practitioner should communicate the repeat assessment process to learners.

Preparation – The Learning Practitioner should prepare repeat assessments in accordance with QQI Assessment Principles. All repeat assessments must uphold the QQI Principles of Assessment – validity, fairness, reliability, quality assurance and transparency.

The Learner

Engagement – The learner should ensure that they engage with all available learning supports.

Timelines – The learner should ensure that they meet all deadlines for repeat application and assessment.

Procedure 2.2.8 Repeat of Assessment

1.	The Centre Coordinator should ensure that opportunities for repeat of assessment activity are included in the Centre Assessment Plan.
2.	When devising assessment, the Learning Practitioner should ensure that they devise an alternative assessment/assignment/examination.
3.	The Learning Practitioner should give relevant feedback to the learner throughout the course.
4.	The Centre Coordinator should ensure that learners are informed of the availability of the opportunity to repeat an assessment activity.
5.	The Learning Practitioner should give the learner their provisional result for each assessment task. This must be done within a reasonable timeframe.
6.	The Learner should arrange to meet with the Learning Practitioner and/or the designated person to discuss the viability of repeating an assessment task.
7.	If the request is granted, the Learner should complete the application form to repeat an assessment. This should be done within ten days of the result being issued.
8.	If the request is granted, the Centre Coordinator or designated person should schedule the repeat of the assessment task.

9.	The Learning Practitioner should ensure that the learner evidence is graded in accordance with the original criteria for the assessment activity.
10.	The Learning Practitioner should ensure that the learner is informed of the result of the repeat assessment activity.
11.	The Centre Coordinator should ensure that all records are kept on the learners file and that the original assessment and repeat assessment are retained and available to the Internal Verifier for recording and to the External Authenticator if necessary.
12.	The Centre Coordinator should ensure that the result is sent for Results Approval and the result is submitted to the QBS.

Link to other Policies/Procedures

1.3.3	Planning, Conducting and Concluding Assessment
1.3.9	Feedback to Learners
1.3.10	Internal Verification
1.3.11	External Authentication
2.1.2	Learner Induction
2.1.4	Information to Learners
2.2.6	Compassionate Consideration
2.2.7	Deadlines, Short-term extensions and deferrals
2.2.4	Academic Integrity and Assessment Malpractice

Resources

Resources	• Repeat an Assessment Application Form • Guidelines on the feasibility for Repeat an Assessment for each Assessment Technique • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

Section 10: Procedures for 2.3 Staff Development and Support

Policy Area 2.3 Staff Development and Support		
2.3.1	Continuing Professional Development	
2.3.2	Staff Support Service	
2.3.3	Learning and Development	*Refer to OSD Policy*
2.3.4	Codes of Conduct for staff	*Refer to OSD Policy*

2.3.1 Continuing Professional Development for Staff

Procedure code and title:	2.3.1 Continuing Professional Development for Staff
Policy area:	2.3 Staff Support and Development
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:	

Terminology

KWETB encourages continuous learning for all staff and supports and provides opportunities for development of skills, knowledge and competence via three contexts:

1. **Continuous Professional Development (CPD)** refers to centrally funded and self-directed, independent studies detailed in KWETB's Learning and Development Policy. The Human Resources Department are responsible for receipt, administration, processing and record keeping for all CPD Applications and Activity.
2. **Professional Learning and Development (PLD)** refers to all other PLD activities. These may be centrally organised by the PD team or provided through external agencies. Examples of PLD activities include the following, DigCap PD programme, KWETB PD events, courses on the KWETB Microlearning Platform, Communities of Practice (CoPs), online learning, in-person workshops, this list is not exhaustive.
3. **Organisational Directed Training and Development** and/or Compliance Training. KWETB may direct specific training to certain categories of staff or all staff, this is managed locally and/or coordinated by the relevant department generally within the OSD Division.

Purpose

The purpose of this procedure is to ensure that a culture of learning is fostered, promoted and supported for all staff working in KWETB. The success of KWETB in delivering high

quality FET provision is dependent on our people. KWETB work hard to recruit people of the highest calibre however it is also essential, as a learning organisation, that we support our staff in their roles and to continually develop their knowledge, skills and potential.

Scope

KWETB is committed to the education, learning and development of all staff. This procedure applies to all FET Provision. There is an integrated single policy for Learning and Development across the organisation, furthered with FET specific PLD coordinated and facilitated by PD Co-ordinator.

Preamble

Staff in KWETB's FET services are encouraged to engage in ongoing and continuous learning and development which is accessible, promoted, transparent and available in accordance with the KWETB Learning and Development Policy. To further support culture of learning for all staff across all provision a KWETB Learning and Development Strategy 2024-2027 is currently under development.

Agencies and Provision

KWETB staff are encouraged to engage with all relevant agencies such as ETBI (National PLD Hub) and SOLAS (Professional Development Strategy for Staff Employed in ETBs), the Teaching Council of Ireland and KWETB provided PLD programmes.

KWETB also liaise with Further Education Support Services (FESS) who schedule a calendar of events for FET staff. Staff who participate in Continued Professional Development (CPD) and PLD programmes are encouraged to share their learning with other staff, team members and colleagues.

Reporting

Under the Statement of Strategy, all KWETB staff organisational training/PLD which is centrally organised and/or delivered by FET Systems and Support team is captured across the organisation on a quarterly basis review through a PD tracker. This feeds into an organisation wide report which is issued to Senior Management Team for consideration, measurement of impact and recommendations.

KWETB engage in reporting on PLD activities to SOLAS as required.

Applying for CPD

KWETB staff may make applications for CPD funding for the following types of programmes:

- Undergraduate Certificate (yearlong) (Level 6)
- Undergraduate Diploma programme (Level 7)
- Undergraduate Degree Programme (Level 7/8)

- Post-graduate Certificate/ Diploma Programmes (Level 8/9)
- Masters Programmes (Level 9)
- Doctoral Programmes (Level 10)
- Other skills programmes where fees are in excess of €500
- Fees under €500 should be considered locally

Applicants must refer to the KWETB Learning and Development Policy in advance of making an application for grant aid.

Approval of CPD

Funding is supported for programmes that:

- Are directly related to the post that the applicant is fulfilling in KWETB
- Are related to the Centre/Service Development Plan
- Are relevant to the objectives of KWETB's Strategic Plan
- Provide a positive benefit to the organisation and the staff member's career progression objectives

Approval of applications for CPD will be subject to facilitate participation without unduly affecting provision to learners/impacting the service provided and to available funding. CPD may take the form of participation in a programme of education or training delivered by a higher education institution (HEI); specific training associated with KWETB's Statement of Strategy or in mandatory training. Specific target groups of staff may be required to participate in specific CPD to enhance their knowledge, skills and competence relevant to a specific job description or industry need or where it is identified that there is a specific skills gap.

In order to avail of support, applicants must have completed a minimum of one year's satisfactory service with KWETB or have successfully completed a probationary period.

Staff will be encouraged to participate in specific international projects which are linked to Statement of Strategy and Quality Assurance objectives. There are specific arrangements for these instances of CPD.

PLD & Technology Enhanced Teaching and Learning (TEL)

Technology is a feature of everyday teaching and learning that enhances learning experience and classroom practice and facilitates Universal Design for Learning. KWETB's PD Virtual Hub, a Team site is managed by the PDTEL Team communicates and shares details of learning opportunities and links to external PD opportunities, support resources, FET PD Video Channel and KWETB Learn (Microlearning Platform).

Staff are encouraged to participate in the Digital Capabilities Professional Development (DigCap PD) which is a 6-month programme of PLD for KWETB FET Educators aligned to the European Framework for Digital Competence of Educators (DigCompEdu).

Procedure – 2.3.1 Continuing Professional Development

The CPD Funding Application Process

1	Line Managers should circulate the KWETB policy for learning and development to staff about opportunities to avail of CPD support during staff meetings throughout the year and ensure that key deadlines are included in relevant calendars and schedules.
2	Prospective applicants should refer to the Learning and Development policy in full before making an application for grant aid.
3	The AEO should circulate a reminder of the application deadline to all staff in January every year, giving details of key dates for submission to the Line Manager for approval signatures.
4	The Line Manager should review the application and approve or seek further clarification.
5	The applicant should submit a fully complete and approved application on CPD Grant Aid Claim Form B to Human Resources (HR) prior to April 30th.
6	SMT should assess applications for grant aid assessed based on the specific criteria detailed in the policy.
7	Funding decisions should be made by the Directors of KWETB (OSD, FET and Schools) in conjunction with the Chief Executive, depending on a. Available funds b. How the applicant meets the criteria c. Whether the applicant is subject to formal retraining or redeployment/organisational necessity d. Whether previous applications have been supported or not
8	HR should notify applicants in writing by HR of the outcome of the application and of the amount approved, detailing the drawdown process and conditions of the grant. Amounts of grant aid are defined in the KWETB learning and development policy and may vary from time to time.
9	The Chief Executive should sanction statutory or mandatory CPD which should be fully funded.
10	Successful Applicants may be requested to give lectures/talks to staff where required and furnish outcomes of research and copies of these to KWETB.
11	Successful Applicants who leave KWETB within three years of completion will be required to refund KWETB's grant aid as follows:

	a. Within 1 year: 75% of all costs b. Within 2 years: 50% of all costs c. Within 3 years: 25% of all costs.
12	During the programme, staff other than teachers and special needs assistants may avail of study leave, which is detailed in the Learning and Development policy.

Procedure to Apply for CPD Funding

Adapted from Appendix D: KWETB Learning and Development Policy

1	The staff member should look at their course of interest and see if it fits with the terms of the KWETB Learning and Development Policy.
2	The staff member should complete the CPD funding application form in full and attach all relevant information to support the application. Taking care to outline the following: - How the course meets the criteria outlined in point 2 of the policy. - The full details and information on the course including course certification, content, cost and duration and amount of grant aid requested. - A plan to minimising the course's work and attendance impact on their role. - Details on any other funding applications or rebates that will be sought to support the course.
3	The staff member must ensure all necessary approvals and recommendations at point 5 and 6 on the application form are completed.
4	The staff member should submit the form to HR for CE and SMT consideration and final approvals.
5	Forms are compiled and brought by HR to the SMT for Final Decisions/CE. Authorisation.
6	HR write to the applicant to advise of the final decision of SMT.
7	Where funding was granted the staff member can submit a CPD Grant Claim form to access monies in line with the policy and funding agreement.

Link to other Policies/Procedures

2.1.5	Information to Staff
2.3.1	Learning and Development
2.4.2	Staff International Activity

2.3.2 Staff Support Service

Procedure code and title:	2.3.2 Staff Support
Policy area:	2.3 Staff Support and Development
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 ensures focus when assisting staff in maintaining wellness and details how KWETB support staff when necessary.

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 provides a confidential Employee Assistance Service that is accessible to all staff of the organisation and their immediate family members (if over 18 years old). The Service Provider is identified and commissioned through the Office of Government Procurement (OGP) tendering process. The service is designed to give highly expert confidential support to staff. The Service also provides guidance to Programme Co-ordinators when dealing with delicate staff matters to ensure appropriate support is given.

The Services Provided under KWETB Staff Support System/Employee Assistance Service Are:

- Up to 6 counselling sessions where required, and access to supports across legal and financial areas and much more.
- Access to clinically led online Cognitive Behavioural Therapy pathways to expand access, drive engagement and increase recovery.
- A customised, digital platform delivering expert content on mental wellbeing, fitness and nutrition, in addition to a step counter and a calorie tracker.

- Through the digital platform, staff have access to various mental health e-Learning courses designed to educate, inform and empower them in various aspects of mental wellbeing.
- Regular workshops and expert information sessions are made available to staff.
- Management support is offered for when dealing with highly sensitive personal staff matters.

Procedure – 2.3.2 Staff Support Service

1	KWETB Employee Relations Division should ensure that all new staff are informed of the availability of the service.
2	The Programme Co-ordinator should ensure that all requests for support, if these come through the Coordinator/Principal or other officers/managers are treated with the utmost respect and dignity.

2. Link to other Policies/Procedures

2.1.5	Information to Staff
2.3.1	Staff Induction

ADDITIONAL DETAILS
https://wicklowvec.sharepoint.com/sites/Intranet/SitePages/Employee-Assistance-Programme.aspx

Section 11: Procedures for 2.4 Partnerships and Collaboration

Policy Area 2.4 Partnerships and Collaboration	
2.4.1	Establishing partnerships, collaborative and shared arrangements
2.4.2	Staff International activity

2.4.1 Establishing Partnerships, Collaborative and Shared Arrangements

Procedure code and title:	2.4.1 Establishing Partnerships, Collaborative and Shared Arrangements
Policy area:	2.4 Partnerships and Collaboration
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 sets out the process for setting up formal medium to long-term partnerships and collaborative arrangements with other parties for the purpose of enhancing and assisting in meeting the strategic objectives of KWETB. This procedure covers partnership and collaborative arrangements initiated by KWETB and by external entities.

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.

Levels of Collaboration:

Levels of Collaboration	Definitions	Examples
Level 1 One-off Short-term	A single event that will last for a short time [i.e. a day or not more than a few days]	An organised excursion

Level 2 Repeated Short-term	Multiple events, each one lasting a short time	Annual use of external providers of service [e.g. First Aid Response training for healthcare students]
		Annual fire extinguisher checks
		An Erasmus partnership
Level 3 Long-term	Multiple events [short or long] over protracted time periods repeated on a permanent or semi-permanent basis External providers of learning opportunities on KWETB premises	Night classes provided by specialist trainers
		Sports groups using KWETB facilities

Procedure – 2.4.1 Establishing Partnerships, Collaborative and Shared Arrangements

1	The Proposer should draft a proposal for the partnership/collaboration, including a rationale linking the proposal to KWETB strategic objectives and establishing the value of the proposal to the organisation.
2	The Proposer should complete a profile of the proposed partner/collaborating organisation or individual.
3	The Proposer should present the proposal for the partnership or collaboration for approval to their Line Manager.
4	If relevant, the Line Manager should forward the proposal to appropriate Governance Sub-group for approval.
5	The Line Manager and the Governance Subgroup (if relevant) should review the proposal and respond with a request for further information/approval to proceed. Decisions should be recorded in minutes taken during the meeting. Criteria should be based on the KWETB Strategic Objectives, Aims, or Quality Improvement Plans.
6	The Proposer should provide further information if required.
7	The Line Manager should communicate the decision to the Appropriate Personnel (who has responsibility for putting the project in to practice such as Operational Teams and Organisational Services Department) (OSD) (if applicable) The partner/collaborative organisation should be informed. A plan for regular reporting should be established.

8	The Appropriate Personnel should ensure that a partnerships/collaborative working agreement is finalised, ensuring purpose, intention and expectations are clear.
9	Depending on the legal requirements, the Appropriate Personnel should ensure that agreements are signed with the partner organisation, clearly detailing the objectives of the partnership or collaborative arrangement. These can include a memo of understanding (MoU), a memo of agreement (MoA), Service Level Agreement (SLA).
10	The Appropriate Personnel should ensure that partnership details and documentation are recorded, including reports, updates and contact details in a designated, secure location.
11	The Appropriate Personnel should ensure that a plan is in place for an annual review regarding the efficacy of the partnership/collaborative arrangement, to include feedback to all parties and stakeholders and to inform further planning or withdrawal.

Resources (Refer to OSD)

Resources	• Proposal for the Partnership/Collaboration
	• Profile of Proposed Partner/Collaborator
	• List of Criteria for review of Proposal
	• Templates
	  • MoU
	  • MoA
	  • SLA
	• Approval Form

2.4.2 Staff International Activity

Procedure code and title:	2.4.2 Staff International Activity
Policy area:	2.4 Partnerships and Collaboration
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB supports the Erasmus Programme 2021 – 2027 which is a key component supporting the objectives of the European Education Area; the Digital Education Action Plan 2021-2027 and the European Youth Strategy and the European Union Workplan for Sport.

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 participates from time to time in international partnerships which enable staff of FET Provision to work with and learn from their peers in Vocational Education and Training providers in other European countries. This is recognised as an element of our Professional Development commitment, facilitating the circulation of ideas, transmission of good practice, and development of additional competence as professionals, contributing to high quality delivery of FET.

This procedure supports the participation of staff in Key Action 1 Projects: Learning Mobility of Individuals and Key Action 2 Projects: Co-operation among institutions and organisations. KWETB will support applications for projects which are aligned with our broad objectives; the objectives of the SOLAS FET Strategy and European objectives for the enhancement of the quality of vocational education and training across the EU.
This procedure is for the use by the Co-ordinators of European partnerships funded through the Erasmus programme.

Procedure – 2.4.2 Staff International Activity

1	Following a successful application, the Appropriate Personnel (designated Erasmus person, Line Manager, Programme Co-ordinator) should confirm and refine partnership details with new partners.
2	The Appropriate Personnel should select the participating participants by setting up clearly defined and transparent selection criteria
3	The Appropriate Personnel should define the envisaged learning outcomes of the mobility period in terms of knowledge, skills and competences to be developed and relevance to the objectives and strategies.
4	The Appropriate Personnel should prepare participants in collaboration with partner organisations for the practical, professional and cultural life of the host country, in particular through language training tailored to meet their occupational needs if necessary.
5	The Appropriate Personnel should manage the practical elements around the mobility, taking care of the organisation of travel, accommodation, necessary insurances, safety and protection, visa applications, social security, mentoring and support, preparatory visits on-site etc. If you send learners or Learning Practitioners and other professionals who face barriers to mobility, special arrangements for those individuals must be made (e.g. those with special learning needs or those with physical disabilities), including the use of accompanying persons.
6	The Appropriate Personnel should ensure that arrangements for issuing of bursaries are fully understood and that arrangements for disbursing these are in place.
7	The Appropriate Personnel should establish a memorandum of understanding between partner organisation(s) and KWETB that outlines learning outcomes for all, validation procedures for learning, documentation of learning outcomes, communication channels, monitoring of visit.
8	The Appropriate Personnel should arrange and document, together with the host Organisation, the assessment of the learning outcomes, picking up on the informal and non-formal learning where possible. Recognise learning outcomes which were not originally planned but still achieved during the mobility.
9	The Appropriate Personnel should evaluate: • with each participant their personal and professional development following the period abroad • with partner organisation to see whether it has obtained its objectives and desired results, and • self-evaluate to see objectives and desired results have been achieved

10	The Appropriate Personnel should recognise the accrued learning outcomes through ECVET, EuroPass or other certificates.
11	The Appropriate Personnel should disseminate the results of the mobility projects as widely as possible.

Link to other Policies/Procedures

2.3.3	Continuing Professional Development

Resources (outstanding)

Resources	• Partnership Agreement • Learning Agreement • Application Form • Selection Criteria • Creditor Setup Form

Section 12: Procedures for 3.1 Services and Resources

Policy Area 3.1 Services and Resources		
3.1.1	Resource allocation	
3.1.2	Risk Management	
3.1.3	Planning, development and maintenance of resources	*Refer to OSD Policy*
3.1.4	Staff planning and recruitment	*Refer to OSD Policy*

3.1.1 Resource Allocation

Procedure code and title:	3.1.1 Resource Allocation
Policy area:	3.1 Services and Resources
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
Date approved by Quality Council:	27th June 2023
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB, as a registered QQI provider, has appropriate resources in place to support the delivery of validated programmes and their associated quality assurance procedures. The allocation of resources and the associated processes are an essential factor in making decisions about what programmes will be offered to learners. These decisions are underpinned by our organisational values of integrity, learner centred, respect and excellence.

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

Resources are allocated to FET services to ensure that KWETB can meet its obligations as a registered QQI provider. Resources may need to be allocated at ETB, programme and/or service level. Resources can include physical infrastructure, human resources, financial resources, and supports including services, programme equipment and programme materials. Resource allocation is governed by SOLAS Funding Requirements (which are

issued annually) and programme operational guidelines which are specific to each funding stream.

Centre, college and programme resources are allocated to programme funding streams in accordance with SOLAS Funding Requirements (published and adjusted annually) and programme (funding stream) operational guidelines. These SOLAS Funding Requirements govern how budgets are allocated to programme funding streams and the programme operational guidelines set out how these resources should be used. Financial allocations are made on an annual basis following successful funding applications to SOLAS through an online database (Funding Allocation Request Reporting [FARR]). A narrative supporting the FAR is submitted, including a qualitative report on the previous year's activities. A budget worksheet in which each funding stream is further broken into pay, non-pay and allowances with an overarching section for support services, projects and capital spends also supports the application.

A formal allocation is made by SOLAS to the ETB and pay (human resources), non-pay and learner allowances (where applicable) are then allocated to each programme and to each centre under each programme. Pay (human resources) is dictated by an annual ceiling and non-pay is allocated to required expenditure such as rent, overheads and programme materials. Support services are funded in a similar way with a focus primarily on pay. At centre/service level, there is very minimal discretionary funding.

Capital spending (infrastructure) is allocated on an annual basis based on the size of the ETB, and applications for additional capital funding can be requested for specific projects. Specific projects may also be funded on the basis of business cases submitted to SOLAS.

Procedure – 3.1.1 Resource Allocation

1	KWETB should complete the annual funding bid for submission to SOLAS which includes the FARR online database, Funding Request and Progress Report and FAR 4 (Budget) in line with the Funding Requirements for ETBs in line with the stated deadlines in the Funding Requirements.
2	The FAR 4 budget request should include Pay (human resources), Non-Pay and Learner allowances broken down by funding stream. Capital spending should be included based on the ETB size and on particular initiatives. Support services and special projects should also be included.
3	SOLAS makes an allocation to the ETB based on the submission.
4	The FET Management Team and Finance Section should make allocations to centres/services including Pay, Non-pay and Learner Allowances. Capital allocations may also be made to centres/services. Allocations should also be made to support services and special projects.

5	At centre/service level, Programme Co-ordinators should manage and/or monitor the allocated Pay, Non-pay and Capital allocations as appropriate. Programme Co-ordinators of support services and special projects should manage and/or monitor those allocations as appropriate, ensuring that sufficient resources are provided for the planned activities included in the FAR submission to SOLAS.
6	The Finance Section should prepare expenditure reports at ETB and centre/service level. Expenditure forecasts and reports should be prepared by the Finance Section in consultation with the FET Management Team and submitted to SOLAS as appropriate.
7	Proposals for the delivery of new programmes leading to QQI and other awarding body awards should be considered by the Programme Governance Sub-Group and evidence will be required to be provided to support the availability of appropriate resources to support the delivery of the programme. Programme validation also requires supporting evidence with regard to the availability of appropriate resources.

3.1.2 Risk Management

Procedure code and title:	3.1.2 Risk Management
Policy area:	3.1 Services and Resources
Version Number:	1.1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB supports the management of risk ensuring that systems are in place to manage risk within all areas of practice.

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 has an organisation-wide policy for risk management designed to eliminate and manage the impact of identified risks on the achievement of its strategic and operational objectives. The policy for risk management is informed by the Step by Step Guide to Managing ETB Risk (IPB Insurance) and the Code of Practice for the Governance of Education and Training Boards (ETBI/Department of Education) and refers to appropriate associated legislation, government departments and codes of practice.

All staff of further education and training are encouraged and supported by their line managers to take ownership of identification and management of risk within their scope of work. Understanding of risk management and promotion of a risk management culture in the organisation can contribute significantly to innovation, development, effectiveness and efficiency.

Programme Co-ordinators and line managers are responsible for ensuring that the policy is implemented; notifying change in the level of risk to the Corporate Governance and Compliance Manager; providing support to staff to manage risk; and support systems for the investigation of incidents that may give rise to reports of risk.

The KWETB Policy for Management of Risk states that:

'risk can be thought of as a possible loss or other adverse consequence that has the potential to impact on the KWETB ability to achieve its objectives and fulfil its mission' (Policy on Risk Management: 2020:8)

There are ten identified risk categories that have been identified in relation to education and training:

- Business continuity
- Contractual
- Environmental
- Financial
- Information security
- Legislative
- Liability claims
- Physical and wellbeing
- Professional and managerial
- Strategic

Procedure – 3.1.2 Risk Management

1	The Programme Co-ordinator should ensure that they maintain and update a centre level Risk Register using the approved template in the Monitoring and Reporting Quality Management within centres procedure.
2	The QA Office should review risk registers and identify themes arising.
3	A centralised KWETB risk register should be drawn up and maintained by the named compliance officer.
4	The FET Management Team should direct personnel in risk management activities if necessary.
5	Centre and College management should engage with their teams appropriately to ensure that high level identified risks are minimised.
6	Centre and College management should engage with their staff teams to identify risk flows from the objectives of KWETB's Statement of Strategy as they affect the location, people and environment locally, using the techniques identified in the KWETB policy and with reference to the KWETB risk register.
7	Identification of risk should be carried out objectively, drawing on unbiased, independent evidence.
8	The owner of the risk should be identified.

9	Assessment of risk if carried out using the likelihood X impact of risk matrix should be used.
10	Risk management should be a standing meeting agenda item and new, recategorized, and terminated risks should be reported to the Compliance and Governance Manager or the Director of OSD for inclusion in/deletion from the Risk register.
11	The risk should be actively managed: terminated; treated; tolerated or transferred.
12	There should be an ongoing cycle of monitoring, reviewing and reporting on the management of the risk and updating of the risk register.

Link to other Policies/Procedures

Addendum 2	Monitoring and Reporting Quality Management within Centres

Section 13: Procedures for 3.2 Quality Assurance

Policy Area 3.2 Quality Assurance	
3.2.1	Governance of Quality
3.2.2	Operation of Working groups
3.2.3	Co-ordinating Providers of Apprenticeships
3.2.4	Sub-contracting programme delivery
3.2.5	Protection of enrolled learners
3.2.6	International Activity *To be developed*

3.2.1 Governance of Quality

Procedure code and title:	3.2.1 Governance of Quality
Policy area:	3.2 Quality Assurance
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
Date approved by Quality Council:	27th June 2023
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB establishes a structure for the governance of quality in the FET system. Through this system, there is a decision-making process that ensures that the outcomes of FET will be aligned with the mission, values and strategies of the organisation, with community, labour market and socio-economic priorities and that they will be of value to the region.

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 service structures for governance of quality are informed by the requirements of legislation and by the following documents published by Quality and Qualifications, Ireland:

- Core Statutory Quality Assurance Guidelines (QQI, 2016)
- Sector Specific Quality Assurance Guidelines (ETBs) (QQI, 2017)

- Topic Specific Guidelines for Providers of Statutory Apprenticeships (QQI, 2016)

The governance structure is designed to formalise and ensure oversight of the KWETB's Single Quality Assurance Framework from the proposal of new programmes to reviewing the continued relevance of programmes, all underpinned by analysis of data and outcomes and monitoring effectiveness and ensuring improvement of quality.

The KWETB governance system provides:

- Confirmatory oversight and assurance that actions have been taken in accordance with the approved Single Quality Assurance Framework. This oversight assures internal and external stakeholders that FET Provision and FET Provision-Second Providers in the region is of a high standard which is aligned with national and international standards.
- Identification of themes and trends arising in given business areas and approving business proposals which support the evolution of FET and continuous improvement.
- Enabling experienced individuals, impacted individuals, and external parties to participate in decision-making and to assist in the maintenance and implementation of standards, including through endorsing documentation; engaging in cyclical review and receiving reports on follow-up actions.

Matters regarding the quality assurance and safeguarding of FET standards are the responsibility of the Chief Executive of the ETB. They are not featured among the reserved functions of the Education and training Board. The Chief Executive delegates governance roles; management and corporate governance roles to relevant parties.

FET governance of quality within KWETB covers the scale and diverse range of provision within the organisation. The KWETB governance system together with the KWETB Single Quality Assurance Framework are applicable to all of the services. Where there are additional or alternative governance structures relevant to a specific area of provision, these will be adopted. Policy and governance requirements of awarding bodies other than QQI will be applied where necessary. Decisions about delivery of programmes leading to awards made by other awarding bodies will be made within KWETB's system for governance of quality. KWETB's Single Quality Framework and governance system also covers unaccredited provision, comprehending that students on unaccredited programmes are also entitled to avail of high-quality experience of education and training.

The components of governance of quality in FET include the Quality Council and its sub-groups; the Quality Team and the Single Quality Assurance Framework. Governance of quality and further development of the culture of quality in FET at KWETB depends on the commitment and input of all staff at centre, college and administrative level.

KWETB's QA system for FET has regard to both the corporate and academic domains of our business, ensuring that resources to support programme provision and the student experience. The FET governance system of KWETB has established channels of communication with KWETB corporate governance decision making structures.

Representatives of corporate governance structures are included in the FET QA governance structures or can be invited to meetings if necessary.

Through its FET QA governance systems, KWETB supports the concept of separation, in which a governance unit cannot approve work that it has produced. However, some individuals who are involved in governance units may be involved in projects due to their individual expertise or experience, recognising the current developmental phase of the organisation.

Structure of KWETB's FET QA Governance

KWETB's FET QA Governance system is structured as follows:

- FET Quality Council
    - Quality Assurance Sub-group
    - Programme Governance Sub-group
    - Stakeholder Engagement Sub-group
- The terms of reference for the Quality Council and the first two sub-groups have been adopted with a review due in December 2021. The third group was established in September 2021.

Membership of the Quality Council and its sub-groups, include staff and student representatives and external stakeholder representation where possible. The areas of student and external stakeholder engagement are new and are being developed within the organisation. The stakeholder engagement sub-group of the Quality Council has been established to support this objective.

KWETB recognises the importance of a multi-layered system, acknowledging that there may be local practices, and building on these to develop consistency and standardise approaches which build on and enhance the very good practice at centre and local level. The routinisation of certain aspects of QA will help to enhance practice, communication and outcomes for students.

The agreed terms of references for the Quality Council and its sub-groups detail the membership, roles and responsibilities of the governance units. An interactive schedule for QA is published and helps to ensure that there are no overlaps and that sub-groups have adequate time to send reports to the Quality Council to be taken as read.

KWETB has:

- Established a QA oversight governance unit in the form of the Quality Council with delegated responsibility from the CE.
- The sub-groups are governance units which can make recommendations to the Quality Council.
- Governance units include knowledgeable members equipped to make decisions related to their functions.
- The governance system includes decision-making on all programmes, regardless of their awarding status.

The KWETB Governance system is set up to oversee:

- New programme proposals and programme development prior to approval and submission for evaluation and validation
- Self-evaluation findings and quality improvement planning
- Approval and cyclical review of QA policies and procedures
- Non-standard admissions and recommendations for approval
- Analysis of data on student enrolment, progression and completion rates
- Outcomes of data analysis and reports generated to inform internal quality assurance, strategic decision-making and benchmarking of KWETB and its activities
- Approval of data for submission to QQI
- Approval of formal relationships with other providers and organisations
- Examinations of trends in feedback from EA or RAP or QA of assessment processes that may suggest actions required in terms of quality improvements; additional student supports or CPD
- Monitoring and review of risk

The intersection of the KWETB QA governance system with corporate governance and other divisions of the organisation is constructive, and these synergies will be enhanced and developed as the system develops.

Terms of Reference

The KWETB FET Quality Council and its sub-groups have agreed terms of reference. The Director of Further Education and Training is the Chair of the Quality Council, as delegated by the Chief Executive. Membership of the Quality Council and its sub-groups is diversely representative of FET. Members sit for a period of 18 months to four years, to allow for consistency and genuine oversight and tracking of quality enhancement and improvement. Terms of Reference are appendices for this section.

Procedure – 3.2.1 Governance of Quality

1	The Director of Further Education and Training is the Chairperson of the Quality Council.
2	Terms of Reference for the Quality Council and its Sub-groups should be reviewed every two years.
3	Membership of the Quality Council and its sub-groups should be reviewed within 2 years of its establishment and cyclically every two years thereafter.
4	Updated terms of reference, membership and all workplans should be formally approved by the Chief Executive.
5	There should be clear standardised documentation for use by the Quality Council. All relevant working documentation for the Quality Council and its Sub-groups

	should be stored in the tailor-made online communication site for the use of members. Documents should be taken as read and should be shared at least two weeks before the meetings of the governance groups. A review of the work of the Quality Council and its sub-groups should be conducted annually.
6	Annual workplans for the Quality Council and its sub-groups should be agreed at the first meeting of the new year. There are instances where workplans will overlap from year to year, but these should be reviewed annually for progress/changes to be made and for alignment with KWETB's Statement of Strategy and commitments to QQI.
7	The Quality Council and its sub-groups should meet between 4 – 6 times per annum. An annual schedule of meetings should be prepared and published, taking account of reporting lines and dependencies.
8	The Quality Council and its Sub-groups may identify and establish Steering Groups or Working Groups from time to time to realise specific objectives. Terms of reference for these groups should be set out by the relevant governance groups which will oversee and monitor projects in question.
9	The Quality Council and its sub-groups may invite or co-opt additional expertise to address specific issues where necessary, either for a specific term, or for a once-off advisory session.
10	All members of the Quality Council, its sub-groups and working groups may meet together periodically for mini-conferences, seminars or webinars.
11	Activities and decisions of the Quality Council and its Sub-groups should be communicated publicly via the KWETB platforms such as Quality Assurance e-zine, the QA site, the PD hub. Where specific changes in practice are required, this should be notified formally to relevant parties through the Line Management and Network structures of KWETB.

3.2.2 Operation of Working Groups

Procedure code and title:	3.2.2 Operation of Working Groups
Policy area:	3.2 Quality Assurance
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 engage Working Groups to assist the Quality Council and its sub-groups in fulfilling their quality assurance responsibilities.

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's Quality Council or Sub-groups may identify the need for working groups to carry out specific research, actions or projects aligned with the objectives of the organisation. Membership of these groups will be based on expertise and knowledge required and representation of specific stakeholder groups affected.

Working Groups report to the governance unit that established the group. Working Groups are established for specific time periods agreed in consultation between the governance unit and the working groups during the formulation of terms of reference. Working Groups will be provided with clear instructions about the task in hand, and a clear workplan will be established and agreed.

Membership of the working group will include individuals with specific relevant expertise and knowledge and stakeholder representatives affected if appropriate. Members of governance units may participate in working groups. Where a decision is to be made by the governance unit regarding a submission of the working group, the member should withdraw to avoid conflict of interest.

Procedure – 3.2.2 Operation of Working Groups

1	The working group should agree operating procedures with the Chair and Secretary of the Quality Council.
2	A working group convener should be identified.
3	The working group should meet, agree Terms of Reference and become familiar with their task/brief.
4	The working group should establish a schedule for meetings
5	The working group should develop a workplan.
6	The working group should complete the task assigned within the planned timeframe.
7	The working group should report frequently on progress to the sub-group or to the Quality Council.
8	The working group should present a final report including findings and recommendations to the relevant Governance group.
9	The Governance group should implement the outcome of the project or organises further consultation or research if necessary.

3.2.3 Coordinating Providers of Apprenticeships

Procedure code and title:	3.2.3 Coordinating Providers of Apprenticeships
Policy area:	3.2 Quality Assurance
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB ensure that the processes for establishment, provision and maintenance of Co-ordinating Providers contribute to the need of employers and also to the apprentice's personal education and continued professional development.

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

Apprenticeship programmes are national programmes designed to enable apprentices to achieve a national standards and requirements for vocational fields with specific agreed occupational profiles.

Currently, KWETB can be described as an apprenticeship stakeholder, with working relationships with co-ordinating providers, employers and apprentices.

Primary stakeholders in apprenticeships:

- Employers of apprentices
- The Coordinating Provider (can be fulfilled by a relevant or linked provider as defined in Section 2 of the Qualifications and Quality Act, 2012).
- Collaborating providers including off-the-job providers
- Apprentices

A relevant provider is a provider whose programme of education and training is validated under section 45 of the Act (2012); or a provider that has entered into an arrangement with an awarding body under Section 48. A linked provider 'enters into an arrangement with a designated awarding body under which arrangement the provider provides a programme of

education and training that satisfies all or part of the prerequisites for an award of the designated awarding body' (Q&Q Act, 2012).

QQI has published topic specific guidelines for QA of apprenticeship, and this document, together with specific Apprenticeship documents, and Core Statutory QA Guidelines (QQI, 2016) provides a guide to the quality assurance of apprenticeship programmes. The relationship between the co-ordinating provider and key stakeholders is essential to ensure that the apprenticeship programme meets the requirements of the occupation. Co-ordinating Providers are necessary because there are single apprenticeship programmes per occupational profile and multiple stakeholders.

The Co-ordinating Provider

A Co-ordinating Provider is a relevant or linked provider who is ultimately responsible for providing (as defined by the 2012 Act) an apprenticeship programme. Coordinating providers are responsible for the development and maintenance of the curriculum, delivery and evaluation of apprenticeship programmes and have quality assurance accountability to QQI in respect of employer-led apprenticeships. The Co-ordinating Provider may be a part of a wider consortium, including, for example, employers, employer representative bodies and ETBs.

The Co-ordinating Provider liaises with employers and other providers involved as partners in the apprenticeship. An Initial Consortium Steering Group (ICSG) identifies the entity which is to be the Co-ordinating Provider (an existing relevant or linked provider), or may establish a new entity to become the Co-ordinating Provider.

The Co-ordinating Provider:

a. Takes responsibility for the development of a programme proposal to go forward for validation.
b. Establishes a Programme Board, that is representative of employers and education and training providers, to advise on the programme proposal and operation.
c. Ensures that the apprenticeship programme conforms to, and evolves with, the requirements of the occupation; is enterprise-led; and meets labour market needs.
d. Develops assessment instruments that adequately support certification of achievement of learning outcomes, employ appropriate grading systems, and all necessary appeal mechanisms. The assessment systems should embrace both on-the-job and off-the-job phases.
e. Applies to the awarding body for validations (or validate the programme if it has the required awarding authority).
f. Develops such administrative systems as are necessary to ensure efficient and effective management of programme provision, including tracking and managing apprentices' progress
g. Manages the programme during operational delivery.

h. Develops and maintains systems for access (in collaboration with employers of apprentices), transfer, progression and expulsion of participants, including all necessary appeal processes.
i. Co-ordinates the actions of other providers of education and training, which are involved in curriculum development and in programme provisions.
j. Co-ordinates with employers to ensure (i) that recruitment of apprentices considers the knowledge, skill and competence required for apprentices to have a reasonable chance of completing the programme and (ii) the effective and efficient training of apprentices within the workplace to reach programme learning outcomes.
k. Where the relevant occupation is regulated (whether by law or in fact) the Co-ordinating Provider consults with regulators to ensure that the criteria for access to the apprenticeship and the apprenticeship programme remain consistent with applicable regulation.
l. Agree and implement a system with employers for evaluation and review of employer training capacity and for addressing any gaps in that capacity. This might, for example, be accomplished through the formal involvement of a Consortium Steering Group.
m. Ensure that any expansion of the consortium, through additional providers or employers, has due regard to any relevant quality assurance matters.
n. Develop a quality system to manage curriculum and assessment updates and improvements where multiple providers are involved, so as to ensure that the national character of the curriculum is maintained and that the approved curriculum is implemented by all collaborating providers, in accordance with the unique validated programme for the apprenticeship.

The Local Collaborative Provider (LCP)

Local Collaborative Providers are responsible for the delivery of the apprenticeship programme in their own institution. Each LCP appoints a team to manage the local delivery of the programme.

LCPs are required to have and apply QA policies and procedures that are commensurate with those of QQI and the Co-ordinating Provider. These are considered during the due diligence and risk assessment process in advance of LCP approval and are monitored through annual reports to the national programme board.

SOLAS Statutory Responsibility

SOLAS has statutory responsibility to approve and register employers and apprentices; to establish training orders and to make statutory rules for the operation of apprenticeships. SOLAS has responsibility for managing the national apprenticeship programme. Authorised Officers (AOs) located within each ETB carry out activities on behalf of SOLAS and implement its statutory brief. The authorised officers:

- Brief employers on their role and responsibilities in the on-the-job elements of the programme including the Apprenticeship Council's code of practice for employers and apprentices
- Visit employer sites
- Approve employers' sites as suitable locations to deliver the relevant apprenticeship programmes
- Maintain employer and apprentice registers
- Work collaboratively with the programme team delivering the apprenticeship

Stages of Apprenticeship in relation to QA

Specific stages of apprenticeships relevant to quality assurance and validation of programmes of education and training are:

Stage 1: Approval of an occupational profile (Apprenticeship Council).

Stage 2: Development of a detailed apprenticeship programme for the purpose of seeking validation of the programme leading to an award at a specified level in the NFQ.

Stage 3: Validation of the apprenticeship programme for an award in the NFQ. The awarding body satisfies itself as to the fitness of the proposed programme in light of the award sought.

Stage 4: Provision of the apprenticeship programme and assessment of learners' achievements.

Stage 5: Continual reviews and periodic revalidation of the programme.

Approval of the occupational profile is the preserve of the Apprenticeship Council. All the other stages are relevant to quality assurance.

Procedure – 3.2.3 Co-ordinating Providers of Apprenticeship – Local Collaborative Provider (LCP)

1	KWETB should provide the Co-ordinating Provider with all documentation required for due diligence and risk assessment to take place. 1. An agreement (MOA for Collaborating Providers) should be signed with the Co-ordinating Provider setting out each organisation's responsibilities for the delivery and management of the apprenticeship programme. 2. KWETB should appoint the following team to manage the local delivery of the programme: a. A local programme board (LPB) b. A local programme director (LPD) (who is a member of the national programme board - NPB) c. A local administrator for the programme (LAP)

	d. Local module leaders (LM) to deliver off-the-job education and training elements e. Local academic success coaches (LASC) to monitor the institution's own apprentices' progress through the programme.
2	Local collaborative provider staff should participate in induction and ongoing training provided by the national programme director (NPD)
3	KWETB should appoint local module leaders (LMLs) who are responsible for delivery of the off-the-job elements of the apprenticeship programme. LMLs report to the local programme director (LPD).
4	KWETB should appoint academic success coaches (ASCs) who should act as advocates for the apprentices and enable their successful completion of the apprenticeship and provide support to workplace mentors. KWETB ASCs should report to the LPD.
5	The LPD and employment liaison managers should liaise with employers and apprentices to ensure that all programme learning outcomes can be achieved.
6	Local programme directors should review self-evaluations; evaluations and semester evaluations by apprentices.
7	Local module leaders should engage in consultation led by national module leaders about assessment and the developments of assessment materials which are submitted to the national programme board for approval prior to use.
8	The authorised officer should maintain a relationship with the national programme director and to attend briefings arranged by them.

3.2.4 Sub-Contracting Programme Delivery

Procedure code and title:	3.2.4 Sub-Contracting Programme Delivery
Policy area:	3.2 Quality Assurance
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB procures the services of private training providers where there is a need to deliver programmes leading to awards not typically delivered within the internal prospectus of KWETB's FET service, or to provide a rapid response to specific needs in specific geographical areas, which cannot be met through existing provision. (The Contracting Framework is currently being redrafted).

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

The system of contracting programmes is governed by a procurement process, and successful service providers are contracted for a period of four to five years to deliver further education and training on behalf of KWETB.

The procurement process is managed through KWETB's office of procurement and through FET management. A tender for the provision of programmes of further education and training is published, and sealed applications on behalf of potential providers are submitted to KWETB.

Tenders are evaluated by a select panel according to specific criteria.

The selected contractor(s) are required to operate within the KWETB Single Quality Assurance Framework and within their own approved QA where this is appropriate. Contracted providers may deliver programmes leading to QQI and other awards on the national framework of qualifications.

Sub-contracted provision is overseen by KWETB personnel who are specifically tasked with this. Oversight includes review and evaluation of processes applied by the contractor, review of programme outcomes, assurance of the quality and standard of FET provision delivered by the provider. KWETB officers are responsible for the recruitment of learners, for the admissions process and for documenting of learner records on PLSS.

Contracted providers are responsible for the recruitment of Learning Practitioners, provision of appropriate learning environments including locations and equipment that are to standard, operating to high levels of health and safety, delivery of the programme for FET provision, ensuring that learners are enabled achieve the programme learning outcomes, assessment of learners, and learner evaluation of the programme and experience.

The responsibilities of programme contractors are further detailed in the contract.

Procedure – 3.2.4 Sub-Contracting Programme Delivery

1	KWETB should request a request to tender.
2	Potential Contractors should respond, submitting tenders to KWETB's procurement office.
3	A panel should be convened to evaluate the tenders according to specific criteria, carrying out due diligence and risk assessment.
4	The successful contractor should be awarded the contract and this should be signed off by the Director of Further Education and Training/Chief Executive.
5	The Quality Team should provide the Contractor with training and briefings about the KWETB Quality Assurance system, detailing the responsibilities of the provider and the responsibilities of KWETB.
6	The Contractor should deliver the programme of education and training and assesses learners in line with the stated requirements of the relevant awarding body.
7	The Quality Team should conduct audits of the Contractor and reports on the outcomes to the Quality Council and the Director of FET/Training Manager.
8	The Quality Team should submit assessment results and External Authenticator Reports to the Results Approval Panel for review and approval prior to submission to the awarding body.
9	Evaluations should be reviewed and improvements put in place.

3.2.5 Protection of enrolled learners

Procedure code and title:	3.2.5 Protection of Enrolled Learners
Policy area:	3.2 Quality Assurance
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
Date approved by Quality Council:	27th June 2023
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Review Date:	

Purpose

The purpose of this policy is to ensure that learners are protected in the event of the unexpected cessation of any training programme provided, and/or organised and/or procured through KWETB and where programmes are of at least three months' duration and where moneys have been paid by or on behalf of the learner.

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.

QA Processes

KWETB will manage the implementation of this policy.

KWETB is responsible for disseminating information on these arrangements to learners where Protection for Enrolled Learners applies.

Arrangements on the Unexpected Cessation of Programmes KWETB has a written statement of arrangements in place for the protection of learners in accordance with section 45 of the Qualifications (Education and Training) Act 1999. This statement includes: -

a) A statement that section 43 of the Qualifications (Education and Training) Act does not apply

b) KWETB commitment to protection for learners in the event of the unexpected cessation of any training programme

c) Where arrangements are required they take cognisance of: -
   i. Refund of fees
   ii. Learner transfer
   iii. Arrangements for non-fee-paying learners

Section 14: Procedures for 3.3 Monitoring and Evaluation

Policy Area 3.3 Monitoring and Evaluation	
3.3.1	Internal Policy Evaluation and Review
3.3.2	Internal programme Monitoring, Evaluation and Review
3.3.3	Self-evaluation
3.3.4	Conducting Thematic Reviews
3.3.5	Quality Improvement Planning
3.3.6	Review of learner support services
3.3.7	Gathering feedback from learners and staff
3.3.8	Data collection, processing and analysis
3.3.9	Corrective Action

3.3.1 Internal Policy Evaluation and Review

Procedure code and title:	3.3.1 Internal Policy Evaluation and Review
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.
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.
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

3.3.2 Internal Programme Monitoring, Evaluation and Review

Procedure code and title:	3.3.2 Internal Programme Monitoring, Evaluation and Review
Policy area:	3.3 Monitoring and Evaluation
Version Number:	1.1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB makes every effort to ensure that validated programmes for FET Provision remain valid, current and retain their value to the community served.

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 may commission a review of a validated programme, or group of programmes for any of the following reasons:

- Conclusion of the period for which the programme is validated
- Repeated decline in interest in the programme
- Reduction in available resources for the programme
- Update to programme governance/change required to programme governance
- Instances in which the quality or standard of delivery is compromised in any way
- In response to regulatory changes in specific vocational fields
- In response to an awarding body requirement
- To meet our commitment to high quality delivery
- Deactivation of awards by an awarding body

Programme Monitoring

To ensure a consistently high level of quality of programme provision and delivery KWETB should conduct regular and adequate programme evaluation and review. The purpose of this procedure is to inform the conduct of programme evaluation and review to ensure that

programmes meet the needs and expectations of all the relevant stakeholders including learners, employers, the local community and awarding bodies. The process should enable the improvement of course variety, content and facilities and facilitate reporting about the success of programmes.

Locally, in centres of FET Provision and FET Provision-Second Providers, programme quality is monitored regularly, referring to feedback from learning practitioners and learners. Enrolment rates, waiting lists, learner attrition, certification rates and programme evaluations inform decisions about whether to continue delivering validated programmes, or to introduce new programmes validated to KWETB. Plans and decisions are recommended through the Programme Governance Sub-group and approved, or not, by the Quality Council. Other stakeholders such as employers, community groups and government agencies may also influence programme development.
Monitoring of results and External Authenticator Reports inform decisions regarding review and evaluation of programmes. Evaluation of programmes should be evidence-based.

Objectives of the Internal Programme Monitoring and Review Process

The ten objectives of a programme review are to evaluate the programme as implemented in light of KWETB's experience of providing the programme over the previous five years to determine the following items:

1	From ongoing feedback, what has been identified since the last review process both favourable and constructive regarding the programme/suite of related programmes?
2	What conclusions can be drawn from the available data about the quality and relevance of the programme/suite of programmes? 1.1 Quantitative data, including, for example, learner enrolment and waiting list information, classroom attendance, completion, and certification data. 1.2 Qualitative data, including, for example, IV reports, EA reports RAP processes and student evaluations.
3	Considering the current environment and future challenges what are the strengths, weaknesses, opportunities and threats concerning the programme/suite of related programmes?
4	Does the programme/suite of programmes meet the stated objectives and intended learning outcomes?
5	Does the programme/suite of programmes address the explicit learning needs of target learners and the needs of society?
6	Is there justification for the provider continuing to offer the programme, either in its current form or updated?

7	Identify any beneficial improvements that would enhance the programme and ensure its suitability and relevance to both learners and society.
8	Does KWETB have the capacity to and capability to provide the programme as outlined to a high standard? Consider enrolments, learner profile, availability of resources including suitably qualified teaching staff, suitable equipment and facilities.
9	Consider QQI validation requirements. Does the current programme meet QQI validation criteria?
10	In light of the programme review and evaluation process would any of KWETB's policies including quality assurance policies benefit from review and update?

Procedure – 3.3.2 Internal Programme Monitoring, Evaluation and Review

1	The FET Management should prepare a plan for programme review timelines and submit to KWETB Programme Governance Sub-group. It is recommended that programme clusters be reviewed together, thereby streamlining component review and providing the opportunity to identify whether additional programme and components require development.
2	The designated person responsible for validation should communicate the review plan to all relevant stakeholders, including QQI if required.
3	A review working group is assigned as a working group of the Programme Governance Sub-group. This working group should be provided with an agreed term of reference and a workplan.
4	The review working group should consult stakeholders and collect feedback. (Feedback can be gathered continuously from stakeholders and on-going QA processes as issues arise, as well as at review intervals).
5	The review working group should integrate QA Incident Report trends, IV, EA, feedback and risk information into programme monitoring.
6	The review working group should collate a report based on the feedback.
7	The review working group should conduct the review and evaluation of the validated programme, against outlined objectives and criteria.
8	The review working group should update the programme descriptor based on evidence gathered.

9	The designated person responsible for validation should ensure that the revalidation is internally evaluated prior to submission to the KWETB Programme Governance Sub-group and a report should be prepared.
10	The designated person responsible for validation should submit the revalidation to the Programme Governance Sub-group for review. The Programme Governance Sub-group can: a. Request further information from the review working group. b. Recommend the programme for a revalidation application to the awarding body.
11	If approved, the Chair of the Programme Governance Sub-group should present the revalidation to the KWETB Quality Council for approval.
12	If approved, the designated person responsible for validation should ensure that the details of the programme are uploaded to qHub portal.
13	If required, key personnel should meet with the revalidation panel if appropriate/necessary.
14	The person responsible for validation should present the outcome of the revalidation to the Programme Governance Sub-group. If required, mandatory and recommended changes should be addressed by the review working group.
15	The Quality team should communicate the outcome of the process to all stakeholders, including a summary for information purpose.
16	The Quality team should ensure that the revalidated programme is distributed and all old programme versions are withdrawn and archived.

Links to Other Policies and Procedures

3.2.2	Operation of Working Groups
3.3.1	Internal self-monitoring system
3.4.5	Document and Version Control
Addendum 2	Monitoring and Recording Quality Assurance Management within Centres

Resources

Resources	• Sample Feedback Survey (to be created – outstanding) • Consultative Survey (to be created – outstanding)

	• Programme Descriptor Template • Guidelines for completing CAS minor descriptor • Evaluation Template

3.3.3 Self-Evaluation

Procedure code and title:	3.3.3 Self Evaluation
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 develops and engages in structured self-evaluation processes as one element of an evidence-based approach to improvement of quality.

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

In 2021 KWETB engaged in a self-evaluation process and published a Self-Evaluation Report and Provider Profile as part of the QQI Inaugural Review of quality assurance in ETBs. This is part of an on-going process of reflection, self-evaluation and planning for quality assurance in FET Provision and FET Provision-Second Providers in KWETB.

Self-evaluation is also a core part of KWETB FET Services quality assurance processes. Self-evaluation is carried out:

- To meet statutory requirements for review
- To promote reflective approaches to improvement and constructive development within the service
- To inform and enhance planning and strategic developments
- To benefit the community served and to benefit the professional development of all staff within our services using reflective approaches.

Self-evaluation is carried out in a number of circumstances:

1. To meet legal and compliance requirements, which emphasise the value of self-evaluation as an internal process that informs quality improvement. This process contributes to the development of the culture of quality in the organisation.

2. To review existing programmes of education and training prepared for validation or revalidation to ensure that all of the criteria identified by the awarding body have been met in advance of submission to the relevant authority for validation.

Comprehensive self-evaluation should be carried out at regular intervals by KWETB, in accordance with timeframes and routines defined by QQI. Self-evaluations should include data gathered frequently from all stakeholders and should refer to existing systems and documentation relevant to quality assurance of FET Provision and FET Provision-Second Providers programmes. Self-evaluation may also be thematic in nature and include the self-evaluation of Quality groups including governance units and approaches.

The requirement for self-evaluation should emanate from Senior Management and FET Management, and decisions regarding co-ordination and management of the process should be made by FET Management, in consultation through QA Governance units.

Procedure – 3.3.3 Self-Evaluation

1	Preparation Phase The designated person(s) responsible should ensure that: -
	a. The requirements for the self-evaluation are scoped including reviewing relevant documentation and self-evaluation criteria. b. The processes for self-evaluation are planned, including making decisions about the methodology for the process. c. A brief for the self-evaluation is written, with clear details of the scope and purpose of the process to be carried out. d. The plan is communicated with internal stakeholders who include Senior Management Team, Quality Team, Quality Council, FET Management Team. e. A representative, timebound Self-Evaluation Steering Group is formed, including, for example, Programme Co-ordinators, QA Manager, Quality Team member, Learning Practitioner, Members of staff with responsibility for the related services to be evaluated, learner representative, external stakeholder representative. This group should be chaired by the internal self-evaluation Co-ordinator. In the case of a programme self-evaluation, an internal evaluator or a dyad of evaluators may be sufficient to carry out the required process. f. The Self-evaluation Steering Group is briefed and presented with timelines and plan.
2	Planning Phase
	a. The FET Management Team should develop and promote an overall plan for the continuous cycle of Self Evaluation to ensure the inclusion of all programmes and related services within KWETB FET Services. b. The person(s) responsible should establish the terms of reference for the Self-evaluation Steering Group.

	c. The person(s) responsible should determine the aim and objectives of the specific self-evaluation process. d. The person(s) responsible should prepare a plan for the specific self-evaluation including key milestones and detailed stakeholder engagement plan. e. The person(s) responsible should determine the criteria for success. f. The person(s) responsible should finalise the methodology(ies) for the self-evaluation. g. The person(s) responsible should identify the data required. h. The person(s) responsible should design data collection instruments. A working group for data collection may be set up as a sub-group of the Steering Group to design the data collection instruments. Collection of data may include desk review of documents; questionnaires and surveys issued to target groups or stakeholder groups; focus groups; testimonials etc. i. The person(s) responsible should communicate and promote the stakeholder engagement plan to staff and other stakeholders.
3	Implementation Phase
	a. The Self-evaluation Steering Group should conduct stakeholder engagement. b. The Self-evaluation Steering Group should gather the data as determined by the action plan. c. The Self-evaluation Steering Group should collect the data. d. The Self-evaluation Steering Group should analyse the data. e. The Self-evaluation Steering Group should document the findings and draw conclusions. f. The Self-evaluation Steering Group should plan and convene a workshop for key personnel to review data and make recommendations for improvements. g. The Self-evaluation Steering Group should draft and complete an evaluation report and improvement plan to be submitted to the CE for ratification and submission to the regulator.
4	Follow up Phase
	a. The person responsible should file records and documentation. b. The person responsible should disseminate report and findings c. The person responsible should feedback on findings and recommendations. d. The person responsible should update procedures or programmes. e. The person responsible should implement the programme improvement plan. f. The person responsible should ensure that the old versions are withdrawn and achieved.
5	Review Phase
	a. The person responsible should review the Self Evaluation process

	b. The person responsible should plan necessary improvements/amendments to be incorporated into the next cycle.

Links to other Policies and Procedures

1.1.1	Programme Review
3.4.5	Document and Version Control

Resources (outstanding)

Resources	• Checklist – Preparation for Self-evaluation process • Stakeholder engagement plan • Self-evaluation Report • Programme Self-Evaluation Report

3.3.4 Conducting Thematic Reviews

Procedure code and title:	3.3.4 Conducting Thematic Reviews
Policy area:	3.3 Monitoring and Evaluation
Version Number:	1.1
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 ensures that appropriate research methodologies are used in the conduct of thematic reviews.

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

Thematic reviews can contribute significantly to internal self-monitoring, and the quality of thematic reviews is perceived as essential to quality improvement within the organisation. Thematic review that is carried out using robust methodology can contribute significantly to the quality and reputation of organisations.

KWETB management will identify specific individual topics which will be the subject of thematic reviews. These topics may reflect significant issues which have come to light, for example, through the External Authentication Process or may relate to a need to update a policy or improvement of a specific aspect of our services.

Thematic reviews will be carried out on an individual topic basis as identified by KWETB as part of a monitoring and review process. The need for a thematic review may emanate from FET Management, Senior Management, the Quality Team, the Quality Council or one of its sub-groups.

Purpose of Thematic Reviews:

Thematic reviews can be used to contribute to improved quality by helping KWETB to identify opportunities to:

- Support and enhance the delivery of teaching, training, learning and assessment
- Help identify and highlight areas of good practice which can be used by the organisation in the development of teaching, learning and assessment.
- Build cross-organisation consultation sessions and collaborations internally and externally
- Develop and use internal and external research methods to enhance quality
- Develop Professional Development programmes and identify training needs for staff.
- Improve and evaluate existing processes and procedures
- Put in place plans at the organisational level to address issues identified

Some areas where thematic reviews can be carried out include, for example:

- Self-evaluation, Quality Improvement Planning, Programme monitoring etc.
- Assessment
- Technology-enhanced learning/teaching
- Facilitating improved engagement of prospective learners and existing learners from different groups e.g. Members of the Traveller Community, Refugee Resettlement, Learners with disabilities
- Diversity, equity and inclusion
- Access, transfer and progression
- Curriculum efficacy and appropriateness
- Staff professional development
- Action plans arising from Annual Quality Reports

Procedure – 3.3.4 Conducting Thematic Reviews

1	The Proposer should identify and present a rationale for focus of the review (the theme) to the Quality Assurance Sub-group.
2	The Quality Assurance Sub-group should determine the terms of reference for the thematic review including a defined timeline for the review.
3	The designated Quality Team person responsible for conducting the thematic review should determine a suitable research question.
4	The designated Quality Team person responsible for conducting the thematic review should identify the primary and secondary research data required to inform the outcome of the review.
5	The designated Quality Team person responsible for conducting the thematic review should identify who should be included in the data gathering process staff, learners, stakeholders.

6	The designated Quality Team person responsible for conducting the thematic review should Draft data gathering tools such as interview templates, surveys, focus groups or site visits.
7	The designated Quality Team person responsible for conducting the thematic review should develop a review proposal, rationale and plan including timing, timelines, ethical and data protection considerations, methodology for review and present to Quality Assurance sub-group for recommendations.
8	The Quality Assurance Sub-group should present to the Quality Council for approval.
9	Once approved by the Quality Council, the designated Quality Team person responsible for conducting the thematic review should communicate with stakeholders and consider whether any additional training is required.
10	The designated Quality Team person responsible for conducting the thematic review should begin to gather review data.
11	The designated Quality Team person responsible for conducting the thematic review should code data, analyse and draft report and recommendations.
12	The designated Quality Team person responsible should submit a report to the Quality Assurance Sub-group.
13	The Quality Assurance Sub-group should present to the Quality Council.
14	The Quality Team / Quality Council / Quality Assurance Sub-group should put in place a time bound plan based on the recommendations, i.e. corrective action and follow up to ensure that recommendations are implemented.

Links to other Policies and Procedures

3.2.2	Operation of working groups
3.3.9	Corrective Action
Addendum 2	Monitoring and Reporting Quality Assurance Management within Centres

Resources (outstanding)

Resources	• Proposal Template • Report Template

3.3.5 Quality Improvement Planning (QIP)

Procedure code and title:	3.3.5 Quality Improvement Planning (QIP)
Policy area:	3.3 Monitoring and Evaluation
Version Number:	1
Reviewed by:	Quality Assurance Sub-Group
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Date of Implementation:	1st January 2024
Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB's monitoring and evaluation processes lead to the identification and development of Quality Improvement Plans.

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

Quality Improvement Plans are a response to issues arising or needs identified and are time bound. These responses may occur in a number of ways:

- In response to Internal Verification and External Authentication, a centre or a programme may be the subject of a Quality Improvement Plan
- In response to a student complaint or appeal
- In response to the outcome of a programme evaluation process
- In response to the outcome of a thematic review
- As recommendations following a self-evaluation
- In response to an external quality review

KWETB's Quality Governance Units (Quality Council, Quality Assurance Sub-group, Programme Governance Sub-group and Quality Team) can establish a QIP. A central annual QIP can be devised, tracked and can be added, subject to approval by the Quality Council throughout the year.

The QIP should be representative of a cyclical approach to assuring quality within KWETB, and is actioned using the 'plan, do, check, act' (PDCA) process, or 'plan, do, study, act' (PDSA).

QIP actions should be implemented in a collaborative and collegiate way, ensuring that the improvements made have a significant impact on the quality of service to learners and the community.

Procedure – 3.3.5 Quality Improvement Planning

1	The designated Quality Team member with responsibility for QIP should devise a draft annual QIP in collaboration with the Quality Governance Sub-groups. This plan should contain specific, actionable, time bound tasks and projects devised based on a review of the outcomes of monitoring and evaluation.
2	The Quality Council should approve the Quality Improvement Plan.
3	The relevant Quality Governance Sub-group should monitor the implementation of the annual QIP and report on its progress to the Quality Council.
4	The relevant Quality Governance Sub-group should assign key responsibilities to the actions. Each action should have a particular lifecycle which should include planning, piloting, studying impact of piloting and implementation, proportionate to the scale of the desired change or improvement. Resources should be provided if necessary.
5	The nominated key personnel should be responsible for the action and for the monitoring of the implementation of the action.
6	The nominated key personnel with responsibility should report to the relevant Quality Governance Unit at appropriate intervals.
7	If necessary, through the Quality Governance Sub-Groups, the QIP can be updated, for example, if an action is identified during the year.
8	The designated Quality Team member with responsibility for QIP should carry out a review of the overall QIP at the end of the calendar year. This should inform the development of the subsequent plan, together with the outcomes of monitoring and evaluation.

Resources (outstanding)

Resources	• Illustration A: Quality Cycle (Deming) (How to Use The Deming Cycle for Continuous Quality Improvement | Process Street | Checklist, Workflow and SOP Software – *accessed July 1st, 2021)* • Quality Improvement Plan Template

3.3.6 Review of Learner Support Services

Procedure code and title:	3.3.6 Review of Learner Support Services
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 through the regular review of learner support services, KWETB undertakes to ensure that there are equitable progression opportunities for learners participating in our programmes in FET Provision and FET Provision-Second Providers, and that supports will help to mitigate against identified barriers to successful engagement.

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 denoted in the fourteen step procedures. This procedure covers specific arrangement and methods for the review of learner supports.

Preamble

Learner support services and easily available supports, both academic and non-academic, should be responsive and accessible for all KWETB learners. In addition, KWETB embraces the concept of Universal Design to ensure that barriers are removed for learners.

Learner supports fall into three categories:

- Practical and advisory supports, including pastoral care (non-academic)
- Learning supports (academic)
- Policy-driven supports for specific purposes associated with Reasonable Accommodations, Compassionate Consideration, Assessment Malpractice, and Appeals.

The adequacy of the resources available to learners should be monitored on an ongoing basis. Learning resources should be updated and expanded as necessary to reflect up-to-date approaches and learner needs as identified through feedback on teaching and learning.

KWETB Support Services:

- KWETB Accessible Learning Integrated Support Service (The Learning and Language Support Service).
- KWETB Adult Guidance Service
- KWETB Student Counselling Service
- Youthreach Advocate
- Literacy and English language support
- One to One support
- Reasonable Accommodations Policy and Procedure
- Compassionate Consideration Policy & Assessment Deferrals
- Laptop loans
- Non-academic support consists of advising, giving information, exploring problems and suggesting directions, assessment, giving feedback to the individual on non-academic aptitudes and skills; action: practical help to promote study; advocacy: making out a case for funding, writing a reference; agitation: promoting changes

Approaches for Learner Support Services:

a.	There should be an integrated approach from the perspective of the learner.
b.	Resources and supports should be responsive to: (i) the needs of the programme (ii) programme review and other evaluation activities (iii) deliberative or decision-making processes requiring feedback on learner support.
c.	Resources should be designed to be accessible to all learners.
d.	There should be clear information to learners about the full range of services available to them and active promotion of resources and supports to ensure that learners are aware of their existence.

e.	There should be mechanisms for annual review of learners' overall impression of learning resources and learner supports and their perspectives about the sufficiency and quality of learning resources and learner supports are listened to and inform improvement.
f.	There should be opportunities for different learning Support/Resource Units to network with each other to ensure a coherent approach.
g.	Pastoral care for the general well-being of learners, provided by staff for learners, including Learning Practitioners, Guidance officers and counsellors and other advisors. Staff will be trained in ethical responsibility and boundaries appropriate when offering pastoral care to learners.
h.	The Code of Practice for Provision of Education and Training to International Learners should be complied with where applicable.
i.	There should be access to services related to programmes, such as library/document repositories; information and computing services; appropriate equipment for practice and, if appropriate, open learning centres.
j.	There should be learner representation opportunities, including regular learner forums to enable learners to communicate with management and give feedback about matters of general concern.
k.	Learners should have full access to guidance service.

Procedure – 3.3.6 Review of Learner Support Services

1	The assigned person(s) responsible for Review of Learner Support Services should develop a cyclical approach for review.
2	The assigned person(s) responsible for Review of Learner Support Services should identify the support or resource to be reviewed.
3	The assigned person(s) responsible for Review of Learner Support Services should develop a proposal which should be submitted to the Quality Assurance Sub-group for review.
4	The Quality Assurance Sub-group should submit the proposal to the Quality Council for approval and inclusion in the overall work plan
5	The Quality Assurance Sub-group/Quality Council/Quality Team should identify key personnel to carry out the work. A time bound Working Group should be established with a Terms of Reference if necessary.

6	The Working group should identify an appropriate methodology and instruments for the review.
7	The Working group should communicate the process to all key stakeholders.
8	The Working group should carry out the review.
9	The Working group should analyse data gathered.
10	The Working group should publish a Review Report.
11	The Working group should agree an Improvement Plan if necessary, and implement improvements.
12	The assigned person(s) responsible for Review of Learner Support Services should check and evaluate the impact of the improvements.
13	The assigned person(s) responsible for Review of Learner Support Services should submit report on follow up actions arising from review.
14	The Quality Assurance Sub-group should prepare a report for the Quality Council on an annual basis.

Links to other Policies and Procedures

2.1.4	Information on learner supports available
2.1.8	Learner Councils
2.2.1	Guidance
2.2.3	Learner Appeals
2.2.4	Academic Integrity and Assessment
2.2.5	Reasonable Accommodation in Assessment
2.2.6	Compassionate Consideration
3.3.4	Conducting Thematic Reviews

3.3.7 Gathering Feedback from Learners and Staff

Procedure code and title:	3.3.7 Gathering Feedback from Learners and Staff
Policy area:	3.3 Monitoring and Evaluation
Version Number:	1.1
Reviewed by:	Quality Assurance Sub-Group
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Review Date:	

Purpose

The purpose of this procedure is to detail how KWETB ensures robust procedures and methods for gathering data for evaluation and monitoring are designed and chosen to ensure that feedback collected from learners and staff is effective and relevant to the improvement of quality.

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

Data gathering is integral to KWETB's monitoring and review QQI processes. Feedback should be gathered efficiently and in a way that reduces the risk of 'survey fatigue' and frustration with processes. Feedback gathered should inform quality improvement in a timely fashion, with respect for the 'voices' of learners and staff. Processes for gathering feedback should be designed based on 'real time' approaches and should be used consistently across FET Provision and FET Provision-Second Providers. They will inform learning and monitoring of trends over time and inform consequent decision making.

Types of Data

Feedback should be analysed following the collection of primary and/or secondary data. KWETB FET services should identify a specific platform for the purpose of administering on-line surveys where relevant.

Primary Data can be gathered by the following means:

Surveys – which can be anonymous, thereby allowing the learner or staff to feel more comfortable in sharing their thoughts or suggestions. • Open and closed questions can be used

• Likert scales may be used • If a few questions are used, looking at multiple selected themes, this will enable the process to be carried out quickly and easily
Class discussions or focus groups
Learner forums conducted/commissioned from a third party, for example, Aontas
Mid-course student feedback opportunity
Mid-course staff feedback
End of course feedback from students and staff
Learner stakeholder participation on QA groups

Secondary research data can be gathered through desk review of documentation, including the following:

Ongoing learner and Learning Practitioner evaluations gathered within centres/colleges
Meeting minutes
Learner council meeting minutes
End of term/programme evaluations
Certification rates

Principles associated with the gathering of Learner and Staff Feedback

The Quality Council devises a cyclical schedule for gathering feedback in consultation with the sub-groups for governance of quality and other key stakeholders responsible for management of programmes. Personnel will be assigned to ensure: -

- Consistent and transparent processes for the collection of learner feedback, across services and within centres

- Provision of clear information about the purposes and expected use of feedback collected to all stakeholders, including centre management

- Permission and consent should be sought from prospective participants regarding the use of data
- Data collection should be time bound, efficient and scheduled
- Learners should be given opportunities to give feedback on individual and collective experience
- Programme evaluation data from learners should be gathered at the end of the course
- Formative feedback on teaching (feedback that is collected solely for continual improvement) is recognised as an important component of advancing teaching practice.
- Giving feedback at other times e.g., mid-term, allows learners to express their feelings, to find out how they are finding the course and allows for mid-term changes in methodologies etc. which will, in turn, benefit the learner
- Feedback may be gathered more frequently from participants and other stakeholders where a new programme is being piloted or where a programme is being reviewed
- Learners should be encouraged to provide constructive feedback and be aware that their feedback will be taken seriously by KWETB FET services at local and regional level
- The outcome of data gathering should be reported on to demonstrate respect for the process as a key element of quality improvement

Procedure – 3.3.7 Gathering Feedback from Learners and Staff

1	The Quality Council should devise a cyclical schedule for gathering feedback in consultation with the sub-groups for governance of quality and other key stakeholders responsible for management of programmes.
2	The assigned personnel responsible should identify the primary and secondary research data required and the purpose of collection.
3	The assigned personnel responsible should identify stakeholders required to participate.
4	The assigned personnel responsible should identify data collection methods.

5	The assigned personnel responsible should devise data collection instruments and schedule of activities.
6	The assigned personnel responsible should communicate process to all stakeholders.
7	The assigned personnel responsible should deliver staff training and updating of methods of feedback collection if necessary.
8	The assigned personnel responsible should analyse and review data.
9	The assigned personnel responsible should consult with stakeholders to devise an action plan/inform the quality improvement plan.
10	The assigned personnel responsible should submit action plan to the relevant sub-group for governance of quality.
11	The relevant sub-group for governance of quality should assign personnel with responsibility for planning and implementing quality improvement plans with clear timelines for completion of action plan.
12	The assigned personnel with responsibility for planning and implementing quality improvement plans should monitor quality improvement actions and their completion.
13	The assigned personnel with responsibility for planning and implementing quality improvement plans should report on outcomes of the process and publish results on relevant platforms.

Centre Responsibilities

1	The Centre Co-ordinator should gather learner feedback (e.g. surveys, focus groups) for inclusion in the Annual Quality Report.
2	The Centre Co-Ordinator should collect and analyse learner and staff feedback for inclusion in the Annual Quality Report.

Links to other Policies and Procedures

2.1.3	Information to Learners
2.1.5	Information to Staff

Addendum 2	Monitoring and Reporting Quality Assurance Management within Centres

3.3.8 Data Collection, Processing and Analysis

Procedure code and title:	3.3.8 Data Collection, Processing and Analysis
Policy area:	3.3 Monitoring and Evaluation
Version Number:	1
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Purpose

The purpose of this procedure is to detail KWETBs commitment to the benefits and value of evidence-based quality improvement which is supported through transparent and unambiguous data collection methodologies.

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

Data collection is an important aspect of KWETB FET Services for the purpose of monitoring, evaluation and review.

In the collection of data, KWETB should consider the purposes for which data is collected, how data is collected and the uses to which the data is put and to whom the data is communicated.

KWETB systems which capture data regularly should be identified, and that data should be used constructively for quality improvement. Through consultation, these systems should be improved, and KWETB should ensure that there is no unnecessary data or unethically intrusive data collected.

Proposals for data collection should be approved through the Quality Council or Quality Sub-groups. Information regarding data collection should be communicated to all stakeholders. Professional development on the purpose and design of data collection and analysis of data will be delivered to staff if necessary. Proposals for data collection must demonstrate that they meet our ethical standards and align with KWETB policy for GDPR. A robust methodology for data analysis should be included in proposals. The outcomes of data collection should be published and circulated and should inform quality improvement plans and celebration of KWETB achievements.

Individuals collecting and analysing data will be required to refer to and ensure compliance with KWETB corporate policy on protection of student identity and data, GDPR and intellectual property.

All data gathered and analysed will be retained securely in accordance with KWETB document storage and retention policy and procedures.

Procedure – 3.3.8 Data Collection, Proposing and Analysis

1	The Quality Council or relevant Quality Sub-group should identify the purpose for which the data is to be gathered. The Quality Council or relevant Quality Sub-group should draft terms of reference for the process.
2	The Quality Council or relevant Quality Sub-group should identify a Working Group or assigned person(s) to carry out the data collection and to support the data gathering process and analysis.
3	The Working Group or assigned person(s) should identify a research methodology and analysis tools and draw on evidence-based research. The Working Group or assigned person(s) should conduct literature reviews in advance of the process if necessary.
4	The Working Group or assigned person(s) should identify the key data indicators required to meet the purpose of the data gathering process.
5	The Working Group or assigned person(s) should identify the most appropriate data collection instruments for the context of the research, taking into consideration any other ongoing or recent research.
6	The Working Group or assigned person(s) should produce valid and reliable tools, which can be used to gather information on the programme/s and related services. These tools can be designed to produce both quantitative and qualitative data. **Examples of tools include:** a. Questionnaires b. Site Visits c. Focus Group format and questions d. Interview format and questions (individual, group, telephone) e. Observational Visit Checklists (e.g., Self-Evaluation checklist)
7	The Working Group or assigned person(s) should identify and consider any ethical concerns.

8	The Working Group or assigned person(s) should conduct staff briefings and arrange staff training if required.
9	The Working Group or assigned person(s) should schedule and implement data gathering and ensure safe and secure data storage.
10	The Working Group or assigned person(s) should code and analyse data.
11	The Working Group or assigned person(s) should present findings in draft format.
12	The Working Group or assigned person(s) should finalise report process.
13	The Working Group or assigned person(S) should submit final report to Quality Council or relevant Quality Sub-group.
14	The Quality Council or relevant Quality Sub-group should instigate corrective action procedure if deemed appropriate.

Links to other Policies and Procedures

3.3.5	Quality Improvement Planning
3.3.9	Corrective Action
3.4.4	GDPR
3.4.5	Document and Version Control

Resources (outstanding)

Resources	• GDPR and Ethical Considerations • Form – Invitation to participate in research • Participant Consent Form • Approval from Governance Groups

3.3.9 Corrective Action

Procedure code and title:	3.3.9 Corrective Action
Policy area:	3.3 Monitoring and Evaluation
Version Number:	1.1
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 takes corrective action when a situation, issue or problem is identified and needs to be resolved.

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

The need for corrective action may emerge as a result of a variety of different processes, such as Internal Verification; External Authentication; Results Approval; Programme Review; Learner Appeals; Staff meetings; and Learner and Staff feedback, for example. For the monitoring and review process to be effective, corrective actions identified must be recorded, tracked for progress, and impact recorded. These can be included in the Quality Improvement Plan if the action is associated with improvement to a policy or procedure.

Corrective actions are measures that need to be undertaken to ensure that the issue will not occur in future. When corrective action has been put in place, it means that the situation has been re-instated to its original state. Preventative action puts in place arrangements that will prevent the issue or problem from recurring.

The Quality Team should implement corrective actions arising from incident report investigations and annual quality report findings.

The Quality Council and its sub-groups should monitor the impact of corrective actions.

Procedure – 3.3.9 Corrective Action

1	Once an issue is identified, the Quality Team should identify who is responsible for implementing the corrective action.

2	The person(s) responsible for implementing the corrective action should arrange a meeting with the relevant stakeholders to discuss the issue.
3	The person(s) responsible for implementing the corrective action should clearly outline the nature of the issue and research new approaches if necessary.
4	The person(s) responsible for implementing the corrective action should record actions and correction actions.
5	The person(s) responsible for implementing the corrective action and the relevant stakeholders should agree an implementation plan.
6	The person(s) responsible for implementing the corrective action should create a schedule of follow up meetings for progress review.
7	The person(s) responsible for implementing the corrective action should monitor progress through regular meetings with relevant stakeholders.
8	At the end of the process, the person(s) responsible for implementing the corrective action should record the impact of the corrective action and report progress to relevant Quality Sub-groups.
9	The relevant Quality Sub-group should report the Corrective Action taken and the impact of the corrective action to the Quality Council.

Links to other Policies and Procedures

1.1.1	Programme Review
1.3.10	Internal Verification
1.3.11	External Authentication
1.3.12	Results Approval
2.2.3	Learner Appeals
3.3.5	Quality Improvement Planning
3.3.7	Gathering feedback from learners and staff
Addendum 2	Monitoring and Recording Quality Assurance Management within Centres

Section 15: Procedures for 3.4 Information Management and Data Systems

Policy Area 3.4 Information Management and Data Systems		
3.4.1	Learner Records	
3.4.2	Blended learning platforms	
3.4.3	Information systems	
3.4.4	Document and version control	
3.4.5	GDPR	*Refer to OSD Policy*
3.4.6	Data Security	*Refer to OSD Policy*

3.4.1 Learner Records

Procedure code and title:	3.4.1 Learner Records
Policy area:	3.4 Information Management and Data Systems
Version Number:	1.1
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 ensures that all documentation referring to a learner is kept secure with restricted access only to relevant persons.

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

Learner data must only be used for relevant tasks and no disclosure of information should transpire. All information with learners' details should be stored as per KWETB's Records Management Policy.

Registration forms on paper or digital and any other documentation referring to a learner, should be kept secure with restricted access, to only Programme Co-ordinators and senior

management. All processes in relation to learner records should be compliant with the GDPR regulations.

There should be strict prohibitions on entering personal data, learner data or other sensitive data or confidential information into AI tools, unless the tool has been explicitly approved by KWETB and configured as compliant with GDPR and other restricted information requirements (note: at present, no tools are approved for this purpose).

The Programme and Learner Support System (PLSS) is designed to manage learner applications and records, course information, funding applications and used for reporting key data on FET outputs and outcomes.

PLSS provides a secure sharing, collecting and use of data system through the following portals:

- National Programme Database (NPD) which is a repository of national and local based FET programmes.
- National Course Calendar (NCC) is the location where programmes and courses are scheduled. This data is transferred to the Further Education Training Course Hub (FETCH) website which gives opportunity for prospective applicants to search, view and apply for courses online.
- Learner Database – the data from FETCH online applications are transferred into the Learner Database. The Learner Database also manages applicant referrals, applicant registration and records data for accreditation and progression. When further data is entered by KWETB for enrolled learners, it creates a secure learner record.

- An Assessment Management Information System is in place to record apprentice achievement on new Apprenticeship Programmes (SOLAS Service Agreement / MIS Moodle March 2017).
- Funding Allocation Requests and Reporting System (FARR) – data from both the NCC and Learner Database are transferred to FARR which is used for SOLAS reporting.

Learner records may comprise of some or all of the following information:

- Expressions of Interest Forms
- Learner Details Form
- Class Registrar
- Parental/Guardian Consent Forms
- Interview records
- Registration forms
- Eligibility documentation (for example, birth certs)
- Academic achievement records
- Garda vetting records
- Applications for reasonable accommodation
- Applications for Compassionate consideration
- Applications for extensions to deadlines
- Progression (exit/termination forms)

- Medical certifications
- F103 - notice of SW allowance entitlement
- Psychological reports
- Learner transfer documentation and all other documents prescribed within the operational guidelines for the funding strand.

Procedure – 3.4.1 Learner Records

1	The Programme Co-ordinator should assign key individual(s) to receive and file learner information.
2	The assigned key individual(s) should ensure that application forms both digital and hard copy are filed appropriately and securely.
3	The Programme Co-ordinator should ensure that learners are aware of who to submit the information to.
4	The assigned key individual(s) should ensure that learner information, including learners' PPSN is uploaded to the learner record for registration.
5	The Programme Co-ordinator should ensure that interview notes are taken either digital or hard copy during the selection process.
6	The Programme Co-ordinator or assigned key individual(s) should ensure that the PLSS Course Code is inputted on all documentation regarding a single learner group.
7	The Programme Co-ordinator or assigned key individual(s) should ensure that learner records are stored in a single folder relevant to the PLSS Course Code.
8	The Programme Co-ordinator or assigned key individual(s) should ensure that an individual learner folder is created for each learner within the programme folder.
9	The Programme Co-ordinator or assigned key individual(s) should ensure that all learner records and associated decisions are updated in the learner folder in a timely and accurate fashion. These include applications for Reasonable Accommodation (RA) or Compassionate Consideration (CC), updated certification results following RAP.
10	The Programme Co-ordinator or assigned key individual(s) should ensure that learners have the right to apply for their complete learner record at any time.
11	The Programme Co-ordinator or assigned key individual(s) should ensure that there is accuracy in transfer of data.

12	The Programme Co-ordinator or assigned key individual(s) should ensure that learner files are updated with progression details within four weeks of the finish date and the file should be closed within two months of course completion.
13	The Programme Co-ordinator or assigned key individual(s) should ensure that learner records are archived in a secure location.
14	The Programme Co-ordinator or assigned key individual(s) should ensure that KWETB procedure regarding document destruction is followed.

Resources

Resources	• KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

Links to other Policies and Procedures

1.3.12	Results Approval
2.1.1	Student Induction
2.1.3	Information to Learners
2.2.5	Reasonable Accommodation
2.2.6	Compassionate Consideration
3.4.3	Information Systems
3.4.4	GDPR
3.4.6	Data Security

3.4.2 Blended Learning Platforms

Procedure code and title:	3.4.2 Blended Learning Platforms
Policy area:	3.4 Information Management and Data Systems
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 give clear guidance for everyday Technology Enhanced Learning (TEL) and guidelines that should be implemented when using the Microsoft 365 platform and other learning platforms.

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

As part of KWETB Blended or Remote Teaching and Learning, the following procedures are in place for our Learning Practitioners and learners in respect to the use of technology. GDPR policies should be adhered to. The main online suite of Microsoft 365 applications used for learning primarily include:

- Microsoft Outlook
- Microsoft Word
- Microsoft OneDrive
- Microsoft OneNote
- Microsoft Forms
- Microsoft Teams

Some additional applications may be used by Learning Practitioners. Learners should be provided with the information required to access them if and when the need arises. As cyberattacks are growing there is a need to be mindful to protect teaching and learning platforms and ensure that a process is in place to protect learner's work.

Procedure – 3.4.2 Blended Learning Platforms

1	The Co-ordinator should ensure that each learner is provided with a KWETB email account which includes free access to the Microsoft 365 platform where appropriate.

2	The Co-ordinator should ensure that the Learning Practitioner provides introductory training in the basics of Microsoft 365 to learners if it is required.
3	Learning Practitioners and learners should only communicate using their '@kwetb.ie' account.
4	Learning Practitioners and learners should communicate during normal working hours and should include evening tuition where necessary.
5	Learning Practitioners and learners should not use their KWETB accounts for personal communications.
6	Learning Practitioners and learners should only use file storage for education purposes.
7	The Co-ordinator should ensure that centre student policies should apply to remote teaching and learning.
8	Learners should ensure that they attend timetabled times for remotely delivered classes.
9	Learning Practitioners should ensure that learners are made aware that when they are participating in group team calls, that they can be seen and heard unless they have muted their microphone or disabled their camera.
10	Learning Practitioners and learners should ensure that no photos or recordings are taken of team calls unless permission is sought for assessment purposes.
11	When online, learners and parents of under 18s should ensure they behave in an appropriate, safe and respectful manner.
12	Once a learner has completed their course, the Co-ordinator should ensure that the learner account is cleared after the approved period.
13	The Co-ordinator or designated person should ensure that all learner data has been removed.
14	The learner should ensure that any device that has been loaned to the learner is returned once they have completed their course.
15	The Co-ordinator should ensure that the returned device is checked over by IT Support.

Links to other Policies and Procedures

3.4.1	Learner Records
3.4.4	GDPR Policy

3.4.3 Information Systems

Procedure code and title:	3.4.3 Information Systems
Policy area:	3.4 Information Management and Data Systems
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 protects its data and the users of data in order to minimise the potential exposure level of learner and learner practitioner's data.

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.

Information Systems with KWETB

The collection of data for the various programmes in FET is collected through the following information systems:

- Programme and Learner Support System (PLSS) is KWETBs main information and data management system designed to manage course scheduling through the National Course Calendar (NCC), learner applications and data, funding applications, evaluation and reporting. Courses scheduled on the NCC can be access through https://www.fetchcourses.ie/

- AppsClientServices (T)
- TACS (Training Apprentice Clocking System) (T)
- CoreHR
- MIT
- Quality Business Systems (QBS)
- Results Capture and Certification System (RCCRS)
- Funding Allocation Request and Reporting System (FARR)
- QQI Infographics
- Centre Records
- Department Records
- Adult Guidance System (Salespulse)

- VSWare
- Office365

KWETB use a range of document repository systems to store information.
A dedicated Teams in Office365 is dedicated to Quality Assurance and has team folders for Quality Council, Quality Assurance Subgroup, Programme Governance Subgroup and Quality Team where staff can work collaboratively.
A dedicated QA SharePoint hosts all Quality Assurance documentation in relation to QA news and communications, listings of validated programmes, policies and assessment. All Co-ordinators have access to the SharePoint site.
The ezine is shared with all stakeholders and acts as a channel for enhancing communications on QA.
KWETB has a dedicated website which provides current information on all KWETB services.

Procedure – 3.4.3 Information Systems

1	The relevant person(s) responsible should ensure that all KWETB staff are given online training in relation to GDPR.
2	The Co-ordinator should ensure that access and permissions to Information Systems is formally applied for.
3	The relevant person(s) responsible should ensure that there is a formal induction to relevant information systems for new users and that this is recorded at centre level.
4	Line Managers should agree levels of access regarding users.
5	New users of information system should sign confidential contract.
6	The relevant person(s) responsible should ensure that all staff are aware of confidentiality in relation to document/information storage and that information cannot be discussed or transferred without prior approval.
7	If users require any updates to access or permissions, they should follow the above process.
8	The relevant person(s) responsible should ensure that any staff members who are no longer working for KWETB or have changed roles and no longer need the required access to information systems should be removed from these systems. This should be done periodically.
9	All staff should ensure that they do not share login credentials to any of the information services.
10	If a breach occurs, it should be reported to the relevant Data Protection Officer.

Links to other Policies and Procedures

2.1.5	Information to Staff
3.4.4	GDPR
3.4.6	Data Security

3.4.4 Document Version Control

Procedure code and title:	3.4.4 Document Version Control
Policy area:	3.4 Information Management and Data Systems
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 KWETBs management practice which ensures that draft documents are tracked and revised drafts are updated as final versions.

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

As part of KWETB Document and Version Control, the following procedure ensures that the update of versions, both minor and major amendments, are tracked and documented, so that it is known, which is the final version to work from.

A Minor version amendment is a small change to the document i.e. spelling or grammar, this is represented by incremental decimal, i.e. 1.1, 1,2, 1.3. Minor version amendments do not need to be approved but should be recorded on the Version Control Record.

A Major version amendment is a significant change to the document and changes are represented in sequential numbering, version 1,2,3 etc. Major version amendments will need to be approved by the Quality Subgroup and should be recorded on the Version Control Record.

Procedure - 3.4.4 Document Version Control

1	The person(s) who is creating the document should ensure that a version number is included at the end of the file in the format v1, v2, v3 etc.
2	The person(s) who is creating the document should include information on the status of the document such as ‘Draft’ or ‘Final’.

3	When minor amendments are made to the document (i.e. spelling or grammar), the person(s) who is making the change should ensure that they use the Version Control Record Document, giving details of the version number, the author, the date, the change made.
4	When major amendments are made to the document (i.e. significant change), the person(s) who is making the change should ensure that they use the Version Control Record Document, giving details of the version number, the author, the date, the change made. The requested change for major amendment should be submitted to the Quality Assurance Subgroup for approval.
5	The Quality Assurance Subgroup should review the change and either approve the new version or return for further information.
6	The relevant person(s) responsible should make the changes (minor or major) to the document.
7	The relevant person(s) responsible should ensure that final versions are saved as a PDF document.
8	All stakeholders should try to keep documentation electronically filed.
9	The person(s) who is making the changes, should ensure that relevant people are notified of the change and update any relevant information platforms with the new version and archive the old version.

2. Resources

Resources	• Version Control Record

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KILDARE AND WICKLOW
EDUCATION AND TRAINING BOARD

Kildare and Wicklow Education and Training Board
Policy on
Learner Engagement in Assessment and Assessor Grading of Learner Effort

Version:	1.1
Developed by	KWETB Quality Team
Reviewed by:	Quality Assurance Sub-Group
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CHILL DARA AGUS CHILL MHANTÁIN
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EDUCATION AND TRAINING BOARD

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Procedures within the Quality Framework will be amended to incorporate this Policy. 239

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Policy on Learner Engagement in Assessment and Assessor Grading of Learner Effort

Purpose

To provide continuity and clarity for both learners and learning practitioners, this policy outlines the approach to grading effort in line with QQI requirements. It ensures that assessments are designed to capture all Learning Outcomes / Minimum Intended Module Learning Outcomes (MIMLOs) and that learners are fully informed about the expectations and criteria for their assessments.

It is essential that all learners clearly understand what is required of them to successfully achieve an award. This includes clarity that, while a learner may achieve a pass mark in one or more individual assessments, they may still fail to achieve the overall module if all required Learning Outcomes / MIMLOs or mandatory elements have not been successfully demonstrated because they have been unsuccessful in an assessment.

Policy Statement

Learners must to be provided with the opportunity to achieve each MIMLO, and it is the Learning Practitioner's responsibility to devise assessment instruments (e.g. project and assignment briefs, examination papers, etc.), and marking schemes, consistent with the relevant assessment techniques and assessment criteria.

Learning Practitioners must ensure that each assessment task is mapped to specific Learning Outcomes / MIMLOs as outlined in the module descriptor and component specification. Assessment briefs must contain clear instructions regarding the Learning Outcomes / MIMLOs being assessed and the marks allocated.

Learner evidence must be submitted for all assessment techniques and a minimum mark of 50% must be achieved for all assessment techniques in order that the learner can pass the module. It is the learning practitioner’s responsibility to devise assessment briefs and

marking schemes to ensure that learners are assessed on all of the required Learning Outcomes / MIMLOs.

QQI Requirements on Learners achieving all Learning Outcomes

1. It is a QQI requirement that learners must meet the minimum intended learning outcomes before achieving a component award *(Quality Assuring Assessment Interim Guidelines for Providers 2025, section 4.5).*
2. QQI National Standards identify the knowledge, skills, and competence that must be evidenced by a learner to achieve a particular award. These standards are contained in each QQI Component/Award specification. Under Assessment Technique, it is stated that all learning outcomes must be assessed and achieved in accordance with the minimum intended learning outcomes *(QQI Quality Assurance Assessment Guidelines for Providers, Revised 2013, Version 2 – revised 2018).*
3. Within every QQI Component/Award Specification, under 'Assessment Technique', it states that all learning outcomes must be assessed and achieved.

Responsibilities

The Learning Practitioner is responsible for assessing and ensuring that learners demonstrate understanding of all Learning Outcomes / MIMLOs for each assessment task.

The Learning Practitioner / Coordinator is responsible for communicating individual assessment results and detailed summative feedback to learners. This will ensure that learners are informed of the marks achieved in individual assessments and understand when and why an award has not been certified due to incomplete achievement of Learning Outcomes / MIMLOs and passing of all assessment techniques.

The Learning Practitioner should provide clear, constructive and supportive feedback enabling the learner to understand the outcome and where applicable the options available for repeat of the assessment. Feedback to learners should not be generated from AI, as set out in KWETB Policy: The Use of Generative Artificial Intelligence (AI) in Teaching and Learning.

The Coordinator is responsible for reporting unsuccessful learners on the Internal Verification Report.

The Quality Assurance team are responsible for monitoring compliance with this policy through KWETB authentication processes, and providing support as needed.

The Quality Assurance Subgroup of the Quality Council are responsible for oversight of the implementation of KWETB Quality Assurance Framework. They have reviewed and approved all policies and procedures. Their oversight role ensures that policies comply with KWETB and QQI quality standards.

Recording results on QBS

From 1st July 2026, where a learner has not met the required standard due to a failure to demonstrate all Learning Outcomes / MIMLOs and pass all Assessment Techniques, the award cannot be certified. In such circumstances, if submitting unsuccessful learners on the QBS system, then recording an overall module grade of zero on the QBS system is acceptable.

While the QBS system allows entry of up to three assessment results which are aggregated to generate the final numeric grade and classification, it is permissible to enter a single numeric result representing the overall module grade. Where an award has not been achieved, the component can be recorded as *Unsuccessful*.

Action

To provide continuity and clarity for both learners and staff, this policy has been developed in line with grading learner to QQI requirements. This updated policy is effective on 1st July 2026.

Procedures within the Quality Framework will be amended to incorporate this Policy.

1.3.1 Development and Design of Assessment

- *The Learning Practitioner should ensure that they review all learning outcomes, as specified in the module descriptor and that they understand the assessment criteria for each learning outcome.*

1.3.2 Information to Learners about Assessment

- *The Learning Practitioner should ensure that learners are informed that while the learner may achieve a pass grade in one or more individual assessments, they may still fail to achieve the overall module if all required Learning Outcomes / MIMLOs or mandatory elements have not been successfully demonstrated because they have been unsuccessful in an assessment.*

1.3.3 Planning, Conducting and Concluding Assessment

- *(Planning) The Learning Practitioner should ensure that their assessment plan aligns with all learning outcomes.*
- *(Conducting) The Learning Practitioner should review assessment briefs with learners, explaining the requirement for all learning outcomes to be assessed and achieved.*

1.3.9 Feedback to Learners

- *The Learning Practitioner should provide ongoing feedback and support to help learners achieve all learning outcomes.*

2.1.2 Learner Induction

- *The Programme Coordinator should ensure that communication is given to learners in relation to learning outcomes and assessment criteria at the start of the course. The Learning Practitioner should re-enforce this information throughout the course.*

2.2.5 Reasonable Accommodation in Assessment

- *The Learning Practitioner should adapt the assessment, ensuring that all learning outcomes are met.*

2.2.6 Compassionate Considerations

- *The Programme Coordinator should ensure that if a learner is prevented from undertaking a specific assessment activity and therefore would not meet some of the learning outcomes, they should be given the opportunity to apply to defer the assessment to another occasion to ensure that learners have a fair opportunity to meet all of the learning outcomes.*

- Review

This policy will be reviewed in line with the Quality Assurance Framework Review process.

References

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Quality Assuring Assessment Interim Guidelines for Providers 2025

QQI Quality Assurance Assessment Guidelines for Providers, Revised 2013, Version 2 Revised 2018

Addendum 2 – KWETB Policy on Monitoring and Reporting Quality Management within Centres

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KILDARE AND WICKLOW
EDUCATION AND TRAINING BOARD

Kildare and Wicklow Education and Training Board
Policy on
Monitoring and Reporting Quality Management within Centres

Version:	1.1
Developed by	KWETB Quality Team
Reviewed by:	Quality Assurance Sub-Group
Date Approved by Quality Council:	23rd October 2025
Implementation Date:	3rd November 2025
Review Date:	October 2027

KWETB Policy on Monitoring and Reporting Quality Management within Centres

Rationale

This policy outlines the approach to monitoring and reporting quality management within KWETB centres. It responds to identified performance themes and aims to strengthen the Quality Assurance framework through structured, transparent and evidence-based practice.

Safeguarding quality assurance incidents is essential to uphold the safety and well-being of learners and staff, while also protecting the integrity and reputation of the organisation.

Guiding Principles

This policy is underpinned by the following principles:

- Transparency and accountability
- Continuous improvement
- Evidence based decision making
- Inclusiveness and collaboration

Monitoring and Reporting Systems

Incident Reporting
Following QA incidents, each centre will submit an Incident Report to the QA Manager or designated QA person. The report will ensure incidents are documented and investigated and resolved in a timely and effective manner to support continuous improvement.
AI related risks, breaches or incidents should be recorded in the Incident Report to the QA office.

Annual Quality Report
Each centre will submit an Annual Quality Report to the QA Manager or designated QA person. The report will outline key QA activities, developments, challenges and improvement actions taken within the centre.
AI related risks, breaches or incidents that occurred should be recorded in the Annual Quality Report.

Risk Registers
Centres will maintain a risk register to identify, assess and mitigate risks related to quality management. This register will be reviewed regularly by the Quality Manager or designated QA person.
AI Related risks should be recorded in the Risk Register.

Roles and Responsibilities

Centre Co-ordinators / Managers

- Ensure implementation of QA monitoring and reporting systems
- Ensure that all QA incidents are investigated, documented and reported
- Submit the Annual Quality Report and maintain risk registers
- Communicate QA responsibilities to all staff
- Ensure learner assessment evidence is protected and accessible to more than one staff member and that the Coordinator has access to all learner evidence

Learning Practitioners

- Participate in QA reviews and audits
- Maintain accurate and secure records of learner assessment evidence

QA Office

- Provide guidance and templates for Incident Reports, Annual Quality Reports and Risk Registers
- Review submitted reports and identify themes
- Provide feedback look to centres and QA subgroup

Incident Report Procedure

Purpose

To ensure all incidents affecting quality management are investigated, documented, reported and resolved in a timely and effective manner to support continuous improvement.

Scope

This procedure applies to all staff, contractors and stakeholders involved in quality management within the centre.

Definition

Incident: Any event or deviation from standard procedures within the Quality Framework that may impact the quality of the learner experience, quality of services, compliance or safety.

Responsibilities

- Staff: Report incidents immediately to their line manager.
- Coordinator: Complete the Incident Report Form and oversee the process.

- Quality Manager or designated QA person: Review, investigate and document findings and implement corrective action if required.

Access to Tutor Work by Coordinators

Centre Coordinators must have access to all tutor work at all times. This access is essential for several reasons:

- To ensure continuity of learning in the event of staff absence of staff leaving.
- To safeguard learner assessment evidence and ensure it is securely stored and assessable.
- To support quality assurance processes, including audits and reviews.
- To enable effective oversight, mentoring and support for tutors.

Procedure

1. Any staff member who identifies a QA incident must report it immediately to their direct line manager.
2. The Centre Coordinator must complete the Incident Report.
3. The Centre Coordinator must submit the report to the Quality Manager or designated QA person within twenty-four hours of the incident.
4. The Quality Manager or designated QA person will review the report and respond as necessary.
5. All Incident Reports should be stored securely and reviewed by the QA team for themes and improvements.

Investigation Process for Quality Management incidents

1. The designated QA person will acknowledge receipt of the report.
2. The designated QA person will evaluate the severity and potential impact of the incident.
3. The designated QA person will record details, including timelines and involved parties.
4. If required, the designated QA person will propose solutions to amend the issue and prevent recurrence.
5. The designated QA person may assign tasks to specific individuals or teams.
6. If required, the designated QA person will check that actions were completed and effective.

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Annual Quality Report Procedure

Purpose

The Annual Quality Report (AQR) will serve as a comprehensive review of each centre's quality assurance activities, developments, challenges and improvements over a defined reporting period. It supports continuous improvement, accountability and strategic planning across centres.

Scope

This procedure applies to all centres operating under KWETB quality assurance framework. Each centre is required to complete and submit the AQR to the QA Manager by the specified timeline.

Responsibilities

Centre Coordinators are responsible for compiling and submitting the report.

The QA Manager or designated QA person are responsible for reviewing submitted reports, providing feedback and ensuring that the findings are used to uphold and enhance quality standards across centres. This includes identifying areas for improvement and guiding the implementation of effective quality assurance practices.

Staff are expected to contribute to the report through feedback at staff meetings where quality assurance should be a standing agenda item.

How to carry out the Quality Review

Each centre should implement a cyclical process of reflection, evaluation and planning. This should include detail records of quality assurance procedures within the Quality Framework, including internal verification, Quality Assurance as a part of staff meetings and learner feedback. Centres should include the learner voice in the Quality Review which could include learner feedback through surveys, focus groups. Centres should identify challenges and document any developments and improvements. Any staff development should be included and how the centre tracks CPD linking CPD to identified areas for improvement. Centres should analyse data from assessments, EA reports to identify trends and areas for development in their centre. Clear action plans, timelines and responsibilities for continuous improvement should be identified in the report.

Reporting Requirements

Each report must be completed using the standard template provided.

Submission Guidelines

Reports must be submitted by email to the QA Manager or designated QA person. The report should be clear, concise and evidence based.

Centres must retain a copy of the submitted report for internal records.

Review and Follow up

The QA Manager or designated QA person will review each report and may request additional information or clarification.

Feedback will be provided to each centre.

Key findings will inform QA planning.

Risk Register Procedure

Purpose

This procedure outlines the process for identifying, assessing, mitigating and monitoring risks that impact the quality management processes within centres. It ensures that risks are managed to maintain high standards of service delivery, compliance and continuous improvement.

Scope

This procedure applies to all centres involved in quality management activities, including teaching, assessment, learner support and administration of assessment.

Objectives

- To proactively identify risks that could affect quality standards.
- To assess the likelihood and impact of identified risks.
- To implement mitigation strategies to reduce or eliminate risks.
- To ensure accountability and continuous monitoring of risks.

Risk Identification

Risks will be identified through:

- Internal audits and/or quality assurance reviews.
- Staff feedback and incident reports
- Learner complaints

Each identified risk should be documented on the Risk Register Template provided with a clear description and potential impact on quality management (examples are provided in the template).

Risk Assessment

Each risk will be assessed using a standardised matrix that evaluates:

- Impact (Low to High)

Low	Minimal impact, easily managed
Medium	Moderate impact, requires monitoring
High	Significant impact, requires immediate action

Monitoring and Review

- The QA Manager or designated QA person will review quarterly risk registers in centres.
- A summary of risk register updates will be reported to the QA Subgroup.

Resources

Resources	• Incident Report Template • Annual Quality Report Template • Risk Register Template • KWETB Policy: The Use of Generative Artificial Intelligence in Teaching and Learning

Appendices

Appendix 1 – Incident Report Template

Appendix 2 – Annual Quality Report Template

Appendix 3 – Risk Register Template

Appendix 1 Incident Report Template:

Reporter Information	
Name:	
Position:	
Date of Report:	
Contact Information:	
Incident Details	
Date of Incident:	
Location:	
Description of Incident:	(what happened, who was involved – use initials)
Impact on Quality:	(e.g. service disruption, non-compliance, safety risk)
Immediate Action Taken:	
Investigation (To be completed by Quality Manager or designated QA person)	
Investigation Summary	
Cause of Incident	
Corrective Action/Preventative Actions:	
Responsible Person:	
Completion Date:	
Review and Sign-off	
Reviewed by Quality Manager:	
Date of Review:	
Additional Comments:	

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Appendix 2 Annual Quality Report Template:

Centre Information

Centre Name/Centre Code: _____

Centre Coordinator: _____

Contact Information: _____

Reporting Period

Start Date: _____

End Date: _____

1. **Key QA Activities**

Describe the key quality assurance activities undertaken during the reporting period.

2. **Developments**

Outline any new developments, initiatives or changes implemented during the reporting period.

3. **Challenges**

Identify any challenges encountered and how they were addressed.

4. **Improvement Actions**

List improvement actions taken or planned, including timelines and responsible persons.

5. **Risk Register Summary**

Summarise key risks identified and mitigation strategies.

6. Staff Involvement

Describe how staff were involved in QA activities and decision making.

7. Learner Feedback Summary

Summarise feedback received from learners and how it informed quality improvements.

8. Recommendations

Provide recommendations for future quality improvements.

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Appendix 3 Risk Register Template

Centre	
Person Responsible	

Risk ID	Description	Impact	Mitigation Measures

Examples of Quality Management Risks

Risk ID	Description	Impact	Mitigation Measures
R1	Incomplete learner assessment records	High	Regular audits of learner folders, ensuring coordinator has sharing rights to all learner folders.
R2	Staff absences affecting programme delivery	High	Cross-training staff, maintaining up to date documentation.
R3	Non-compliance of QA procedures with QFW	Medium	Staff training in QFW
R4	Inadequate learner feedback	Medium	Implement surveys and review feedback from evaluations
R5	Delays in assessment marking and issuing or results to learners	High	Ensure all staff aware of internal deadlines, monitor progress.
R6	Data loss due to digital storage practices	High	Use secure cloud storage, regular backups. Ensure all folders are shared with coordinator.
R7	Lack of access to tutor work by coordinators	High	Enforce KWETB policy on monitoring and reporting Quality Management which requires shared access.
R8	Outdated course materials	Medium	Staff updates, communities of practice with centre to share materials
R9	Inadequate response to learner complaints	High	Ensure Complaints procedure in QFW is followed. Staff training

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