

Document Title	Ongoing Review and Update of QA Documents
Policy Area	Area 2: Documented Approach to Quality Assurance
Document Code (version #)	QAP2-1 (V2.0)
Applies to	<input type="checkbox"/> All <input checked="" type="checkbox"/> Specific (<i>all staff involved in the development and review of QA policies and procedures at SQT</i>)
	<input checked="" type="checkbox"/> Staff only <input type="checkbox"/> Learners only <input type="checkbox"/> Staff and Learners

Document Owner	Director of Quality & Academic Affairs
Approved by	Academic Council

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Related legislation, policies, procedures, guidelines and local protocols	<ul style="list-style-type: none"> - Core Statutory Quality Assurance Guidelines (2016), QQI - Sector Specific Independent/Private Statutory Quality Assurance Guidelines (2016), QQI - Qualifications and Quality Assurance (Education and Training) Act 2012 - European Association for Quality Assurance in Higher Education (ENQA), et. al (2015), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)
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Table of Contents

1. Purpose	3
2. Scope/Application.....	3
3. Policy	3
4. Responsibility	3
5. Procedure for Review & Updates to QA Policies and Procedures	4
6. Policy Monitoring.....	6
7. Document Control.....	6

1. PURPOSE

This policy establishes a framework for developing, maintaining and reviewing SQT's policies, and procedures.

2. SCOPE/APPLICATION

This document applies to all staff involved in the development and review of QA policies and procedures at SQT.

3. POLICY

In order to ensure that policies and procedures (hereafter QA documentation) remain effective, relevant, fit for purpose and compliant with changes to statutory, legal and accrediting body requirements, the QA documentation is subject to the following:

- Mechanisms for on-going monitoring which are set out in each QA document. This specifies the person responsible for reviewing the document, the frequency of the review and the mechanisms used for the review.
- Internal quality reviews ensure that each area of the QA framework is reviewed at least once in every 2 year cycle, or more regularly, if required. (Dealt with in Section 4 below).
- External cyclical reviews are carried out by QQI, generally on a 7 year cycle. Such reviews are dealt with in QAP11-3: External Cyclical Review (QQI Institutional Review).

4. RESPONSIBILITY

- The Quality Committee is responsible for developing an internal QA review schedule and ensuring that each of the eleven QA areas is reviewed at least at least once in every 3 year cycle.
- The Director of Quality and Academic Affairs, with the support of the Accreditation and Systems Manager is responsible for the day-to-day management of the QA documentation which includes editing the documentation and ensuring that updated documentation is published and effectively communicated to all relevant stakeholders.
- All staff (administrative and teaching) are responsible for monitoring and reviewing policies and procedures as they relate to their roles.
- Administrative staff are responsible for the ongoing update of work instructions.
- Academic Council is responsible for approving all QA policies and procedures, whilst the Board of Directors is responsible for approving corporate policies and procedures. This is set out in QAP1-2: SQT Governance.

5. PROCEDURE FOR REVIEW & UPDATES TO QA POLICIES AND PROCEDURES

1. The Quality Committee develops an internal QA audit schedule, which ensures that all QA documentation, within each of the eleven areas, is reviewed at least once in a three-year period.
2. In some cases, policies and procedures may require review in advance of the scheduled review date. These are scheduled by the Director of Quality and Academic Affairs. Reasons for this may include:
 - A change in the regulatory environment.
 - The outcome of an internal or external QA event.
 - Developments within SQT.
 - Issues raised by any internal stakeholders relating to any policy and procedure.
3. The Quality Committee assigns a review team to each internal QA area. The membership of the review team is rotated in so far as is possible.
4. The internal review includes:
 - A comprehensive review of all relevant QA documentation (including policies, procedures, work instructions, resources such as forms, reports etc) and
 - Consultations with relevant personnel, who are familiar with the documentation and the implementation of the specific policies and procedures.
5. The following protocols are implemented when carrying out each audit:
 - Feedback is sought which considers the following:
 - Is the text still up to date?
 - Is the document implemented as written?
 - Is the document relevant and useful?
 - Are there other improvements or edits that could improve the documentation and process?
 - The document owner (Director of Quality and Academic Affairs or Managing Director) carries out a review of the legal or regulatory context.
 - Key actions arising from the audit are included in the Quality Improvement Plan (QIP).
6. The audit team are generally given 4 to 8 weeks to undertake the audit, depending on the complexity of the area and the volume of documentation involved. At the end of the review process, a meeting is convened by the Director of Quality and Academic Affairs, where the outcomes are reviewed and recommendations for enhancement are presented and discussed.
7. Proposed changes are reviewed by the Director of Quality and Academic Affairs to confirm adherence to awarding body guidelines, comparability of practice across the sector maintaining standards, fairness and consistency, identification and implications for related policies or procedures.
8. Changes to policies are submitted to the QA Committee for review and recommendations.
9. The QA Committee submits its proposed changes to the approving body (Academic Council or Board of Directors). In the case of policies and procedures requiring changes, a revision of the document is circulated to the approving body in advance of the next meeting. The approving body

may request clarifications and changes, it is acknowledged that this may be an iterative stage in the process.

10. A document management system is in place for each QA document and incorporates a own revision control history. In addition, a log is maintained which documents the revision status and reasons for the change for each reviewed document.
11. Once officially agreed by the approving body, policies and respective procedures are published on the SQT website and updates are communicated to all relevant stakeholders.
12. Where policies are replaced or updated, archive copies are retained on soft copy.

6. POLICY MONITORING

Responsibility	Frequency	Methods
Director of Quality and Academic Affairs – Document Update	Per QA audit schedule	<ul style="list-style-type: none">- Review of documentation as per procedure set out in QAP2-1: Ongoing Review and Update of QA Documents.
Quality Committee	Bi-Annual Review	<p>Review of:</p> <ul style="list-style-type: none">- Output of quality audits- Quality Committee Minutes and actions- Quality Improvement Plan (QIP)

7. DOCUMENT CONTROL

Version No	Approval Date	Description of Revision	Originator	Approved By
2.0	14/12/18	New Document.	Director of Quality and Academic Affairs	Academic Council
3.0	15/11/24	Minor Updates to Section 5	Quality Committee	Academic Council