



Institute for
Education

Internal Review Policy and Procedures

[Version 1.2]

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Policy Approver	QAC	Effective Date	16/01/2025		

1. Policy Statement

1.1 The Institute for Education (IfE) recognises the critical importance of continuous improvement and maintaining high standards in all aspects of its operations. The purpose of this Internal Review Policy is to outline the procedures and guidelines for conducting internal reviews to assess and enhance the quality, efficiency, and effectiveness of our educational programmes and administrative functions.

2. Scope

2.1 This policy applies to all departments, programmes and services within the IfE.

3. The Internal Review within the IQA

3.1 The Internal Review process, which is an integral part of the IfE's Internal Quality Assurance (IQA) system, contributes to the IfE's commitment to produce the best possible course participant experience.

3.2 This process further enables the implementation of the [Policy for Quality Assurance and Enhancement](#) that outlines the IfE's pledge towards achieving and maintaining the standards within the [External Quality Assurance Provider Accreditation Manual for Higher Education Institutions](#) (MFHEA, 2023)

4. Frequency of Reviews

4.1 Internal reviews will be conducted annually for all departments, programmes and services within the IfE. Additionally, ad-hoc reviews may be initiated as necessary due to changes in regulations, significant operational changes, or identified areas for improvement.

5. The Review Process

5.1 Planning

5.1.1 The Head Quality Assurance develops a plan for the internal review process. The questions to be asked during the interviews are prepared in advance.

5.1.2 The Head Quality Assurance informs all staff around a month prior to the Internal Review asking them to reflect on the recommendations made in the internal review report for the previous year so as to continuously ameliorate and enhance institutional mechanisms.

5.2 Execution

5.1 The Head Quality Assurance carries out the review by gathering relevant data, conducting interviews and analysing processes.

5.2 During the interviews, a number of open-ended questions related to the processes of each department are discussed. Each department is also asked to produce any relevant evidence and documentation.

5.3 Lecturers on a contract for service and course participants are also invited to participate in this review.

5.3 Reporting

5.3.1 A comprehensive report, in line with the standards identified in the [External Quality Assurance Provider Accreditation Manual for Higher Education Institutions](#) (MFHEA, 2023), is generated after the review is complete, highlighting findings, strengths, and actionable recommendations for improvement.

5.3.2 The report is then discussed with the Chief Executive Officer and with the members of Quality Assurance Committee

5.3.3 After the final version of the report is approved by the Quality Assurance Committee, it is disseminated amongst all staff.

6. Implementation of Recommendations

6.1 The Head/Senior Manager responsible for each department, in consultation with the Head Quality Assurance, develops an action plan to implement the recommended improvements. The action plan will include the responsible department, timeframes and the actions that will be taken.

6.2 Progress on the implementation of these recommendations is monitored and reviewed triannually through follow-up meetings.

7. Related Documents

- [External Quality Assurance Provider Accreditation Manual for Higher Education Institutions](#) (MFHEA, 2023)
- [National Quality Assurance Framework for Further and Higher Education](#) (MFHEA, 2015)
- [Policy for Quality Assurance and Enhancement](#) (IfE, 2017)

8. Version history

Originator	Version	Date	Changes Done
QA Dept.	1.0	29/01/2024	Initial Release
QA Dept.	1.1	23/04/2024	Updated links
QA Dept.	1.2	16/01/2025	Updated in line with re-branding guidelines