Quality Management System Manual

Standalone Parent Manual

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Approved by: Associate Director

Document Control

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Record of Reviews and Amendments

Date	Version	Status	Summary of amendment
20 July 2026	4.0	Draft	New standalone parent QMS Manual. Version started at 4.0. The manual has been separated from detailed SOP and policy wording, strengthened for ISO 9001 audit use, and updated to include a process interaction model, quality objectives/KPI table, management review inputs and outputs, planning of changes, corporate client feedback, outsourced process controls and a document and record retention matrix. Incorrect ISO references and known typographical issues have been corrected. Additional updates added to strengthen the manual for ISO 9001 audit purposes: Airtable risk management and action tracking, Airtable non-conformance and operational issue logging, Airtable feedback reporting and live dashboard trend analysis, annual PHECC Quality Review Framework self-assessment, and the use of Airtable to support the Quality Improvement Plan.
22 July 2026	4.0	Draft update	Strengthened risk management, Airtable risk/action tracking, non-conformance and operations issue analysis, live feedback dashboard, PHECC Quality Review Framework self-assessment, updated KPIs from Operations KPI 2026 and Sales KPI 2026, added key ISO 9001:2015 clause references and controlled policy references, and updated QQI assessment evidence retention to two months after certification.

Controlled Circulation

- The master-controlled copy is held by the Quality and Compliance Manager.
- Controlled access is provided to the Associate Director, Training Manager, Quality and Compliance Manager, training administration team and other approved staff as required.
- Published or read-only versions may be made available to staff, instructors, learners, clients, awarding bodies and external auditors where appropriate.
- Printed copies are uncontrolled unless issued as a numbered controlled copy by the Quality and Compliance Manager.

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1. Introduction and Organisational Context

The CPL Institute has developed and implemented a Quality Management System (QMS) to provide a consistent framework for the design, delivery, administration, assessment, monitoring and continual improvement of training and consultancy services. The QMS is based on ISO 9001:2015 and is also informed by applicable requirements of QQI, PHECC, IOSH, the Irish Heart Foundation and other relevant awarding, regulatory and client requirements.

This document is the parent QMS Manual. It provides a controlled overview of the QMS and directs users to the relevant SOPs, policies, forms, registers and records. Detailed operational instructions are maintained separately as controlled documents. This prevents duplication, supports version control and ensures that operational changes can be managed without weakening the integrity of the manual.

The QMS supports a learner-centred, client-focused and compliance-led approach. It applies to short training programmes, accredited and non-accredited provision, classroom delivery, client-site delivery, blended learning, fully online synchronous delivery, eLearning and related consultancy services.

The CPL Institute monitors internal and external issues that may affect the QMS, including learner and client expectations, changes to awarding body requirements, market demand, regulatory developments, instructor availability, technology capability, assessment integrity, data protection, safeguarding, accessibility and operational resilience.

1.1 Interested Parties

Interested Party	Relevant needs and expectations	How needs are monitored
Learners	Clear information, fair access, safe and effective training, reasonable accommodation, fair assessment, timely results and certification.	Course information, learner handbook, learner evaluations, assessment outcomes, complaints, appeals and support requests.
Corporate clients and employers	Reliable delivery, competent instructors, legal and compliance training, accurate records, timely certification and responsive administration.	Client communication, account reviews, complaints, repeat bookings, tender reviews and structured client satisfaction survey.
Instructors and contractors	Clear course requirements, accurate materials, timely booking information, support, feedback and fair monitoring.	Instructor database, induction, SLA, course evaluations, monitoring reports, CPD and approval records.
Awarding and accreditation bodies	Compliance with approval, validation, assessment, certification, monitoring, reporting and branding requirements.	Regulatory updates, provider forums, external audit, self-assessment, IV/EA/RAP records and quality improvement actions.
Staff and management	Clear roles, training, resources, safe systems of work, effective communication and improvement culture.	Team meetings, staff training records, appraisals, QIP actions and management review.

Interested Party	Relevant needs and expectations	How needs are monitored
Regulators and statutory bodies	Compliance with data protection, health and safety, equality, safeguarding and education/training legislation.	Policy review, legal updates, internal audit, risk register and incident/non-conformance monitoring.

2. Scope of the Quality Management System

The QMS applies to the design, development, approval, administration, delivery, assessment, verification, certification and continual improvement of training and consultancy services provided by the CPL Institute. This includes accredited courses leading to QQI, PHECC, IOSH and Irish Heart Foundation awards, as well as internally certified and client-specific courses.

The QMS covers services delivered in-person, at client premises, at external training venues, through blended learning, through fully online synchronous delivery and through approved eLearning platforms. It covers the learner journey from enquiry and booking through course completion, assessment, certification, feedback and improvement.

2.1 Applicability and Exclusions

All requirements of ISO 9001:2015 are applied where relevant to the activities of the CPL Institute. Design and development under ISO 9001:2015 clause 8.3 is applicable because the organisation designs, develops, reviews and maintains training course materials, assessment approaches and internal course content.

ISO 9001:2015 clause 7.1.5.2, measurement traceability, is not applicable where the organisation does not use calibrated measuring equipment to verify conformity of training services. This exclusion does not affect the ability or responsibility of the CPL Institute to provide conforming services or enhance customer satisfaction. Any future activity requiring calibrated measuring equipment will be assessed and controlled through the risk and change process.

3. QMS Process Model and Interaction of Processes

The QMS is managed using a process approach and the Plan, Do, Check, Act cycle. The main QMS process flow is:

Client and learner requirements -> course planning and booking -> instructor and resource allocation -> course delivery -> assessment and learner support -> internal verification and external authentication -> results approval and certification -> feedback, audit and data analysis -> corrective action, risk review and quality improvement.

Core process	Owner	Inputs	Controls	Outputs / records
Enquiry, sales and booking	Associate Director / Sales Team / Training Administration	Client or learner request, tender requirement, course specification.	Website information, quotation process, ARLO booking, terms and conditions, entry criteria.	Confirmed booking, course registration, client communication record.
Course planning and resources	Training Manager / Training Administration	Course type, venue, learner numbers, equipment, instructor requirement.	Venue checklist, equipment checklist, instructor approval register, course pack checklist.	Scheduled course, assigned instructor, course materials and equipment ready.
Teaching and learning delivery	Instructor / Training Manager	Lesson plan, approved materials, learner information, delivery mode.	Instructor SLA, induction, course monitoring, attendance record, learner support process.	Completed course, attendance record, learner/instructor feedback.
Assessment and feedback	Instructor / Training Manager / Training Administration	Assessment brief, marking scheme, learner evidence, reasonable accommodation record.	Assessment security controls, rubrics, marking guidance, academic integrity checks.	Marked assessment, feedback, provisional results.
Internal verification and external authentication	Internal Verifier / External Authenticator / Training Manager	Learner evidence, results records, assessment documents, feedback and course files.	IV checklist, EA sampling, independence checks, issue escalation.	IV report, EA report, verified results, actions for QIP.
Results approval and certification	Examination Board / Quality and Compliance Manager	Provisional results, IV/EA reports, appeals status.	RAP/Examination Board review, QBS/awarding body submission controls, certificate log.	Approved results, submitted results, certificates issued and recorded.
Monitoring and improvement	Quality and Compliance Manager / SMT	Feedback, complaints, audit findings, KPIs, risks, external reports, PHECC self-assessment, non-conformance and operations issue trends.	Internal audit, management review, Airtable QIP, corrective action process, Airtable risk review, live feedback dashboard.	Improvement actions, updated documents, revised training/process controls, risk actions and annual analysis.

4. Leadership, Governance and Accountability

Top management demonstrates leadership and commitment by taking accountability for the effectiveness of the QMS, ensuring the quality policy and objectives are aligned with strategic direction, providing resources, promoting customer focus, supporting risk-based thinking and ensuring that improvement actions are implemented.

The CPL Institute maintains a governance structure that separates quality and academic oversight from day-to-day commercial delivery. This is intended to protect the integrity of course approval, assessment, results approval and learner decisions.

Governance forum	Purpose	Typical inputs	Typical outputs	Frequency
Senior Management Team	Operational oversight, resource planning, business performance and QMS implementation.	KPI reports, risk issues, staffing, client feedback, financial and operational information.	Resource decisions, escalation actions, operational improvements.	Weekly/monthly as scheduled.
Academic Council	Academic and quality governance for accredited and non-accredited training provision.	Audit reports, QIP, course review outcomes, assessment outcomes, external reports.	Approval decisions, academic governance actions, policy direction.	At least annually or as required.
Risk and Programme Development Committee	Review risks, opportunities and proposed course development or major course change.	Risk register, market need, regulatory change, client need, course proposals.	Risk actions, development approvals, change controls.	At least twice yearly or as required.
Programme Review Board	Monitor course quality, learner feedback, assessment trends and course improvements.	Course feedback, completion data, complaints, instructor feedback, monitoring reports.	Course improvement actions, material updates, escalation to Academic Council.	Bi-monthly or as scheduled.
Examination Board / Results Approval Panel	Approve verified results before submission to the relevant awarding body.	Provisional results, IV report, EA report, appeal status, assessment issues.	Approved results, certification approval, assessment-related actions.	Six times per year or aligned to certification periods.
ISO Management Review	Review the continuing suitability, adequacy, effectiveness and alignment of the QMS.	Internal audit, external audit, KPIs, NCs, complaints, customer satisfaction, QIP, risks.	Improvement actions, resource needs, changes to the QMS, updated objectives.	At least annually.

5. Roles, Responsibilities, Competence and Awareness

Roles, responsibilities and authorities are defined through job descriptions, role profiles, controlled SOPs, instructor agreements, governance terms of reference and management reporting arrangements. Personnel

are made aware of their contribution to the QMS through induction, training, meetings, controlled documents, system access and ongoing communication.

Role / function	Core QMS responsibility	Key evidence
Associate Director	Overall accountability for the operation, resources, commercial stability and effectiveness of the QMS.	Management review, SMT records, resource decisions, risk escalations.
Quality and Compliance Manager	Maintains the QMS, document control, audit programme, QIP, regulatory/accreditation compliance and management review reporting.	Document register, audit reports, QIP, NC log, management review pack.
Training Manager	Oversees course delivery, instructor approval, training administration, academic standards, assessment operations and course resources.	Instructor register, course monitoring, assessment records, training records.
Training Administrators	Administer bookings, learner records, course files, attendance, assessment returns, certification and controlled course communications.	ARLO records, SharePoint course files, Airtable records, certificate logs.
Instructors / assessors	Deliver courses, support learners, apply assessment requirements, protect assessment integrity and report issues.	SLA, induction record, attendance records, assessment records, monitoring reports.
Internal Verifier	Checks that assessment procedures are applied, records are complete and results are accurately recorded.	IV checklist/report, issue log, actions closed.
External Authenticator / External Examiner	Provides independent review of assessment standards, sampling, grading consistency and QA process application.	EA contract/CV, EA report, sampling record, recommendations.

6. Quality Policy, Objectives and Performance Measures

6.1 Quality Policy

The CPL Institute is committed to providing high-quality training and consultancy services that meet learner, client, statutory, regulatory and awarding body requirements. The organisation will maintain an effective QMS based on ISO 9001:2015, promote a culture of quality and continual improvement, and ensure that courses are designed, delivered, assessed and reviewed in a fair, consistent, safe and learner-centred manner.

The CPL Institute will achieve this by understanding client and learner needs, maintaining competent staff and instructors, controlling course materials and assessment processes, safeguarding learner records, monitoring performance, addressing risk and opportunities, responding to feedback and complaints, and using audit, data and management review to drive improvement.

This policy provides the framework for quality objectives. It is communicated to staff and instructors, made available to relevant interested parties where appropriate, and reviewed at least annually through management review or sooner where significant change occurs.

6.2 Quality Objectives and KPIs

Quality objective	Performance measure / KPI	Target 2026	Evidence / system	Review frequency
Maintain high learner satisfaction	Learner feedback rated positive/strongly agreed, including “I really enjoyed the training”. 2025 result: 87.1%.	90% or above	Airtable learner feedback database and live feedback dashboard.	Quarterly and annually

Quality objective	Performance measure / KPI	Target 2026	Evidence / system	Review frequency
Maintain suitable learning environment	Learner feedback confirms the training room/venue was clean, well set out and fit for purpose.	90% strongly agreed or positive	Airtable learner feedback dashboard, venue feedback and course monitoring records.	Quarterly and annually
Maintain accurate and informative course materials	Learner satisfaction with course materials/information. 2025 result: 91.5%.	90% strongly agreed or positive	Airtable learner feedback, course review records and QIP actions.	Quarterly and annually
Improve instructor satisfaction with materials	Instructor feedback that course materials/information are accurate and easy to use. 2025 result: 81.2%.	90% strongly agreed or positive	Airtable instructor feedback, instructor database and course material review records.	Quarterly and annually
Improve corporate client feedback	Survey client base for in-house courses and obtain structured feedback.	Client survey completed and 70% feedback target where survey sample permits	Client satisfaction survey, account review notes, complaints log and Airtable QIP actions.	Twice yearly and annually
Maintain high instructor feedback return rate	Instructor feedback response rate. 2025 result: 98%.	Maintain 98% response rate	Airtable instructor feedback dashboard.	Quarterly and annually
Use audit to drive improvement	Internal audits completed for process improvement.	8 internal audits in 12 months	Internal audit schedule, audit reports and QIP action tracking.	Quarterly and annually
Maintain assessment compliance	Critical IV/EA/RAP actions closed by due date.	100% critical actions closed	IV reports, EA reports, Examination Board minutes and Airtable QIP.	Each certification period
Improve course administration quality	Course return packs complete first time.	95% complete first time	Course return tracker, ARLO, SharePoint course file and Airtable operational issue log.	Monthly
Maintain instructor compliance	Active instructors with valid required qualifications, insurance, approval status and mandatory training.	100% of active instructors	Instructor approval register, instructor files and Airtable action records where follow-up is required.	Monthly
Reduce repeat non-conformances	Repeat issue trend by category and overdue corrective action trends.	Downward trend and no repeated critical issue without corrective action	Airtable non-conformance/operations issue database, corrective action log and QIP trend review.	Quarterly and annually
Maintain certification traceability	Certificates issued, logged and traceable to learner/course record.	100% traceability	ARLO, QBS or awarding body portal, certificate log and SharePoint records.	Per certification period
Maintain sales outreach activity	Scheduled outbound actions, excluding follow-ups/final chases.	Minimum 80 outbound contacts per month, 960 annually, including 5 new business cold contacts per week	Sales tracker, ARLO organisation notes and sales KPI report.	Monthly and annually
Improve proposal conversion	Outbound proposals/quotes converted into confirmed bookings.	Minimum 30% conversion rate from outbound proposals to bookings	Sales KPI report, ARLO bookings and quote/proposal records.	Monthly and annually

Quality objective	Performance measure / KPI	Target 2026	Evidence / system	Review frequency
Respond promptly to new enquiries	Inbound enquiries acknowledged and responded to within one business day.	95% within one business day	Email/phone/web enquiry records, ARLO and sales KPI report.	Monthly
Maintain repeat business	Previous clients booking more than one course per year.	60% repeat booking rate among previous clients	ARLO client booking history and sales KPI report.	Quarterly and annually
Grow core programmes sustainably	Revenue from core programmes, including Manual Handling, FAR, Driver Training and Healthcare QQI modules.	10% year-on-year increase in core programme sales	Sales reports, ARLO data and management review pack.	Monthly and annually
Maintain accurate sales and client records	Closed and lost leads updated in ARLO organisation notes with correspondence, contact person, interaction and result.	100% compliance	ARLO organisation notes and sales KPI review.	Monthly

7. Documented Information and Record Control

Documented information required by the QMS is controlled to ensure it is suitable, available, current, protected and retained for the required period. The detailed process is controlled through the Document Control SOP and the document register.

Control area	Requirement
Identification	Controlled documents must have a title, document number where applicable, version number, issue date, owner, approval status and review date.
Approval	New or revised controlled documents are reviewed and approved by the appropriate document owner and approving manager before release.
Access and use	Current documents are stored in the approved SharePoint location or other approved system. Staff and instructors must use the current controlled version.
Change control	All changes, including branding, links, formatting and content changes, must be recorded in the document history and reflected in the document register.
Obsolete documents	Obsolete documents are removed from active use and archived in accordance with the retention schedule.
Records	Records are retained to provide evidence that processes have been carried out as planned and that statutory, regulatory, client and awarding body requirements have been met.

The following systems support control of records: ARLO for learner and course registration records, SharePoint for controlled documents and course files, Airtable for digital forms, live quality dashboards, risk management, non-conformance/operations issue logs, quality improvement actions and structured feedback data, QBS or awarding body portals for relevant certification submissions, and approved LMS platforms for eLearning records. Key controls are supported by the Document Control SOP, Records Retention Schedule, Assessment Procedures, Risk Management process, Non-Conformance/Complaints/Appeals SOP, Course Monitoring Policy/SOP and Data Protection Policy.

Airtable is used as a controlled operational data tool within the QMS for structured records that require live tracking, filtering, ownership and trend analysis. The relevant Airtable bases include risk management and action tracking, learner and instructor feedback, non-conformance and operational issue logging, and the

Quality Improvement Plan. Access is restricted to approved users, and records are reviewed through the relevant governance and management review processes.

8. Communication, Public Information and Customer Focus

The CPL Institute communicates relevant QMS information internally and externally to ensure that staff, instructors, learners, clients and awarding bodies receive clear, accurate and timely information. Public information must be accurate, current, clear and not misleading. This includes information about course title, award, awarding body, NFQ level where relevant, delivery mode, duration, fees, entry requirements, assessment, supports, appeals, complaints and certification.

8.1 Customer and Learner Feedback

Learner feedback is gathered through course evaluations and reviewed to identify trends, good practice, issues and improvement opportunities. Corporate client feedback is gathered through structured surveys, account review discussions, complaints, repeat business trends and direct client communication. Feedback is analysed by the Quality and Compliance Manager and reported through the relevant governance forum and management review.

All course feedback is logged through Airtable. The feedback system includes a live dashboard that shows key performance indicators and trends, including learner satisfaction, instructor feedback, venue/resource feedback, course material feedback, repeated issues, response rates and improvement themes. The dashboard is used by the Quality and Compliance Manager, Training Manager and relevant governance forums to identify good practice, recurring concerns, emerging risks and actions for the Quality Improvement Plan. This supports ISO 9001:2015 clauses 9.1.2 Customer satisfaction, 9.1.3 Analysis and evaluation, 10.2 Nonconformity and corrective action and 10.3 Continual improvement.

Feedback source	Method	Owner	How it is used
Learners	Course evaluation link logged in Airtable, support requests, complaints and appeals.	Training Administration / Quality and Compliance Manager.	Course review, instructor feedback, live dashboard monitoring, QIP, learner support improvements and management review.
Instructors	Instructor course evaluation logged in Airtable, monitoring feedback, meetings and direct communication.	Training Manager.	Course materials review, resource planning, assessment improvements, instructor support and QIP where required.
Corporate clients	Structured client satisfaction survey, account review, complaints and operational feedback.	Associate Director / Sales Team / Quality and Compliance Manager.	Client satisfaction monitoring, service improvement, management review and sales/customer focus KPIs.
Awarding bodies and external auditors	External audit, provider review, EA/IV/RAP outputs, self-assessment requirements.	Quality and Compliance Manager.	Compliance actions, QIP, policy and SOP updates.

9. Operational Planning, Teaching, Learning and Learner Support

Courses are planned and delivered under controlled conditions. Controls include agreed course specifications, approved materials, competent instructors, clear learner information, suitable venues or technology, attendance records, course monitoring, assessment arrangements, learner support and feedback mechanisms.

Learners are provided with information before or at course commencement, including entry requirements, delivery mode, timetable, learning outcomes, assessment requirements, support arrangements, reasonable accommodation, academic integrity requirements, complaints and appeals information and certification details.

9.1 Venues, Equipment and Technology

Physical training venues must be suitable, safe, accessible where practicable, and appropriate for the course requirements. Instructors confirm venue suitability and equipment readiness through the required checklist. Online and blended delivery must use approved systems and include learner instructions, identity verification arrangements where relevant, technology support and contingency arrangements.

10. Assessment, Verification, Results Approval and Certification

Assessment is planned and managed to ensure that learner achievement is assessed fairly, consistently and in accordance with course, awarding body and QMS requirements. Assessment materials, learner evidence, marking guidance, rubrics, provisional results, IV/EA records, Examination Board decisions and certification records are controlled as QMS records.

Assessment stage	Control	Evidence
Assessment planning	Assessment methods align with learning outcomes, award specifications and approved course documents.	Assessment plan, briefs, rubrics, marking schemes, validation records.
Assessment delivery	Learners receive instructions, deadlines, academic integrity information and reasonable accommodation where applicable.	Learner handbook, course emails, assessment briefs, accommodation record.
Marking and feedback	Assessors use approved marking guidance or rubrics. Feedback is provided where required.	Marked assessment, rubric record, feedback record, provisional results.
Internal verification	Checks completeness, accuracy, assessment process application and results recording.	IV report, issue log, corrected records.
External authentication	Independent review of sample, standards, consistency, learner evidence and assessment controls.	EA report, sampling record, recommendations.
Results approval	Examination Board or Results Approval Panel confirms results are quality assured before submission.	Minutes/report, approved results, actions.
Certification	Results submitted to awarding body and certificates logged and issued.	QBS/portal record, certificate log, ARLO record.

Repeats, extensions, compassionate consideration, rechecks, reviews and appeals must be requested, approved and recorded in accordance with the relevant controlled assessment procedure. Extensions are only valid where agreed in advance and recorded.

11. Instructor Approval, Monitoring and Revalidation

The CPL Institute controls the approval, induction, monitoring and revalidation of instructors to ensure that instructors are competent, appropriately qualified, current in their subject area and able to deliver in accordance with QMS and awarding body requirements.

Control point	Requirement	Evidence
Initial approval	Instructor qualifications, experience, certification and suitability are checked before allocation.	Instructor application, CV, certificates, approval checklist.
Contract/SLA	Instructor must agree to delivery, conduct, quality, assessment, confidentiality and reporting requirements.	Signed contract or SLA.
Induction	Instructor receives induction on the CPL Institute QMS, course paperwork, assessment, learner support, data protection and equality requirements.	Induction checklist, training record.
Monitoring	Delivery is monitored on a risk-based and approval-cycle basis, including observation and review of learner/instructor feedback.	Monitoring checklist, feedback report, QIP actions.
Revalidation	Approval status, certification, CPD, delivery evidence, insurance and mandatory training are reviewed before renewal.	Instructor register, renewal checklist, CPD evidence.

12. Course Design, Development, Validation and Maintenance

Course design and development is controlled to ensure that new and revised courses are appropriate, compliant, resourced, accessible and aligned with learner, client and awarding body requirements. The design process considers learning outcomes, entry criteria, teaching and learning methods, assessment, learner support, delivery mode, staffing, equipment, technology and quality assurance controls.

Course development follows the principles of Analysis, Design, Development, Implementation and Evaluation. Universal Design for Learning principles are considered so that course materials and activities support different learner needs and methods of engagement, representation and expression.

Stage	Key activities	Approval / evidence
Training need and feasibility	Identify learner/client/regulatory need, strategic fit, resources, risk and commercial viability.	Needs analysis, risk review, SMT or committee record.
Design and development	Prepare course outline, learning outcomes, lesson plan, materials, assessment approach and learner supports.	Draft course pack, assessment plan, SME review.
Review and approval	Peer review, accessibility check, QMS compliance check, separation of development and approval.	Review record, approval minutes, version control.
Validation / external approval	Submit to awarding body where required and address conditions or recommendations.	Application, awarding body correspondence, approval record.
Implementation	Release controlled materials and train relevant staff/instructors.	Document register, induction/training records.
Maintenance and review	Review feedback, results, complaints, regulatory changes, resource issues and course performance.	Course review report, QIP, updated materials.

13. Externally Provided Processes, Suppliers and Outsourced Delivery

Externally provided processes are controlled to ensure that they do not adversely affect conformity of services, learner experience, certification, data protection or awarding body compliance. The CPL Institute remains responsible for the quality and compliance of services delivered on its behalf.

Externally provided process	Control applied	Evidence
Contract instructor delivery	Approval checks, SLA, induction, monitoring, learner feedback and revalidation.	Instructor file, SLA, instructor register, monitoring record.
Subject matter review or content development support	Selection based on competence, SME review, version control and approval before release.	SME CV, review record, course change log.
External Authenticator / External Examiner	Independence and competence check, appointment, access to required evidence, report and action tracking.	EA CV/contract, EA report, Examination Board minutes, QIP.
External venues	Venue suitability, safety, accessibility, welfare and equipment requirements checked before delivery.	Venue checklist, instructor report, learner feedback.
Technology suppliers and platforms	Access control, data protection, system suitability, support arrangements and business continuity considered.	Supplier records, system access list, DPIA or IT/security review where applicable.

14. Non-Conformance, Complaints, Appeals and Corrective Action

Non-conforming services, complaints, learner appeals, assessment issues, audit findings, operational issues and process failures are recorded, reviewed and actioned through the relevant controlled procedure. This process supports ISO 9001:2015 clauses 8.7 Control of nonconforming outputs, 9.1.3 Analysis and evaluation, 10.2 Nonconformity and corrective action and 10.3 Continual improvement. The aim is to correct the immediate issue, identify root cause where appropriate, prevent recurrence and improve the QMS.

Training Administrators use an Airtable database to log non-conformances, operational issues, course administration issues, assessment processing issues, client concerns and recurring service problems. Each record captures the issue, category, source, date raised, affected course/client/learner where applicable, immediate containment action, owner, corrective action, due date, status, evidence of completion and escalation requirement. The database allows issues to be filtered by type, course, client, instructor, owner, status and overdue action. It is reviewed during operations and quality meetings and analysed annually to identify trends, repeat issues and improvement priorities. Outputs are linked to the Quality Improvement Plan, risk management database, management review and relevant policy/SOP updates.

Issue type	Initial action	Review / escalation	Record
Course delivery issue	Resolve where possible and protect learner/client experience.	Training Manager / Associate Director.	Course issue log, complaint record or QIP action.
Assessment or certification issue	Secure evidence, check affected learners, stop submission if required.	Training Manager, IV/EA, Examination Board.	IV/EA report, RAP minutes, corrective action.
Complaint	Acknowledge, investigate and respond within the published timeframe.	Training Manager / Quality and Compliance Manager.	Complaint log, response, corrective action.
Appeal/recheck/review	Apply the approved appeals procedure and protect fairness and confidentiality.	Training Manager / Examination Board as applicable.	Appeal record, outcome letter, results action.
Audit finding	Classify finding, assign owner and due date.	Quality and Compliance Manager / Management Review.	Audit report, NC log, QIP.
Operational issue	Record issue in the Airtable operations issue/non-conformance database and apply immediate correction where possible.	Training Administrator / Training Manager / Quality and Compliance Manager.	Airtable issue record, corrective action, closure

Issue type	Initial action	Review / escalation	Record
			evidence and annual trend analysis.
Operational issue	Log issue in Airtable and agree containment/action where required.	Training Administration / Training Manager / Quality and Compliance Manager.	Airtable operations issue record, corrective action, QIP action where applicable.

15. Monitoring, Internal Audit, Management Review and Improvement

The CPL Institute monitors, measures, analyses and evaluates the performance and effectiveness of the QMS. Sources include learner feedback, corporate client feedback, instructor feedback, course monitoring, assessment results, IV and EA reports, complaints, appeals, non-conformances, audit findings, risk reviews, KPIs and management review outputs.

As part of awarding body oversight, the CPL Institute completes a yearly PHECC Quality Review Framework self-assessment. This self-assessment reviews the organisation against PHECC quality framework requirements, including governance, faculty/instructor approval, course delivery, assessment, certification, equipment, records, monitoring and improvement. Actions arising from the self-assessment are logged on the Quality Improvement Plan and/or the risk management database, assigned to an owner, tracked to closure and reviewed through the relevant governance forum. The annual self-assessment also provides evidence for ISO 9001:2015 clauses 9.1 Monitoring, measurement, analysis and evaluation, 9.2 Internal audit, 9.3 Management review and 10.3 Continual improvement.

15.1 Internal Audit

Internal audits are planned and conducted to determine whether the QMS conforms to ISO 9001:2015, applicable awarding body requirements and the CPL Institute controlled procedures. Audit findings are recorded, classified and tracked to closure. Audit results are reported to management review and used to update the QIP.

15.2 Management Review Inputs and Outputs

Required input	Examples of evidence reviewed
Status of actions from previous management reviews	Previous minutes, action tracker, QIP.
Changes in internal and external issues	Context review, regulatory updates, awarding body updates, client/market changes.
Customer satisfaction and feedback	Airtable learner feedback dashboard, instructor feedback, corporate client survey, complaints, account reviews and repeat business trends.
Process performance and service conformity	KPIs, course returns, assessment data, certification data, monitoring reports.
Non-conformities and corrective actions	NC log, corrective action records, root cause analysis and trends.
Monitoring and measurement results	Airtable feedback dashboard, Airtable risk/action data, ARLO reports, learner achievement, completion rates and KPI reports.

Required input	Examples of evidence reviewed
Audit results	Internal audit, external ISO audit, PHECC Quality Review Framework self-assessment, awarding body review and EA findings.
Performance of external providers	Instructor monitoring, venue feedback, supplier performance, EA performance.
Adequacy of resources	Staffing, instructor pool, equipment, technology and training needs.
Effectiveness of actions to address risks and opportunities	Airtable risk register, risk treatment actions, QIP action status, incident/issue trends and overdue action review.
Opportunities for improvement	Airtable QIP, improvement proposals, lessons learned, dashboard trends and annual analysis.

Management review output	Expected record
Opportunities for improvement	Assigned QIP action with owner and due date.
Need for changes to the QMS	Document register update, SOP/policy revision, communication record.
Resource needs	Resource decision, training need, budget or staffing action.
Updated risks and opportunities	Risk register update and action plan.
Quality objective or KPI updates	Updated quality objectives and monitoring plan.

Quality Improvement Plan and Airtable Action Tracking

The Quality Improvement Plan (QIP) is maintained through an Airtable action-tracking base. The QIP brings together improvement actions from internal audits, external ISO audits, PHECC Quality Review Framework self-assessment, QQI/awarding body reviews, IV/EA reports, Examination Board decisions, learner and instructor feedback, corporate client feedback, complaints, non-conformances, operational issues, risk reviews and management review outputs. It is the central live record used to demonstrate that improvement actions are identified, prioritised, assigned, tracked and closed.

Each QIP action records the source of the issue or opportunity, relevant ISO/accreditation clause where applicable, the required action, owner, priority, target date, current status, evidence of completion, review comments and closure approval. Airtable views and dashboards are used to monitor open actions, overdue actions, actions by owner, actions by source, recurring themes and completed improvements. QIP trend information is reviewed at quality meetings, Programme Review Board, Academic Council and ISO Management Review as appropriate.

QIP source	Airtable control	How it supports improvement
Internal/external audit findings	Action owner, target date, status, evidence and closure review.	Demonstrates corrective action, audit follow-up and continual improvement.
PHECC Quality Review Framework self-assessment	Self-assessment actions linked to owner, due date and evidence.	Shows annual review of PHECC compliance and tracked improvement.
Learner, instructor and client feedback	Feedback themes linked to improvement actions where required.	Converts feedback trends into controlled improvement activity.
Non-conformance and operations issues	Recurring issues linked to root cause, corrective action and QIP records.	Prevents recurrence and supports annual trend analysis.

Risk review and planning of change	Risk treatments and change actions linked to QIP where required.	Ensures risks and opportunities are managed and reviewed.

The QIP is reviewed by the Quality and Compliance Manager and escalated through the relevant governance forum where required. A summary of open and closed actions, recurring themes and improvement trends is included in annual management review and supports planning of future audits, training, resource needs and QMS changes.

16. Risk Management and Planning of Change

Risk management is a core control within the QMS and supports ISO 9001:2015 clauses 4.1, 4.2, 4.4, 6.1, 6.3, 8.1, 8.4, 9.1, 9.3, 10.2 and 10.3. Risk-based thinking is applied to strategic, operational, learner, client, compliance, assessment, certification, technology, data protection, staffing, instructor, venue, equipment, health and safety, safeguarding and business continuity risks.

The CPL Institute maintains an Airtable risk management database to record, assess, monitor and track QMS and operational risks. The database provides a live risk register and action tracker, allowing risks to be filtered and reviewed by category, owner, rating, status, due date and overdue action. Risk actions are assigned to owners and tracked through to completion. Where a risk requires system improvement, the action is linked to the Quality Improvement Plan.

Risk information is gathered from internal audits, PHECC Quality Review Framework self-assessment, QQI/awarding body updates, external audits, learner and instructor feedback, corporate client feedback, complaints, non-conformance and operations issue trends, assessment/verification findings, course monitoring, instructor approval/revalidation, system changes and management review outputs.

Risk controls are supported by key policies and controlled documents, including the Risk Management process, Document Control SOP, Records Retention Schedule, Non-Conformance/Complaints/Appeals SOP, Assessment Procedures, Course Monitoring Policy/SOP, Instructor Approval SOP, Data Protection Policy, Academic Integrity Policy, Teaching and Learning Policy, Safeguarding Policy and Business Continuity/Contingency arrangements.

The risk register is reviewed at least annually and more frequently where high-risk issues, significant change, repeated non-conformance, audit findings, awarding body changes or operational concerns arise. High and overdue risks are escalated to the Senior Management Team, Risk and Programme Development Committee, Academic Council or ISO Management Review as appropriate. The effectiveness of risk actions is assessed through evidence of completion, trend review, monitoring outcomes, audit results and management review.

Risk management stage	Control requirement	Evidence / record
Identify	Identify risks and opportunities from audits, feedback, self-assessment, operational issues, awarding body updates, change requests and management review.	Airtable risk record, NC/operations issue log, audit report, PHECC self-assessment, meeting minutes.
Assess	Assess likelihood, impact, current controls, risk rating and effect on learners, clients, compliance, assessment, certification, safety, data and resources.	Risk rating, impact notes, current controls and risk category in Airtable.
Treat	Agree proportionate actions to reduce risk, improve controls, prevent recurrence or take opportunities for improvement.	Action owner, due date, priority, linked QIP/corrective action.

Monitor	Track action progress, overdue actions, residual risk and changes in risk rating.	Airtable dashboard, action status, review date and escalation notes.
Review and improve	Analyse risk trends, evaluate effectiveness and feed outputs into QIP, management review and policy/SOP updates.	Annual risk review, QIP, management review minutes, updated controlled documents.

Risk-related controlled documents and ISO clause links

Risk area	Key controlled document / policy	Relevant ISO 9001:2015 clauses
QMS and document control	QMS Manual, Document Control SOP, Document Register, Records Retention Schedule	4.4, 6.3, 7.5, 9.3
Assessment and certification	Assessment Procedures, Academic Integrity Policy, IV/EA/RAP procedures, Appeals/Recheck/Review procedure	8.1, 8.5, 8.6, 8.7, 9.1, 10.2
Instructors and outsourced delivery	Instructor Approval SOP, Instructor SLA, Course Monitoring Policy/SOP	7.2, 7.3, 8.4, 8.5, 9.1
Learner and client experience	Teaching and Learning Policy, Learner Supports, Complaints Policy, Customer Feedback process	5.1.2, 8.2, 9.1.2, 10.3
Data and systems	Data Protection Policy, Records Retention Schedule, system access controls, business continuity arrangements	7.1.3, 7.5, 8.5.3, 8.5.4, 9.1
Corrective action and improvement	Non-Conformance/Complaints/Appeals SOP, QIP Airtable base, Management Review procedure	9.1.3, 9.2, 9.3, 10.2, 10.3

16.1 Planning of Change

Changes to the QMS are planned to protect the integrity of the system and to meet ISO 9001:2015 clause 6.3 Planning of changes. Changes requiring review include new awarding body requirements, new or revised courses, changes to ARLO, Airtable, LMS or SharePoint, new delivery modes, changes in key roles, changes to instructor panels, significant client contract requirements, assessment process changes, audit findings and regulatory changes. The change process is supported by the Document Control SOP, Risk Management process, Records Retention Schedule, Assessment Procedures, Course Monitoring Policy/SOP and QIP action tracking.

Change control step	Requirement	Evidence
Describe the change	Record what is changing and why.	Airtable QIP/action record, change log, committee minutes.
Assess impact and risk	Consider learners, clients, assessment, records, staffing, technology, compliance and resources.	Airtable risk management database update or documented risk assessment.
Approve the change	Approval by appropriate owner or governance forum before implementation.	Approval record, minutes or signed document.
Update controlled documents	Revise SOPs, policies, forms, templates, course materials or system guidance.	Updated document register and version history.

Change control step	Requirement	Evidence
Communicate and train	Notify affected staff, instructors, learners or clients as required.	Communication record, training/briefing record.
Evaluate effectiveness	Check whether the change achieved the intended outcome and did not create unintended issues.	KPI review, Airtable feedback dashboard, audit, monitoring or management review.

17. References and Controlled Document Set

The QMS is supported by controlled SOPs, policies, forms, registers and external reference documents. The current controlled document register is the authoritative list of live documents and versions.

Reference category	Examples
External standards and guidance	ISO 9001:2015, QQI Core Statutory QA Guidelines, QQI quality assuring assessment guidance, QQI blended and online learning guidance, PHECC Quality Review Framework and annual self-assessment requirements, PHECC Education and Training Standards, IOSH and Irish Heart Foundation requirements.
Core controlled documents	Document Control SOP, Non-Conformance/Complaints/Appeals SOP, Assessment Procedures, Academic Integrity Policy, Teaching and Learning Policy, Learner Supports/Reasonable Accommodation procedures, Instructor Approval SOP, Training Induction SOP, Course Monitoring Policy/SOP, Records Retention Schedule, Risk Management process, QIP Airtable base.
Core records	Document register, Airtable risk register and action tracker, Airtable QIP, Airtable non-conformance and operations issue log, Airtable learner/instructor feedback dashboards, internal audit reports, PHECC Quality Review Framework self-assessment, management review minutes, complaints log, client feedback reports, course monitoring records, IV/EA reports, Examination Board records, instructor register.

Appendix A: ISO 9001:2015 Correlation Matrix

ISO 9001 clause	Manual reference	Typical evidence
4.1 Context of the organisation	Sections 1 and 1.1	Context review, interested parties table, risk register, management review.
4.2 Interested parties	Section 1.1	Stakeholder review, client/learner feedback, awarding body updates.
4.3 Scope	Section 2	Approved QMS scope, applicability/exclusion statement.
4.4 QMS and processes	Section 3	Process interaction table, process evidence, KPIs, SOPs, Airtable dashboards and live action tracking.
5.1 Leadership	Section 4	Management review, governance minutes, resource decisions.
5.2 Quality policy	Section 6.1	Approved quality policy, communication records.
5.3 Roles and responsibilities	Sections 4 and 5	Role profiles, org chart, job descriptions, terms of reference.
6.1 Risks and opportunities	Section 16	Airtable risk register, risk actions, risk review, QIP links, management review and PHECC self-assessment actions.
6.2 Quality objectives	Section 6.2	Updated Operations KPI 2026 and Sales KPI 2026 targets, KPI table, dashboard reports and management review.
6.3 Planning of changes	Section 16.1	Change log, risk assessment, Airtable QIP action, document updates and communication/training records.
7.1 Resources	Sections 5, 9 and 11	Training records, instructor register, venue/equipment checks, system access.
7.2 Competence	Sections 5 and 11	CVs, certificates, induction, CPD, monitoring.
7.3 Awareness	Sections 5, 6 and 8	Induction, staff briefings, communication records.
7.4 Communication	Section 8	Communication matrix, learner/client emails, website content.
7.5 Documented information	Section 7 and Appendix C	Document register, SharePoint records, Airtable records, retention schedule and controlled access records.
8.1 Operational planning and control	Sections 9 and 10	Course plans, ARLO records, attendance, assessment records.
8.2 Requirements for products and services	Sections 8 and 9	Client requirements, course information, booking records.
8.3 Design and development	Section 12	Course design records, peer review, approval and validation records.
8.4 Externally provided processes	Section 13	SLA, instructor files, supplier/venue records.
8.5 Service provision	Sections 9, 10 and 11	Lesson plans, delivery records, monitoring records.
8.6 Release of products and services	Section 10	Results approval, certificate logs, Examination Board records.
8.7 Nonconforming outputs	Section 14	Airtable non-conformance and operations issue log, complaints, corrective actions and annual trend analysis.

ISO 9001 clause	Manual reference	Typical evidence
9.1 Monitoring and measurement	Sections 6, 8 and 15	Airtable live feedback dashboard, KPI reports, ARLO reports, course monitoring, client/learner/instructor feedback and trend analysis.
9.2 Internal audit	Section 15.1	Internal audit programme, audit reports, PHECC Quality Review Framework self-assessment and QIP actions.
9.3 Management review	Section 15.2	Management review minutes, KPI dashboard, Airtable risk/QIP outputs, NC trend analysis, audit reports and resource decisions.
10.1 Improvement	Sections 14, 15 and 16	QIP, corrective actions, improvement records.
10.2 Nonconformity and corrective action	Section 14	Airtable NC/operations issue log, root cause, corrective action, owner, due date, evidence and effectiveness review.
10.3 Continual improvement	Sections 15 and 16	Airtable QIP, PHECC self-assessment actions, feedback trends, improvement records and completed action evidence.

Appendix B: Governance and Meeting Schedule

Forum	Minimum frequency	Owner / chair	Key records retained
Senior Management Team / operational review	Weekly/monthly as scheduled	Associate Director	Agenda, minutes/actions, KPI/risk items.
Academic Council	At least annually or as required	Associate Director or appointed chair	Minutes, approvals, QIP decisions, external report approvals.
Risk and Programme Development Committee	At least twice yearly or as required	Associate Director / Quality and Compliance Manager	Risk register, change decisions, course development records.
Programme Review Board	Bi-monthly or as scheduled	Training Manager	Course review records, feedback trends, improvement actions.
Examination Board / Results Approval Panel	Six times per year or aligned to certification periods	Quality and Compliance Manager or appointed chair	IV/EA reports, approved results, actions and certification approvals.
Management Review	At least annually	Associate Director	Management review minutes, inputs, outputs and assigned actions.

Appendix C: Records and Retention Matrix

Retention periods must be checked against current statutory, regulatory, awarding body and client requirements. Where a specific contract or awarding body requires a longer period, the longer retention period applies.

Record type	Primary storage location	Minimum retention period	Owner
QQI assessment evidence	SharePoint / approved assessment system	Two months after certification unless a longer period is required for an appeal, complaint, audit, investigation or awarding body requirement.	Quality and Compliance Manager / Training Manager.
Attendance sheets, training records and assessment results	ARLO / SharePoint / Airtable	Two years.	Training Administration.
Training certificates and certification logs	ARLO / SharePoint / awarding body portal	Seven years.	Training Administration.
Internal verification and external authentication reports	SharePoint	In line with assessment/certification record requirements and audit needs. Minimum two years unless otherwise specified.	Quality and Compliance Manager.
Examination Board / Results Approval Panel records	SharePoint	Minimum two years unless otherwise specified by awarding body or audit requirements.	Quality and Compliance Manager.
Instructor approval, qualification, insurance and monitoring records	SharePoint / Instructor database	Duration of active engagement plus required retention period after exit. Current records must be available for all active instructors.	Training Manager.
Complaints, appeals, non-conformance and corrective action records	SharePoint / NC log / QIP; Airtable non-conformance and operations issue database where applicable.	Minimum two years or longer where related to assessment, certification, legal, client or audit matter.	Quality and Compliance Manager.

Record type	Primary storage location	Minimum retention period	Owner
Internal audit reports and management review records	SharePoint	Minimum three years or current certification cycle, whichever is longer.	Quality and Compliance Manager.
Document register and obsolete controlled documents	SharePoint	Current version plus archived superseded versions in line with document control SOP.	Quality and Compliance Manager.
Quality Improvement Plan records	Airtable QIP / SharePoint export where required	Retained for the life of the QMS plus seven years, unless superseded by a longer legal/accreditation requirement.	Quality and Compliance Manager.
Learner and instructor feedback dashboards/reports	Airtable feedback databases / dashboard exports	Two years for operational feedback records unless required for audit, complaint, appeal or trend analysis.	Quality and Compliance Manager / Training Manager.
PHECC Quality Review Framework self-assessment	SharePoint and QIP/Airtable actions	Seven years or in accordance with current PHECC/organisational requirements.	Quality and Compliance Manager.

Appendix D: Key Process Evidence List

QMS area	Evidence to have available for ISO audit
Context and scope	Context review, interested parties review, QMS scope, risk register.
Leadership	Quality policy, objectives, governance minutes, management review, communication records.
Resources and competence	Staff records, instructor files, CPD, induction, mandatory training, monitoring records.
Documented information	Document register, version histories, SharePoint access, retention schedule.
Operations	ARLO booking records, course packs, venue/equipment checks, attendance records, learner communications.
Assessment and certification	Assessment plans, marking records, IV reports, EA reports, Examination Board records, certificate logs.
Customer focus	Learner feedback, corporate client survey, complaints, account review evidence.
Improvement	Internal audits, external audits, NC log, corrective actions, QIP, management review actions.; Airtable QIP/action tracker, live feedback dashboard and annual trend analysis.
Risk and change	Risk register, change log, risk assessments, approved changes and effectiveness checks.; Airtable risk management database with action status and review evidence.
Risk management	Airtable risk management database, risk rating records, action owners, overdue action dashboard, risk review minutes and linked QIP actions.
QIP and continual improvement	Airtable QIP, action status dashboard, completed action evidence, annual trend analysis and management review outputs.
Non-conformance and operations issues	Airtable non-conformance/operations issue log, corrective actions, owner/due date tracking, yearly trend analysis and evidence of closure.
Feedback and KPIs	Airtable learner/instructor feedback databases, live dashboard, Operations KPI 2026, Sales KPI 2026, corporate client feedback and annual KPI review.
PHECC oversight	Annual PHECC Quality Review Framework self-assessment, actions logged to QIP/risk register and evidence of closure.