QQI
Quality and Qualifications Ireland
Dearbhú Cáilíochta agus Cáilíochtaí Éireann

WHITE PAPER

Core Statutory Quality Assurance (QA) Guidelines

FOR CONSULTATION

DRAFT STATUTORY QA GUIDELINES DEVELOPED BY QQI FOR USE BY ALL PROVIDERS

This White Paper contains proposed policy for core statutory quality assurance guidelines applicable to all providers.

Following publication and consideration of the outcomes of consultation, this paper will lead to a draft policy which will be proposed for adoption by the Board of QQI. Once adopted, QQI policy and procedures are developed and implemented accordingly.

QQI is seeking feedback from stakeholders on the proposed policy contained in this White Paper.

Submissions may be emailed to

consultation@QQI.ie

The closing date for submissions is **Friday 5 February 2016.**

In your submission please clearly indicate:

1. *Your contact details.*
2. *Whether you are responding as an individual or on behalf of an organisation.*
3. *If you do not wish your submission to be published.*

DOCUMENT OUTLINE

INTRODUCTION

Sets out the purpose of the statutory core quality assurance guidelines and identifies who they are for.

SECTION 1 - SETTING THE CONTEXT FOR QUALITY ASSURANCE GUIDELINES AND QUALITY ASSURANCE PROCEDURES

Defines what is meant by, and is expected from, provider-owned, quality assurance policies and procedures.

SECTION 2 - THE CORE GUIDELINES

An identification of the eleven core areas in which providers are expected to have quality assurance procedures in place, and an elaboration of what is expected of provider procedures in these areas.

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INTRODUCTION

This document outlines the **Core Statutory Quality Assurance (QA) Guidelines** established by QQI for providers of higher, further and English language education and training. These guidelines are "statutory" guidelines, which means they are prescribed by law for a specific reason or purpose: QQI is obliged in law to publish QA guidelines under the Qualifications and Quality Assurance (Education and Training) Act 2012 (referred to as the 2012 Act in the rest of the document). The 2012 Act also requires providers to "have regard to" QQI's quality assurance (QA) guidelines when establishing their own quality assurance procedures. The legal references for this document are set out in Annex 1 for your information. The core QA guidelines specify the areas of provision considered nationally and internationally as crucial to quality, and for which providers are expected to establish and implement quality assurance policies and procedures.

When the term '*quality assurance procedures*' is used in this document it should be taken to mean 'policy and procedures' unless otherwise indicated. The term provider is used here to mean "a person who provides, organises or procures a programme of education and training", as defined in the 2012 Act.

This document is divided into two main sections: Section 1 defines what is meant by, and is expected from, provider-owned quality assurance policies and procedures. Section 2 identifies the eleven core areas in which providers are expected to have quality assurance procedures in place and elaborates what is expected of providers' QA procedures in these areas.

WHAT IS THE PURPOSE OF THESE GUIDELINES?

These guidelines are intended to assist providers in the development of quality assurance systems which are appropriate to individual provider contexts, and which will promote and support quality in the education and training programmes, research (as appropriate) and related services offered. The core QA guidelines are fundamental, common requirements that are applicable to all providers. They have been informed by the European Standards and Guidelines for Quality Assurance in Higher Education and the European Quality Assurance Reference Framework. These core QA guidelines are intended to guide providers through their legal responsibilities for the development of quality assurance procedures for the provision of education and training, research and related areas.

ALL providers must have regard to these core statutory QA guidelines when developing their internal quality assurance procedures. A provider's scale and scope of activity will determine the level of complexity of their QA procedures, which should always be fit-for-purpose and context. As such, these guidelines do not prescribe the manner in which providers must implement their QA procedures.

QQI has also developed sectoral and topic-specific quality assurance guidelines on a range of areas which providers should have regard to as appropriate. The sector and topic-specific QA guidelines are additional guidelines on specific areas beyond the core and may or may not apply to individual providers.

These guidelines should be read in conjunction with QQI's policy on statutory QA guidelines.

These guidelines are to be used:

» by providers when designing, establishing, evaluating, maintaining, renewing and reviewing their quality assurance policies and procedures.

» as a basis for the approval by QQI of providers' quality assurance procedures (other than for previously established universities).

These guidelines are not intended:

» to prescribe how providers are to carry out their work or run their organisations.

» as a 'how to' manual for providers on the establishment of QA procedures. Rather, it is up to providers to establish an internal quality system appropriate to their individual context which incorporates both operational procedures and a system of review to monitor the effectiveness of those procedures.

TO WHOM DO THESE GUIDELINES APPLY?

These core QA guidelines are applicable to all types of providers and the programmes of education and training, research and related services they offer. They are produced for the attention of, and use by, providers establishing quality assurance procedures for approval by QQI under the 2012 Act. The legal context varies between providers as follows:

- Previously established universities are recognised as autonomous and must have regard to QQI QA guidelines in the establishment (or further development) of their internal QA procedures.
- Other awarding bodies such as the Royal College of Surgeons in Ireland (RCSI), the Dublin Institute of Technology (DIT) and all institutes of technology must have due regard to the core QA guidelines prior to the approval of their QA procedures by QQI.
- All education and training boards, SOLAS and Teagasc must have due regard to the core QA guidelines prior to the approval of their QA procedures by QQI.
- Independent or private providers of higher, further and English language education and training come voluntarily to QQI to seek approval of their QA procedures. Such providers must have due regard to the core QA guidelines prior to the approval of their QA procedures by QQI.

SECTION 1

SETTING THE CONTEXT FOR QUALITY ASSURANCE GUIDELINES AND QUALITY ASSURANCE PROCEDURES

CONCEPTS AND DEFINITIONS UNDERPINNING QUALITY AND QUALITY ASSURANCE

1.1 THE NATIONAL EDUCATION AND TRAINING SYSTEM

All providers offering programmes leading to awards in the National Framework of Qualifications (NFQ) form part of the national education and training system. This system is underpinned by quality assurance, which seeks to provide public trust and confidence in the education and training delivered and the resulting qualifications obtained by learners.

It is important for all providers offering programmes leading to awards in the NFQ to understand that they are linked to each other and to the national reputation of the qualifications system, and therefore have an obligation to uphold the quality of the education and training offering. QQI is responsible for the external quality assurance of post-secondary further, higher and English language education and training.

1.2 QUALITY AND QUALITY ASSURANCE

Quality assurance (QA) is a term generally used to describe the processes that seek to ensure that the learning environment (including teaching and research) reaches an acceptable threshold of quality. QA is also used to describe the enhancement of education and training provision and the standards attained by learners. The term is discussed in greater detail in QQI's *Policy on Statutory Quality Assurance Guidelines, December 2014 (updated December 2015)*.

1.3 PROVIDER-OWNED QUALITY ASSURANCE (INTERNAL QA)

Quality and its assurance is the primary responsibility of the provider. This responsibility includes the legal obligations of providers to develop and implement the policies and procedures necessary to achieve and maintain quality in educational and related services and to seek approval of these quality assurance procedures from QQI (or submit them to QQI in the case of the previously established universities). The areas to be covered by providers' QA procedures are set out in Section 2 of these guidelines. Providers must monitor and enhance the effectiveness of their QA procedures to ensure a dynamic, fit-for-purpose, improvement-focused and quality-oriented learning environment.

In very broad terms, provider-owned quality assurance refers to the mechanisms and procedures developed and adopted by providers to achieve and maintain a desired level of quality in educational provision, research and related services. The desired level and complexity will be influenced by the provider's context, including scope and level of provision and overall goals, as well as its external obligations to all stakeholders (e.g. to regulators and to statutory and professional bodies and other national requirements). Internal quality assurance procedures normally have an external dimension also (for example the external review panels recruited by the provider or by QQI as the case may be).

Provider-owned quality assurance is all embracing and involves planning, defining, encouraging, assessing and improving practice. It is predicated upon provider autonomy and the professional competence of staff. It is informed by the practical experience of teaching, learning and assessment and research theory. It provides for accountability. **The national and International experience shows that successful, provider-owned, quality assurance systems have features such as:**

- A quality ethos or culture together with procedures that embed that ethos in all of the provider's activities;
- Examining and achieving mission, value-for-money, fitness-for-purpose and satisfaction of stakeholders' needs;
- Taking full responsibility for the quality of programmes and related services offered to learners;
- Setting realistic targets (ranging from those at the provider mission level through to those concerning specific programmes, products and related services);

- Establishing indicators and evaluating provision and related services against those indicators;
- Proactively seeking to improve the effectiveness of the internal quality assurance system;
- Continually and systematically self-monitoring and reviewing critical indicators established (by providers) and promptly remedying any serious deficiencies identified;
- Using internal, quality evaluation findings to identify problems and design actions that will improve provision and related services and processes (including the quality assurance processes themselves);
- Proactively making national and international comparisons—benchmarking and using self-assessment and peer review to support continuous improvement;
- Providing credible and meaningful information on provider and programme quality to learners and other stakeholders;
- Supporting the QA system with ongoing planned enhancement activities; and
- Publishing the results of internal quality evaluations together with quality improvement responses to further action required.

The best features of a quality assurance system are proactive and enhancement or improvement focused.

1.4 PROVIDER QUALITY ASSURANCE SYSTEM

A provider's quality (assurance) system refers to all of the provider's internal QA policies and procedures working in concert to form an integrated whole. For example, policies, procedures, guidelines, roles, responsibilities attached to the human resources and other resources required to govern, oversee, manage, analyse, make decisions, review and improve the quality of provision and related services. A quality system can exist in small, as well as large providers.

A successful quality assurance system will be efficient, well communicated and integrated into the normal activities of the provider.

1.5 EXTERNAL QUALITY ASSURANCE OVERSIGHT – THE AGENCY

QQI's role is in the external quality assurance of providers' quality assurance procedures. External quality assurance shares the same broad objectives as provider-owned quality assurance i.e. the maintenance of a desired level of quality in education, training, research and related services. These objectives are achieved by QQI through:

- Establishing guidelines to inform provider-owned quality assurance;
- Establishing and implementing policies and procedures for external quality assurance;
- Promoting and supporting innovation and continuous improvement and enhancement in provider quality assurance methods. Providers sharing effective practice is a main objective to this approach;
- Collaboration and engagement with, and collecting feedback from, providers on policies and quality assurance guidelines; and
- Publishing quality review reports, including the outcomes of programme, provider, thematic and whole-of-system reviews and requiring providers to do the same.

SECTION 2

THE CORE (STATUTORY) QUALITY ASSURANCE GUIDELINES

The core statutory QA guidelines describe elements of a provider's QA system and procedures that should be in place, but the manner of their implementation is at the provider's discretion. It is the responsibility of the provider to demonstrate to QQI that they have due regard to the guidelines in the development of their QA policies and procedures. In order for QQI to approve a provider's QA procedures, the provider must demonstrate that it has had regard to the guidelines in each of the eleven core areas to be quality assured.

The main areas to be addressed in provider quality assurance procedures are as follows:

QUALITY MANAGEMENT

2.1 GOVERNANCE AND MANAGEMENT OF QUALITY

2.2 DOCUMENTED APPROACH TO QUALITY ASSURANCE

PROGRAMME DELIVERY

2.3 PROGRAMMES OF EDUCATION AND TRAINING

2.4 STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT

2.5 TEACHING AND LEARNING

2.6 ASSESSMENT OF LEARNER ACHIEVEMENT – GENERAL GUIDELINES

2.7 SUPPORTS FOR LEARNERS

INFORMATION PROVISION

2.8 MANAGEMENT INFORMATION AND DATA

2.9 PUBLIC INFORMATION AND COMMUNICATION

MONITORING AND REVIEW

2.10 OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING

2.11 SELF-EVALUATION, MONITORING AND REVIEW

QUALITY MANAGEMENT

2.1 GOVERNANCE AND MANAGEMENT OF QUALITY

2.1.1 Governance

In the context of these quality assurance guidelines, governance refers to a system in place to oversee the education and training, research and related activity of a provider to ensure its quality. This system, or governance structure, enforces separation of responsibilities between those who produce/develop material(s) and those who approve it. Included in the governance structure are groups or units which make decisions and approve. Some broad examples of areas overseen by governance structures include:

- Education, training and related activities (for example programme development prior to approval and submission for evaluation or validation)
- Internal and, where appropriate, external programme approval (validation) procedures
- learner results prior to submission for approval as qualifications/awards and certification
- self-evaluation findings and programme and related service improvement reports, including agreed follow-up actions.

Groups or units responsible for the oversight of a provider's education and training, research and related activities are identified in the provider's documented procedures. Their terms of reference are documented and published. Where a provider's scale is such that it cannot support internal committees, alternative arrangements are put in place to ensure objective oversight. Successful quality assurance systems are efficient, well communicated and integrated into the normal activities of the provider.

Quality assurance systems include procedures that ensure (as fit-for-context and purpose):

a) A system of governance where objectives are aligned with mission and strategy

The quality assurance system focuses on how, and whether, the provider achieves its objectives and (periodically) on the suitability of the objectives in light of the provider's own mission and other criteria.

Operational objectives are specified (at every level) and are aligned with the provider's mission, strategy and obligations to external stakeholders (statutory, regulatory, professional or other).

b) The quality assurance system is owned by the provider

The quality assurance system is embedded and maintained on a cross-organisational basis with involvement of all provider staff. This includes all levels of management, administration, teaching staff and learners.

c) A system of governance that protects the integrity of academic processes and standards

- Academic decision-making reflects the interests of learners and the maintenance of standards.
- Academic decision-making is independent of commercial considerations: Overall corporate decision-makers within the provider, be they trustees, owners or shareholders or others, do not exercise exclusive authority or undue influence over academic decision-making.
- Academic decision-makers are appropriately qualified and experienced.

d) A system of governance that considers risk

There are procedures in place for the identification, assessment and management of risk. The system of governance has procedures in place to ensure that the provider is not engaged in activities or partnerships that might undermine the integrity of the education and training offered or the awards in the National Framework of Qualifications to which they lead either in Ireland or abroad. Risk in this context can also extend to the mode of provision, for example online delivery not embraced by the QA system. The consideration of risk also extends to maintaining academic integrity or the avoidance of academic or other fraud associated with provision and related services.

e) A system of governance that considers the results of internal and external evaluation

Consideration is given to the findings of internal and external evaluation and self-monitoring processes. Appropriate responses are developed, including action proposed, in light of those findings and of past experience (including trends).

2.1.2 Management of quality assurance

Quality assurance procedures form part of a coherent system, which is central to the promotion of a quality assurance culture within the provider.

The basic activities captured in the policies and procedures of a quality management system include, but are not limited to:

- A description of processes, i.e. documented policies and procedures are in place;
- Identification of roles and positions responsible for the implementation of quality assurance policies and procedures, which are clearly described and designated. Specific role(s) with responsibility for quality management are identified;
- Self-monitoring of processes, i.e. regular checks on the effectiveness of policies and procedures are carried out. Indicators are developed and data is collected which can be used to measure the effectiveness of policies and procedures;
- Systematic analysis of QA findings following self-evaluation involving all stakeholders. There are at least two levels of analysis of findings in any provider. Layers of moderating and supervisory processes, as appropriate, are in place to enable strategic and co-ordinated analysis of information at appropriate levels. A balance is struck between responsibly managing risk and enabling dynamic responsiveness;
- Clear decision-making and follow-up. Systematic formal decision-making procedures are built into a provider's various evaluative mechanisms, including the procedures for oversight of such mechanisms by the governance system or equivalent. Management acts on the self-evaluation findings;
- A resource base which is sufficient to ensure sustainability. The corporate infrastructure, including financial solvency of the business, supports the sustainability of the academic environment and underpinning quality assurance system. The provider is adequately resourced to undertake and complete the education and training or research programmes proposed. Continuity planning procedures are developed to understand and anticipate events that could threaten the provider and to ensure that the provider remains viable.

Some examples of areas to be included in a provider's QA system include:

- The organisation's **Mission** to clarify its role as a provider of education and training programmes.
- **Policies** showing full understanding of the legislative obligations of the provider in each of the areas specified in Section 5.5. The policies will inform:
  - management and staff as to the general approaches to follow in their work; and
  - learners and other stakeholders as to what they can expect of the provider.
- The **procedures** designed to implement the policies.
- An **internal self-monitoring system** which will regularly check the effectiveness of the procedures and act as an early warning system in areas of provision requiring improvement. This should include the use of data collected and compared against indicators. For example: completion and progression rates for learners.
- **A self-evaluation system** through which the provider will review and report on the quality of its own programmes and related services. Each such evaluation will include the views of learners and of independent evaluators who can make comparisons with other similar programmes offered elsewhere.
- A system of responding to the findings of self-monitoring and review which will address areas for **improvement** and build on areas of strength. It is important that providers use indicators/ benchmarks against which programme data can be compared.

2.1.3 Embedding a quality culture

Providers aim to embed a positive, quality culture, i.e. the totality of a provider's teaching and learning community are working in a coherent and cohesive way towards implementing the quality agenda. The provider is committed to the active development of a culture which recognises the importance of quality, quality assurance, quality improvement and enhancement. To support the development of a quality culture, providers develop a strategy for the continuous enhancement of quality in all activities and measure the achievements of the objectives set, as they would with other corporate or organisation planning strategies, plans and goals. Some features of such strategies include:

- A provider-owned quality system where all of a provider's staff are involved in quality assurance, and in which quality is accepted as a responsibility for all to improve upon. There is a willingness amongst staff to improve quality and an acceptance that all staff have a part to play in that improvement.

- The assignment of specific quality assurance responsibilities based on the subsidiarity principle. Policy and procedures are designed in consultation with all those involved in their implementation, as well as with key stakeholders.
- Procedures that include illustrations describing and explaining the quality assurance feedback and feed-forward paths.
- A holistic approach towards quality assurance where continuous improvement is key. Procedures are seamlessly integrated into the normal activities of providers, with minimum unnecessary administrative requirements.
- A commitment to the provision of adequate resources to enable and facilitate the implementation of the quality assurance procedures, the consistent application of these and the development of a quality improvement plan.
- A balanced, organisation-wide approach to the implementation of quality assurance procedures. A balanced approach ensures that:
  - the burden of procedures do not obscure the purpose of establishing a quality culture; and
  - a standardised approach does not obscure the ownership and primary focus on quality improvement.

2.2 DOCUMENTED APPROACH TO QUALITY ASSURANCE

2.2.1 Documented policies and procedures

Quality assurance procedures are the means by which a provider organises how it will operate a particular policy, process or service e.g. learner assessment. A provider's quality assurance system is fully documented, i.e. there are robust, documented policies and associated procedures for the assurance of the quality and standards of provision. A provider's documented quality assurance system sets out the provider's commitment to quality in terms of programme provision, research and related activities as appropriate. It also refers to arrangements for the continuous improvement and internal evaluation or review of the effectiveness of the policies and procedures.

Policies and procedures are effective and fit-for-purpose. However, provider circumstances will change and effectiveness is not guaranteed. Therefore, quality assurance procedures are regularly self-monitored by the provider. Policies and procedures found to be ineffective are amended or replaced.

Provider quality assurance policies and procedures:

- are fully documented and available publicly (published); necessary information is available to staff and the public as required in usable formats
- are fit-for-purpose and the provider context
- have a formal standing within the provider and form part of the strategic management
- include a role for learners and other stakeholders
- promote a culture of quality
- facilitate diversity and support innovation
- cover any elements of a provider's activities that are sub-contracted to, or carried out by, other parties both at home and abroad
- demonstrate accountability as a given, but always aim for continuous improvement
- are reviewed periodically to ensure they are fit-for-purpose and remain effective
- are consistent with the requirements of relevant legislation

2.2.2 A comprehensive system

Quality assurance policies, procedures and systems are most effective when they are designed as a comprehensive system. Thus, quality assurance is embedded in all of the provider's activities at all levels. Quality assurance spans both the corporate domain (e.g. governance, finance, human resources) and academic domain. The policy and procedures are translated into practice through a variety of internal quality assurance processes that allow participation by all staff within the provider. How the policy and procedures are implemented, monitored and revised is a matter for a provider.

Quality assurance policies and procedures will drive change, but effective quality assurance systems drive improvement and enhancement. Policies and procedures should aim to create a comprehensive and coherent system.

PROGRAMME DELIVERY

2.3 PROGRAMMES OF EDUCATION AND TRAINING

2.3.1 Programme development and approval

The development of new programmes is commenced well in advance of the recruitment of learners. Sufficient time is allowed for the necessary internal and external consultations with stakeholders to be undertaken. This includes an evaluation of new programmes by the appropriate internal decision-making structures, allowing for consideration of new programmes by both management and governance.

Policies and procedures for programme design and approval ensure that programmes:

- are designed with overall programme objectives and programme strategies that are in line with the provider strategy and have explicit intended learning outcomes
- are developed in line with the requirements of the National Framework of Qualifications and associated policies and procedures on Access, Transfer and Progression
- are designed with the involvement of learners and other stakeholders
- benefit from external expertise and reference points to ensure they fulfil vocational needs where appropriate
- are designed to enable smooth progression for learners within and between programmes
- define the expected learner workload
- are compliant with internal and other regulatory or professional policies and requirements. In the case of multiple programmes, there are procedures for planning provision at faculty (or equivalent) level and at college or centre (or equivalent) level
- include well-structured placement opportunities where appropriate (including traineeships, internships, and other time outside the provider designed to gain experience in an area related to the programme of study)
- are subject to formal internal provider approval processes against defined criteria
- are subject to ongoing monitoring and periodic review

Provider procedures ensure that they have due regard to other topic-specific statutory quality assurance guidelines as appropriate to the programme, for example *Flexible Delivery Learning* guidelines and *Research Degree* guidelines.

2.3.2 Learner admission, progression and recognition

Providers consistently apply pre-defined and published regulations covering all conditions applicable to learner admission, progression, recognition and certification of awards. Access policies, admission processes and criteria are established and implemented consistently and in a transparent manner and in accordance with national policies and procedures for Access, Transfer and Progression (ATP).

Policies and procedures for learner admission, progression and recognition include:

- Fit-for-purpose admission, recognition and completion procedures.
- Learner induction to both the provider and the programme.
- Processes and tools to collect, monitor and act on information on learner progression.
- Fair recognition of education and training qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning.
- Appropriate recognition procedures. These are in line with the national policies and criteria for ATP and the National Framework of Qualifications (NFQ) and any appropriate European recognition principles, conventions and guidelines including the European Qualifications Framework (EQF).

There is co-operation with other providers and agencies as appropriate. In particular, there is co-operation with QQI as the national reference point for the ENIC/NARIC, in addition to being the national quality assurance agency and the body responsible for ensuring coherent qualifications recognition through the National Framework of Qualifications.

2.3.3 Programme monitoring and review

Programme delivery is monitored by academic managers in a way which allows for the identification of needs and modification and adjustment of the programme and the delivery method as appropriate. Ongoing monitoring and periodic review of a programme is used as an opportunity to evaluate that programme with the benefit of the experience of programme delivery incorporating feedback from staff and learners. Such evidence is reflected in learner enrolment and attrition (completion rates) data; learner, teacher, trainer and employer feedback and evaluations of the programme. Programme monitoring and review is taken as an opportunity to ensure that the programme remains appropriate, and to create a supportive and effective learning environment. Monitoring is used as an opportunity to:

- ensure that programmes achieve the objectives set for them and respond to the needs of learners and the changing needs of society
- review the learner workload
- review learner progression and completion rates
- review the effectiveness of procedures for assessment of learners
- update the programme content; delivery modes; teaching and learning methods; learning supports and resources; and information provided to learners
- update third party, industry or other stakeholder engagements required for the programme(s)
- review quality assurance aspects that are specific to that programme

A coordinated approach to programme review is typically more effective for programmes using shared curricula. Regular programme monitoring provides information for periodic programme review. The information collected is analysed and the programme adapted to ensure it is up-to-date. Revised programme specifications are published.

2.3.4 *Protection for enrolled learners*

Providers are compliant with the relevant parts of QQI's *Protection of Enrolled Learners: Protocols for Implementation of Part 6 of the 2012 Act*. Programme and award-related information is made available to learners prior to enrolment. The relevant information requirements are set out in Part 6, Section 67 of the 2012 Act (please see Annex 1 for further information).

2.4 STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT

The quality of a provider's staff is critical. This is because the behaviour and competence of staff involved in education and training can have a huge effect on the performance of learners. Field or discipline knowledge is necessary for staff, but it is not sufficient. A capacity to teach the discipline to others is also required. Providers have primary responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively.

2.4.1 *Staff recruitment*

The provider assures itself of the competence of its staff. The provider has a systematic approach to fair and transparent recruitment and further professional development of people engaged in programme and service delivery. In particular, the provider ensures that academic and administrative staff has sufficient experience and expertise to fulfil their designated roles.

The provider's policy in this area expresses its commitment to appoint suitably qualified staff to the role of teacher/instructor/trainer/tutor/other and to provide opportunities for further development.

The general criteria and approach used in the recruitment of staff are clearly stated and transparent. Where necessary, more detailed selection criteria are used, capturing other aspects of the role required in any given context. The conditions of employment recognise the importance of teaching for academic

staff. Appraisal of teaching (including assessment) ability is a key part of the selection procedures for any persons employed to teach learners.

Procedures for recruitment address:

- Roles, responsibilities, codes of conduct;
- Academic/professional/technical standards for all staff and how these are maintained and enhanced;
- Pedagogical standards for teaching staff and how these are maintained and enhanced;
- Benchmarking staff profiles (at programme level) with those of similar providers;
- Recruitment, selection and probation;
- Collection and use of regular and timely learner and peer feedback on teaching staff;
- Pedagogical training and certification of teaching staff;
- Performance management.

2.4.2 Staff communication

It is clear how the views of staff members are collected and used on a periodic and on-going basis through internal self-monitoring and programme review processes. It is clear how staff members are kept informed of issues relating to their programme areas.

2.4.3 Staff development

The provider environment:

- Offers opportunities for, and promotes, the professional development of teaching staff;
- Encourages scholarly activity, as appropriate, to strengthen the link between education, teaching and research;
- Encourages activity to strengthen the links between education, teaching, research and other developments within fields; and
- Encourages innovation in teaching methods and the use of new technologies.

The provider ensures that staff members have access to support and opportunities for development based on a systematic approach to the identification of their continuing professional training and development needs. An internal system of support for newly qualified academic staff, or academic staff with minimal experience is documented and in operation. A mechanism is in place to impart feedback to staff members on their strengths and areas requiring improvement. Planning and resources are committed to identifying and addressing staff training needs.

2.5 TEACHING AND LEARNING

2.5.1 Teaching and learning

The quality of the learning experience is monitored on an on-going basis. Related policy states the provider's commitment to self-monitoring and improving the quality of teaching and learning on its programme, research and related services. Associated procedures clarify how the policy will be implemented.

2.5.2 A provider environment that promotes learning

The provider has an open community that values critical reflection and fosters personal and professional development for both learners and staff. Staff are appropriately qualified and experienced. The provider has processes in place to ensure that the content of programmes reflects advances in the relevant disciplines and that the pedagogic style incorporates national and international effective practice. The learning environment:

- Respects and attends to the diversity of learners and their needs, enabling flexible learning pathway;
- Considers the use of different modes of delivery, where appropriate;
- Flexibly uses a variety of pedagogical methods that are evaluated and monitored and adjusted accordingly;

- Encourages a sense of autonomy in the learner, while encouraging adequate guidance and support for the learner;
- Promotes mutual respect within the learner-teacher relationship; and
- Has appropriate procedures for dealing with learner complaints.

2.5.3 National and international effective practice

Relevant national and international fora for the enhancement of teaching practice are consulted and engaged with. At national level, for example, the National Forum for the Enhancement of Teaching and Learning in Higher Education is consulted regularly for further guidance on quality assurance and enhancement matters relating to teaching staff.

2.5.4 Learning environment

The provider ensures that both the provider-level and each programme's learning environment are appropriate by addressing:

(a) The many contexts in which learning opportunities emerge

For example, the learning environment may be the learner in a group of peer learners working collaboratively on a project in a suitably equipped laboratory, or a training facility under supervision with necessary technical support and access to required library references, technical and information systems. All of these elements work together to support learning.

(b) Diverse learning environments

Teachers and other learners are part of a learner's learning environment. Learning environments have both physical and social structures. Learners interact with the learning environment; the environment responds to the learner, and the learner to the environment. The learning environment may be partly virtual and distributed (by virtue of learners using their computers to mediate

participation). In out-reach centres or in collaborations with other providers or organisations no less attention is paid to quality assurance of the learning environment.

(c) Learning off-campus

Learning environments here also refer to learning off-campus such as practice placements in off-campus learning environments. These are often integrated into professional or training programmes. Such placements also define learning environments.

(d) Physical premises equipment and facilities

Physical premises and proximity and access to services, equipment and facilities also make a significant contribution to the learning environment. The provider regularly reviews the effectiveness of its premises, equipment and facilities to ensure their continuing adequacy and effectiveness in relation to the programmes of education and training, research and related services.

2.6 ASSESSMENT OF LEARNER ACHIEVEMENT – GENERAL GUIDELINES

Assessment is one of the most important elements of education and training. The outcomes of assessment have a profound effect on a learner's future career and progression. A provider's assessment framework establishes the provider's philosophy on, and approach to, the assessment of learners in both formal assessments (where it leads to certification) and in-house assessment. It also addresses the administration of assessment by the provider.

2.6.1 Assessment of learning achievement

The assessment framework incorporates procedures and systems for the security and integrity of the assessment process, to include:

a) Assessment materials (test/task briefs, exams briefs etc.)

b) Assessment processes (supervision of tests etc.)

c) Learner work (assignments, practical tests, exam scripts, project work etc.)

d) Records of learner assessment maintained by the provider.

The assessment of learners measures or infers the achievement of learning. Assessment is fair and consistent, carried out professionally at all times and takes into account the extensive knowledge that exists about testing and examination processes. Feedback on and analysis of assessment also provides valuable information for providers about the effectiveness of the programme, teaching and learner supports.

Policies and procedures related to the assessment of learners address:

i. Learner responsibility for demonstrating learning achievement.

a. There are learning opportunities for the programme's intended learning outcomes (except those that are satisfied by prior learning).

b. Learners are expected to submit to assessment for the purpose of demonstrating attainment of the programme's intended learning outcomes.

c. Learners are expected to strive with academic integrity to undertake assessment tasks honestly and truthfully, shunning plagiarism and other forms of academic dishonesty or impropriety. They are supported in this regard by the provider.

ii. Assessment supports standards based on learning outcomes.

a. The *minimum intended programme learning outcomes* are clearly specified for each of the provider's *programmes of education and training*.

b. Credit is normally linked to achievement of minimum intended learning outcomes.[1]

c. Assessment procedures are fair and consistent to ensure the relevant standards of knowledge, skill or competence are acquired, and where appropriate, demonstrated, by enrolled learners before an award is recommended or granted.

d. Procedures for the assessment of learners are designed to validly and reliably confirm the achievement of clearly expressed intended programme learning outcomes.

e. Assessment of the achievement of intended learning outcomes informs decisions concerning the learner's progression.

iii. Assessment promotes and supports effective learning and teaching.

a. Teaching, learning and assessment are recognised as linked activities that affect one another. Effective assessment is recognised as intrinsic both to effective teaching and learning.

b. Assessment is consistent with, supportive of, and derived from the intended programme and module learning outcomes.

c. The criteria for, and method of, assessment as well as criteria for grading are published in advance. This does not extend to the publication of any materials that would compromise assessment validity or reliability.

d. The management and coordination of assessment exists at all levels and units of the provider.

e. Assessment is planned and coordinated across modules and programmes. Module assessment strategies and programme assessment strategies support integrated approaches to assessment.

f. The effort required of a learner to complete an assessment task is (insofar as it is feasible) proportional to the associated educational benefit to him or her.

g. Learning is supported by formative assessment and formative feedback.

h. Authentic learner assessment also supports effective learning.

iv. Assessment procedures are credible and secure.

a. Learner assessment is fair, consistent, valid (for its purposes) and reliable.

b. Learner assessment inputs and outputs are secure.

c. Learner assessment is inclusive. It recognises that different people can have different learning needs, contexts and approaches.

d. Assessment for education and training qualifications are externally moderated by external examining and external authentication.

e. Assessors and any examiners — along with all committees with a role in assessment —have the necessary competence. This will likely require that they receive training from time to time.

f. Where possible, assessment is carried out by more than one examiner.

g. Any person who would have a conflict of interest (actual or potential, real or apparent) if he or she were to act as an assessor in a particular situation neither act nor is required to act as an assessor in that situation. Relevant interests are declared.

h. Appropriate measures are in place to ensure that learners are confident about the fairness and objectivity of their assessment procedures. Anonymous grading of summative assessment, where feasible, is an example of an effective confidence-building measure.

i. The intended programme and module learning outcomes and assessment strategies are plainly written and communicated at the start of a programme, not only to learners, but also to all those involved with teaching and assessment.

j. The processes for assessment, complaints and appeals meet the same standards of fairness, consistency and fitness-for-purpose as assessment in general. In particular, they are straightforward, efficient, timely and transparent.

v. Assessment methods are regulated and they are reviewed and renewed as necessary to adapt to evolving requirements.

a. The regulations for assessment take into account mitigating circumstances.

b. New assessment methods and strategies are developed and tested for continual enhancement and for coping with emerging challenges.

c. Learners are involved in the periodic review of assessment procedures.

vi. Learners are well informed about how and why they are assessed and provided with feedback on assessment.

a. Learners are familiar with and understand the intended module and programme learning outcomes, and the relevant programme and module assessment strategies.

b. Learners are provided with feedback on assessment.

c. The scheduling of Learner assessment is appropriate including the scheduling of feedback on assessment.

d. The communication of assessment grades or results is secure and timely.

2.7 SUPPORTS FOR LEARNERS

2.7.1 Supports for learners

A range of resources are made available to assist learning, for example physical resources (library, computing [ICT] etc.); human support (tutors, trainers, counsellors, advisors and other pastoral care etc.); accessibility of learning resources and other supports; responsiveness to feedback; routine monitoring, and review and improvement of the effectiveness of policies and procedures. There is appropriate funding for learning and teaching activities and adequate and readily accessible learning resources and learner supports are provided. The adequacy of the resources available to learners is monitored on an ongoing basis. Learning resources are updated and expanded as necessary to reflect up-to-date approaches, and the needs identified through feedback on teaching and learning. The following are in place:

i An integrated approach from the perspective of the learner

From the learner's perspective the range of learning resources and learner supports is as coherent and integrated as possible:

- There are procedures in place to ensure that all resources are fit-for-purpose and accessible.
- Learners are informed about the full range of services available to them.
- Learner perspectives about the sufficiency and quality of learning resources and learner supports are listened to.
- Learners are surveyed annually concerning their overall impression of learning resources and learner supports.
- Centralised learning resources and learner supports are responsive to the needs of programme and training development, programme review and other evaluation activities and deliberative or decision-making processes requiring feedback or learner support.
- Different learner support/resource units benefit from networking with each other to ensure a coherent approach.

- Resources and supports are promoted actively to ensure that learners are aware of their existence.
- Learner resources and supports are benchmarked against standards.

ii Pastoral care

The learning environment includes the pastoral care supports provided by staff for learners. This includes both pastoral and educational care, such as tutors, mentors, counsellors and other advisors. The *Code of Practice for Provision of Education and Training to International Learners*[1] (which provides additional (academic and pastoral) guidance to providers with international learners) is complied with where applicable.

iii Access to services related to programmes

The adequacy and effectiveness of all academic and other support services related to the programmes of education and training are regularly reviewed, such as:

- Library, information and computing services and access to same;
- Learner support services (both academic and non-academic);
- Administrative services;
- Technical services;
- Premises servicing and maintenance services;
- Services aimed at communicating the provider's mission and operations to learners, potential learners, other providers, employers, professional and training bodies and the general public; and
- Other support services relevant to provision.

In delivering support services the role of support and administrative staff is crucial and therefore they are appropriately qualified and have opportunities for staff development. The needs of a diverse learner population (mature, part-time; employed, international, as well as learners with disabilities) is taken into account by the provider when planning and providing learning resources and supports.

1. Published by QQI, July 2015.

iv Learner representation

There are mechanisms for learners to make representations to the provider about matters of general concern to the learner body.

v Career guidance

Many, but not all, programmes of education and training benefit from a necessary career guidance service to the learner. Career guidance as appropriate and information to learners related to the programme (of education and training and research) are provided when recruiting learners.

INFORMATION PROVISION

2.8 MANAGEMENT INFORMATION AND DATA

Reliable information and data are crucial for informed decision making and for knowing what is working well and what needs attention. Information systems refer to how controls and structures are put in place to generate named data/reports which are communicated to staff and management for self-monitoring and planning purposes. The information gathered depends, to some extent, upon the context and mission of the provider.

Learner data includes *inter alia* personal details, contact information, continuous assessment results, stages completed, subject choices and results, awards conferred and classification. Managing learner information/records is a core function for all providers. It is one of the areas where weakness can undermine confidence in many other areas.

2.8.1 Information systems

Appropriate, quantitative and qualitative measures are identified which can be used as benchmarks or key performance indicators. Some examples include minimum and maximum learner numbers per programme; profile of the learner population; learner satisfaction rates; learner progression/learner attrition or drop-out rates/completion rates; graduation/certification rates, including grade analysis; career paths of graduates; staff development and others more appropriate to the context of the provider.

Various methods of collecting information are used as appropriate. Learners and staff are involved in providing and analysing information and planning follow-up activities.

2.8.2 Learner information systems

The provider learner information management system is robust, comprehensive and capable of:

- » maintaining secure learner records for current use and historical review;
- » providing reports required for internal quality management and improvement;
- » generating data required for, and compatible with, external regulatory, professional or national systems as appropriate;
- » generating statistical and other reports to meet internal and external information requirements, for example on the QQI database of programmes and awards as prescribed by the legislation; and
- » ensuring that the database is maintained securely and that data relating to learner assessment is accurate and complete.

2.8.3 Management information system

The management information system enables necessary information to be stored and channelled to where it is needed when it is needed. It facilitates fast analysis in light of key performance indicators and objectives.

2.8.4 Information for further planning

The information contained in the management information system is reviewed from time to time to determine what additional insights are to be gleaned from it.

2.8.5 Completion rates

Completion rates are collected, used and made available to QQI.

2.8.6 Records maintenance and retention

There is a policy for the establishment and maintenance of quality-related records. It specifies retention periods. Typically, records include items such as objectives, plans and targets; performance indicators; evidence used in the evaluation of performance against objectives; self-monitoring reports; evaluation reports; minutes of QA meetings; actions taken (including changes made to the quality assurance system) and the rationale for these; and follow-up reports.

2.8.7 Data protection and freedom of information

Provider information systems are designed to enable compliance with data protection and (where applicable) freedom of information legislation (FOI). Obligations under data protection legislation are complied with. These include establishing data access controls, data backup systems and ensuring learner information material makes clear what personal data will be required to be collected; for what purpose and with whom it will be shared.

2.9 PUBLIC INFORMATION AND COMMUNICATION

Public information refers to the information that providers communicate and publish about their activities, including programmes, research and related activities; about the provider and their quality assurance policies and procedures; and about evaluation and findings from quality assurance evaluations.

2.9.1 Public information

There are policies and procedures that ensure the information published is clear, accurate, objective, up-to-date and easily accessible. Information published in respect of programmes of education and

training complies with the spirit and the requirements of the 2012 Act, including the requirements specified on preparing and reporting on quality assurance procedures; publishing quality assurance procedures; information relating to accreditation/validation of programmes and (in particular) programmes that are non-accredited or do not lead to awards; the completion of programmes and attainment of standards; procedures for access, transfer and progression; the international education mark; information for enrolled learners; the register of providers and the database of awards and programmes maintained by QQI.

2.9.2 Learner information

All relevant programme and award information is made available to learners, i.e.

- whether or not a programme leads to an award;
- the name of the awarding bod(ies);
- the title of the award; whether the award is recognised in the National Framework of Qualifications (NFQ) and if so, the award type and NFQ level;
- whether the programme is subject to procedures for access, transfer and progression and if so what these are; and
- details of the protection of enrolled learner (PEL) arrangements in place, should PEL be a requirement.

Information for prospective learners is honest, transparent and facilitates comparison.

2.9.3 Publication of quality assurance evaluation reports

Key, formal, provider-owned, quality evaluations result in the production of a written report and, where appropriate, a quality improvement plan. Key findings are published in an easily accessible format and location on the provider's website as soon as practicable after the evaluation event and in an accessible manner.

MONITORING AND REVIEW

2.10 OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING

2.10.1 Peer relationships with the broader education and training community

Education and training leads to recognised qualifications. Awards made on the National Framework of Qualifications are intended to promote mutual recognition and confidence in the learning outcomes attained by learners. Other awards, accreditations, collaborations arrangements and partnerships, both in Ireland and abroad, offered through or with the provider are organised with reputable bodies and are subject to appropriate internal and external quality assurance procedures. The nature of all such arrangements in place with the broader national and international education and training community are published on the provider's website.

2.10.2 External partnerships and second providers

The quality assurance procedures extend to involvement with external partnerships and second providers. Such arrangement can vary in scope, depth and level of involvement from sub-contracting of provision, research or other partnerships in programme or research provision or related services both at home and abroad. The reputation, legal status, standing and financial sustainability of any such parties or second providers involved in provider provision or related services features as a part of the explicit due diligence aspects of these procedures. The nature of all such arrangements in place with the broader national and international education and training community are published. All transnational arrangements in which the provider is involved are published separately in one place.

2.10.3 Expert panellists, examiners and authenticators

The quality assurance procedures include explicit criteria and procedures for the recruitment and engagement of external, independent, national and international experts (where appropriate), including the selection and recruitment of expert panel members. Ethical guidelines relating to the selection and participation of such external experts are provided to the experts. These require a declaration of any interests that could conflict, or might appear to conflict, with their role or responsibilities. Independence and expertise are reviewed each time a person is engaged because both are subject to change. The names of expert panellists, examiners and authenticators and other external experts associated with the provider are made available to QQI.

2.11 SELF-EVALUATION, MONITORING AND REVIEW

Quality assurance is a continuous process that does not always lead to any final conclusion with any particular internal or external review. Conclusions are not permanently valid. A provider's review and self-evaluation of its own quality including programmes of education and training, research and related services is a fundamental part of its quality assurance system. The purpose of self-evaluation is to review, evaluate and report on the education, training, research and related services provided by the provider and the quality assurance system and procedures which underpin these. In doing so, existing effective practices can be identified and maintained, while areas needing improvement can be addressed.

A provider may seek to learn many things from a self-evaluation, for example:

- The quality of education and training programmes in enabling effective learning;
- The standard of the associated and related services being provided; and
- The effectiveness of the internal quality assurance procedures.

2.11.1 Provider-owned internal review, self-evaluation and monitoring

The outcomes of provider-owned and external reviews and follow-up actions taken are considered by the provider when preparing for upcoming external reviews. The findings of self-evaluations are analysed and are available for, and connect to and support, the external review cycle. The distinction between ongoing, internal self-monitoring and formal self-evaluation is typically in frequency and scale. A self-evaluation has a broad systemic focus and is relatively infrequent. Internal self-monitoring is on-going and typically focuses on specific indicators.

2.11.2 Internal self-monitoring

Provider procedures refer to a system of internal self – monitoring. This acts as 'an early warning system' which can identify areas of provider education and training, research and related services activity that are not delivering quality outcomes and therefore should be improved or replaced. Where self-monitoring indicates that a QA system is incoherent or not cohesive or that a QA procedure is ineffective or an area is not reaching sufficient quality, the provider takes remedial action. This might mean the relevant policy and procedure is applied more consistently; relevant staff receive further training or that the procedure or associated policy is updated. In this way, continuous enhancement becomes a reality. When a provider identifies that an area is below an acceptable level of quality, or that a procedure is ineffective or hasn't been properly implemented the provider takes remedial action. In circumstances where internal monitoring reveals a problem that may be a threat to the provider, or to the reputation of the Irish qualifications system, or QQI, this information is reported to QQI.

Self-monitoring procedures include:

(a) A system of appropriate quality measures: Providers identify appropriate quality measures which can be checked in monitoring, for example learner satisfaction ratings, completion/ certification rates, relevance of outcomes to the market place, error levels etc. A quality system monitors key performance indicators and progress against objectives.

(b) Gathering evidence of achievement of objectives: When objectives are set, consideration is given to the kind of evidence or information required to determine whether or not the objective has

been met, and how and where this information will be obtained and by whom. Outcomes-related objectives (i.e. product) are especially important, but objectives concerning inputs, processes and environments are also part of any quality assurance system.

(c) Consideration for prioritising objectives: important objectives are prioritised even where they are difficult to achieve or to quality assure. Quality assurance is not limited to addressing easily assessed objectives nor committed to addressing inconsequential ones.

(d) Acting on findings: All provider-owned quality assurance evaluation outcomes are used to produce a quality improvement plan which sets out a schedule of actions to be undertaken following internal evaluation. It identifies the person(s) responsible for actions and follow-up. Quality assurance does not produce perverse incentives. For example, over reliance on satisfaction surveys in course evaluations may allow falling standards to go unnoticed.

2.11.3 Self-evaluation and improvement and enhancement

Self-evaluation focuses particularly on the quality of, or impact on, the learners' experience, and achievements, contributions and findings from the many stakeholders engaging in the quality system. The emphasis is on the impact on learners and other stakeholders, rather than on policies and procedures. A self-evaluation provides an opportunity to engage in crucially important dialogue with stakeholders, including learners, employers, external experts used by the provider in its quality assurance procedures, and collaborative partners. A basic self-evaluation has two primary outputs: a *Self-evaluation Report,* including findings and recommendations for improvement and an *Improvement or Action Plan* detailing how, when (and who) the provider will address the recommendations in the SER. The SER consolidates areas of effective practice and addresses areas requiring improvement.

The quality assurance policy and procedures require that agreed actions following self-evaluation are implemented and have their intended effect.

2.11.4 Provider-owned quality assurance engages with external quality assurance

Providers undergo external quality assurance in line with the QQI policy on review. The provider quality assurance system is harmonised with its external QA environment.

External quality assurance in its various forms can:

- verify the effectiveness of providers' internal quality assurance
- act as a catalyst for improvement and enhancement and offer the provider new perspectives
- provide information to assure the provider, the learners, other stakeholders and the public of the quality of the provider's activities.
- Identify system-wide enhancement or improvement initiatives that can be addressed cohesively by those contributing to or impacting on the national quality assurance system.

Providers participate in cyclical external quality assurance. This will also take account of the requirements of the legislative framework in which they operate. Therefore, depending on the framework, the external quality assurance may take different forms and focus at different organisational levels (such as programme, faculty or institution).

The effectiveness or otherwise of the internal or provider-owned quality assurance system will have a profound impact on the impact and outcome of the external quality assurance system. In this regard providers are not only responsible for their own quality assurance but they exert control over how it is and can be presented to and received by the external quality assurance system. Providers must ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

ANNEX 1

LEGAL BASIS FOR QQI CORE QUALITY ASSURANCE GUIDELINES FOR PROVIDERS

The legal basis for these quality assurance guidelines is set out in the Qualifications and Quality Assurance (Education and Training) Act 2012 (the 2012 Act). Quality and Qualifications Ireland (QQI) was established in November 2012 as part of this Act. The 2012 Act sets out the functions of QQI, which include the many references to statutory quality assurance guidelines; the issuing of guidelines for providers to inform the development of provider quality assurance (QA) procedures. ***A table setting out the full legal basis and requirements in the 2012 Act is provided below.***

PART/SECTION OF THE ACT	WHAT QQI MUST DO	WHAT PROVIDERS MUST DO
Part 3 Section 27(1)(a)	The Authority must: "issue guidelines (in this section referred to as "qualityassurance guidelines") for the establishment of procedures for quality assurance under section 28"	
27(6)(a)	The Authority may: "issue different quality assurance guidelines for different relevant or linked providers or groups of relevant or linked providers".	
Section 28(1)		Subject to sections 29, 30, 32 and 33, each relevant provider and linked provider shall establish procedures in writing for quality assurance for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related services the provider provides.
28(2)		Each relevant provider and linked provider shall have regard to the guidelines issued by the Authority under section 27(1)(a) in establishing procedures under subsection (1).
28(4)(a)		Procedures under subsection (1) shall include procedures for— (a) evaluation, subject to subsection (5), from time to time as the provider thinks appropriate, by the provider and by enrolled or formerly enrolled learners of the education, training, research and related services provided by that provider,

PART/SECTION OF THE ACT	WHAT QQI MUST DO	WHAT PROVIDERS MUST DO
Section 45(3)(b) 45(3)(d) 45(5)		Providers offering programmes leading to QI awards must: "establish procedures which are fair and consistent for the assessment of enrolled learners to ensure the standards of knowledge, skill or competence determined by the Authority under section 49(1) are acquired, and where appropriate, demonstrated, by enrolled learners" and "provide to the Authority such information as the Authority may from time to time require for the purposes of the performance of its functions, including information in respect of completion rates" A provider who falsely claims or represents that the Authority has validated a programme of education and training of the provider commits an offence.
Section 50(8)		A provider commits an offence if, in relation to a programme of education and training of the provider, the provider falsely claims or represents that upon— (a) completion by a learner of that programme, or (b) the attainment by a learner of a specified standard of knowledge, skill or competence upon completion by the learner of that programme, the learner is entitled to an award of the Authority.
Section 56(1)	QQI shall: "establish and publish, in such form and manner as it thinks appropriate (including on the internet), policies and criteria for access, transfer and progression in relation to learners".	
Section 56(2) 56(3)		(Each relevant provider and linked provider shall … in accordance with those policies and criteria, establish procedures for access, transfer and progression in relation to learners to be implemented by the provider concerned. The procedures referred to in subsection (2) shall include procedures for credit accumulation, credit transfer and identification and formal assessment of the knowledge, skills or competence previously acquired by learners.

PART/SECTION OF THE ACT	WHAT QQI MUST DO	WHAT PROVIDERS MUST DO
Part 6 Section 64		Providers seeking validation from QQI of programmes of longer than three months duration where moneys are paid by or on behalf of the learner will have arrangements for the protection of enrolled learners in place. These arrangements will consist of either (a) an agreement between the provider of the programme and at least 2 other providers that an enrolled learner may transfer to a similar programme of those other providers, or (b) where the provider considers, with the agreement of the Authority, that it is not practicable to comply with paragraph (a), that provider has arrangements in place which enable that provider to refund to an enrolled learner, or to the person who paid the moneys on behalf of the enrolled learner, the moneys most recently paid in respect of the programme concerned for— (i) tuition fees, (ii) registration fees, (iii) examination fees, (iv) library fees, (v) student services fees, and (vi) any other fees which relate to the provision of education, training and related services
Section 66	Without prejudice to the obligation of a provider to have arrangements in place under section 65, where a provider to whom that section applies ceases to provide a programme of education and training, the Authority shall make all reasonable efforts to assist the enrolled learners affected by the cessation to find a programme of education and training with another provider which will enable them to complete the education and training commenced with the former provider.	The Authority may request any relevant provider to assist the Authority in its reasonable efforts under subsection (1). Upon receipt of a request under subsection the relevant provider concerned shall assist the Authority in so far as it is practicable to do so.

PART/SECTION OF THE ACT	WHAT QQI MUST DO	WHAT PROVIDERS MUST DO
Section 67(1)		A provider shall, before commencing a programme of education and training and before accepting any payment from or on behalf of an enrolled learner in respect of the programme, notify the enrolled learner in writing of the following: (a) where completion of the programme by the learner and attainment by the learner of a specified standard of knowledge, skill or competence upon such completion entitles the learner to an award— (i) the name of the awarding body or, where appropriate, awarding bodies making the award, (ii) the title of the award, and (iii) whether the award is recognised within the Framework, and if so— (I) the level of that recognition within the Framework, and (II) whether the award is a Major, Minor, Special Purpose or Supplemental award as identified within the Framework; (b)where completion of the programme by the learner and the attainment by the learner of a specified standard of knowledge, skill or competence upon such completion does not entitle the learner to an award, that fact; (c) where the provider is required to have procedures for access, transfer and progression in place under section 56, a statement of how those procedures apply to that programme; (d) where the provider is required to have arrangements in place under section 65, details of the arrangements the provider has in place under subsection (4) of that section.
67(2)		A provider to whom subsection (1) applies shall notify the enrolled learner in writing of any change in the information notified to the learner under subsection (1) within 14 days after becoming aware of that change.
67(3)		A provider who— (a) fails to comply with subsection (1) or (2), or (b) in purported compliance with subsection (1) or (2), provides an enrolled learner with information which is false or misleading in a material respect, commits an offence.

PART/SECTION OF THE ACT	WHAT QQI MUST DO	WHAT PROVIDERS MUST DO
Part 9 Section 78(1)-(4)	The Authority shall establish and maintain a register to be known as the Register of Providers The Authority shall enter the information set out in subsection (3) in the register in respect of each provider— (a) who is authorised to use the international education mark, (b) who has arrangements in place in accordance with section 65. (3) The information referred to in subsection (2) is— (a) the provider's name, address and contact details, (b) whether the provider is authorised to use the international education mark, (c) in the case of a provider with arrangements in place in accordance with section 65, in relation to each programme of education and training— (i) the name of the programme provided, and (ii) details of the arrangements the provider has in place under subsection (4) of that section.	If a particular entered in the register is incorrect or has ceased to be correct, the provider to which the entry relates shall, as soon as may be after becoming aware of its being incorrect, inform the Authority accordingly.

PART/SECTION OF THE ACT	WHAT QQI MUST DO	WHAT PROVIDERS MUST DO
Section 79	The Authority shall establish and maintain a database providing information on— (a) awards recognised within the Framework, (b) programmes of education and training which lead to awards recognised within the Framework, and (c) any other programmes the Authority thinks appropriate. (2) The database shall include the following information: (a) in relation to an award recognised within the Framework— (i) the name of the award, (ii) the awarding body, or where appropriate, awarding bodies making the award, (iii) the level at which the award is recognised within the Framework for the time being, and (iv) whether the award is a Major, Minor, Special Purpose or Supplemental award as identified within the Framework for the time being; (b) in relation to a programme of education and training— (i) the name of the provider of the programme, (ii) the title of the programme, (iii) duration of the programme, (iv) the award made if the programme is successfully completed, (v) the awarding body, or where appropriate, awarding bodies making the award if the programme is successfully completed, (vi) whether the award made in respect of the programme is recognised within the Framework, and if so— (I) the level at which the award is recognised within the Framework, and (II) whether the award is a Major, Minor, Special Purpose or Supplemental award as identified within the Framework, (vii) where procedures for quality assurance have been established by a provider of the programme, the name of the person, other than that provider, who reviews those procedures, and (viii) whether the provider of that programme is authorised to use the international education mark.	If a particular entered in the database is incorrect or has ceased to be correct the provider to which the particular relates shall, as soon as may be after becoming aware of its being incorrect, inform the Authority accordingly.

PART/SECTION OF THE ACT	WHAT QQI MUST DO	WHAT PROVIDERS MUST DO
Section 81(1) 81(2)		The words "institute of technology" or "regional technical college" shall not, without the approval of the Minister, be used to describe a provider of a programme of education and training. Subsection (1) shall not apply to a provider of a programme of education and training where the provider was established and described as an "institute of technology" or "regional technical college" before 11 June 2001.

ANNEX 2

GLOSSARY OF TERMINOLOGY

Completion rates

for a programme of education and training means the ratio that the number of enrolled learners who complete the programme bears to the number of enrolled learners who commenced the programme.

Policy

A policy is a documented statement of a provider's principles and approach to a particular activity. It should be consistent with the provider's overall mission and should provide an underpinning rationale for staff carrying out the associated procedures.

Policies may not contain much detail regarding implementation methods, but should demonstrate that the provider has a full understanding of its legal obligations, its obligations under QQI policy, and of effective practice in educational quality assurance.

To be effective, a policy must be disseminated to all those that it is intended to inform.

Quality assurance procedures

Translated into practice, a policy must be broken down into clear and coherent procedures. Procedures are the means and methodologies that a provider uses to carry out the intention of a policy.

A procedure covering any process should, at a minimum, specify:

a. The title of the task(s) it is designed to carry out

b. Methods to be used in carrying out the task(s)

c. Who is responsible for carrying out the task(s)

d. Who should monitor the procedure, how often and in what way

e. Indicative evidence that can be used to demonstrate that the procedure is effective

Programme

refers to a process by which a learner acquires knowledge, skill or competence and includes a course of study, a course of instruction and an apprenticeship.

Provider

means a person who provides, organises or procures a programme of education and training.

Quality assurance guideline

refers to statutory guidance published by QQI that providers will have due regard to when developing, revising or updating their own internal, provider, quality assurance system, policies and procedures.

Quality system

A provider's quality (assurance) system refers to all of the provider's internal QA policies and procedures working in concert to form an integrated whole. For example, policies, procedures, guidelines, roles, responsibilities attached to the human resources and other resources required to govern, oversee, manage, analyse, make decisions, review and improve the quality of provision and related services. A quality system can exist in small, as well as large providers.

Intended learning outcomes

refers to all or any of the intended outcomes, including the minimum outcomes, specified for the programme. *Minimum intended learning outcomes* refers exclusively to the minimum outcomes expected to be attained by enrolled learners on the programme.

Internal self-monitoring

refers to the identification of quality measures appropriate to an area which can be checked though monitoring, for example: learner satisfaction ratings, completion / certification rates, relevance of outcomes to the market place, error levels etc. It acts as 'an early warning system' which can identify areas of provider education and training activity that are not delivering quality outcomes and therefore should be improved.

Learner assessment (specifically the assessment of learning)

refers to the evaluation of a learner's knowledge, skill or competence in a given area by comparison with a standard, based on appropriate evidence. Self-assessment is by the learner is included in this.

ANNEX 3

ADDITIONAL RESOURCES

1. QQI Policy and Guidelines

*Policy and Criteria for Provider Access to Initial Validation of Programmes Leading to QQI Awards*2013

Protection of Enrolled Learners: Protocols for the Implementation of Part 6 of the 2012 Act 2013

Provider Access to Initial Validation of Programmes Leading to QQI Awards: Application Guide 2013

2. General Standards and Guidelines

ENQA *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)* 2015

IHEQN *Principles of Good Practice in Quality Assurance / Quality Improvement for Irish Higher Education and Training* 2005

IHEQN *Principles for Reviewing the Effectiveness of Quality Assurance Procedures in Irish Higher Education and Training* 2007

IHEQN *Common Principles for Follow-through on Quality Improvements identified through Quality Reviews* 2010

IHEQN *Common Principles for Student Involvement in Quality Assurance/Quality Enhancement* 2009

IHEQN *Provision of Education to International Students: Code of Practice and Guidelines for Irish Higher Education Providers* 2009

AHEAD *Charter for Inclusive Teaching and Learning* 2009

HETAC *Supplementary Guidelines for the Review of the Effectiveness of Quality Assurance Procedures* September 2011

3. *Programme Validation*

Core Validation Policy and Criteria Revised 2013

4. *Credit*

NQAI *Principles and Operational Guidelines for the Implementation of a National Approach to Credit in Irish Higher Education and Training* 2006

European Communities *ECTS User's Guide* 2015

5. *Awards Standards*

NQAI *Determinations for the Outline National Framework of Qualifications* 2003

NQAI *Descriptors for Minor, Special Purpose and Supplemental Award-Types* 2004

HETAC *Policy and Criteria for the making of Higher Education and Training Awards* 2004

HETAC *Policy and Draft Guidelines on Minor, Special Purpose and Supplemental Awards* October 2008

HETAC Awards *Standards* series

IUA *Irish Universities' PhD Graduates' Skills* 2008

6. *Assessment and Recognition of Prior Learning*

Assessment and Standards Revised 2013

HETAC *Effective Practice Guideline for External Examining* 2009

NQAI *Principles and Operational Guidelines for the Recognition of Prior Learning in Further and Higher Education and Training* 2005

7. Access, Transfer and Progression

NQAI *Policies, actions and procedures for Access, Transfer and Progression for Learners* 2003

8. Research Degree Programmes

Research Degree Programme Policy and Criteria Revised 2013

IUA *Policy Statement on Ensuring Research Integrity in Ireland* 2013 (pending publication)

European University Association Bologna Seminar on "Doctoral Programmes for the European Knowledge Society" Conclusions and Recommendations (includes the *Salzburg Principles*) 2005

IUQB *Good Practice in the Organisation of PhD Programmes in Irish Higher Education* 2009

European Commission *European Charter for Researchers and Code of Conduct for the Recruitment of Researchers* 2005

Working Group on Practice-based Research in the Arts *Good Practice in the Quality Assurance of Arts Research Degree Programmes by Practice* 2010

SFI *Funding Agency Requirements and Guidelines for Managing Research Generated Intellectual Property* 2006

9. Collaborative Programmes and Transnational Programmes

Policy for Collaborative programmes, Transnational Programmes and Joint Awards Revised 2013

IHEQN *Guidelines for the Approval, Self monitoring and Review of Collaborative and Transnational Provision* 2013

Providers of transnational programmes should follow the relevant parts of the *Guidelines for Quality Provision in Cross-border Education* (OECD/UNESCO 2005) which are adopted by QQI as its Guidelines and use the codes of practice referenced therein particularly the UNESCO/Council of Europe *Revised Code of Good Practice in the Provision of Transnational Education* (2007) which is adopted by QQI as its Code of Good Practice.

The *European Approach to the Quality Assurance of Joint Programmes* 2015

10. *Flexible and Distributed Learning including e-Learning*

QQI has not yet established explicit guidelines on distance education and training. In the interim providers are referred to the following:

The Quality Assurance Agency for Higher Education (UK) *Code of practice for the assurance of academic quality and standards in higher education: Collaborative provision and flexible and distributed learning (including e-learning) – Amplified version* October 2010

11. *Monitoring*

HETAC *Provider Self monitoring Policy and Procedures* 2010

12. *Panel Evaluation*

HETAC *Participating in an Evaluation Panel as an Expert Assessor: Guidelines* 2009