**Core**

**QQI**

Quality and Qualifications Ireland
Dearbhú Cáilíochta agus Cáilíochtaí Éireann

# Statutory Quality Assurance Guidelines
developed by QQI for use by all Providers

# Document Outline

## Section 1: Introduction and Context

Sets out the purpose of the statutory core quality assurance guidelines and identifies who they are for. Defines what is meant by 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.

# Core
# Statutory Quality Assurance Guidelines

## DEVELOPED BY QQI FOR USE BY ALL PROVIDERS

# 1 SECTION 1: INTRODUCTION AND CONTEXT

## 1.1 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: QQI must 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 further requires providers to "have regard to" QQI's quality assurance (QA) guidelines when establishing their own quality assurance procedures. The principles underpinning these guidelines are set out in the QQI Policy on Quality Assurance Guidelines. These Core Guidelines should be considered in conjunction with QQI's sector and topic-specific QA guidelines as appropriate.

## 1.2 What is the purpose of these 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

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

## 1.3 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 under the 2012 Act. The legal context varies between providers as follows:

- Previously established universities and the National University of Ireland (NUI) are recognised as autonomous and must have regard to QA guidelines in the development of their internal QA procedures.

- Other awarding bodies, namely the Royal College of Surgeons in Ireland (RCSI), the Dublin Institute of Technology (DIT) and other institutes of technology, must have regard to the QA guidelines prior to the approval of their QA procedures by QQI.

- Education and Training Boards, SOLAS and Teagasc must have regard to the 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 and access to QQI awards. Such providers must have regard to the QA guidelines prior to the approval of their QA procedures by QQI.

- Linked providers must have regard to the QA guidelines prior to the approval of their QA procedures by a designated awarding body.

## 1.4     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 they 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.

## 1.5     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.

## 1.6     Provider-owned quality assurance (internal QA)

Quality and its assurance is the primary responsibility of the provider. 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 of quality and complexity of related procedures will be influenced by a provider's context, including its scope; the NFQ level of provision and overall provider 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, external review panels or examiners.

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.

## 1.7 External quality assurance

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 through:

- Establishing guidelines setting out national expectations to inform provider-owned quality assurance

- Establishing and implementing policies and procedures for external quality assurance

- Approving or withdrawing approval of providers' QA procedures[1]

- Promoting and supporting innovation and continuous improvement and enhancement in providers' quality assurance methods

- Collaboration and engagement with, and collecting feedback from, providers on policies and quality assurance guidelines

- Publishing quality review reports, including the outcomes of programme, provider, thematic and whole-of-system reviews and requiring providers to do the same

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1   *Except in the case of previously established universities.*

Core

## 2 SECTION 2: THE CORE STATUTORY QUALITY ASSURANCE GUIDELINES

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

1) Governance and Management of Quality

2) Documented Approach to Quality Assurance

3) Programmes of Education and Training

4) Staff Recruitment, Management and Development

5) Teaching and Learning

6) Assessment of Learners

7) Supports for Learners

8) Information and Data Management

9) Public Information and Communication

10) Other Parties involved in Education and Training

11) Self-Evaluation, Monitoring and Review

## 1 Governance and management of quality

### 1.1 Governance

There is a system in place to oversee the education and training, research and related activity of the provider to ensure its quality. This governance structure enforces separation of responsibilities between those who produce/develop material and those who approve it. Included in the governance structure are groups or units which (i) make decisions and (ii) approve them. 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 for certification

- Self-evaluation findings and programme and related service improvement reports, including agreed follow-up actions

Groups or units responsible for the oversight of education and training, research and related activities are identified in the provider's documented procedures. The terms of reference for these groups or units 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.

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 various levels) 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. It is independent of commercial considerations. Overall corporate decision-makers within the provider, whether trustees, owners, shareholders or others, do not exercise exclusive authority or undue influence over academic decision-making. Academic decision-makers are appropriately qualified and experienced; they are aware of available resources for programme delivery and ensure that standards are maintained.

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 extends to the mode of provision, for example, alternative modes of delivery not embraced by the QA system. The consideration of risk also extends to:

- maintaining academic integrity

- the avoidance of academic or other fraud associated with provision and related services

- planning to ensure capacity to provide adequate services to the number and type of students recruited

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, including action plans, are developed in light of those findings and of past experience (including trends).

## 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 the quality management system include, but are not limited to, the following:

- A description of processes.

- Identification of roles and positions responsible for the implementation of quality assurance policies and procedures, which are clearly described and designated.

- Self-monitoring of processes. 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 stakeholders. Layers of moderating and supervisory processes, as appropriate, are in place to enable strategic and co-ordinated analysis of information at appropriate levels.

- 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 teaching and learning 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. The policies will inform:

  - management and staff as to the general approaches to follow in their work

  - 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 includes 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 independent evaluators who can make comparisons with other similar programmes offered elsewhere.

- A system for responding to the findings of self-monitoring and review which will address areas for **improvement** and build on areas of strength. The provider uses indicators/benchmarks against which programme data can be compared.

## 1.3 Embedding a quality culture

A positive, quality culture is embedded – the totality of a provider's teaching and learning community is 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, the provider develops a strategy for the continuous enhancement of quality in all activities and measures the achievement of the objectives set, as in the case of other corporate or organisation planning strategies, plans and goals. Some features of such quality strategies include:

- A provider-owned quality system where all of a provider's staff and learners 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 feed-back and feed-forward paths.

- A holistic approach towards quality assurance where continuous improvement is key. Procedures are integrated into the normal activities of the provider, 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 quality improvement plans.

- A balanced, organisation-wide approach to the implementation of quality assurance procedures to ensure that:

  - the burden of procedures does not obscure the purpose of establishing a quality culture

  - a standardised approach does not obscure the ownership and primary focus on quality improvement

## 2 Documented Approach to Quality Assurance

### 2.1 Documented policies and procedures

The quality assurance system is fully documented; there are robust, documented policies and associated procedures for the assurance of the quality and standards of provision. The 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 internal evaluation or review and continuous improvement of the effectiveness of the policies and procedures.

Policies and procedures are effective and fit for purpose. Quality assurance procedures are regularly self-monitored to ensure ongoing effectiveness as provider circumstances change. Policies and procedures found to be ineffective are amended or replaced.

Provider quality assurance policies and procedures:

- are informed by QQI quality assurance guidelines

- 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 appropriate to the provider context

- have formal standing within the provider and form part of 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 subcontracted 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　A comprehensive system

Quality assurance policies, procedures and systems are designed as a comprehensive system. Quality assurance is embedded in 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.

## 3　Programmes of Education and Training

### 3.1 Programme development and approval

The development of new programmes is conducted systematically. 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

- have procedures for coordinating provision at faculty (or equivalent) level and at college or centre (or equivalent) level for multiple programmes

- include well-structured placement opportunities where appropriate (including traineeships, internships, and other time outside the provider designed to offer 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

- are designed with the intended mode of delivery and learning environment in mind

## 3.2 Learner admission, progression and recognition

There are pre-defined and published regulations, which are consistently applied, covering all areas related 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 and completion rates.

- 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 EQF and the National Academic Recognition Information Centre (NARIC).

## 3.3 Programme monitoring and review

Programme delivery is monitored in a way which allows for the identification of needs and the 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 programme completion rate data; learner, teacher, trainer, employer and/or industry 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

- ensure that the programme achieves the objectives set for it and responds 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 the assessment of learners

- inform updates of programme content; delivery modes; teaching and learning methods; learning supports and resources; and information provided to learners

- update third party, industry or other stakeholders relevant to the programme(s)

- review quality assurance arrangements that are specific to that programme

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.

## 4 Staff Recruitment, Management and Development

The provider takes responsibility for the quality of its staff and for providing them with a supportive environment that allows them to carry out their work effectively.

### 4.1 Staff recruitment

The provider assures itself as to the competence of its staff. There is a systematic approach to the 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 have sufficient experience and expertise to fulfil their designated roles and thereby enhance the teaching and learning environment for students.

Policy in this area expresses provider commitment to appoint suitably qualified staff to the role of teacher/instructor/trainer/tutor and to all other roles responsible for related services and to provide opportunities for further staff 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 relevant 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 and 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, probation and tenure

- Collection and use of regular and timely learner and other relevant feedback on teaching staff

- Pedagogical training and certification of teaching staff

- Performance management

### 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.

### 4.3 Staff development

The provider environment is enhancement-focused and utilises the available resources to:

- Offer opportunities for and promote the professional development of teaching staff

- Encourage scholarly activity, as appropriate, to strengthen the link between education, teaching and research

- Encourage activity to strengthen the links between education, teaching, research and other developments within fields

- Encourage innovation in teaching methods and the use of new technologies

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 staff, or staff with minimal experience, is documented and in operation. A mechanism is in place to impart feedback to staff members on their strengths and on areas requiring improvement. Planning and resources are committed to identifying and addressing staff training needs.

## 5 Teaching and Learning

### 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 education and training programmes, research and related services.

### 5.2 A provider ethos 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. There are 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 pathways

- 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

- Has procedures for dealing with learner complaints

- Has procedures for dealing with learner appeals

## 5.3 National and international effective practice

The provider engages with the wider national and international community of practice to enhance teaching and research.

## 5.4 Learning environments

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

### a) *The many contexts in which learning opportunities emerge*

For example, learners working collaboratively on projects 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) *Different learning environments*

Equal attention is paid to quality assurance of the learning environment in any type of distributed learning context, such as outreach centres or in collaborations with other providers or organisations.

### c) *Learning off-campus*

For example, practice / work placements in off-campus learning. These are often integrated into professional or training programmes. Such placements also define learning environments.

### d) *Physical premises, equipment and facilities*

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.

# 6 ASSESSMENT OF LEARNERS

The 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.

## 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

ii) How assessment supports standards based on learning outcomes

iii) How assessment promotes and supports effective learning and teaching

iv) The credibility and security of assessment procedures

v) The regulation of assessment methods, ensuring that they are reviewed and renewed as necessary with the involvement of learners to adapt to evolving requirements

vi) The assessment of learners at appropriate points in the programme and ensuring/to ensure that feedback on the outcomes of assessment is provided to students in a timely and appropriate manner

vii) Learners are informed about how and why they are assessed and provided with feedback on assessment

viii) Learners are involved in the periodic review of assessment procedures

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.

# 7    SUPPORTS FOR LEARNERS

## 7.1 Supports for learners

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 learner needs as identified through feedback on teaching and learning. The following are in place:

a)    *An integrated approach from the perspective of the learner*

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

- Learners are surveyed annually for their overall impression of learning resources and learner supports

- Learner perspectives about the sufficiency and quality of learning resources and learner supports are listened to

- All learning resources and learner supports are responsive to (i) the needs of the programme; (ii) programme review and other evaluation activities and (iii) deliberative or decision-making processes requiring feedback on 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 bench marked against standards

b)    *Pastoral care[2]*

The learning environment includes 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[3]* is complied with where applicable.

c)    *Access to services related to programmes*

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

- Library, information and computing services and access to same

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2    *Pastoral care refers to the emotional and personal support for the general wellbeing of learners.*
3    *Published by QQI, July 2015.*

- 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

- Other support services relevant to provision

Support and administrative staff is 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 when planning and providing learning resources and supports.

*d)* *Learner representation*

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

*e)* *Guidance*

Necessary guidance services are provided to learners on programmes as appropriate. Accurate and relevant information on the programme, which includes details on potential career pathways, is provided to learners prior to enrolment on the programme.

## 8 INFORMATION AND DATA MANAGEMENT

Reliable information and data are available for informed decision-making and to ensure the providers knows what is working well and what needs attention. Controls and structures are in place to generate named data/reports which are communicated to staff and management for self-monitoring and planning purposes. The information gathered reflects the context and mission of the provider.

Some examples of learner data include personal details, contact information, continuous assessment results, stages completed, subject choices and results, awards conferred and classification of the award.

### 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.

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

## 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

- ensuring that the database is maintained securely and that data relating to learner assessment is accurate and complete

## 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 timely analysis in light of key performance indicators and objectives.

## 8.4    Information for further planning

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

## 8.5    Completion rates

Completion rates are collected, used and made available to external quality reviewers.

## 8.6    Records maintenance and retention

There is a policy for the establishment and maintenance of quality-related records. It specifies data 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.

## 8.7    Data protection and freedom of information

The information system is designed to enable compliance with data protection legislation. Obligations under data protection legislation are complied with. This includes the establishment of data access controls, data backup systems and ensuring learner

information material makes clear what personal data will be collected, for what purpose and with whom it will be shared.

## 9 PUBLIC INFORMATION AND COMMUNICATION

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

### 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 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.

### 9.2 Learner information

All relevant programme and award information is made available to prospective and current learners, including the following:

- whether or not a programme leads to an award

- the name of the awarding body

- 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

- details of the Protection of Enrolled Learner (PEL) arrangements in place, should PEL be a requirement

The accuracy of such information is maintained. Information for prospective learners is honest, transparent and facilitates comparison.

### 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.

## 10 OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING

### 10.1 Peer relationships with the broader education and training community

Education and training lead 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, collaboration, arrangements and partnerships, both in Ireland and abroad, offered through or by 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.

### 10.2 External partnerships and second providers

Quality assurance procedures include provision for engagement with external partnerships and second providers. Procedures cover all such arrangements, including sub-contracting of provision, research or other partnerships in programme or research provision or related services both at home and abroad as appropriate. Quality assurance procedures include provisions for due diligence on the reputation, legal status, standing and financial sustainability of any such parties or second providers involved in provider provision or related services. The nature of all such arrangements in place with the broader national and international education and training community is published. All transnational arrangements in which the provider is involved are published separately in one place.

### 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 by the external expert of any interests that could conflict, or might appear to conflict, with the role or responsibilities proposed by the provider. Independence and expertise are reviewed each time a person is engaged because both are subject to change. The names and affiliations of expert panellists, examiners and authenticators and other external experts associated with the provider are collated and monitored by the provider.

## 11    SELF-EVALUATION, MONITORING AND REVIEW

Review and self-evaluation of quality, including review of programmes of education and training, research and related services, is a fundamental part of the provider quality assurance system. The purpose of such 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 are identified and maintained, while areas needing improvement are addressed.

### 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. Self-evaluation has a broad, systemic focus and is carried out at specified intervals. Internal self-monitoring is ongoing and typically focuses on specific indicators.

### 11.2    Internal self-monitoring

Self-monitoring procedures include:

a)    A system of appropriate quality measures: Appropriate quality measures are identified which can be checked in monitoring, for example, learner satisfaction ratings, completion / certification rates, relevance of outcomes to the market place, error levels. The 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 the 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.

## 11.3 Self-evaluation, improvement and enhancement

Self-evaluation focuses particularly on the quality of, or impact on, the learner's experience, achievements, contributions and on 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. Self-evaluation is taken as an opportunity to engage in crucially important dialogue with stakeholders, including learners, employers, collaborative partners, and external experts used by the provider in its quality assurance procedures. 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 and when the provider will address the recommendations made the self-evaluation report, and who will have responsibility for doing so. The self-evaluation report consolidates areas of effective practice and addresses areas requiring improvement. Actions agreed following self-evaluation are implemented and have their intended effect.

## 11.4 Provider-owned quality assurance engages with external quality assurance

The quality assurance system is connected with the provider's external QA obligations, including statutory external review of QA under the Qualifications and Quality Assurance (Education and Training) Act, 2012, and any national and international accreditation systems held, both statutory and voluntary.

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