



QQI

Quality and Qualifications Ireland
Dearbhú Cáilíochta agus Cáilíochtaí Éireann

Quality Assurance Guidelines and Criteria for Provider Access to Initial Validation of Programmes Leading to QQI Awards

Higher Education and Training

QQI, an integrated agency for quality and qualifications in Ireland

Contents

Foreword	3
1 Introduction	4
2 The Meaning of Quality and Quality Assurance in Higher Education and Training	5
2.1 Quality Assurance	5
2.2 Provider-owned Quality Assurance and External Quality Assurance	5
2.3 Quality Assurance of QQI	6
3 Principles	7
3.1 The Learning Outcome Principle	7
3.2 Implementation Principle	7
3.3 The Externality Principle	7
3.4 The ESG Principles	8
3.5 The Irish Higher Education Quality Network (IHEQN) Principles	8
4 Criteria and Guidelines for Provider-owned Quality Assurance	9
4.1 Quality Assurance Principles	9
4.2 Evolution of Quality Assurance Policy and Procedures	9
4.3 Policy and Procedures for Quality Assurance	10
4.4 Governance and decision making	14
4.5 Protection for Enrolled Learners (PEL)	16
4.6 Approval, Monitoring and Periodic Review of Programmes and Awards	16
4.7 Assessment of Learners	17
4.8 Quality Assurance of Staff Involved in Teaching	17
4.9 Learning Resources and Student Support	18
4.10 Information Systems	20
4.11 Procedures for Access, Transfer and Progression	22
4.12 Public Information	22
5 Principal Documents	24
5.1 QQI Policy and Guidelines	24
5.2 General Standards and Guidelines	24
5.3 Programme Validation	24
5.4 Credit	24
5.5 Awards Standards	24
5.6 Assessment and Recognition of Prior Learning	25

5.7	Access, Transfer and Progression	25
5.8	Research Degree Programmes	25
5.9	Collaborative Programmes and Transnational Programmes	25
5.10	Flexible and Distributed Learning including e-Learning	25
5.11	Monitoring	26
5.12	Panel Evaluation	26
	Interpretation	26

Foreword

These Quality Assurance Guidelines and Criteria issued by QQI are based on those established by its predecessor body. These Guidelines and Criteria are issued as QQI Guidelines under Section 27(1) of the 2012 Act for the sole purpose of Providers making an application to QQI under the 'Policy and Criteria for Provider Access to Initial Validation of Programmes Leading to QQI Awards, 2013'. Over time these Guidelines and Criteria will be replaced with new QQI Guidelines under the QQI Comprehensive Policy development Programme. In the event that there is any conflict between the adopted and adapted legacy policy, criteria and guidelines and QQI policy, the QQI policy criteria and guidelines will prevail.

These guidelines and criteria are intended to be consistent with all types of programmes and providers of higher education and training. They are produced for the attention of and use by:

- Providers of higher education and training when establishing quality assurance procedures in preparation for access to initial validation of programmes leading to QQI awards;
- Providers reviewing their effectiveness at the institutional level, at the programme level, and at modular level;
- Those involved with the on-going development and improvement of quality assurance procedures;
- Those involved with external quality procedures, including approval of quality assurance procedures, programme validation, quality monitoring, programme re-validation (formerly programmatic review) and institutional review.

These guidelines are not intended for use by the following:

- Providers with a standing QA agreement with an antecedent body (NQAI, HETAC, FETAC, IUQB);
- Linked providers (as defined by the Qualifications and Quality Assurance Education and Training Act, 2012);
- Providers offering programmes leading to awards aligned to the National Framework of Qualifications;
- Providers of English Language Training.

1 Introduction

This document aims to assist providers in designing, establishing, evaluating and maintaining procedures for the quality assurance of the higher education and training programmes leading to QQI awards which they provide.

Section 2 addresses the meaning of Quality Assurance.

Section 3 sets out the principles which underpin the guidelines and which should be used by providers when developing and reviewing their quality assurance policy and procedures.

Section 4 sets out Criteria and Guidelines for provider-owned quality assurance in higher education and training.

Section 5 sets out a range of supporting documents including those providing specialised quality assurance guidelines, awards standards and those describing various relevant external quality assurance policies and criteria.

Section 6 addresses the interpretation of terms used.

Quality assurance in higher education and training is a developing area of policy and procedural innovation. Accordingly, these guidelines and criteria will continue to develop and evolve.

2 The Meaning of Quality and Quality Assurance in Higher Education and Training

The terms 'Quality' and 'Quality Assurance' in higher education and training lack precise agreed definitions. However, there is broad general agreement on key concepts.

2.1 Quality Assurance

In common usage the term 'quality assurance' (QA) means 'the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production'. In essence this is the meaning it has in higher education, particularly in respect of provider-owned quality assurance (see Section 2.2). Provider-owned quality assurance extends to areas including teaching, assessment, curriculum, learning environment, human resources (including academic staff), services, resources, finance, planning, partnerships, management of legislative and regulatory compliance (e.g. health and safety), governance, management, etc.

Quality improvement is always part of quality assurance in higher education and training which operates in a changing environment, thereby creating a constant demand for continuing improvements. The UNESCO-CEPES publication *Quality Assurance and Accreditation: A Glossary of Basic Terms and Definitions*¹ discusses the many facets of the term 'quality' as used in higher education and training. It highlights both the 'excellence' and 'fitness-for-purpose' interpretations. In defining 'quality assurance' it stresses distinct evaluative, quality-enhancing and regulatory roles and the importance of having necessary institutional mechanisms and a quality culture. It notes that '*Quality assurance is often considered as a part of the quality management of higher education, while sometimes the two terms are used synonymously*'.

The UNESCO-CEPES definition makes it clear that quality assurance in higher education has a broader scope than in more common usage.

2.2 Provider-owned Quality Assurance and External Quality Assurance

The *Standards and Guidelines for Quality Assurance in the European Higher Education Area – 3rd edition (ESG)*² make a distinction between Internal QA (which is the responsibility of the provider) and External QA (which is the responsibility of an outside agency).

The term 'provider-owned quality assurance' is favoured by some as an alternative to 'internal' quality assurance. This is because it is more obviously consistent with the fact that internal quality assurance procedures normally have an external dimension (e.g. the external review panels recruited by the provider). The term 'provider-owned quality assurance' will be used in this document.

The precise responsibilities and roles typically associated with provider-owned and external quality assurance can vary between countries and sometimes (as in Ireland) between categories of providers within countries—they may be influenced, for example, by national regulation, by institution type (e.g. public and independent) and by perceived risk.

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

¹ Vlăsceanu, L., Grünberg, L., and Pârlea, D., 2007, *Quality Assurance and Accreditation: A Glossary of Basic Terms and Definitions* (Bucharest, UNESCO-CEPES). Revised and updated edition, ISBN 92-9069-186-7. http://www.cepes.ro/publications/pdf/Glossary_2nd.pdf

² *Standards and Guidelines for Quality Assurance in the European Higher Education Area - 3rd edition (2009)* (pdf). http://www.enqa.eu/pubs_esg.lasso

quality of services and products. The desired level will be influenced by the provider's goals as well as its external obligations (e.g. to regulators and to statutory and professional bodies).

Provider-owned quality assurance embodies planning, defining, encouraging, assessing and improving practice. It is predicated upon provider autonomy and the professional competence of its staff. It is informed both by the theory and the practical experience of teaching, learning and assessment. It provides for accountability. It involves:

- Establishing a quality ethos together with quality assurance procedures that embed that ethos in all of the provider's activities;
- Examining furtherance of mission, value-for-money, fitness-for-purpose, and satisfaction of stakeholders' needs;
- Setting thoughtful performance targets (ranging from those at the institutional mission level through to those concerning specific programmes, products and services);
- Establishing and continually and systematically monitoring and reviewing critical indicators and promptly remedying any serious deficiencies identified and evaluating services or products against those indicators;
- Using quality assessment findings to design actions that will improve services and processes (including the quality assurance processes themselves);
- Making national and international comparisons—benchmarking;
- Providing credible and meaningful information on institutional and programme quality given to stakeholders.

This outline of provider-owned quality assurance is introductory. The ideas will be refined and developed in **Sections 3 and 4**.

While external quality assurance is often linked to, or involves, regulation and legislation, it shares the same broad objectives as provider-owned quality assurance—maintenance of a desired level of quality in higher education and training services and products. These dual objectives are achieved by QQI through:

- Establishing criteria and guidelines for provider-owned quality assurance;
- Establishing and implementing policy and procedures for external quality assurance;
- Researching for the purpose of innovating and invigorating quality assurance methods;
- Publishing quality reviews and evaluations outcomes of programmes, institutions (providers), themes and the system as a whole.

2.3 Quality Assurance of QQI

QQI operates in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012 (referred to as The 2012 Act henceforth). Its quality assurance functions are executed and internally quality assured consistently with *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (Part 2).

QQI is itself subject to external review in accordance with Part 3 of *Standards and Guidelines for Quality Assurance in the European Higher Education Area*.

3 Principles

Quality assurance does not operate in a vacuum. It draws on overarching principles.³ These principles should be used when interpreting the criteria in **Section 4**. They can be thought of as cross-cutting (or common-factor) criteria.

3.1 The Learning Outcome Principle

Higher education and training exists principally for the purpose of enabling people to **learn**⁴ and accordingly, provision should be designed, implemented and evaluated with **learning outcomes** in mind.

Learning is understood here in the broadest sense and in the context of the [National Framework of Qualifications](#).

3.2 Implementation Principle

Approved quality assurance procedures are fully implemented by providers.

QQI requires providers' quality assurance policy and procedures to be substantially compliant with the criteria set out in this document.

Under The 2012 Act, QQI is obliged to assess the capacity of each provider to be assured that it can meet the conditions set out in Section 44 (5). Among these pre-conditions, providers must have established procedures for quality assurance. This document is intended to guide providers of higher education and training in establishing their own quality assurance procedures and inform them of the criteria that will be used, *inter alia*, by QQI in establishing whether this pre-condition is met.

3.3 The Externality Principle

A provider-owned quality assurance system makes appropriate use of external persons who are independent of the provider and who are expertly qualified to make national and international comparisons.

Providers exercise great care when selecting such persons to ensure that they gain the full benefit of objective counsel.

External examining is an example of the application of this principle. Another is the use of independent external panels in the **programme validation** and **programme re-validation** (taught and research) processes (formerly programmatic review).

³ The reader may also find it useful to refer to the "Common Principles for Quality Assurance in Higher Education and Vocational Education and Training in the context of the European Qualifications Framework".

⁴ Certain terms have a precise technical meaning in the context of this document and may have important nuances which differ from conventional meanings. These terms are printed in blue typeface where they first appear and, except where a specific cross-reference is provided, are defined in one of the following documents *Assessment and Standards 2009*, *Core Validation Policy and Criteria*, *Provider Monitoring Policy* or the relevant policy document.

3.4 The ESG Principles

The *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG) set out principles for quality assurance of higher education and training with which QQI concurs.

These principles are:

- *Providers of higher education have the primary responsibility for the quality of their provision and its assurance;*
- *The interests of society in the quality and standards of higher education need to be safeguarded;*
- *The quality of academic programmes needs to be developed and improved for students and other beneficiaries of higher education across the European Higher Education Area;*
- *There needs to be efficient and effective organisational structures within which those academic programmes can be provided and supported;*
- *Transparency and the use of external expertise in quality assurance processes are important;*
- *There should be encouragement of a culture of quality within higher education institutions;*
- *Processes should be developed through which higher education institutions can demonstrate their accountability, including accountability for the investment of public and private money;*
- *Quality assurance for accountability purposes is fully compatible with quality assurance for enhancement purposes;*
- *Institutions should be able to demonstrate their quality at home and internationally;*
- *Processes used should not stifle diversity and innovation.'*

3.5 The Irish Higher Education Quality Network (IHEQN) Principles

The general principles in this section are supplemented (with some overlap) by the following specialised principles for quality assurance (both provider-owned and external). These principles have been adopted by the IHEQN and by QQI.

- *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 Student Involvement in Quality*

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

4 Criteria and Guidelines for Provider-owned Quality Assurance

The criteria and guidelines are presented here for providers to use when developing and reviewing their quality assurance procedures.

Evidence (from the provider) of the achievement of these criteria forms the basis of quality assurance approval by QQI in the first instance. The criteria are also relevant, among other things, in subsequent quality assurance effectiveness reviews.

4.1 Quality Assurance Principles

Criterion 1

Provider-owned quality assurance policy and procedures are established and maintained in accordance with the principles set out in **Section 3** (Learning Outcomes, Implementation, Externality, ESG, and IHEQN principles).

Guideline

The following is offered as guidance:

1. Meanings of policy, procedures and system

A policy in this context is 'a plan of action'. A procedure is defined as a set of steps that need to be taken to accomplish a task.

When the term '*quality assurance procedures*' is used in this document it should be taken to mean 'policy and procedures' unless otherwise indicated.

A quality assurance **system** is more than policy and procedures; it also includes the human and material resources that are involved in implementing the policy and procedures. The implementation principle (**Section 3.2**) requires that these resources are in place and the guidelines and criteria concerning QA procedures have implications for how they are implemented. In this sense the term 'quality assurance procedures' in the title of this document can be taken to mean quality assurance systems.

4.2 Evolution of Quality Assurance Policy and Procedures

Criterion 2

Quality assurance policy and procedures are designed to evolve continually. The boundaries, mechanisms and controls governing this evolution are built into the policy and procedures.

Guideline

The following are offered as guidance:

1. *Managing change*

Following agreement, the provider should manage evolutionary changes to quality assurance procedures in such a way as to ensure continued compliance with the current QQI guidelines and criteria. Providers are also required to ensure that they remain continuously cognisant of QQI policies, guidelines and criteria, including any updates and changes to these. Providers should be prepared to adopt and adapt to changes, either driven by external change or internal change in response to internal self-evaluation and review.

2. *When to seek advice*

Should the provider's quality assurance policy and procedures require non-evolutionary extension (e.g. for a new type of **programme**, for a new **collaborative** arrangement or new or extended **delegated authority**) then QQI should be consulted.

3. *Implementation will be reviewed*

The procedures should take into account that QQI will review the effectiveness of the *implemented* quality assurance policy and procedures from time to time, with reference, *inter alia*, to the criteria set out in these Guidelines.

4.3 Policy and Procedures for Quality Assurance

Criterion 3

"[Providers] have a policy and associated procedures for the assurance of the quality and standards of their programmes and awards.

They ... also commit themselves explicitly to the development of a culture which recognises the importance of quality, and quality assurance, in their work.

To achieve this, [providers] ... develop and implement a strategy for the continuous enhancement of quality.

The strategy, policy and procedures ... have a formal status and ...[are] publicly available.

They ... also include a role for students and other stakeholders." (ESG Part 1, 1.1)⁵

Guideline

The guideline here supplements ESG Guideline 1.1: Policy and Procedures for Quality Assurance which should be considered part of QQI's guideline. The following are offered as guidance.

1. *Coherent system*

Quality assurance procedures should be networked into a coherent system, which is central to the promotion of a quality assurance culture within the provider.

⁵ The ellipsis in this quotation replaces 'should' for consistency of style with the other criteria.

Necessary information should be available and should be channelled to where it is needed and can be used.

2. *Comprehensive system*

The quality assurance policy, procedures and system should be comprehensive. Quality assurance should be embedded in all of the provider's activities at all levels. Quality assurance should span both the corporate domain (e.g. governance, finance, human resources) and academic domain. The quality assurance procedures should be consistent with *Section 28* of The 2012 Act.

The following bullet points are indicative of headings which should be addressed in quality assurance documentation:

- Governance
 - Mission
 - Policy and planning
 - Organisational structure
 - Relationships and collaborations
 - Corporate governance
 - Management principles
 - Accountability
- Administration
 - Strategic planning and planning
 - Financial resources and development
 - Human Resources including coordinating performance management and development
 - Facilities and equipment
 - Library and information resources
 - Record management and data protection
 - Management/student information systems
 - Accessibility
 - General learner supports and services
 - Management of legislative and regulatory compliance
 - Communication and cooperation with industry and the public service
 - Communication and cooperation with society
 - Innovation and knowledge transfer services
- Information and Communication
 - Repository of quality assurance policy and procedures
 - Repository of regulations and codes of practice
 - QA-related information on website
 - ICT in the context of programme provision (e.g. Moodle, VLE)
- Institutional Research
 - Supporting institutional review
 - Supporting quality assurance
 - Supporting policy development and planning
- Academic Management
 - Strategic planning
 - Information for students (and prospective students)
 - Coordinating programme development
 - Coordinating programme approval processes

- Managing assessment and standards
 - Managing validation processes
 - Managing programme re-validation processes (formerly programmatic review)
 - Maintaining and archiving learner records (including awards and diploma/certificate supplement data)
 - External examining
- General Provision, Collaborative Provision, Transnational Provision, Research Provision and for each of these the following should be addressed:
- Standards
 - Approval, monitoring and periodic review of programmes and awards
 - Assessment of students
 - Evaluation by students
 - Benchmarking (national and international comparisons)
 - Quality assurance of teaching staff
 - Learning resources and support
 - Information systems
 - Institutional research (analysis of information for QA purposes)
 - Public information
 - Teaching and learning support
 - External examining

In all these areas the aim should be to reflect, observe, plan and act, and then repeat this cycle.

3. System supports public confidence

The quality assurance system should support public confidence (assuming this is deserved) in the provider (institution) and its capacity to provide programmes to agreed standards.

4. System ensures that objectives are aligned with mission and strategy

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

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

5. System ensures that objectives are measurable

While it is easier to focus on important measurable objectives, particular attention should also be paid to important aspects of quality performance which are less easily amenable to measurement. Important outcomes which cannot be measured directly should be inferred from what can be measured.

Outcomes-related objectives (i.e. product) are especially important but objectives concerning inputs, processes and environments should also be part of any quality assurance system.

6. Evidence of achievement of objectives

When objectives are set, consideration should be 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 etc.

7. Objectives are worthwhile

Important objectives should be prioritised even where they are difficult to achieve or to quality assure. Quality assurance should not be limited to addressing easily assessed objectives nor committed to addressing inconsequential ones.

8. *Monitoring is included*

The quality assurance system monitors key performance indicators and progress against objectives.

Some of this information may be required by QQI for its monitoring. HETAC's *Provider Monitoring Policy and Procedures* indicates that monitoring schedules will be agreed with each provider and will constitute part of the provider's agreed quality assurance procedures.

9. *QA findings are systematically analysed*

Any quality assurance system should provide for consideration of the findings of evaluation and monitoring processes and for the development of appropriate responses considering those findings in light of experience (including trends).

Systematic formal deliberative and decision-making procedures should be built in to a provider's various evaluative mechanisms, including procedures for oversight of these by the provider's academic committee (or equivalent) and governing body (or equivalent).

Layers of moderating and supervisory processes should be in place to enable strategic and co-ordinated analysis of information at appropriate levels. In all this a balance should be struck between responsibly managing risk and enabling dynamic responsiveness. There should be at least two levels of analysis in any provider.

10. *Quality assurance drives improvement*

All provider-owned and external quality evaluations should result in the production of a *quality improvement plan* which sets out:

- Schedule of actions to be undertaken following internal/external review;
- Identification of persons responsible for actions and follow-up.

Quality assurance should not produce perverse incentives. For example over reliance on satisfaction surveys in course evaluations might allow falling standards to go unnoticed.

Any quality assurance procedure will drive change but effective quality assurance systems drive improvement.

11. *Key findings are published*

Key formal provider-owned quality evaluations should result in the production of a written report and where appropriate a quality improvement plan. Key findings should be published on the provider's website. This applies to all quality review processes.

12. *Agreed actions are followed-up*

The quality assurance policy and procedures should require that agreed actions are implemented and have their intended effect.

13. *Expert panellists are managed ethically and professionally*

The externality principle (**Section 3**) requires the involvement of external, independent experts in provider-owned quality assurance.

The provider's quality assurance policy and procedures should include explicit criteria and procedures for the recruitment and engagement of external, independent experts and the formation of expert panels. Independence and expertise should be reviewed each time a person is engaged because both are subject to change.

Ethical guidelines relating to the selection and participation of such external experts should also be provided. These should require a declaration of any interests that could conflict, or might appear to conflict, with their role or responsibilities. HETAC's '*Participating in an evaluation panel as an expert assessor: Guidelines*' should be used as a reference when drawing up such guidelines – but it does not address all provider-level issues.

14. QA is fit-for-purpose

Quality assurance should be fit-for-purpose. It should be seamlessly integrated into the normal academic activities of providers, with a minimum of administrative requirements.

The quality assurance system should be organised based on the subsidiarity principle. Ultimate responsibility typically rests with the governing body (or equivalent) but all of a provider's staff should be involved in quality assurance. Specific responsibilities should be assigned based on the subsidiarity principle.

The quality assurance policy should include an organogram illustrating the various roles. This should demonstrate reporting lines. It should be supported by detailed specifications of roles and responsibilities.

It is desirable that quality assurance policy and procedures are designed in consultation with all those involved in their implementation as well as with key stakeholders.

15. Policies and procedures are documented, user-friendly and accessible

Procedures should be documented so that they are carried out consistently and their effectiveness can be systematically analysed.

Documentation should be precise, succinct, clear, consistent and accessible (i.e. easy to find).

The policy and procedures should include illustrations describing and explaining the quality assurance feed-back and feed-forward paths, monitoring and key responsibilities including overall supervisory monitoring.

It is important that staff and students with disabilities are able to access the quality assurance policy and procedures.

A provider should maintain a repository for quality assurance documentation. It may be helpful to include supporting examples.

16. Quality assurance and improvement is resourced

The quality assurance policy should include a commitment to the provision of adequate resources to enable monitoring of quality in the first instance, but also to facilitate the implementation of the quality assurance procedures and quality improvement plans arising from periodic reviews of effectiveness.

17. Provider-owned quality assurance engages with external quality assurance

A provider-owned quality assurance system is most likely to be effective when it is harmonised with its external QA environment.

It should be designed to facilitate *reflective* self-evaluation.

18. There is a policy for records maintenance and retention

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

4.4 Governance and decision making

Criterion 4

"Institutionsshould also commit themselves explicitly to the development of a culture which recognises the importance of quality, and quality

assurance, in their work. To achieve this, institutions should develop and implement a strategy for the continuous enhancement of quality.” (ESG)

Governance and decision making structures and procedures where required comply with QQI’s **Policy and Criteria for Provider Access to Initial Validation of Programmes Leading to QQI Awards 2013** and **Provider Access to Initial Validation of Programmes Leading to QQI Awards: Application Guide 2013** and **Assessment and Standards Revised 2013**.

Guideline

The guideline here supplements ESG Guideline 1.1: Policy and Procedures for Quality Assurance which should be considered part of QQI’s guideline. The policy and guideline documents cited in Criterion 4 include or cite further guidance on related matters.

The following are offered as guidance.

1. Ownership of the quality assurance system by the institution

The quality assurance system is embedded and maintained on a cross institutional basis with involvement of all institution staff including all levels of management, administration, teaching staff and learners.

2. An institutional environment that promotes learning

The institution has an open intellectual community that values critical reflection and fosters personal and professional development for learners and staff. Staff are appropriately qualified and experienced. The institution has processes in place to ensure that the content of programmes reflects advances in the relevant disciplines and that the pedagogic style incorporates good practice.

3. 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 (see *Assessment and Standards Revised 2013* for an example of a typical academic decision-making flow). Overall corporate decision makers within the institution, be they owners, shareholders or trustees, do not exercise exclusive authority or undue influence over academic decision making. Academic decision making is independent of commercial considerations. Academic decision makers are appropriately qualified and experienced.

4. Peer relationships with the broader community of higher education and training

Higher education and training is a collegial, international endeavour. Awards made on the National Framework of Qualifications are intended to promote mutual recognition and confidence in the learning outcomes attained. Other awards, accreditation, collaborations and partnerships offered through the institution are organised with reputable bodies and are subject to appropriate internal and external quality assurance.

5. Maintenance of a resource base sufficient to protect learners’ investment of time and money

The institution is adequately resourced to undertake and complete the programmes proposed. Continuity planning procedures are developed to understand and anticipate events that could threaten the institution and to ensure that the institution remains viable. Physical and electronic infrastructure is provided on a stable basis. Financial plans are based on realistic projections of student numbers and other variables. The administrative infrastructure of the institution is able to provide timely decision making to learners and a regular flow of information to QQI and other stakeholders. There are procedures in place for the identification, assessment and management of risk.

4.5 Protection for Enrolled Learners (PEL)

Criterion 5

All providers regardless of their relationship with QQI must make certain categories of information available to learners (**Protection of Enrolled Learners: Protocols for the Implementation of Part 6 of the 2012 Act**), including the details of the arrangements for PEL that the provider has in place, in accordance with Section 65(4) of the 2012 Act, or where no PEL arrangements are in place, that this fact be made clear.

Unless specifically exempted all private, voluntary and public providers of QQI validated programmes (or those with delegation of authority to make awards) that charge fees and offer programmes of three months or longer must demonstrate compliance with the legal requirements for PEL (Protocols 3.2, 3.3, 3.4, 3.5 and 3.6 apply). These protocols apply to these providers when:

- i. Submitting programmes for validation
- ii. An existing validated programme is subject to review of validation by QQI
- iii. Seeking delegated authority to make an award in respect of a validated programme
- iv. Submitting a proposal for the inclusion of an additional award(s) under delegated authority

All relevant providers (including public providers) shall, if requested, assist QQI in the accommodation of learners affected by the cessation of a programme (Protocols 3.6 apply).

Providers who enter into a PEL alternate provision agreement with another provider must have appropriate PEL policy and procedures in place.

Guideline

The document cited in Criterion 5 includes and cites guidance on related matters.

4.6 Approval, Monitoring and Periodic Review of Programmes and Awards

Criterion 6

“[Providers] ... have formal mechanisms for the approval, periodic review and monitoring of their programmes and awards” (**ESG Part 1, 1.2**)

Procedures relating to the **quality assurance** of programmes comply with *Core Validation Policy and Criteria Revised 2013, Assessment and Standards Revised 2013* and, where applicable, with *Policy for Collaborative Programmes, Transnational Programmes and Joint Awards, IHEQN Guidelines for the Approval, Monitoring and Review of Collaborative and Transnational Provision and Research Degree Programme Policy and Criteria* and the *IUA Policy Statement on Ensuring Research Integrity in Ireland 2013*.

Procedures for the monitoring and programme re-validation (formerly programmatic review) where required comply with *HETAC Provider Monitoring Policy and Procedures* and *Core Validation Policy and Criteria*. See comments above.

Guideline

The guideline here supplements ESG Guideline 1.2 Approval, Monitoring and Periodic Review of Programmes and Awards which should be considered part of QQI's guideline. The policy documents cited in Criterion 4 include or cite further guidance on related matters. The following are offered as guidance:

1. Planning, developing and benchmarking programmes

Providers should begin the development of a new programme well in advance of the recruitment of learners because it is generally a very time-consuming undertaking. Sufficient time should also be allowed for the necessary internal and external consultations to be undertaken. This should include an evaluation by the appropriate internal structures – academic committee, governing body – of both internal and QQI policy compliance.

2. Coordination: planning suites of programmes

Providers offering multiple programmes should have procedures for planning provision at faculty (or equivalent) level and at college (or equivalent) level. Larger scale may lead to greater efficiencies (and hence a higher quality can be achieved for a given level of investment) and can also enrich the learning environment for individual learners.

3. Further guidance

The documents cited in **Criterion 6** include and cite further guidance on related matters.

4.7 Assessment of Learners

Criterion 7

“[Learners are] assessed using published criteria regulations and procedures which are applied consistently” (**ESG Part 1, 1.3**).

Providers establish procedures for the assessment in accordance with *Assessment and Standards Revised 2013*.

Providers implement an external examining system which is consistent with *HETAC Effective Practice Guideline for External Examining 2009*.

Guideline

The documents cited in **Criterion 7** include and cite guidance on related matters.

4.8 Quality Assurance of Staff Involved in Teaching

Criterion 8

“[Providers] ...have ways of satisfying themselves that staff involved with the teaching of [learners] are qualified and competent to do so.

[The teaching staff are]... available to those undertaking external reviews, and commented upon in reports.” (**ESG Part 1, 1.4**)

Guideline

The guideline here supplements ESG Guideline 1.4 Quality Assurance of Teaching Staff which should be considered part of QQI's guideline. The following are offered as guidance.

1. Human Resources

The quality assurance system should apply to all staff involved in provision (including administrative and support staff).

2. Teaching Staff

The quality of a provider's teaching staff is critical. This is because the behaviour and competence of teaching staff can have a huge effect on the performance of learners. It is necessary for teachers to be knowledgeable about their discipline but this is not sufficient because it does not imply a capacity to teach the discipline to others. Appraisal of teaching (including assessment) ability should, therefore, be a key part of the selection procedure for any persons employed to teach learners.

The procedures should address:

- Roles, responsibilities, codes of conduct;
- Academic/professional standards for staff and how these are maintained and enhanced;
- Pedagogical standards for 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 student and peer feedback on teaching staff;
- Pedagogical training and certification of teaching staff;
- Performance Management.

3. Further Guidance

The newly established National Forum for the Enhancement of Teaching and Learning in Higher Education should be consulted regularly for further guidance in the future on quality assurance and enhancement matters relating to teaching staff.

4.9 Learning Resources and Student Support

Criterion 9

"[Providers]... ensure that the resources available for the support of student learning are adequate and appropriate for each programme offered"(ESG Part 1, 1.5)

Providers adopt the *AHEAD Charter for Inclusive Learning 2009*. This charter addresses the needs of learners with disabilities.

Providers intending to offer programmes to international students adopt the code of practice contained in *IHEQN Provision of Education to International Students: Code of Practice and Guidelines for Irish Higher Education Institutions 2009*.

Guideline

This guideline supplements ESG Guideline 1.5 Learning resources and student support which should be considered part of QQI's guideline. ESG refers to, inter alia: physical resources (library, computing); human support (tutors, counsellors, advisors); accessibility of learning resources and other supports; responsiveness to feedback; routine monitoring, review and improvement of effectiveness. The following are offered as guidance:

1. Integrated approach from the perspective of the learner

From the learner's perspective the range of learning resources and student supports should be as coherent and integrated as possible. The following points should be addressed:

- Providers should listen to students concerning their perceptions about the sufficiency and quality of learning resources and student supports;
- Students should be surveyed annually concerning their overall impression of learning resources and student support;
- Centralised learning resources and student supports need to be continually responsive to the needs of programme development committees, programme boards, programme re-validation procedures (formerly programmatic review) and academic committee;
- Different learner support/resource units can benefit from networking with each other to ensure a coherent approach;
- Certain resources and supports need to be promoted actively lest students are unaware of their existence;
- Learner resources and student supports should be benchmarked against appropriate standards;

2. Premises, Equipment and Facilities

The provider should regularly review the effectiveness of its premises, equipment and facilities, to ensure their continuing adequacy and effectiveness in relation to the programmes of higher education and training provided.

3. Learning Environment

The provider should ensure that both the institution-level and each programme's learning environment are appropriate.

They are the 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 under supervision with necessary technical support and access to required library and information systems. All of these elements work together to support learning.

Learning environments are diverse. 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 there should be no less attention to quality assurance of the learning environment. Practice placements in off-campus learning environments are often integrated into professional programmes—such placements also define learning environments.

4. Human Support

It is important to note that the learning environment (above) includes the human supports provided by staff and students. This includes both pastoral and educational.

5. Services Related to Programmes

The provider should regularly review the adequacy and effectiveness of all academic and other support services related to its programmes of higher education and training. The support services to be included in these procedures should include, but not necessarily be limited to:

- Library, information and computing services;
- 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 bodies and the general public.

6. Flexible and Distributed Learning

Flexible and distributed learning (including e-learning) is likely to become increasingly important for all providers. Such modes of mediating the interaction between learners and teachers and other learners and teachers are far more sophisticated than the traditional ones. They offer new possibilities but, unfortunately, they can also fail if not properly implemented. While QCI has not produced explicit guidelines for this area, it recommends 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

7. Learner Representation

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

8. Further Guidance

The documents cited in **Criterion 9** include or cite further guidance on related matters. The newly established National Forum for the Enhancement of Teaching and Learning in Higher Education should be consulted regularly for further guidance in the future on these matters.

4.10 Information Systems

Criterion 10

“[Providers] ... ensure that they collect, analyse and use relevant information for the effective management of their programmes of study and other activities” (**ESG Part 1, 1.6**)

Guideline

The guideline here supplements ESG Guideline 1.6 Information systems which should be considered part of QCI's guideline. The ESG refers to, inter alia: learner progression and success rates; employability of graduates; learners' satisfaction with their programme; effectiveness of teachers; profile of the learner population; learning resources available and their costs; the provider's own key performance indicators. The following are offered as guidance:

1. Student Information Systems

Student (learner) data includes personal details, contact information, continual assessment results, stages completed, subject choices and results, awards conferred and classification. Managing student information is a core function for all providers. It is one of the areas where weakness can undermine confidence in many other areas.

The database system should be robust and comprehensive, capable of:

- maintaining secure learner records for current use and historical review
- providing reports required for internal quality management
- generating data required for and compatible with QQI's systems
- generating statistical and other reports to meet QQI information requirements

Obligations under data protection legislation should be complied with. This will include establishing data access controls, data backup systems and learner information material making clear what personal data will be required to be collected and for what purpose.

Administrative and IT resources should be sufficient to ensure that the database is maintained securely and that data, particularly that relating to learner assessment, are accurate and complete.

2. Management Information System

Managing quality is only possible when relevant information is properly managed.

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

Time delay in entering new data into the management information system can dramatically reduce the usefulness of the data.

3. Information for Institutional Research

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

4. Completion Rates

A provider should collect, use and make available to QQI information relating to completion rates in accordance with HETAC's *Provider Monitoring Policy and Procedures* and Section 45 (d) of The 2012 Act.

5. Data Protection and FOI

Information systems should be designed to enable compliance with data protection and (where applicable) freedom of information legislation.

6. Equal Access Data

HEA-funded providers should be mindful of the *Equal Access Student Data Initiative*.

4.11 Procedures for Access, Transfer and Progression

Criterion 11

All providers of programmes leading to awards in the NFQ are required to implement the *NQAI Policies, actions and procedures for Access, Transfer and Progression for Learners*.

Guideline

The document cited in Criterion 11 includes detailed guidelines and procedures which should be implemented.

4.12 Public Information

Criterion 12

“Institutions ... regularly publish up to date, impartial and objective information, both quantitative and qualitative, about the programmes and awards they are offering” (ESG Part 1, 1.7)

All providers of programmes leading to awards in the NFQ are required to implement Section 7.4 (inter alia) of *NQAI Policies, actions and procedures for Access, Transfer and Progression for Learners* specifying procedures for information provision to learners.

Public information made available by providers about themselves, their quality assurance policies and procedures and their programmes must comply with the spirit and the requirements of the 2012 Act including the requirements specified in the following sections:

Section 28 on preparing and reporting on quality assurance procedures;

Section 30 on publishing quality assurance procedures;

Section 45 on information relating to validated and non-validated programmes;

Section 50 on the completion of programmes and attainment of standards;

Section 56 on procedures for access, transfer and progression;

Section 61 on the International Education Mark;

Section 65 on PEL arrangements (see also section 4.5 in this document);

Section 67 on information to enrolled learners;

Section 78 on the register of providers;

Section 79 on the database of awards and programmes;

Section 81 on the descriptions “institute of technology” or “regional technical college”.

Guideline

The guideline here supplements ESG Guideline 1.7 Public Information: which should be considered part of QQL's guideline. The ESG refers to, inter alia, provision of information about: programmes, learning outcomes, teaching, learning and assessment methods used; learning opportunities; employment destinations of graduates; profile of student population. The following are offered as guidance:

1. Prospective Students

Information for prospective students should be honest, transparent and facilitate comparison. Choosing a higher education provider is perhaps one of the most important choices a person can make. Providers should not overrate themselves in promotional material.

2. Standards Achieved

Providers should be proactive in making available, to all stakeholders, externally verified, factual quantitative information about academic standards including national and international comparisons with similar providers. Putting these data in the public domain not only provides public accountability but also promotes quality improvement by virtue of the visibility given to successes and failures and the impact this will have on staff (and student) efforts.

3. General Information

The achievement of satisfactory quality in all of the activities and functions of a provider of programmes of higher education and training is facilitated by clear communication and transparency of procedures.

The mission of the provider together with all relevant regulations, etc., should be published and made available to staff, learners and all stakeholders. Handbooks, information packs and other publications, designed for different purposes should be prepared and disseminated.

All such relevant information should also be available on the provider's website.

4. Address Multiple Perspectives

The public information produced by a provider will be of interest to multiple stakeholder groups. These groups will have significantly different interests. They include: prospective students; quality assurance agencies, media, other providers, the providers own staff. It is important that these diverse needs are addressed. Inevitably this requires a strategy that involves key points being addressed from different perspectives.

5. Further Guidance

The document cited in **Criterion 12** includes or cites guidance on related matters.

5 Principal Documents

5.1 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

5.2 General Standards and Guidelines

ENQA *Standards and Guidelines for Quality Assurance in the European Higher Education Area* 3rd edition 2009

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 Institutions* 2009

AHEAD *Charter for Inclusive Teaching and Learning* 2009

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

5.3 Programme Validation

Core Validation Policy and Criteria Revised 2013

5.4 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* 2009

5.5 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

5.6 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

5.7 Access, Transfer and Progression

NQAI [Policies, actions and procedures for Access, Transfer and Progression for Learners](#) 2003

5.8 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

5.9 Collaborative Programmes and Transnational Programmes

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

IHEQN [Guidelines for the Approval, 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.

5.10 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

5.11 Monitoring

HETAC [Provider Monitoring Policy and Procedures](#) 2010

5.12 Panel Evaluation

HETAC [Participating in an Evaluation Panel as an Expert Assessor: Guidelines](#) 2009

Interpretation

Please consult the Interpretations Section of *Assessment and Standards Revised 2013*, *Core Validation Policy and Criteria Revised 2013* and HETAC [Provider Monitoring Policy and Procedures](#) 2010 for a Glossary of terms.



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