Quality and Qualifications Ireland Self-Assessment Report

DECEMBER 2018

External Review of Compliance with the ESG (2015) for reconfirmation of membership of ENQA

1 Introduction

QQI (Quality and Qualifications Ireland) is an independent State agency responsible for promoting quality and accountability in education and training services in Ireland.

We were established on 6 November 2012 under the Qualifications and Quality Assurance (Education and Training) Act 2012[1] (referred to as the **2012 Act** in this report).

1.1 Our vision

We are committed to working enthusiastically and purposefully towards a vision of Ireland offering extensive high-quality education and training opportunities, enabling learners to fulfil their potential through achieving qualifications that are widely valued nationally and internationally.

1.2 Our mission

> "QQI sustains public confidence in the quality of education and training, promotes trust in the National Framework of Qualifications and drives a culture of continuous improvement by education and training providers."

1.3 Our functions

We have a wide range of functions supporting higher education and further education and training. Our role is to:

- promote, maintain and develop the Irish National Framework of Qualifications (NFQ), a 10-level framework for the development, recognition and awarding of qualifications in Ireland;
- approve (validate), monitor and review programmes offered at a variety of further and higher education and training institutions. These programmes lead to qualifications (QQI awards) listed in the NFQ, which are recognised internationally;
- regulate and promote the quality of programmes leading to QQI awards for the benefit of learners, employers and other interested parties;
- monitor and periodically review the effectiveness of providers'[2] quality assurance procedures;
- ensure that providers offering national qualifications provide a positive, high-quality experience to international learners coming to study in Ireland. We will do this by authorising the International Education Mark (IEM);
- provide academic advice on the recognition of foreign qualifications in Ireland through a service called NARIC Ireland – the National Academic Recognition Information Centre. We also provide advice on the recognition of Irish qualifications abroad;
- inform the public about quality assured education and training programmes and qualifications through a database of programmes and a register of providers;
- manage a national scheme for the quality assurance of English language services (Accreditation and Coordination of English Language Services - ACELS);

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[1] Qualifications and Quality Assurance (Education and Training) Act 2012
http://www.oireachtas.ie/documents/bills28/acts/2012/a2812.pdf
[2] Provider refers to any college or institution offering programmes leading to awards included in the NFQ

- advise the Minister for Education and Skills about national policy on quality assurance and improvement in education and training.

We (QQI) were previously reviewed by ENQA in 2014. At that time, it was expected that we would be able to implement the international education mark (IEM) sooner rather than later. It since transpired that there were deficiencies in our legislation preventing us from launching the IEM.

This year the government has approved the development of amending legislation[3] that will enable the introduction of the IEM among other things. The amendment Bill was initiated and published in August 2018.

We work with a broad range of stakeholders to ensure and promote quality in education and training. We have relationships with private providers in higher and further education and training, the sixteen Education and Training Boards (public sector further education providers)[4], the eight Irish universities and the fourteen institutes of technology and will have similar relationships with the technological universities to be established, starting in 2019.

1.4   Terminology

Certain recurring terms whose meaning may not be intuitively obvious are listed in the Glossary in section 15.3.

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[3] Qualifications and Quality Assurance (Education and Training) (amendment) Bill
https://www.oireachtas.ie/en/bills/bill/2018/95/
[4] Education and Training Boards (ETBs) are statutory authorities which have responsibility for education and training, youth work and a range of other statutory functions. They manage and operate second-level schools, further education colleges, multi-faith community national schools and a range of adult and further education centres delivering education and training programmes. ETBs are not considered as providers of higher education programmes. https://www.etbi.ie/etbs/what-is-an-etb/

2   Development of the self-assessment report

The 2019 ENQA review of QQI has been managed as a project and, as such, is subject to the relevant, formal QQI governance structures. The project has a manager and a key executive whose role is to oversee the stages and the plan and subsequent progress reports which are presented to the business programme board for approval and information.

The review was identified as an activity and included in the QQI Corporate Plan 2018. Once a project manager was appointed, a project plan was drafted and submitted to the programme board for approval. Once approved, a steering group was formed to assist and support various stages of the process.

Members of the steering group: Laura Carrigan (project manager, until she departed QQI in December 2018, when she was replaced by Ross Woods), Padraig Walsh (key executive), Orla Lynch, Peter Cullen, Karena Maguire, Bryan Maguire.

The steering group met once every couple of weeks to review progress on drafting of the report and ensure the project was moving through each of its stages as planned. Any issues arising from the process were discussed at the steering group and solutions were found.

As part of SAR development, we conducted a SWOT analysis with staff in the quality assurance directorate to identify the areas we felt we performed well in as well as areas where we could improve within the QA processes we implement. We surveyed and interviewed external stakeholders and facilitated a workshop with the Board of QQI. See section 11 for further information.

The SAR was submitted to the QQI Board for review prior to submission to ENQA. It was also read by an international reader to review for comprehension issues. Figure 1 below provides an overview of the timeline and key stages of the ENQA review.

Figure 1: Timeline for the external review of QQI

3 Higher education and quality assurance in the context of the agency

3.1 Higher education in Ireland

In Ireland, the higher education sector comprises universities and their linked institutions (referred to as linked providers); institutes of technology; the Dublin Institute of Technology, the Royal College of Surgeons and independent private providers.

Some of these have intrinsic awarding powers (and are labelled as **designated awarding bodies** or **DABs**), some have been delegated awarding powers by QQI and others are independent providers who secure validation (meaning approval or accreditation) of their programmes through QQI or other national (e.g. Irish universities) and international awarding bodies.

3.1.1 Planning and development

The Higher Education Authority (HEA) is the statutory planning and development body for higher education and research in Ireland and is responsible for the allocation of Exchequer[5] funding to the universities, institutes of technology and other designated higher education institutions. It has wide advisory powers throughout the whole of the third-level education sector.

In 2015, QQI and the HEA signed a Memorandum of Understanding 2015-2017. The Memorandum provides an agreed framework for cooperation and communication between QQI and the HEA in the interests of the whole higher education sector. The second Memorandum was agreed and signed by the two agencies in June 2018.

Incidentally, the 2012 Act grants a consultative role to the HEA in QQI reviews of higher education institutions. This is achieved through a combination of consultation with the HEA on the Terms of Reference for the reviews and a role for HEA in the briefing of review teams prior to site visits. All information about an institution, shared between HEA, QQI and review teams, is also shared with the institution.

3.1.2 Universities

There are eight universities recognised under the Universities Act, 1997 – University College Cork (UCC), University College Dublin (UCD), National University of Ireland Galway (NUIG), Maynooth University, Trinity College Dublin (TCD), University of Limerick (UL), Dublin City University (DCU) and the National University of Ireland (NUI). The NUI is a federal umbrella structure. It is a formal awarding body for several universities (UCD, UCC, NUIG, Maynooth University) and recognised colleges[6], with responsibility for QA but is not itself a provider. The universities validate their own programmes and award their own qualifications, as well as those of their linked providers, including, for example, several colleges of education. University qualifications (awards) are included in the NFQ (National Framework of Qualifications).

The Irish Universities Association (IUA) is the representative body for the universities.

3.1.3 The Royal College of Surgeons in Ireland (RCSI) and the Dublin Institute of Technology

RCSI is a designated awarding body as well as being a recognised college of NUI.

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[5] Exchequer funding is funding from central government
[6] Currently the Recognised Colleges under NUI are the Royal College of Surgeons in Ireland (RCSI), Institute of Public Administration (IPA) and Uversity (scholarships for adult learners) http://www.nui.ie/college/admissions.asp .

The Dublin Institute of Technology (DIT) awards its own qualifications under the Dublin Institute of Technology Act, 1992. DIT is identified as a designated awarding body under the 2012 Act.

3.1.4   Institutes of technology

There are fourteen public institutes of technology. The Dublin Institute of Technology awards its own qualifications as indicated above. The other thirteen institutes of technology have delegated authority (DA) to make their own awards (initially from HETAC and now from QQI) up to various levels in the NFQ, including seven institutes of technology that can make awards (under delegated authority) at doctoral level in specified discipline-areas.

Among the amendments proposed in QQI's new legislation is a provision to give statutory awarding powers (up to master's degree level (Level 9) in the NFQ) to the thirteen institutes of technology that currently rely on delegated authority to make awards.

The Technological Higher Education Association (THEA) is the representative body for the institutes of technology (and any new technological universities that are established).

3.1.5   Linked providers

> "A linked provider is a provider that is not a designated awarding body but enters into an arrangement with a designated awarding body under which arrangement the provider provides a programme of education and training that satisfies all or part of the prerequisites for an award of the designated awarding body". Qualifications Act 2012 (p11).

This group includes several colleges linked with constituent NUI universities[7].

3.1.6   Colleges of education

There are currently five colleges of education. Prior to 2016 there were three others: The Mater Dei Institute of Education, St. Patrick's College Drumcondra and The Church of Ireland College of Education. These were incorporated with Dublin City University in September 2016. Mary Immaculate College remains a linked college of the University of Limerick.

3.1.7   Independent providers

There are currently thirty-one independent private higher education institutions (termed independent providers) that provide programmes leading to awards made by QQI. QQI awards made in respect of Independent Providers' programmes account for a relatively small fraction of the total number of awards made as Table 1 illustrates.

Table 1 Numbers of awards made in 2016.

	Independent providers in 2016	All HEA-Funded Institutions in the calendar year 2016 by field of study full-time & part-time (incl. distance and e-learning)
Higher Certificate	217	2495
Ordinary Bachelor Degree	671	7495
Higher Diploma	1039	1402
Honours Bachelor Degree	2107	31510
Postgraduate Diploma	202	2976
Master degree	1193	12775
Total	**5429**	**58653**

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[7] Colleges linked with constituent NUI universities:
Shannon College of Hotel Management, National College of Art and Design, Institute of Public Administration, St. Angela's College Sligo, Burren College of Art (http://www.nui.ie/college/admissions.asp)

An entity can become an independent provider by a two-stage process. It first obtains access to QQI's validation service through the 'Initial Access to Programme Validation' process. After that it applies for validation of one of more programmes of higher education.

There are some independent private higher education providers among the 'linked providers' that offer programmes leading to NFQ qualifications awarded by 'designated awarding bodies' such as the universities and DIT.

The Higher Education Colleges Association (HECA) is the representative body for fifteen private higher education providers.

3.1.8 Other providers

All the providers listed above offer programmes leading to qualifications (awards) in Ireland's National Framework of Qualifications (NFQ).

There are some independent providers and further education colleges that offer programmes of higher education leading to qualifications that are not included in the NFQ. For example, some have validation arrangements with UK universities. Such programmes are not subject to external quality assurance by QQI.

3.1.9 Student and staffing numbers in publicly-funded higher education

Table 2: Full-time, part-time and remote enrolments in higher education in all HEA-funded institutions in the academic year 2017/2018[8]:

Enrolments	Male	Female	Total
Undergraduate	90,473	96,750	187,945
Postgraduate total	18,918	24,574	43,494
Grand total			231,439

3.1.10 Staff numbers (based on core-funded staff)

Table 3 Staff numbers (based on HEIs in receipt of annual core-grant funding[9])

Institution type	Leaders Female	Leaders Male	Academic staff Female	Academic staff male	Non-academic staff female	Non-academic staff male	Total
Universities	0	7	2003	2565	3139	1824	9538
Colleges	1	3	172.5	93.6	176.1	84.1	530.3
Institutes of Technology	3	11	2,035.9	2549.1	1657	1189.4	7445.4
Combined total	**4**	**21**	**4211.4**	**5207.7**	**4972.1**	**3097.5**	**17,513.7**

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[8] http://hea.ie/statistics-archive/
[9] http://hea.ie/assets/uploads/2017/07/HEA-Institutional-Staff-Profiles-Gender-July-2017-003.pdf

3.1.11 New developments: The Technological University

Under new legislation[10] enacted early in 2018, the creation of a new entity, a technological university, is permitted through the merger of two or more existing institutes of technology. In July 2018, formal designation was granted for Ireland's first technological university. The new university will comprise a merger between the Dublin Institute of Technology (DIT), and the Tallaght and Blanchardstown Institutes of Technology. The new university will be established on 1 January 2019.

The amalgamating institutes' existing campuses, including those at Tallaght and Blanchardstown, will remain. The criteria governing the establishment of new technological universities were laid down in the 2018 legislation. As noted above, the merging of existing Institutes of Technology is one of the requirements.

Technological universities must maintain an industry-focused approach. They are intended to "provide teaching and facilitate learning that (i) is informed by research, and (ii) promotes excellence at all levels of higher education within the [NFQ]". Their programmes are expected to reflect the needs of individuals, enterprise, the professions as well as local interests and other stakeholders in their regions. Technological universities will have full awarding powers up to and including doctoral level.

3.2 National Framework of Qualifications

This is covered in more detail in Section 5.2.1.

3.3 Outline of the arrangements for external quality assurance

Different arrangements for external quality assurance apply to different types of providers. The reasons for this variety are partly historical and partly a perception that some types of institutions require a greater level of external oversight or benefit from partnership with a larger institution.

The seven Irish universities, the Royal College of Surgeons, the National University of Ireland and DIT are public institutions (termed designated awarding bodies or DABs) that are subject to periodic (at least every seven years) review by QQI at institutional level. These reviews are comprehensive in that they cover all education, training, research and related services of these institutions, including their quality assurance of their linked providers.

The institutes of technology, other than DIT, are subject to broadly the same kind of periodic institutional review (every seven years[11]) as the DABs (more information on this can be found in section 6.5). However, they rely on QQI for their degree awarding powers and run the risk of having their delegated authority (section 3.1.4) varied or withdrawn if, for example, they no longer meet the criteria for DA (DA reviews are embedded in the institutional reviews). Some institutes of technology continue to rely on QQI to validate their doctoral degree programmes.

Independent providers that have QQI as their awarding body are subject to periodic review (every seven years) by QQI at the institutional level and additionally must have each of their programmes that lead to a QQI award validated by QQI and revalidated every[12] five years.

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[10] Technological Universities Act (2018) www.irishstatutebook.ie/eli/2018/act/3/enacted/en/pdf
[11] Additional reviews of the effectiveness of quality assurance procedures may be undertaken from time to time as QQI considers appropriate. This applies to all such reviews of relevant providers.
[12] Programmes are validated for a specified period. The default is five years.

Providers that are linked to designated awarding bodies are subject to periodic review by the relevant DAB every seven years (and they can also be reviewed from time to time as the DAB considers appropriate).

As noted earlier, currently the legislative amendments that would enable the implementation of the International Education Mark have not been enacted. This gap though regrettable does not mean that quality assurance arrangements for international students are missing in higher education. The main problem with its absence is for the English Language Education sector which is outside the scope of this review.

More detailed information on these arrangements is provided in Section 5 and the methodologies and their development are addressed in section 6.

4 QQI (history, profile and activities of the agency)

4.1 History, mandate, mission

QQI is a state agency under the aegis of the Department of Education and Skills. It was established in November 2012 following the amalgamation of four bodies: the Further Education and Training Awards Council, the Higher Education and Training Awards Council, the National Qualifications Authority of Ireland and the Irish Universities Quality Board. Our (QQI's) functions are set out in statute[13].

Our unique position as an agency that spans all post-secondary education and training means that we have been centrally involved in many of the transformations and developments that have occurred in education and training in Ireland in recent years.

We are committed to the principle of shared responsibility whereby providers of education and training have the primary statutory responsibility for quality and its assurance.

We also share responsibility with a range of stakeholders in supporting (e.g. through programme validation) the supply of qualifications (and the associated quality assured programmes of education and training) that are included in the National Framework of Qualifications (NFQ).

4.2 Organisation status, structure and leadership

QQI employs approximately seventy-five whole time equivalent staff across our four main business units. Each of these is led by a senior manager who reports directly to the Chief Executive.

The Corporate Services Directorate has responsibility for human resources, facilities, ICT, finance, corporate planning, audit, compliance, procurement, legal affairs and risk and provides the secretariat to the QQI Board.

The Qualifications Directorate has responsibility for the National Framework of Qualifications, award standards, information services and the certification of QQI qualifications.

The Quality Assurance Directorate has responsibility for the approval of new providers and their quality assurance procedures, the initial validation and periodic revalidation of education and training programmes, the delegation of authority to providers to make awards and the monitoring and review of providers.

The Stakeholder Relations and Communications Division has responsibility for structured relationships with key stakeholders, internal and external communications and the organisation and hosting of QQI events.

The Chief Executive is assisted in the management of QQI through an Executive Management Team (EMT) that consists of the senior managers leading the directorates/division supplemented by a senior strategic advisor and the Human Resources and Finance managers.

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[13] http://www.irishstatutebook.ie/eli/2012/act/28/section/9/enacted/en/html#sec9
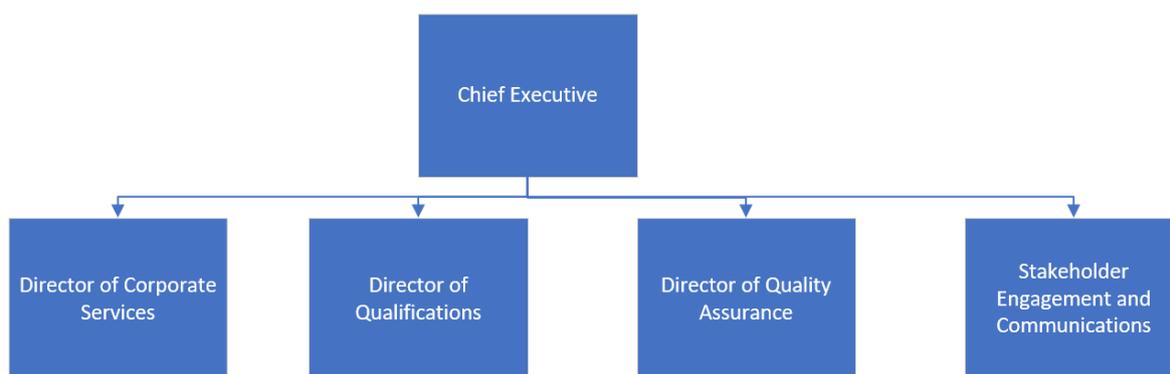
Figure 2 Simplified organogram illustrating the management arrangements for some of the main functions addressed in this evaluation. See section 4.6 for more detailed list of functions.

4.2.1   Quality Assurance Directorate

We have wide responsibility for quality assurance and qualifications for further education and training (including English language education) in addition to our responsibilities for higher education.

Our Quality Assurance Directorate has a staff of twenty-one persons to fulfil its responsibility in the areas of higher education and further education and training. This directorate has responsibility for the operation and management of our external quality assurance services including institutional review and programme validation.

The directorate's management team (at the time of writing) consists of:

- The Director of Quality Assurance Services

- Head of Validation and Delegation

- Head of Provider Approval

- Head of Cyclical Reviews

- Head of Access and Lifelong Learning

- Regulatory Projects and IEM Development Manager

- Regulatory Affairs Manager

- Apprenticeship Quality Assurance Manager

There are an additional thirteen administrative staff who complete the staffing in the QA Directorate.

4.2.2   Agency-wide resources to support quality assurance activities

Our Corporate Services Directorate is led by the Director of Corporate Services (who is also Secretary to the QQI Board). This directorate (comprising twenty-one staff) has responsibility for cross-organisational support in the areas of:

- Finance
- Audit and Procurement

- Board and Committee Governance
- Corporate compliance (including data protection and freedom of information)
- Legal and Risk
- Human Resources and Employee Engagement
- Corporate Planning
- Facilities Management
- Information and Communications Technology

4.2.3   Stakeholder Engagement and Communications Division

We have established a new Stakeholder Engagement and Communications Division to work across the organisation to support the business units towards a more coordinated corporate approach to stakeholder engagements. Communications is an essential aspect of our work and this new initiative was motivated by feedback from stakeholders.

Stakeholder engagement aims, for example, to

- Establish and maintain structured and purposeful corporate relationships with our stakeholders in line with our strategic objectives and priorities.
- Communicate and explain our roles and responsibilities to stakeholders in clear straightforward terms.
- Ensure that our key messages are understood by stakeholders.
- Manage our corporate relationships with high impact stakeholders (government departments, funding agencies for education and training) and collaborators.
- Promote engagement and collaboration with stakeholders.

4.3   Strategy

We are required to produce and publish a Statement of Strategy every three years. The current one covers the period 2016-2018[14].

4.3.1   QQI's Statement of Strategy 2019-21

We have developed a new strategy for the coming period: *QQI Statement of Strategy 2019-21 - Adding value to qualifications*. It was approved by the QQI Board in August 2018.

Arriving six years after our establishment in November 2012, our new strategy marks a change in direction following the initial period of establishment and policy development that was reflected in our first two statements of strategy. The new strategy presents a clearer strategic direction than the earlier ones. It is explicit about demonstrating the impact of our activities. Its development involved QQI staff and there is a broad sense of ownership of it among staff.

Our new strategy has four key priorities[15]. One of the priorities focuses on the development, promotion, and protection of the integrity, of the Irish National Framework of Qualifications (NFQ). This is partly achieved through the quality assurance of the higher education institutions offering qualifications (awards) in the NFQ.

In this context we recognise that Ireland has a relatively mature group of higher education institutions that are publicly regulated (and funded). They all have significant academic autonomy, but the Institutes of Technology especially those that are not designated awarding bodies (DABs), have slightly more limited autonomy relative to the universities. The general thrust of government

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[14] https://www.qqi.ie/Publications/Publications/Strategy%20Statement-WEB.pdf
[15] https://www.qqi.ie/Articles/Pages/QQI-Strategy-Statement-2014---2016-07.aspx

policy is towards providing a mechanism whereby institutes of technology can achieve greater autonomy by merging into new Technological Universities. Considering that the publicly-regulated higher education institutions are responsible for the great majority of higher education provision, in the period 2019-21, we plan to place increased emphasis on the analysis and impact of the measures taken to improve the quality of (higher) education and training for the benefit of learners.

In the broader context of higher education our strategy statement commits us:

- to ensuring that our external quality procedures and our research and analysis of provider-led evaluations will be used to inform sectoral reports on quality in the higher education system;
- to providing continuing guidance to, and implementing external quality procedures for, providers to stimulate quality enhancement;

Resulting from this work, we anticipate that:

- key influencers in education will use and reference our sectoral reports on analysis and impact;
- providers will publish their own quality assurance procedures and the reports resulting from the application of those procedures.

The new strategy recognises the growing importance of collaboration and engagement through ensuring that we work with providers and awarding bodies to promote shared responsibility for a high-quality education and training system that stimulates transparency and improvement.

Resulting from this work, we anticipate that:

- providers and stakeholders have a shared vision of what constitutes quality in higher education and training and their related roles and responsibilities;
- the regulatory load on providers is reduced through collaborative efforts on the part of QQI and professional and regulatory bodies.

4.4 Governance

4.4.1 Board and committees

QQI is governed by a Board that consists of ten members including the Chief Executive. The Minister for Education and Skills appoints all the members of the Board (apart from the Chief Executive). Our (QQI's) independence is set out in, and guaranteed by, our establishment legislation (the 2012 Act). Our Board is not designed to be representative, except for the inclusion of two learner representatives. One of those learner representatives is nominated by the Union of Students in Ireland (the representative body for students in higher education) and the other by the Minister, usually to represent learners in the further education sector. The Minister is also required to nominate one person with international experience in QQI's functions as a member of the Board.

Four committees have been established to govern, and report to the QQI Board on the major operational functions of QQI:

- Programmes and Awards Executive Committee (PAEC) (established October 2013)
- Programmes and Awards Oversight Committee (PAOC) (established April 2014)
- Policies and Standards Committee (PSC) (established March 2014)
- Approvals and Reviews Committee (ARC) (established November 2014)

Two committees have been established and report to the QQI Board on corporate issues:

- Audit and Risk Committee (established March 2013)
- Human Resources and Organisation Committee (established April 2017)

In addition, we established a Consultative Forum that has met twice yearly since its (the Forum's) establishment in April 2014. The Forum provides us with a channel for feedback and advice on a range of issues regarding our work and our impact on the education, training and qualifications system.

Details on these committees follow. Notes of meetings of the (4 operational functions) committees are published on our website[16].

4.4.2 Audit and Risk Committee

The Audit and Risk Committee[17] evaluates the effectiveness of our internal control procedures – including the internal audit function. The Audit and Risk Committee is appointed by the QQI Board and consists of three members, two of whom are board members while the third is an external person with financial experience. Responsibilities include:

- Risk Management
- Internal Control
- Internal Audit
- External Audit
- Financial Reporting

4.4.3 Programmes and Awards Executive Committee (PAEC)

The purpose of the PAEC[18] is primarily to perform such of the Board's functions as to ensure that programmes and the awards to which they lead in the NFQ are appropriate and consistent. It also makes decisions (following formal delegation by the QQI Board to do so) on the approval of updated quality assurance procedures for legacy providers (re-engagement). The decisions and recommendations of the committee are informed by external expertise and recommendations, normally provided in the form of external panel reports and the outcomes of monitoring and review activities carried out (or commissioned) by QQI.

The Programmes and Awards Executive Committee (PAEC) comprises eight members of the QQI Executive, including the Chair who is our Chief Executive.

4.4.4 Programmes and Awards Oversight Committee (PAOC)

The purpose of the PAOC[19] is to review and analyse the activities of the PAEC, and on that basis to provide advice and make recommendations to the PAEC on the fulfilment of its purpose. It will also confirm or refer back decisions referred to it by the PAEC, as required.

The PAOC consists of approximately eight members (including the Chair), it comprises two board members, one member of the executive and five representatives who have been approved by QQI's

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[16] Details on committees. To access notes of meetings, click on the relevant committee. Audit and Risk Committee notes are not publicly available due to confidentiality https://www.qqi.ie/Articles/Pages/QQI-Governance-.aspx

[17] Audit and Risk Committee: https://www.qqi.ie/Articles/Pages/Audit-Committee.aspx

[18] Terms of Reference – Programmes and Awards Executive Committee https://www.qqi.ie/Downloads/PAEC%20Terms%20of%20Reference,%2030%20September%202016.pdf

[19] Terms of Reference – Programmes and Awards Oversight Committee https://www.qqi.ie/Downloads/Final%20version%20PAOC%20Terms%20of%20Reference,%2030%20September%202016.pdf

Board. Members of the QQI board and executive serve alongside representatives from further and higher education and training with experience in the following areas:

- Programme Validation
- Programme and Award Policy
- Review and Monitoring of validated programmes
- Awards Standards
- National and International Awards
- Quality Assurance (including Delegated Authority)
- Other members may be co-opted to the Committee, depending on the work being undertaken by the committee.

4.4.5   Policies and Standards Committee (PSC)

The purpose of the PSC[20] is to consider QQI draft policies and make recommendations to the Board regarding the approval of these policies in line with our (QQI's) strategy; it can also agree, or refer to the Board, modifications to policy. It also considers, and may act on, recommendations from the executive to determine standards of knowledge, skill and competence for education and training awards or to endorse subject guidelines concerning knowledge, skill and competence for higher education awards.

The Policies and Standards Committee consists of eight members, including a Chairperson and representation from the QQI Board and executive. Members of this committee will collectively require technical and specialist knowledge in the areas of policy development, quality assurance, qualifications, standards and subject guidelines development. The committee currently comprises two members of the executive, two board members and four representatives who have been approved by QQI's Board.

4.4.6   Approvals and Reviews Committee (ARC)

The purpose of the ARC[21] is to perform such of the Board's functions (formally delegated to the ARC) as to ensure that providers have met and continue to meet the criteria associated with the approval of provider quality assurance procedures, the International Education Mark, and delegated authority to make awards. The ARC also oversees the periodic reviews of institutions (e.g. approving review reports and if necessary, making recommendations to the QQI Board on directions to be issued to an institution following a review).

The Approvals and Reviews Committee consists of nine members including a Chairperson and representation from the QQI Board and executive. Members of this committee will collectively require clear understanding and experience of the administration of process and of related decision-making. The committee currently comprises two board members, two members of the executive and five representatives approved by the QQI Board.

4.4.7   Consultative Forum

The Forum consists of representatives from the further and higher education and training qualification system and from the wider community of QQI stakeholders. The Forum meets biannually and provides a comprehensive consultation and dialogue environment between QQI and

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[20] Terms of Reference – Policies and Standards Committee
https://www.qqi.ie/Downloads/PSC%20Terms%20of%20Reference%2030%20September%202016.pdf
[21] Terms of Reference – Approvals and Reviews Committee
https://www.qqi.ie/Downloads/ARC%20Terms%20of%20Reference,%2030%20September%202016.pdf

stakeholders and is advisory in nature. Membership of the forum can be viewed [here](). Terms of reference can be viewed [here]().

4.5   Financial arrangements

QQI receives state funding from the Department of Education and Skills in the form of grant-in-aid. QQI is also funded through a range of statutory fees and charges for various activities, including the validation of programmes, the certification of awards and institutional quality review functions, such as provider QA approval and review. Funding from the publicly-regulated higher education institutions comes through relationship fees set by QQI with the approval of the Department of Education and Skills.

QQI's total income for 2017 was €10.8m, with €4.344m allocated from the state grant, €0.876m in relationship fees for services to the institutes of technology and the designated awarding bodies (universities, Dublin Institute of Technology and the Royal College of Surgeons in Ireland) and the remainder in fees for demand-based services. The state grant for 2018 is €4.505m.

4.6   What we do – an overview of QQI activities

Our main higher education activities and responsibilities are outlined here and those that are in scope for the evaluation are explained in more detail in Sections 5 and 6. Figure 3 illustrates.

4.6.1   Quality Assurance
- Maintaining a suite of statutory quality assurance guidelines, policies and criteria
- Approving and periodically reviewing the effectiveness of providers' quality assurance procedures
- Validating (meaning approving or accrediting) providers' programmes of education and training leading to QQI awards
- Delegating awarding powers to certain institutions (delegated authority)
- Monitoring quality
- Conducting focused reviews
- Conducting thematic reviews

4.6.2   Qualifications
- Maintaining the NFQ as a system of levels for qualifications
- Promoting and supporting the implementation of the NFQ
- Setting of standards for QQI's education and training awards
- Awarding of qualifications and issuing certificates
- Approving and reviewing providers' procedures for access (to programmes of education), transfer and progression

4.6.3   International Education
- Maintaining a code of practice for providers offering quality assured programmes (leading to NFQ qualifications) to international learners
- Authorising, monitoring and reviewing the use of the International Education Mark

4.6.4   Recognition
- Advising on recognition of foreign qualifications in Ireland
- Advising on recognition of Irish qualifications abroad

Figure 3 This figure illustrates the underpinnings of international recognition of our qualifications in the NFQ.

4.6.5   Other activities

We are regularly involved in the development of national higher education policies and collaborative research and development initiatives. The development of the National Doctoral Framework[22] (NDF) in 2015 with the HEA and other strategic partners is one example. The NDF aims to promote consistency in the standards and quality of doctoral education in Ireland.

We co-chair (with the HEA) a newly established National Advisory Forum that aims to uphold the principles of the NDF. This aided the launch, promotion and dissemination of our Statutory QA Guidelines for Providers of Research Degree Programmes and provided a platform for the collaborative development of the Code of Practice for Research Degrees[23].

We are also members of the National Forum for Research Integrity (led by the IUA) and involved in the HEA-led development of a new Research Charter.

Collaboration and engagement is one of the four key priorities in our recently adopted strategy. We work closely with other agencies. For example, we are on the board of the National Forum for the Enhancement of Teaching and Learning (NFETL)[24]. We have collaborated and engaged with the Forum in our enhancement and engagement initiatives. Such collaborations help optimise use of national resources.

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[22]NDF http://hea.ie/assets/uploads/2017/04/national_framework_for_doctoral_education_0.pdf
[23] https://enqa.eu/wp-content/uploads/2018/10/The-quality-assurance-of-research-education.pdf
[24] NFETL - https://www.teachingandlearning.ie/

Members of our staff are on the Dental Council and the Education and Training Committee of the Nursing and Midwifery Board of Ireland (An Bord Altranais agus Cnáimhseachais na hÉireann). This provides us with a practical view of professional and regulatory developments in higher education.

We are members of the Irish Student Survey (ISSE)[25] Plenary Committee, the Apprenticeship Council[26] and our Chief Executive is a member of the National Skills Council.

Participation in European initiatives and peer learning activities helps stimulate new ideas and provides useful contacts both of which impact on our activities. For example:

- Our current Chief Executive held the office of President of ENQA from 2013 to 2017;
- Our staff have long been involved in a variety of ENQA networks and committees: e.g. the quality audit network of ENQA agencies and the ENQA Review Appeals Committee;
- We have staff members serving on the Board of Directors of INQAAHE; the Hong Kong Council for Accreditation of Academic and Vocational Qualifications; the British Accreditation Council; the International Advisory Council of the (US) Council for Higher Education International Quality Group (CHEA-CIQG) and the Council of Appeals; Agency for Assessment and Accreditation of Higher Education, in Portugal;
- ENQA seminars and workshops provide valuable opportunities for training our staff and networking with peers.

We continue a long history of active participation in supporting the European Higher Education Area and the Bologna Process.

Other engagements reflect our role as the national qualifications authority. Our staff have a range of involvements associated with (further and higher educational) qualifications in Europe. In the higher education domain, these include the Advisory Group for Europass; ENIC-NARIC; the EQF Advisory Group; the ESCO Member States Working Group (EU); the UK-IE frameworks group ("Five Countries group"); QF-EHEA National Correspondent Group; the Council of Europe and UNESCO Expert Group on World Reference Levels. We are also actively engaged with many other similar groups in the context of further education and English language education.

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[25] ISSE - http://studentsurvey.ie/
[26] Apprenticeship Council: http://www.apprenticeship.ie/en/about/Pages/About.aspx?anchor=Council

5 Higher education quality assurance activities of the agency

Section 5 explains our quality assurance activities in terms of their scope, and broad aims and objectives. Section 6 explains the methodologies and how they were developed. Further details are provided in our self-assessment against the Parts 3 and 2 of the ESG in sections 9 and 10 and in the documents cited.

We are responsible for the external quality assurance of higher education and training leading to awards in the NFQ. However, our responsibility is not uniformly distributed across all classes of providers as will be explained.

Note that we are not responsible for the external quality assurance of institutions offering programmes of higher education leading to awards that are not included in the NFQ.

5.1 Different relationships with different classes of providers offering programmes leading to NFQ awards

As outlined earlier, we currently have external quality assurance relationships with ten DABs namely DIT, the National University of Ireland, the RCSI and the seven universities; thirteen Institutes of Technology with delegated authority to make awards and thirty-one independent (private) higher education (HE) providers.

Under the 2012 Act, there is not a homogenous quality assurance relationship between QQI and the HE providers it interacts with. The most fundamental distinction to be made is where QQI acts as an external quality assurance body only and when it is quality assuring providers that offer programmes leading to QQI awards. Table 4 summarises the different kinds of relationships.

Table 4 Different classes of HEIs offering programmes leading to awards that are included in the NFQ (2014-2018). Note that NUI is not a provider.

	Who guides the establishment of QA procedures?	Does NFQ set overarching standards for awards (qualification)?	Who approves providers' QA procedures?	Who sets the awards (qualification) standards?	Who validates the provider's programmes?	Who reviews the effectiveness of the providers QA procedures and ATP procedures?	Who reviews the operation and management of DA?
NUI	QQI	Yes	Self (in consultation with QQI)	Self	Not a provider but has linked providers	QQI	N/A
Seven 'previously established' universities (PEU) (they are DABs)	QQI	Yes	Self (in consultation with QQI)	Self	Self	QQI	N/A
The DABS excluding NUI and the seven PEUs	QQI	Yes	QQI	Self	Self	QQI	N/A
Institutes of Technology excluding the DIT	QQI	Yes (through QQI awards standards)	QQI	QQI	Self within the scope of DA or QQI	QQI	QQI
Linked providers	QQI	Yes	DAB	DAB/self	DAB/self	DAB	N/A
Independent and private providers relying on QQI for validation	QQI	Yes (through QQI awards standards)	QQI	QQI	QQI	QQI	N/A

5.1.1 Providers with Intrinsic Awarding Powers

As explained earlier, the seven universities, DIT, RSCI and the National University of Ireland are collectively known as DABs. They make their own awards (meaning they award their own qualifications), and the awards offered by 'linked providers', a term introduced in the 2012 Act to describe providers offering programmes that lead to the awards of DABs. All of the DABs, with the exception of the seven previously established universities, are subject to having their QA procedures approved by QQI. All are subject to periodic institutional quality review by QQI. If any merger of two or more institutes of technology under the Technological Universities Act (2018) results in the creation of a technological university, that university will also become a DAB.

5.1.2 Linked providers

Linked providers are quality assured by their designated awarding body. Their quality assurance procedures are required to have regard to our (QQI's) QA guidelines. We are not directly involved in providing external quality assurance for linked providers but are indirectly involved through our external quality assurance of the relevant DAB. A DAB may request us to assist it in the external review of a linked provider.

5.1.3 Independent providers relying on QQI for validation

We make awards for thirty-one independent (including for profit and not-for-profit) providers. Their programmes of study leading to NFQ awards are validated by us and lead to QQI awards and certification. The fact that we are the awarding body in this instance means we have a much closer interaction relative to the IoTs and DABs at programme level and with the quality assurance of the associated teaching, learning and assessment (mainly through programme validation and revalidation). This is set out in a series of related QQI policies and procedures which these providers are required to follow.

5.1.4 Providers with delegated awarding authority from QQI

The thirteen institutes of technology in existence in 2018 have all been granted, over time, delegated authority from QQI for all their awards except for some doctoral awards. All the institutes are subject to QA approval and periodic institutional quality review by QQI.

5.2 Shared infrastructure

The following infrastructure and support are relevant to all providers offering programmes leading to awards in the NFQ:

- The National Framework of Qualifications
- QQI's guidelines on quality assurance
- QQI's initiatives that promote quality enhancement

5.2.1 The National Framework of Qualifications

We are responsible for maintaining the NFQ and while our relationships with higher education institutions differ, the NFQ is a common reference point for all.

Established in 2003, the Irish NFQ represents a widely-shared interpretation of the nature and level of knowledge, skill and competence associated with qualifications offered in the formal education and training system in Ireland. Over time, the NFQ has become imbricated within national quality assurance arrangements. Participating awarding bodies and providers implement the NFQ in the design, review, delivery, assessment and certification of qualifications included within the NFQ.
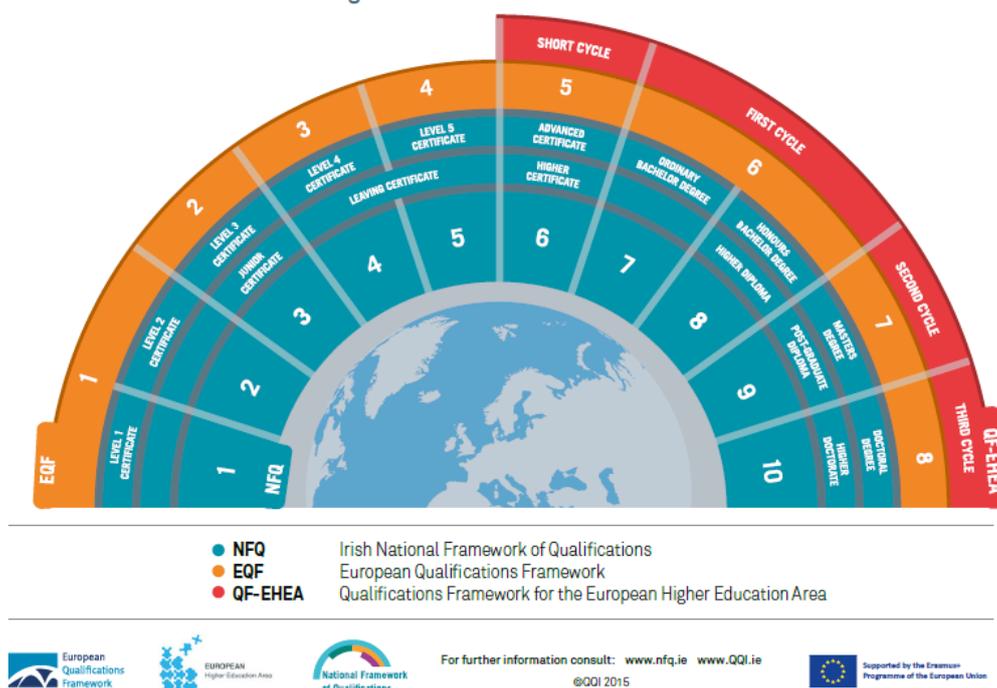
Figure 4 The National Framework of Qualifications.

The NFQ was self-certified as compatible with the Qualifications Framework for the European Higher Education Area (QF-EHEA) in 2006 and referenced to the EQF in 2009. Both alignments are conditional on effective systems for internal and external quality assurance of qualifications that constitute the NFQ.

Criteria and procedures for referencing national qualifications frameworks or systems to the EQF[27], include the requirement that national quality assurance system(s) for education and training refer to the national qualifications frameworks or systems and are consistent with principles on quality assurance that reflect European-wide practice in quality assurance in higher education and, increasingly, in vocational education. Qualifications that are part of national qualifications systems referenced to EQF are expected to be underpinned by effective internal and external quality assurance arrangements for the design of qualifications; the application of the learning outcomes approach; valid and reliable assessment; and mechanisms for ongoing and periodic review of qualifications. It is also expected that findings resulting from relevant quality assurance events are transparent and appropriately disseminated.

Likewise, the QF-EHEA operates on the basis that the appropriate levelling of higher education qualifications within national systems is the result of a transparent and robust process. Section 1.2 of the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)[28], highlights the importance of assigning the appropriate Framework level to qualifications:

'Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the

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[27] EU Council (2017) Recommendation on the European Qualifications Framework for Lifelong Learning
[28] See http://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area'. (ESG, 2015, p. 11)

Maintaining and renewing alignments with regional qualifications frameworks such as the EQF and the QF-EHEA are significant for promoting cross border confidence in the quality of qualifications achieved in Ireland. Bilateral alignments between national qualifications systems help to strengthen mobility opportunities and support the recognition of qualifications with selected partner countries. We have established and maintain alignments between the NFQ and the respective qualifications frameworks in the UK, Hong Kong, Australia and New Zealand.

As qualifications frameworks mature, policy interest has tended to shift from their implementation towards their impact and fitness of purpose. Growing interest in the quality and quality assurance of qualifications frameworks[29] has prompted policy makers to explore the contribution of qualifications frameworks. We commissioned an independent policy impact assessment of the NFQ and published the findings of the assessment in 2017[30].

5.2.2 Quality Assurance Guidelines

The Irish model for quality assurance guidelines is student-focused and places providers firmly at the centre of quality assurance. Providers are required to establish their own QA procedures. In doing so, they must have regard to statutory QA guidelines issued by QQI[31].

A provider's quality assurance procedures are understood to be "procedures in writing for quality assurance for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related services the provider provides" (Section 28(1) of the 2012 Act).

We published our first set of QA guidelines in 2016. The set currently consists of (see also Figure 5)
- core guidelines, relevant to all providers
- sector-specific guidelines for groups of providers
- topic-specific guidelines that deal with themes or forms of provision (e.g. apprenticeship programmes, blended learning, research degree programmes).

Our Policy on Quality Assurance Guidelines explains our approach. Our guidelines apply to 'relevant providers' and 'linked providers' (See section 1.1 for definitions of these terms).

These guidelines incorporate the ESG 2015 in full (see Table 26 for evidence of this). They were also influenced by the history of quality assurance practice in Ireland and by the fact that our remit extends beyond higher education. Even though we have a heterogenous set of quality assurance relationships with providers, the core QA guidelines apply equally to all. They provide a common reference for all providers at all levels and for all their students.

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[29] See for example International conference on Impact of Qualifications Frameworks co-organised by QQI, EU Commission and Cedefop http://www.cedefop.europa.eu/en/events-and-projects/events/peer-learning-conference

[30] Policy Impact Assessment of the NFQ https://www.qqi.ie/Articles/Pages/Reviewing-the-NFQ.aspx

[31] QQI Quality Assurance Guidelines. https://www.qqi.ie/Articles/Pages/QA-Guidelines.aspx
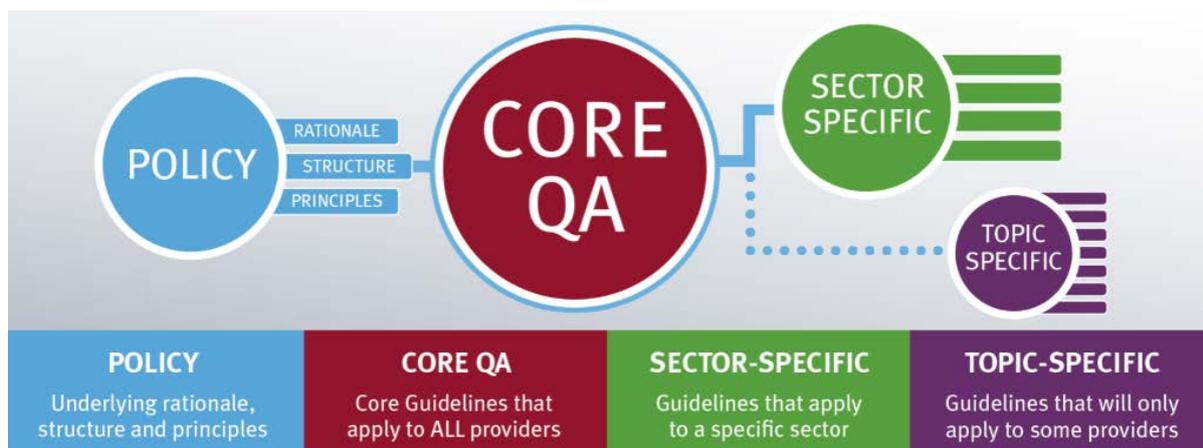
Figure 5 The QQI model of quality assurance guidelines. For further information please view our video on the QA guidelines.

The broad purpose of the guidelines is to inform the development of providers' QA procedures. We may, under the 2012 Act, issue different quality assurance guidelines to different classes of providers or for different classes of programme. These are designed to provide guidance proportional to the complexity and breadth of their educational activities without being prescriptive. To date, we have issued the following quality assurance guidelines:

- Core guidelines for ALL providers of education and training[32]
- (additional) Sector-specific guidelines for the following groups:
    o Designated awarding bodies[33]
    o Institutes of technology[34] (other than DIT)
    o Independent and private providers[35]
- (additional) Topic-specific guidelines for:
    o Research degree programmes[36]
    o Statutory apprenticeship programmes[37]
    o Blended learning programmes[38]

Under the 2012 Act, providers are required to establish quality assurance procedures, taking account of the relevant QQI guidelines (including any relevant sector- and topic-specific guidelines) and to implement these procedures.

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[32] Core quality assurance guidelines for all providers.
https://www.qqi.ie/Downloads/Core%20Statutory%20Quality%20Assurance%20Guidelines.pdf
[33] Sector-specific quality assurance guidelines for designated awarding bodies.
https://www.qqi.ie/Downloads/Sector-Specific%20QAG%20DAB-V2.1.pdf
[34] Sector-specific quality assurance guidelines for Institutes of Technology
https://www.qqi.ie/Downloads/Sector-Specific%20Quality%20Assurance%20Guidelines%20for%20Institutes%20of%20Technology.pdf
[35] Sector-specific quality assurance guidelines for independent/private providers
https://www.qqi.ie/Downloads/Sector%20Specific%20Quality%20Assurance%20Guidelines%20V2.pdf
[36] Topic-specific quality assurance guidelines for providers of research degree programmes.
https://www.qqi.ie/Publications/Publications/Research%20Degree%20Programmes%20QA%20Guidelines.pdf
[37] Topic-specific quality assurance guidelines for providers of statutory apprenticeship programmes.
https://www.qqi.ie/Publications/Publications/Apprenticeship%20Programmes%20QAG%20Topic-Specific.pdf
[38] Topic-specific quality assurance guidelines for providers of blended learning programmes.
https://www.qqi.ie/Publications/Publications/Statutory%20QA%20Guidelines%20for%20Blended%20Learning%20Programmes.pdf

5.2.3 Promoting quality enhancement

Quality enhancement is at the core of our system of values:

> Our approach to our own work and how we work with our partners is governed by clear values and associated behaviours.
>
> We believe we have a ***shared responsibility*** with others to ensure confidence in and continuous improvement of the quality of education and training. We believe that the attainment of our goals and objectives is best pursued collaboratively and constructively with our diverse set of partners and providers. We value ***collaborative effort*** for mutual benefit.
>
> We are committed to working with ***objectivity and transparency***. This underpins our decision-making and our policies, procedures and activities. These are evidence-based, informed by national and international good practice, and conducted in a manner which is openly transparent and engenders trust.
>
> We are committed to making a difference to our partners, providers and our people. We value ***achievement and impact*** – the successful pursuit of goals and objectives which culminate in impacting positively and substantively on our operating environment.
>
> We are committed to ***learning and innovation*** in our organisation to continuously improve our services.[39]

All our activities aim, where practicable, not only to evaluate and review institutions or programmes but to help identify opportunities for improvement. For example, most of our external quality reports (e.g. programme validation reports and CINNTE review reports) will include recommendations that aim to help the relevant provider improve, for example, their programmes, or quality assurance procedures or procedures for access, transfer and progression[40]. A report on the review of a validated programme might not contain recommendations to the provider if it is proposing that validation be withdrawn but even in such reports the enumerated deficiencies can help the provider improve.

Publication of external quality assurance reports by QQI and by providers themselves can also contribute to improving quality if the reports are drafted with that in mind. This is an area where we could improve: see for example the report entitled "A Thematic Analysis of Reports on the Accreditation/ Approval/Review of Programmes of Higher Education, Stage 1: QQI Validation and Revalidation (p9 on reports)"[41].

Thematic reviews can help us identify and highlight effective practice and identify opportunities for improvement. It is an area that we have begun to develop (see section 6.2.4 and section 9.4).

We also arrange events designed to promote quality enhancement including

- conferences on enhancement themes,
- workshops and training for reviewers, evaluators and QQI staff and

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[39] Source: https://www.qqi.ie/Articles/Pages/Mission,-Values-and-Goals.aspx
[40] See the Glossary.
[41] A Thematic Analysis of Reports on the Accreditation/ Approval/Review of Programmes of Higher Education, Stage 1: QQI Validation and Revalidation. December 2018

- workshops for people preparing to engage with external quality assurance services such as validation.

We are also interested in activities that impact upon internal or external quality assurance. The accreditation of higher education programmes by professional bodies[42] is an example:

- In 2017, we commissioned a report entitled "Professional Body Accreditation in Higher Education Institutions in Ireland". The work aimed to provide a clearer picture of the professional accreditation landscape in Ireland. Specifically, it aimed to determine (i) who does what and with whom across the higher education system and (ii) the impact and potential overlap with other educational quality assurance arrangements. The report led to institutions being better informed about the scale, scope and volume of institutional resources involved in the professional accreditation of programmes. We now have a better understanding of overlaps and potential synergies with external and internal quality procedures.

- In 2018, we commissioned a follow-up report focusing on a factual account of the accreditation/approval processes from eleven of the professional or regulatory bodies (i.e. bodies that accredit/approve programmes) that are active in Ireland. We will use the report to engage with professional regulatory bodies to explore whether overlaps with external and internal quality procedures can be addressed to help reduce the burden of accountability on providers. The report is being finalised.

We host enhancement themed conferences annually. Typically, effective practice case studies are presented by a broad selection of people. Presenters come from Irish higher education institutions, national agencies and groups, and from outside Ireland. We invite key partners (see the list of events below for examples) to collaborate with us in arranging these enhancement events to optimise impact; build relevant capacity, enhance engagement. Themes since 2015[43] include:

- Best practice in "*Student centred approaches to Student Engagement"* hosted by QQI and partners - USI and other collaborative partners.
- *"Internationalisation - a driver of quality in Irish Higher Education"*, jointly hosted by QQI and the Higher Education Authority
- *"Collaborative Provision in HE in Europe and the EHEA in general"*. Jointly hosted by QQI and the UK Quality Assurance Agency (QAA).
- Sharing smart approaches between institutions on the theme '*Using Data for Enhancement Purpose'*
- Sharing smart approaches to optimising quality*, "developing and sustaining a quality culture"*
- Fostering and supporting improvement and enhancement of quality English Language Education - the role of the Common European Framework of Reference for Languages (CEFRL)

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[42] Professional bodies have a role in the accreditation of programmes of education and training, usually as a means to obtain a licence to practise a regulated profession such as human and veterinary medicine, nursing, engineering and pharmacy. The professional bodies also maintain professional registers and regulate fitness to practise.
[43] More details on the content and outputs of these conferences can be viewed in the link below: https://www.qqi.ie/Articles/Pages/Past-Events.aspx

Table 5 provides more detail about one presentation and its impact.

Table 5 Example of impact: The GURU IT system and "Student Information Platform".

The presentation of the GURU system at the QQI enhancement event in 2015 provided an opportunity to highlight and disseminate its advantages to those higher education institutions who might benefit from its potential. The system was designed and developed within Dublin City University (DCU). It provides timely, user-friendly presentation and analysis of institutional information aimed principally at academics, institutional units, external examiners and accreditation bodies. It facilitates immediate action and institutional follow up based upon the data analysis opportunities.

For example:

1) Student retention: early identification of "at-risk" students through a personal tutor system and traffic light indicators.

2) Programme statistics: graphical presentation of data relating to grade inflation, comparative module difficulty, programme paths, failure analysis etc.

3) Digitisation of the examination process and external review, providing a range of benefits, including:

- Automated templates, resulting in improved quality, consistency and accessibility for examination documents

- Considerable time and repetitive effort saved for academics, administrators and external examiners

- Increased security for examination papers at all stages of the paper management process

- Clear institutional oversight of examination papers at all stages with full traceability and document history

- Digital distribution and review meaning more timely interactions by both internal and external examiners improving deadline-focused activities

4) Digitalisation of all aspects of external examiner management including nomination and approval processes, external examiner interactions with institutions and the submission of final external examiner reports. Guru presents data to appropriate users at an institutional, faculty or departmental level – allowing institutions to easily identify key concerns highlighted across the external review process. Guru allows the institution to properly and easily assess the external examiner quality review process, identifying both where it is succeeding and where it is failing. Such overview in the past was either not possible or would have involved a significant amount of time and effort. The potential cost and resource implications for all HEIs was recognised by QQI and highlighted to the national funding authority – Higher Education Authority (HEA) and other HEIs present.

5) Guru Archive facilitates the sharing of document archives with a wide range of users. At a simple level, it provides an enhancement to the traditional student past-exam paper archive by providing full meta-data and content searching around examination documents. At a more advanced level, it provides next-generation interfaces for quality review institutions and accreditation panels. This facility provides institutions with the means to appropriately share

examination papers, marking schemes, assessment briefs, final external examiner reports, accreditation documents, module syllabus descriptors and any future document types with external review bodies.

The GURU external examiner, exam management and archive systems have since been installed in several other HEIs in Ireland and a number of UK Universities are currently investigating their deployment. Website: https://gurudevelopments.com

5.2.4 The National Student Engagement Programme (NStEP)

Other enhancement initiatives established by QQI with collaborative partners include the successful launch and expansion of the National Student Engagement Programme.

Together with the Union of Students in Ireland (USI), we launched the National Student Engagement Programme (NStEP) early in 2016. The Higher Education Authority (HEA) joined us as core partners in NStEP. The collaborative engagement of students was crucial in the set-up of NStEP.

Originally, we were approached by USI representatives to establish an Irish national training programme to enhance, and enable greater, student engagement across the HEIs. Now NStEP has two main strands:

- A National Student Training Programme and
- The Development of Institutional Capacity to enable greater student engagement.

We are the lead supervisory agency for NStEP. The student partnerships in quality Scotland (sparqs) were engaged as consultants to advise on the development of the programme and five higher education institutions (HEIs) were selected for the initial pilot stage of the programme.

Now, in 2018 there are twenty-three higher education institutions involved in NStEP which is a great success. NStEP has many unique qualities - one is that it involves a partnership between the student union and management of the HEI. Another is that it involves all categories of HEIs, universities, institutes of technology and independent colleges that are quality assured by QQI.

The institutional capacity strand is valued by HEIs for helping them prepare for CINNTE (our institutional review process).

Together with USI and HEA, we have recently commissioned a report to

- evaluate NStEP's impact;
- help inform its future strategic direction and
- make proposals for more permanent governance arrangements.

NStEP has brought us into a close working relationship with the USI representatives and this has facilitated greater access to student reviewers and evaluators with the establishment of a QA reviewers pool for institutional review and QQI programme validation activities, although we have more work to do on developing and replenishing this pool. We have also benefited from valuable student representation in and direct contribution to a wide range of QQI initiatives.

Further information on the NStEP programme is available at https://studentengagement.ie/

5.3 List of activities that are in scope for this evaluation

The following is a list of QQI's relevant evaluation and review activity that encompasses ESG 2015 and is, therefore, in scope for this evaluation.

5.3.1 Approval of Quality Assurance Procedures

QQI is required to approve the QA procedures of all relevant providers (except for previously established universities).

There are two situations where this arises: (i) providers seeking initial (or expanded) access to validation and (ii) providers that had a relationship with one of QQI's antecedent bodies before 2012.

5.3.1.1 QA approval and initial access to QQI validation services

This procedure is applicable when providers wish to apply for access to QQI validation processes for the first time[44]. Such providers must undertake a two-stage process. In Stage 1, they must submit their quality assurance procedures, taking account of the relevant QQI quality assurance guidelines, for approval. The application must indicate the scope of provision to be approved, i.e. whether they wish to offer major, minor or special-purpose awards for undergraduate taught programmes, postgraduate taught programmes or research programmes. If the provider's Stage 1 application is successful, then it will have an approved scope of provision i.e. a defined set of parameters within which it can then apply for programme validation (Stage 2).   Stage 2 is the provider's first application for programme validation within the scope of provision approved at Stage 1.

5.3.1.2 QA approval and re-engagement

Re-engagement[45] is the approval of the quality assurance procedures of providers that had a relationship with one of QQI's antecedent bodies before 2012 (namely the Higher Education and Training Awards Council, the National Qualifications Authority of Ireland or the Irish Universities Quality Board). Different approaches to re-engagement have been applied to different classes of providers (see 6.1.2 for details).

5.3.2 Validation and revalidation of programmes of education and training

Validation[46] is the quality assurance process by which QQI satisfies itself that a learner may attain knowledge, skill or competence for an award being made by QQI. It corresponds to the process of external programme accreditation used in many European countries. QQI validation is granted for a specified period, not exceeding five years.

QQI is responsible for validating the programmes of higher education institutions that do not have their own awarding powers and which seek such validation on a voluntary basis.

Revalidation is validation by QQI of a programme that has emerged or evolved from a programme that had been previously validated by QQI (the original programme may have reached a point where, for example, it needs to be substantially modified or updated such that the result is a new programme). Revalidation is also required for any programme that is to continue to enrol learners

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[44] Initial Access to Programme Validation. https://www.qqi.ie/Articles/Pages/Initial-Access-to-Programme%20Validation.aspx
[45]
https://www.qqi.ie/Publications/Publications/Reengagement%20with%20Policy%20and%20Criteria%20for%20Renewed%20Access%20to%20Validation%20for%20Voluntary%20Providers%20of%20HET.pdf
[46] https://www.qqi.ie/Articles/Pages/Application-for-Validation-(Levels-6-10).aspx

following expiry of the duration of enrolment. It results in a validated programme, which is substantially based on the previously validated programme.

Differential validation is a term for approving a modification to a validated programme. The differential validation process focusses on the modification.

5.3.3   Provider- and programme-level monitoring

Monitoring[47] is a continual process and takes many different forms. Our statutory functions[48] include to:

(i)   monitor and review the implementation and effectiveness of providers' quality assurance procedures;

(ii)   monitor and review the validated programmes;

(iii)   monitor and review the operation of delegated authority;

(iv)   monitor the implementation of procedures for access, transfer and progression in relation to learners by providers.

The reviews are addressed in later subsections. All reviews provide opportunities for monitoring.

5.3.3.1   *Annual Institutional Quality Reports (AIQRs) and Dialogue Meetings (DMs)*

For the purpose of monitoring, the seven universities and fourteen institutes of technology (but neither the NUI, the independent providers nor the linked providers) are required to submit Annual Institutional Quality Reports (AIQRs[49]) containing a comprehensive mixture of quantitative and qualitative information. These are followed up by Dialogue Meetings (DMs). DMs are structured meetings between senior staff representatives of QQI and the provider. Up to 2018, Dialogue Meetings took place on an annual basis (see section 6.4.2 for more detail on DMs). AIQRs were submitted in Q1 and DMs took place to follow up on these in Q2. In 2018 it was agreed in discussions with the HEIs that with the advent of the CINNTE Review Cycle, DMs would move to a biennial basis, with AIQRs continuing on an annual basis.

5.3.4   Focused reviews

Focused reviews (of internal quality assurance)[50] are carried out at institutional level and are intended to:

(i)   determine that the quality assurance procedures established by a provider under the Qualifications and Quality Assurance (Education and Training) Act, 2012 have been implemented;

(ii)   evaluate the effectiveness of a provider's quality assurance procedures for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related services offered by the provider; and

(iii)   confirm that directions previously issued by QQI in relation to the effectiveness of a provider's QA procedures have been complied with.

Other kinds of focused reviews also exist (see 6.4.1).

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[47] Monitoring and Dialogue with Providers: https://www.qqi.ie/Articles/Pages/Monitoring07.aspx
[48] QQI functions under the 2012 Act. Section 9 (1). http://www.irishstatutebook.ie/eli/2012/act/28/section/9/enacted/en/html#sec9
[49] For published AIQRs please see: https://www.qqi.ie/Articles/Pages/Annual-Institutional-Quality-Report.aspx
[50] Procedures for Focused Reviews https://www.qqi.ie/Downloads/Procedures%20for%20Focused%20Reviews%20by%20QQI%20of%20the%20Implementation%20and%20Effectiveness%20of%20Provider%20QA%20Procedures.pdf

5.3.5 Institutional review

The following extract from our "*Policy for Cyclical Review of Higher Education Institutions*" sets out the scope of institutional review.

Institutional review evaluates the effectiveness of the institution-wide quality assurance procedures for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related services the institution provides. The scope of reviews in the area of research is in relation to the evaluation of the effectiveness of the quality assurance procedures of the institution for research in general, including research programmes and research activities.

Review measures institution accountability for compliance with European standards for quality assurance, regard to the expectations set out in the QQI quality assurance guidelines or their equivalent and adherence to other relevant QQI policies and procedures as established in the lifecycle of engagement between the institution and QQI.

Review explores institution enhancement of quality in relation to impacts on teaching, learning and research, institutional achievements and innovations in quality assurance, alignment to the institution's mission and strategy and the quality-related performance of the institution relative to quality indicators and benchmarks identified by the institution.

QQI review functions are set out in various sections of the Qualifications and Quality Assurance (Education and Training) Act (2012) (referred to henceforth as the 2012 Act). This policy relates to sections 34 and 35 of the Act. The QQI Policy on Monitoring states that QQI monitoring may initiate a separate statutory (focused) review which may ultimately lead to withdrawal of approval of QA procedures. Accordingly, this outcome is excluded from this policy.   Approval of QA is not relevant in the case of a Previously Established University.

The policy also encompasses, as appropriate, other statutory reviews of the Authority, including the mandatory, cyclical review of delegation of authority to make awards, outlined in Section 54 of the 2012 Act and review of implementation of procedures for access, transfer and progression outlined in section 57. It also incorporates, where reasonable and subject to timing, reviews of compliance with the code of practice for the International Education Mark (Section 63 of the 2012 Act).

5.4 Summary: lifecycle of provider engagement

We operate a range of different external QA processes applied to different classes of providers as indicated above. The following diagram may help place the different process in context.
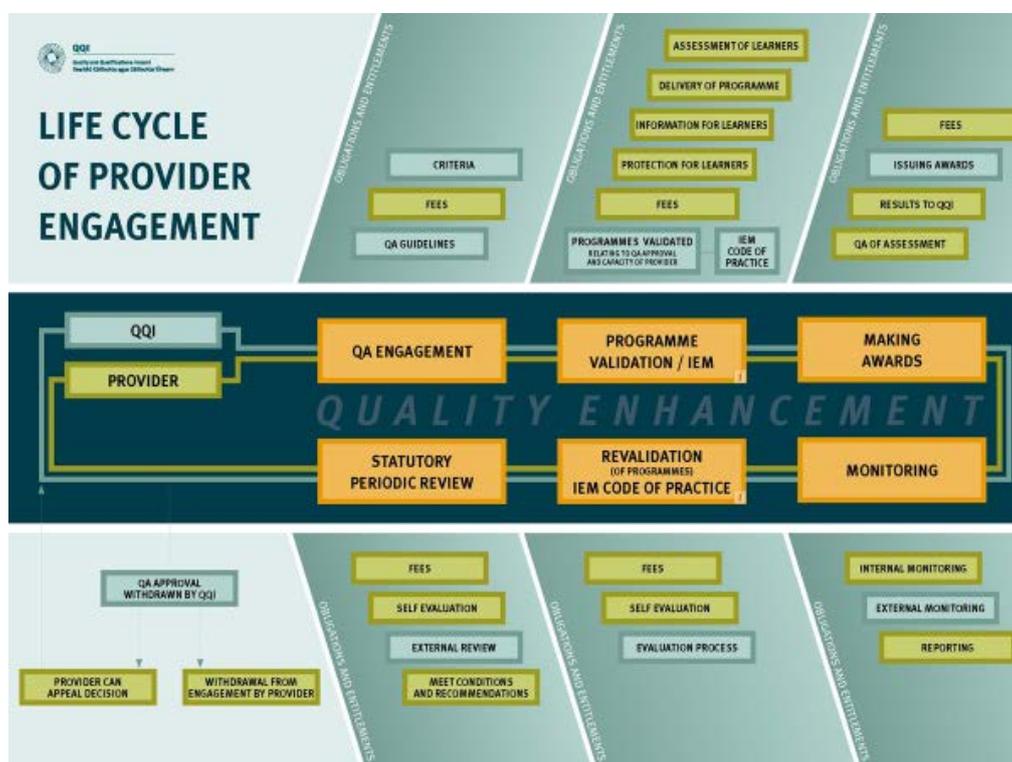
Figure 6 Lifecycle of provider engagement.

5.5 Volume of external quality assurance activity

The following table summarises the volume of activity (process completions) in higher education and provides links to where the relevant reports can be accessed.

Table 6 Volume of activity (process completions) from 2014 to October 2018 and links to published reports. Blank means zero.

Processes	2014	2015	2016	2017	2018[51]	Links to reports
QA approval of new provider			1	2	3	Initial Access to Validation Reports QA Approval Reports
Re-engagement[52]				22	2	Public provider re-engagement; Re-engagement Reports QA Approval Reports

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[51] To October 2018.
[52] As part of re-engagement, the 22 publicly-funded HEIs published their QA policies and procedures on their websites, they are also published on the QQI website.

New HE programme validation: (approved programme count)	106*	85	52	30	37	Panel Reports - Validation
New HE programme validation (refused programme count)		8	2	11	1	Panel Reports - Validation
HE Re-validation (approved programme count)	*[53]	86	29	11	60	Panel Reports - Validation
New FE Programme Validation	697	242	209	126	71	
Annual Institutional Quality Reports[54]	9 ^	22 ^	16 ^	22	22	Link ^ Unpublished
Annual Dialogue Meetings[55]	14	15	19	3	20	Link
Focused review of programme (programme count)			4	2		IBAT College Report Grafton College Report
Focused review of QA effectiveness						
Institutional review[56]	1		1	1	2	Link

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[53] Not specifically logged in database, pre-2015. The number 106 for 2015 is a mixture of new programme validations and revalidations.

[54] In 2014, AIQRs were submitted by DABs only. The non-DAB Institutes of Technology AIQRs started in 2014/15. In 2016, we began using an online system for the AIQRs. At that stage the AIQR template was being introduced on a voluntary basis and as such some institutions opted not to submit a report.
Post re-engagement AIQRs for all 22 HEIs are published on the QQI website.

[55] The series of dialogue meetings with all 22 HEIs can span across two calendar years, hence the figures for 2014/15 and 2016/17. In general, all DMs are carried out following submission of the AIQR. The changeover to the new AIQR in 2015/16 meant that these meetings spanned two calendar years, hence the patterns for 2014/15. The 2016/17 dialogue meetings formed part of QQI's re-engagement with the publicly-funded HEIs. In 2018, two institutions who were undergoing institutional review at the time of the DMs were given an exemption. Post-2018 we will move to biennial DMs. Official notes of the DMs are agreed between QQI and Institutions but not published.

[56] The first cycle of QQI reviews began in 2018 and two (IT Sligo and Letterkenny IT) were completed at the time of writing this report.

6   Processes and their methodologies

This section details our main external QA processes and their methodologies. The scope is exclusively higher education and training.

Our external quality assurance processes and methodologies are developed to be fit-for-purpose and consistent with our governing legislation (the Qualifications and Quality Assurance (Education and Training) Act 2012). Generally, where they apply to higher education, they are designed to be ESG compliant (see section 10). Our policy development process is designed to ensure all of this and is outlined in section 10.2.

6.1   Approval of providers' quality assurance procedures

Most providers (of programmes of higher education) must seek approval from QQI before establishing their quality assurance procedures.

The seven universities whose QA was previously regulated by the 1997 Universities Act are the exceptions. However, they must consult with us prior to establishing their QA procedures.

All other providers must undergo a formal approval process for their procedures. This is being done (i) as required by prospective new providers seeking initial access to validation (section 6.1.1) and (ii) on a staggered basis for legacy providers through the re-engagement process (section 6.1.2).

One of our functions under the Quality and Qualifications (Education and Training) Act 2012, is to determine policies and criteria for access, transfer and progression in relation to learners, and monitor the implementation of procedures for access, transfer and progression in relation to learners by providers. Where necessary, access, transfer and progression procedures can be approved in tandem with quality assurance procedures in accordance with our *Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training[57]*.

6.1.1   Initial access to validation

The process and criteria for gaining access to our validation services are set out in our *Policy and Criteria for Provider Access to Initial Validation of Programmes Leading to QQI Awards.[58]*

The outline process is as follows. When prepared, a provider submits a set of quality assurance procedures in writing with a completed application form including a self-assessment against QQI's requirements. QQI screens the documentation and if all appears in order it assembles a Quality and Capacity Evaluation panel. These panels have a regular composition comprising:

- A chairperson: senior academic, current or retired, in a higher education institute either public or private. The person will have thorough knowledge of QQI policy and QA guidelines and will be experienced in corporate and academic governance and programme management.
- QA Experts: One or more academics with experience in and responsibility for quality assurance in a HEI, e.g. college registrar.
- Sector representative: person with expertise in the academic discipline or industry sector relevant to the intended scope of provision of the prospective HEI.
- Student: Student on higher education programme.

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[57] Access, Transfer and Progression Policy and Criteria: https://www.qqi.ie/Downloads/ATP%20Policy%20Restatement%20FINAL%202018.pdf
[58] Initial access policy: https://www.qqi.ie/Downloads/Initial%20Validation%20policy%20October%202013.pdf

- Secretary: Person responsible for drafting the panel report. This person may carry out this role while also filling one of the other roles, other than that of chair.

The provider is invited to meet with the panel and there will be a site visit if required. The panel produces a report. It is sent to the provider for factual accuracy checking and observations. The report is used by the Approvals and Reviews Committee of the QQI Board to determine the application. The report is published on the QQI website if the procedures are approved[59]. There is a statutory appeals process where approval of QA procedures is refused.

Following the approval of quality assurance procedures, the provider must then complete the process of having at least one programme validated (a full programme validation process). Only then does it become a 'relevant provider' able to enrol learners on to a programme.

Initial access to validation is a once-off process. However, following the validation of a programme the provider becomes subject to all QQI's requirements for relevant providers including periodic institutional review of the effectiveness of its QA procedures.

6.1.2 Re-engagement

Our overarching approach to re-engagement is described in *Re-engagement with QQI Overarching Policy for All Providers[60]*. The overarching policy states that "a policy for each group will outline the mechanism for re-engagement with that group". However, explicit policies have only been published for independent and private providers (also known as voluntary providers).

6.1.2.1 Re-engagement with previously-established universities (PEUs)

Each of these universities is required to submit their QA procedures to us for consultation purposes (we do not formally approve their QA procedures). All seven did so in 2017, submitting their draft procedures as part of their 2016 AIQRs and subsequently discussing them with QQI staff as part of their DMs. The AIQR process is described in Section 6.3.1. The re-engagement process was completed by all seven universities in 2017 as outlined here.[61]

Incidentally, where we have issued any new or revised quality assurance guidelines in the previous year, the updating of the provider's quality assurance procedures is tacitly expected to be demonstrated in the AIQR for the following year.

6.1.2.2 Re-engagement with other higher education providers with awarding powers

The designated awarding bodies other than the PEUs (the DIT and the RCSI) and the thirteen other institutes of technology (and any newly established technological university) are required to prepare quality assurance procedures, taking account of any QQI quality assurance guidelines and to submit these procedures to us for approval (by the PAEC). Like the procedure for PEU's, these bodies submit their draft procedures as part of their AIQRs (Annual Institutional Quality Reports) and subsequently discuss them with QQI staff as part of their Dialogue Meetings (DMs). Following the DM a formal decision to approve the procedures is taken by PAEC.

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[59] Initial access to programme validation. QA approval reports. https://www.qqi.ie/Articles/Pages/QA-Approval-Reports-.aspx

[60] Reengagement Policy: https://www.qqi.ie/Publications/Publications/Reengagement%20with%20QQI%20Overarching%20Policy%20for%20All%20Providers.pdf

[61] Re-engagement with previously established universities. https://www.qqi.ie/Downloads/Tables%20of%20Institutions%20through%20the%20PAEC.pdf

Following approval, the provider is required to publish and implement their QA procedures. The mechanism of submitting quality assurance procedures to us is again the AIQR described in Section 6.3.1.

As for the PEUs, where we have issued any new or revised quality assurance guidelines in the previous year, the updating of the provider's quality assurance procedures is tacitly expected to be demonstrated in the AIQR for the following year. The re-engagement process was completed by the thirteen institutes of technology, DIT and RCSI in 2017 as outlined here.[62]

6.1.2.3 Re-engagement with providers whose programmes are validated by QQI

Independent and private providers (for simplicity we will frequently refer to this group as independent providers) whose quality assurance procedures have been approved by QQI's antecedents are sometimes referred to as legacy independent providers. The approval process for legacy independent providers is more elaborate than for public providers and involves independent evaluation by a panel of experts. The overall process is also called re-engagement and is detailed in our *Policy and Criteria for Renewed Access to QQI Validation for Voluntary Providers of Higher Education and Training.*[63]

Pending approval, legacy independent providers are expected to update their previously approved quality assurance procedures having regard to the current guidelines and implement the updated procedures.

There is a rolling programme of re-engagement with the 31 legacy independent providers. The programme for re-engagement commenced in 2017 with a series of twelve pilot (or more precisely dry run as they were inconsequential from a legal perspective) reviews of institutions, including three of the larger higher education colleges[64]. The dry runs provided an opportunity to test the process and for participating providers it delivered useful feedback that they could use in the formal re-engagement process. This is the first time we have used a series of dry runs to test a new process. It has resulted in an operational process (detailing QQI requirements)[65] that is ESG compliant. Incidentally, the over-arching policy is less prescriptive than the operational process.

The operational details are provided online[66] and its key features are aligned with the ESG requirements in *Table 25*.

The formal statutory re-engagement process includes the following key elements:

- The provider will make an application to QQI including: a. Completed Application Form (including self-assessment[67]) b. Draft Quality Assurance Procedures.

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[62] Re-engagement with institutes of technology, DIT and RCSI.
https://www.qqi.ie/Downloads/Tables%20of%20Institutions%20through%20the%20PAEC.pdf
[63] https://www.qqi.ie/Articles/Pages/Reengagement-process-for-independent-and-private-providers.aspx
[64] Re-engagement process for independent and private providers.
https://www.qqi.ie/Articles/Pages/Reengagement-process-for-independent-and-private-providers.aspx
[65] Operational process for reengagement of independent providers:
https://www.qqi.ie/Articles/Pages/Reengagement-process-for-independent-and-private-providers.aspx
[66] Reengagement Application Guide
https://www.qqi.ie/Downloads/Reengagement%20Application%20Guide%20v2.pdf
[67] Informed by experience from the dry-runs (pilots), the self-assessment is confirmatory rather than evaluative. There is a template which takes applicants through the guidelines and they have to confirm that

- We appoint an external expert panel (including a student representative) to review the applicant's QA procedures in accordance with QQI policy and criteria and visit the provider concerned (there is a standard agenda and one day from 8:30-16:30 is expected to be sufficient for each of our current independent providers).
- Incidentally, our documentation indicates that in some cases, the panel may comprise / include experienced QQI staff. However, in practice, the composition of the panel follows the same model as for Initial Access to Validation (see 6.1.1).
- Following the site visit, the panel will produce a report. The panel report recommends either that QQI approves or refuses[68] to approve the provider's QA procedures and provides advice to the provider on how the procedures might be improved. The report is then sent to the provider for a factual accuracy check and observations.
- The report is then brought to QQI's Programmes and Awards Executive Committee (PAEC) for its decision. This committee is part of QQI's corporate governance. The quality assurance procedures are approved by the PAEC and the reports are then published[69].
- A provider may appeal a PAEC decision.
- QQI will publish the PAEC's decisions and the associated reports.

A schedule for re-engagement has been published.[70] The first formal process for the approval of quality assurance procedures of a legacy provider took place in 2018. At time of writing two of them have completed the re-engagement process.

All providers are required to publish their QA procedures and implement them as approved by QQI.

6.1.3   Development and implementation of the policy
The draft policy for initial access to validation was published in 2013 following consultation on green and white papers. Included was the approach to evaluation and approval of a provider's quality assurance procedures which broadly followed the terms of the 2012 legislation establishing QQI and setting out its functions.

The processes underpinning QA approval for applicant providers (initial access to validation) and legacy independent providers (re-engagement) follow the generic evaluation and governance system common to various QQI functions. These processes were set out in the policy documents and were included in the consultation on same.

Minor modifications to the processes have taken place since first implemented. These modifications have been confined to the documentation and the overall process and governance have remained unchanged. The changes to the documents have been subject to testing and consultation with providers and with expert panel members.

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they have self-assessed and assured themselves that their QA meets the guideline for that area and they must provide detailed references to the document and section where the relevant policy / procedure can be found.
[68] The panel also have the right to Refuse to Approve with Recommendations which is a refusal but where there is sufficient potential in the application for the provider to submit revised documentation within six months for re-evaluation by the panel. This is a once off opportunity i.e. if the application is still insufficient, the panel must recommend that it be refused approval.
[69] Approval of quality assurance procedures for legacy providers (re-engagement).
https://www.qqi.ie/Articles/Pages/QA-Approval-Reports-.aspx
[70] https://www.qqi.ie/Downloads/Reengagement%20Schedule%202018%202019.pdf

6.1.4   QA Approval reporting

Every evaluation of a provider's quality assurance generates a templated report containing (i) the panel's findings under a number of headings and (ii) a recommendation on approval to a governance committee of QQI.

There are three possible recommendations from a panel:

- **Approve** – this means that the panel views the provider's quality assurance procedures are appropriate for its proposed / current scope of provision.

- **Refuse to approve, with recommendations**. This identifies deficiencies in quality assurance which the provider needs to address but allows a resubmission of a revised application within six months without the need for additional payment.

- **Refuse to approve**. This recommendation implies that the deficiencies in quality assurance identified are such that the panel cannot be confident that the provider could / can manage its scope of provision. Such a recommendation must be consistent with the findings set out in the report.

Reporting of the evaluation of a provider's quality assurance procedures is subject to the same internal quality assurance as other QQI regulatory processes i.e.

- The report follows a template and is compiled by a nominated report writer

- Each report is screened by QQI and is subject to a factual accuracy check by the provider

- The provider is invited to respond to the report's findings and recommendation. This response accompanies the panel report through governance and publication.

- The report is subject to governance i.e. Approvals and Reviews Committee (ARC) for Initial Access to Validation and Programmes and Awards Executive Committee (PAEC) for Re-engagement

 Final reports are published on the QQI website.

6.1.5   QA Approval Follow-up

Identified deficiencies in a provider's quality assurance must be specified in the panel report. As set out in 6.1.4, where the deficiencies are significant enough to merit refusal of approval by the ARC or PAEC, either outright or with recommendations, approval is withheld.   If the determination is Refusal with Recommendations, the provider must respond within six months with a revised submission addressing the issues identified by the panel. If the provider fails to respond within the six months or if the revisions are deemed insufficient, then the process is concluded by the ARC or PAEC as appropriate with a refusal to approve the provider's quality assurance.

Hence follow up is mandated by the process and is in-built.

6.2   Programme validation

We published our current *Policies and Criteria for the Validation of Programmes of Education and Training*[71] in 2016 and have since made (very) minor revisions to them, most recently in 2017.

At the core of programme validation is the determination that we can be satisfied that if a learner successfully completes the programme concerned, they will have attained the standards specified by us for that award (qualification).

As noted earlier in this report, we have determined higher education awards standards both generically (e.g. the standards for an ordinary bachelor's degree in any discipline) and at various levels for a small range of broad discipline areas and narrower professional areas[72], as well as professional award-type standards that are used for apprenticeships.

The validation process consists of a self-evaluation by the applicant provider against our validation criteria, a site visit and evaluation by an expert panel against the published criteria, a validation report produced by the panel and a decision by the PAEC.

Expert panel members must be independent of the provider and must sign confidentiality and conflict of interest forms before participating. The precise composition of the panel will depend on the programme being evaluated so that the panel has the competence to evaluate the programme against our validation criteria (and the relevant award standard). The following model is indicative:

- A chairperson. Panel chairpersons are normally current or retired senior academics and where possible are selected from people who have attended one of our validation training events.
- A report writer. This person may or may not be a member of the evaluation panel[73]. Occasionally the chairperson will also be the report writer and in that case will be assisted by a recording secretary.
- Persons with discipline-area expertise related to the proposed programme(s) are always included.
- A student is always included for higher education programmes under current policy.
- A person from the relevant area in the world of work (i.e. an employer representative) is often included.
- Validation panels are gender balanced (40% minimum of each gender).[74]
- QQI staff are not normally members of validation panels but occasionally attend as observers or recording secretaries.

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[71] Validation Policies and Criteria:
https://www.qqi.ie/Publications/Publications/Initial_Validation_policy_7_10_13.pdf
[72] Standards for higher education and training awards: https://www.qqi.ie/Articles/Pages/Active-NFQ-Standards-for-HE.aspx
[73] In all cases, the report expresses the views of the panel and therefore the panel must agree the report. The names of the panel members are included in the validation report.
[74] Sometimes it is not practicable. For example, Hibernia College - Bachelor of Science (Honours) in Nursing in General Nursing (L8), this went to the PAEC in July 2017. The panel comprised 10 members (7 females and 3 males). IT Carlow - Doctoral Research Degree Programme in Health Sciences (Rehabilitation and Health; Men's Health; Sport, Exercise and Health). The panel comprised 7 members (5 males and 2 females) – this went to the PAEC in June 2018. We tried national and international sources to ensure gender equality on the panels, but because of the subject area it was difficult to balance the panels. The IT Carlow panel was deferred a couple of times as a result and eventually we decided to go ahead.

The validation process is detailed in the *Policies and Criteria for the Validation of Programmes of Education and Training.* For programmes of higher education and training we use the *Core policies and criteria for the validation by QQI of programmes of education and training[75]*. The definitive description of the process is in the policy document and the associated operational documents. What follows is a simplified outline of the key features relevant to ESG compliance:

- An application for validation includes a documented programme of higher education and training along with supporting information and a self-evaluation against QQI's validation criteria and the relevant QQI awards standards.
- The application is screened, and an expert panel is assembled.
- The panel reads the application and afterwards meets the provider at a site visit (normally the provider's premises). At the end of the site visit the panel communicates preliminary findings and indicates the recommendations that it will make to QQI.
- After the site visit the panel drafts and agrees the report. QQI will confirm its factual accuracy with the provider.
- The report is sent to the provider for response. If there are proposed special conditions of validation that need to be addressed prior to validation the provider is invited to address these. The panel will normally be required to approve the adjustments to the programme required to meet any such conditions.
- The panel report and provider's response are sent to the PAEC (see section 4.4.3) along with a memorandum outlining the conduct of the validation process.
- The report is published and, if the outcome is positive a certificate of validation is issued to the provider. Otherwise, the provider is informed of the PAEC decision and if refusal is subsequently confirmed by the PAOC (see section 4.4.4) they are informed of the outcome and their right to appeal.
- Both the panel and provider are surveyed about the process.

For research degree programmes, collaborative programmes, and transnational programmes the Core validation policy is supplemented by legacy policies that we plan to replace soon.

The validation process and criteria have been designed from first principles to be ESG compliant (see Table 25 and Table 26).

Providers with validated programmes are required as a statutory condition of validation to establish procedures for the assessment of learners. Specifically:

> *"…establish procedures which are fair and consistent for the assessment of enrolled learners to ensure the standards of knowledge, skill or competence determined by [QQI] under section 49(1) are acquired, and where appropriate, demonstrated, by enrolled learners"*
> *(Section 45(3) of the 2012 Act)*

QQI is not involved in the assessment of learners. However, to guide providers on how to fulfil this statutory condition we provide the following infrastructure: (i) ***Assessment and Standards*** and (ii)

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[75] This document is contained in the footnote number 64 above.

Effective Practice Guidelines for External Examining.[76] These documents were developed by one of our antecedents (the now dissolved Higher Education and Training Awards Council).

We are reviewing these currently and have published a *Green Paper on Assessment of Learners and Learning*[77] in March 2018 for public consultation with a closing date in December 2018. This may lead to changes in the guidance we offer providers whose programmes we validate or to whom we delegate authority to make awards.

We provide prospective applicants and evaluation panel members with a range of templates and guidance documents[78] to support their applications for validation of new programmes. Further information will follow in later subsections of section 6.

6.2.1   Development and implementation of the current validation policy and criteria

The draft validation policy and criteria were published as a white paper for public consultation in December 2015. Following the consultation process, we published a summary of the feedback and our response to it in a document entitled: Consultation on the White Paper on Validation & Response to Stakeholder Feedback. The new validation policies and criteria were established in 2016.

Providers who rely on the validation process have been involved in the design of the templates and some of the operational processes required for its implementation.

We consulted with provider representatives when developing the *Programme Validation Manual* that is used by providers to present an application for validation. Representatives were provided with an opportunity to comment on the fitness-for-purpose of the document and suggest any amendments they deemed appropriate. We responded to any feedback received and have consulted with provider representatives prior to making any subsequent changes to the programme manual.

We also established a working group to consider the *Independent Evaluation Report Template* and develop an accompanying *Report Writing Style Guide*. The working group comprised members from QQI, independent providers and one member was a consultant, formally employed in an institute of technology. The working group amended the Independent Evaluation Report Template and drafted a report writing style guide to assist panel members, especially secretaries and chairpersons in their report-writing role. The amended documents are currently in use and we will gather feedback on their effectiveness.

The publication of the new validation policy in 2016 resulted in a revised programme review and revalidation process. We implemented a pilot process and established a working group comprising representatives from QQI, HECA and other private providers to consider how the pilot process could be streamlined. We hope this working group will have completed its work in January 2019 and the modified process and documentation will be published soon after that.

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[76] External examining guidelines:
https://www.qqi.ie/Publications/Publications/Effective%20Practice%20Guidelines%20for%20External%20Examining%20Revised%20February%202015.pdf
[77] Green paper on assessment
https://www.qqi.ie/Downloads/Green%20Paper%20Assessment%20of%20Learners%20and%20Learning%20March%202018.pdf
[78] Validation infrastructure for providers: https://www.qqi.ie/Articles/Pages/Application-for-Validation-(Levels-6-10).aspx

If a provider wishes to continue to offer a programme after the initial validation period (5 years) has expired, it must have the programme revalidated.

Revalidation is validation by QQI of a programme that has evolved from a programme that had been previously validated by QQI. Revalidation provides an opportunity to substantially update and modify the original programme. The revalidation process is described in section 13 of the *Core policies and criteria for the validation by QQI of programmes of education and training*[79].

Revalidation is a QQI determination following an application for revalidation by a provider. Revalidation follows a programme review by the provider concerned and is distinct from it. The programme review is a provider-owned process that involves self-evaluation by the provider and external evaluation by an independent panel. The review is managed by the provider. However, we have established a pilot process (see Table 7) where the programme review and the programme revalidation can use the same external panel.

For mature providers, we may devolve some responsibility to the provider concerned for arranging the independent evaluation report. This process is described in section 6.2 of the *Core policies and criteria for the validation by QQI of programmes of education and training*.

Since 2016, we have been piloting an approach to programme review that devolves responsibility to the provider for arranging the independent evaluation required for revalidation. Table 7 outlines the pilot process.

Table 7 Pilot approach to programme review and revalidation.

Programme review

   Phase 1 Self-evaluation

   (1) **Plan** the process so that programmes can be revalidated in time for the next planned intake after the last intake for which the programme is validated (allow about one year for the process to give time for a thorough review);

   (2) **Consult** QQI (in writing) on the terms of reference for the **Programme Review;** agree (in writing) **Terms of Reference** with QQI **if** is proposed to use the same external panel for Phase 2 (4[80]) and Phase 3 (9) (see below);

   (3) Conduct a **Provider's Programme Review** (while managed by the provider this will necessarily involve persons and bodies external to the provider as well as persons who are internal to it) resulting in the production of a **Provider's Programme Review Report;**

   Phase 2 External evaluation and reporting

   (4) Arrange for the production of an **Independent Programme Review** (this will include a site visit) resulting ultimately in the production of an **Independent Programme Review Report**[81]**;**

   (5) Finalise the modified programmes to be presented for revalidation addressing any problems identified before applying for revalidation;

   (6) Prepare the **Provider's Evaluation Report (**this is the term used in the unit 13.1 of *Core Policies and Criteria for the Validation by QQI of Programmes of Education and*

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[79] Ibid.

[80] The parenthesised numbers refer to the numbered elements in this table.

[81] The independent report is expected to be written by the external panel (currently the provider has no part in the production of the report and this has proved controversial with providers who would have had a role in drafting in the past). The provider proposes the panel to be agreed with QQI. The panel must meet QQI's requirements for a validation panel (see section 6.2 for details on the formation of validation panels).

> *Training*) comprising the finalised **Provider's Programme Review Report** and the finalised **Independent Programme Review Report;**
>
> **Revalidation**
>
> **Phase 3 Revalidation**
>
> (7) Apply to QQI for re-validation including, among other things required by units 6 and 13 of *Core Policies and Criteria for the Validation by QQI of Programmes of Education and Training*, the **Provider's Evaluation Report;**
>
> (8) Agree (in writing) **Terms of Reference** with QQI for the production of the **Independent Evaluation Report;**
>
> (9) Arrange for the production of the **Independent Evaluation Report** as per (8) and the *Core Policies and Criteria for the Validation by QQI of Programmes of Education and Training;* In principle the same external panel may be used for both (4) and (9) provided this is agreed in advance in writing with QQI at (2). In principle the second review **may be a desk review** if the panel has already visited the provider for (4)[82].
>
> (10) The remainder of the revalidation process is handled by QQI in accordance with *Core Policies and Criteria for the Validation by QQI of Programmes of Education and Training*[83].
>
> Note that there are two independent reports; one at (4) before the application for revalidation and the other at (9).

Providers have found the process challenging for diverse reasons. We have assembled a working group with representation from independent providers to help design a more streamlined process while maintaining the necessary level of transparency and rigour (see 6.2.1).

6.2.2   Reporting for validation (and revalidation).

There is a standard [template](#) for validation reports and a [style guide](#). The report is produced by the independent panel. Before it is finalised it is sent to the provider for factual accuracy checking and response.

The report contains certain summary parameters about the programme, details of the panel and an evaluation against the QQI criteria. It may include recommendations (for improvement) and proposed conditions. The overall outcomes is one of the following:

- Satisfactory (meaning that it recommends that QQI can be satisfied in the context of unit 2.3 of *Core policies and criteria for the validation by QQI of programmes of education and training*);
- Satisfactory subject to proposed special conditions (specified with timescale for compliance for each condition; these may include proposed pre-validation conditions i.e. proposed (minor) things to be done to a programme that almost fully meets the validation criteria before QQI makes a determination);
- Not satisfactory.

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[82] The revalidation report is on the modified programme being put forward for revalidation following the programme review. Naturally, if the same panel is used for both processes a second site visit would be redundant.

[83] Sections 6 and 7 of this document describe how QQI handles the relevant parts of all validation processes. In the specific context here the remainder process starts at 6.4.

6.2.3 Validation process follow-up

Providers with QQI validated programmes are followed-up systematically to ensure that any special (as distinct from standard) conditions of validation are met.

Where these conditions are not met before an application is determined, this follow-up is overseen by the Programme and Awards Executive Committee (see section 7 of this PAEC meeting note for an example of this). Special conditions requiring follow-up are recorded on our database. A member of the executive team is responsible for tracking. If a provider fails to meet the conditions, we will seek a remedy and ultimately, we may review their validated programmes and that risks withdrawal of validation.

6.2.4 Thematic review of validation reports

We commissioned a report analysing validation and revalidation reports over the past four years. The intention is to identify not only recurring themes but opportunities for improvement of the process and especially the external evaluation and reporting. See section 9.4.

6.2.5 Validation consistency

We strive for consistency in our determinations, but it is challenging to achieve. The following, for example, are the among principal measures undertaken within the validation area to promote consistency:

a) Selection of external experts—one of the most effective ways of ensuring reliability and consistency is to select a competent group of external experts for each process that is well matched to the requirements of the process.

b) Publication of reports—this provides a type of feedback that influences panels (groups of external experts) and their reporting as well as providers. There is a down side in that weak reports can counter the positive feedback from strong ones.

c) Focused material for, and training of, external experts (evaluators, reviewers, panel chairpersons and report writers). The aim is to ensure that people understand what is expected of them in their specific roles.

d) Focused material for, and training of, persons from institutions. This is targeted at helping them prepare submissions, undertake self-assessments and to discern the nature and scope of supporting evidence required.

e) Templates and style guides for reports and clarity about the criteria used in evaluations and reviews.

f) Surveys of i) institutions and ii) panel members to help identify: (1) what is and is not working as intended, (2) areas for improvement and (3) topics for training workshops.

g) Thematic reviews of reports—this helps identify opportunities for improving consistency and reliability among other things. The thematic review of our validation reports in section 9.4 is an example of this and has identified several areas for improvement many of which may translate to other processes.

6.3 Provider monitoring

Our process for monitoring and dialogue is detailed here[84] and is operated in line with our **Policy on Monitoring**[85]. The nature of monitoring differs depending on whether we are the awarding body for the provider's programmes.

6.3.1 Annual Institutional Quality Reports

In higher education currently, this process applies exclusively to the nine DABs that are providers and the thirteen institutes of technology that are not DABs. We do not require the National University of Ireland (a DAB that is not a provider) to complete an AIQR nor do we currently require Independent providers to complete AIQRs.

Each DAB and IoT is required to submit an AIQR to QQI on the operation of its internal quality assurance system. The AIQR template has been developed with reference to ESG 2015 (as have our quality assurance guidelines).

AIQRs document the internal QA procedures in place in the HEI as updated from time to time, they also give an overview of the QA activities, themes, changes, enhancements and impacts over the reporting year. The AIQRs provide assurance that QA procedures are being implemented on an ongoing basis and that regulatory requirements are being met. This ensures that the external quality assurance is not reliant solely on the cyclical institutional review process (CINNTE).

Further details on the purposes and structure of the AIQR and the published reports are available on our website[86]. We produce and publish an annual thematic analysis of the AIQRs. The 2018 report is available on our website[87].

The AIQR (Figure 7) is intended to articulate with external periodic review (the CINNTE process). On a basic level, it is intended that the AIQR, particularly part one, will assist with documentation management for institutions undergoing and preparing for review and lessen the burden on institutions to supply the CINNTE review team with a significant amount of documentation in advance of their visit.

The accumulation of several AIQRs over several years should also give the institution and the Review Team an evidence basis for the way in which the quality assurance system of the institution works on a rolling basis, the ways in which the system has developed over time, the factors that influence it and prevalent themes and issues.

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[84] Monitoring and dialogue with providers. https://www.qqi.ie/Articles/Pages/Monitoring07.aspx
[85] Policy on monitoring. https://www.qqi.ie/Publications/Publications/QQI%20Policy%20on%20Monitoring%202014.pdf
[86] Annual Institutional Quality Reports. https://www.qqi.ie/Articles/Pages/Annual-Institutional-Quality-Report.aspx
[87] Higher Education Summary Report of AIQRs (2018) https://www.qqi.ie/Downloads/Quality%20Within%20Higher%20Education%202018.pdf

Figure 7 Illustration of the AIQR process.

6.3.2   Summary reports from AIQRs

Each year we prepare a synthesis or synopsis of the information communicated by higher education institutions in Parts 2-6 of their AIQRs. The synopsis reports provide an overview of QA activities, themes, changes, enhancements and impacts for the reporting year. The published Reports can be viewed for 2016 and 2017.

6.3.3 Dialogue Meetings

Dialogue meetings between QQI and both the DABs and institute of technology (IoT) sectors form part of the external QA framework in Ireland. These meetings provide an opportunity for both parties to consider a range of issues relating to the development, maintenance and enhancement of the QA infrastructure that will clarify and define the relationship between an institution and QQI as each sector evolves. Dialogue Meetings also play a formal role in consultation on and approval of QA procedures of HEIs, outlined in the section on re-engagement above. Dialogue meetings take place every one or two years but we are currently in the process of moving from annual to biennial meetings. The process and schedule for the 2018 Dialogue Meetings are described and published on our website[88].

6.3.4 Quality-related monitoring of independent providers (except linked providers) by QQI

We have frequent interactions with providers in this class and monitoring is carried out through analysis of the resulting information inflow.

As their awarding body we have complete data on the certification and grades achieved. Summary information for external quality assurance activities is captured in our database. Independent providers in this class are monitored using dedicated database reports that draw on these data. Reports are shared with the relevant provider when appropriate and can, for example, identify:

- Programmes requiring revalidation (providers are expected to ensure their programmes are revalidated in good time, our systems can identify all the programmes whose validation has expired—if the relevant providers have not initiated discussions on the revalidation arrangements, we can remind them, it is sufficient to do this about once per year).
- Conditions of validation requiring follow up (this follow-up is triggered by a validation process - see section 6.2.3)
- Grade distributions that enable comparisons to be made with those of other providers (we have so far produced one such analysis on grades of awards made in the period 2012-2017- we have circulated the report to the providers involved for their comment and we are meeting them in January 2019 to discuss.)
- Rates of refusal of applications for validation (we examine this from time to time but don't have a strict schedule for doing so.) A report entitled "Statistical Overview of Validation Activity for 2017" was considered by the PAOC at its meeting in 2018.
- Approved scope of provision – as defined by NFQ Levels, Award Classes and Types, fields of learning, modes of delivery and countries where the validated programmes may be provided (this information is maintained on our database and accessed whenever a new application arrives where there may be a question about it extending the approved scope of provision).
- Learner complaint logging where QQI is notified.
- Certification per programme per annum with particular focus on programmes where there is no certification (as noted above we have comprehensive information on certification, we use it to monitor activity on programmes and would typically review this before meeting providers).
- A provider profile supplied to PAEC gives summary data in respect of contact details, QA approval dates, programmes validated and learner certification.

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[88] Dialogue Meetings with Higher Education Institutions. https://www.qqi.ie/Articles/Pages/Annual-Dialogue-Meetings.aspx

- Planned validation activity (providers are surveyed by QQI on their planned activity annually in the autumn) versus actual activity (we examine this from time to time to forecast and manage workload).

We meet independent providers in this class relatively frequently, although this is not as systematic as it should be. Where such meetings have a specific purpose, meetings notes are recorded and agreed with the provider. Information from less formal meetings can be noted on our database for sharing within the QA Regulation section within QQI.

Incidentally, we are considering introducing tailored AIQRs for this class of provider (we are currently working on defining a set of key performance indicators). We are also considering the introduction of DMs with the larger independent providers.

These various interactions, among other things help us gauge individual independent providers' capacities to take more responsibility for programme-level quality assurance processes. We expect larger independent providers in this class to request a move to delegated authority within the next few years as they demonstrate to us that they no longer require external validation to assure their proposed programmes are satisfactory.

6.3.5   Opportunistic monitoring

Opportunistic monitoring, for example of news alerts and reports of other agencies, is also undertaken. We regularly scan websites, social media and printed media output of providers to ensure that their statements are consistent with their obligations as quality assured providers and that the information supplied to students about their programmes and awards is consistent with that provided directly to QQI.

Providers are required to rectify any discrepancies in the information supplied and QQI has legal powers to prosecute providers supplying false or misleading information. Monitoring which generates significant cause for concern can also trigger a focused review.

6.3.6   Summary

The table below outlines the monitoring activities that take place for class of provider.

Table 8 Monitoring by QQI by provider class

Provider class	AIQR	DM	Monitoring through engagements	Opportunistic monitoring
NUI	No	No	No	Yes
DABs except NUI	Yes	Yes	No	Yes
IOTs except DABs	Yes	Yes	No	Yes
Independent providers	No	No	Yes	Yes
Linked providers	No	No	No	Yes

6.4   Focused reviews

A focused review may be triggered when there is a cause for concern. See section 4.2(c) of our *Policy on Monitoring*[89].

We may conduct a focused review of the implementation and effectiveness of a provider's quality assurance procedures (Section 34 (1)(b) of the 2012 Act). These are carried out in accordance with

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[89] Policy on Monitoring: https://www.qqi.ie/Policies/Pages/Monitoring-Policy.aspx

our *Procedures for Focused Reviews by QQI of the Implementation and Effectiveness of Provider QA Procedures* [90]. These procedures follow a fairly standard review template: QQI notifies the provider that it will initiate a focused review; terms of reference, specific to the issues informing the review, are established; a review team is appointed; a provider 'Statement of QA Implementation' is submitted to and considered by the review team; there is a meeting of the review team, usually incorporating a site visit to the provider; the review team produce a report, to which the provider may respond; both the report and provider response are considered by QQI (PAEC or ARC and Board). QQI may then either confirm a provider's QA procedures or withdraw approval of them. At the conclusion of the review, QQI will agree with the provider a timeline and process to follow up any directions imposed, or recommendations made during the review. Initial follow-up will occur not later than 12 months following the review. The review documentation is published. The provider has recourse to a statutory appeals process should they choose to do so.

The review team comprises:

- a review chairperson – a reviewer who is a (serving or former) senior leader within a provider of the same type as that under review (e.g. further education and training (FET) provider; higher education and training (HET) provider, English language organisation (ELTOs) etc.). In the case of providers offering HET, the Chairperson will usually have experience as President/Registrar or Deputy President;
- a reviewer with experience and understanding of QA from a provider of similar type to that under review; and
- a student representative selected from a provider of the same type as that under review.

Other reviewers may be appointed, as appropriate, depending on the issues to be considered, as set out in the terms of reference. The principles of competence and independence are exercised when appointing the review team.

6.4.1 Review of validation and delegation of authority

We may, at any time, review a programme of education and training which we have validated (section 46 of the 2012 Act). We may review DA from time to time as we think appropriate (section 54 of the 2012 Act). The details are set down in the relevant policy documents. Such reviews are only likely to be undertaken where we suspect that there might be grounds for withdrawing validation or delegated authority—the grounds for withdrawal are statutory. For example, validation may be withdrawn if:

- the programme no longer meets the statutory validation criteria
- a condition of validation is not being complied with, or
- there are other reasonable grounds for withdrawing the validation of the programme,

6.4.2 Reporting for focused reviews

Each focused review will have terms of reference, a provider self evaluation and a review team report. All three documents will be published on our website[91]. The review team report will have been subject to QQI governance.

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[90] Focused QA review: https://www.qqi.ie//Policies/Pages/Procedures-for-Focused-Reviews-by-QQI-of-the-Implementation-and-Effectiveness-of-Provider-QA-Procedures.aspx
[91] We have published procedures for focused reviews of provider QA. Reviews to date of validated programmes have been conducted in accordance with the 2012 Act and following the steps set out in the aforementioned procedures for focused reviews of QA. Procedures for focused reviews of validated programmes are currently being developed and will be subject to governance approval in Q2 2019.

6.4.3 Follow-up for focused reviews

To date the outcome of the two focused review of validated programmes resulted in the withdrawal of validation by QQI. The procedures for focused reviews in QA mandate that follow up be conducted where recommendations have been made by the review team. The draft procedures for focused reviews of validated programmes will contain similar provisions.

6.4.4 Activity

No focused reviews of the implementation and effectiveness of provider QA procedures or of DA have been conducted to date. There have been two focused reviews of validated programmes under Section 46 of the 2012 Act, which resulted in both instances, in the withdrawal of validation of all QQI programmes in the institution (see Table 6).

6.5 Institutional review including CINNTE

Under the 2012 Act, we are required to review the implementation and effectiveness of a relevant provider's quality assurance procedures on a periodic basis.

The 2012 Act (consistent with ESG 2015) requires us to consult with providers on the procedures for such effectiveness reviews. We may establish different effectiveness review procedures for different relevant providers or groups of relevant providers[92].

6.5.1 Designated awarding bodies and institutes of technology

We considered it necessary to re-engage with the relevant providers prior to conducting reviews of the effectiveness of their quality assurance procedures. The re-engagement process was completed for the designated awarding bodies and the institutes of technology in 2017 (see section 6.1.2).

In 2017, we developed a methodology for the periodic review of the above institutions, termed CINNTE (the Irish word for 'certain' or 'sure' or 'definite'). The methodology, timetable, terms of reference and handbooks for the CINNTE process are available here[93] and outlined below. The review handbook and framework are illustrated by Figure 8.

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[92] Qualifications and Quality Assurance (Education and Training) Act (2012). Section 27 (6) (b). http://www.irishstatutebook.ie/eli/2012/act/28/section/27/enacted/en/html#sec27
[93] Periodic Institutional Quality Review process (CINNTE). https://www.qqi.ie/Articles/Pages/Institutional-Reviews07.aspx
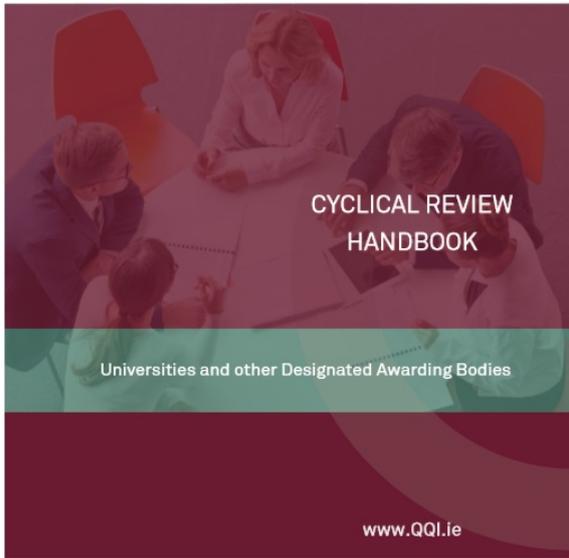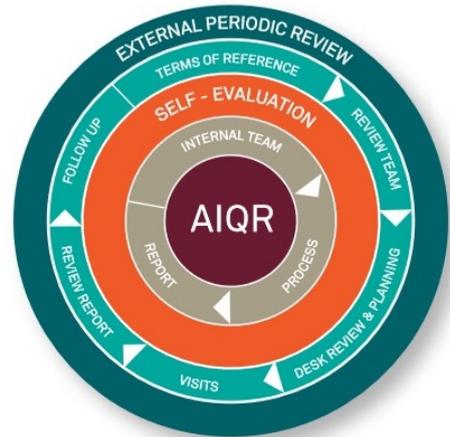
Figure 8 Branding of the CINNTE review framework.

Table 9 CINNTE process

Terms of reference are established for each class of provider. They set out the purpose and objectives of the review, the criteria associated with each objective, the review process, and the profile of the review teams.

Two have so far been established - one for the DABs and the other for Institutes of Technology that are not DABs.

Review teams are composed of students, senior institutional leaders, staff from comparable institutions and industry representatives relating to the "third mission" of higher education institutions. The size of the team (typically five or six) and the duration of their visit will depend on the size and complexity of the institution. Each team includes a chairperson and a coordinating reviewer and may be supported by a rapporteur. The role of the coordinating reviewer is to act as secretary to the team as well as to be a full review team member. Permission for a rapporteur to be involved in a review is agreed by the Institution under review and the Review Team Chair, on behalf of the Review Team.

CINNTE reviews always involve a site visit.

Rapporteurs may be invited to view all or some of the attendant documentation for the review (AIQR, ISER and additional documentation) and to attend all or some of the training, planning and main review visit meetings of the institutional review process. There are 'Guidelines for Rapporteurs' that are issued to the review team Chair for use as necessary. The rapporteur's role is to support the Coordinating Reviewer by taking notes of meetings; providing notes of meetings

to the Coordinating Reviewer at the end of each day of the Main Review Visit; assisting the Coordinating Reviewer in clarifying points of information.

Rapporteurs do not participate as members of the Review Team and do not contribute to Review Team discussions and deliberations.

The key steps in the review are the publication of terms of reference, the appointment of the expert review team, the completion of an institutional self-evaluation report (ISER), desk review of the ISER by QQI, an initial meeting of the review team for training and briefing, a planning visit to the institution by the chair and coordinating reviewer, the main review visit by the full team, the preparation of the panel report, finalised following a check by the institution for factual accuracy, a response from the institution to the report, consideration of the report and institutional response by QQI's Approvals and Reviews Committee[94], and finally the publication of the report and a quality profile for the institution. One year later a follow-up report to QQI is published. Should a review result in directions then the follow-up procedures will be specified with those directions. Figure 8 illustrates.

The CINNTE cycle of reviews will be the third external evaluation at an institutional level of these providers having previously undergone evaluation by our antecedent bodies between 2004 and 2012.

We plan to produce reports that collate and analyse findings across institutions as the CINNTE cycle progresses.

6.5.2   Development and implementation of the CINNTE process for DABS and IOTs

The 2012 Act provides for a cycle of reviews of the effectiveness of a provider's quality assurance procedures (at least 7 years from the issue of QA guidelines). QQI issued a Green Paper on Reviews in May 2013 and a response to feedback received in consultation in November 2013. In the same period, in August 2013, QQI commenced a 'Review of Reviews' to consider the outcomes and impact of the institutional review processes operated by the legacy bodies HETAC, IUQB and NQAI (and carried into QQI) and to suggest options for future QQI methodologies for the review of the effectiveness of quality procedures in higher education institutions in Ireland. The Review was conducted by a team of international experts and their Report was published in May 2014. Both mechanisms were highly consultative and involved engagements with HEIs and key stakeholders (employers, students, the Higher Education Authority and the Department of Education and Skills).

Over the Summer of 2014, QQI conducted a survey of institutions and stakeholders on the options for reviews set out in the Review of Reviews Report, including the purposes, objectives and methodology for the review procedure. This was followed up with a consultative event with institutions and stakeholders in December 2014, to share the findings of the survey and to establish the methodology to be adopted for future periodic cycles of institutional review. In 2015, QQI published a White Paper on Reviews of HEIs and subsequently a Feedback Report on the submissions received. Based on this process and additional consultations, the QQI Policy on the Cyclical Review of HEIs was published in April 2016. The Policy sets out an approach to reviews that is comprehensive, has multiple objectives (including effectiveness, accountability and enhancement) and has multiple dimensions (institution, system and thematic). Following the

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[94] The ARC makes a decision on the publication of the findings of the cyclical review and may make recommendations to the Board on directions to be issued to a higher education institution, following a cyclical review.

publication of the Policy, and based on feedback from HEIs, QQI established two working groups to develop the Handbooks for the CINNTE reviews. The working groups consisted of HEI and stakeholder representatives. The Handbooks set out in detail the Terms of Reference, review team profiles, timelines and procedures for CINNTE reviews. In September 2017, the CINNTE review process was launched with an event marking the publication of the Handbooks and the Schedule for the reviews.

6.5.3   CINNTE reporting

For CINNTE reviews, teams are provided with the Handbook, Reviewer Briefing notes and a template for the Review Report.   The Review Team is required to make a series of findings of the effectiveness of the quality assurance procedures of the institution and their implementation in the form of recommendations and commendations supported by recorded evidence and set out in the report. On the final day of the Main Review Visit, QQI meets with the team to confirm that the AIQRs, ISER, additional documentation and meetings throughout the Main Review Visit have provided adequate evidence to support the Team's findings, commendations and recommendations on the Institution's procedures and practices. The Team are also required to set general statements, using their own language, in relation to the following key findings:

- The effectiveness of the quality assurance procedures of the institution and the extent of their implementation;
- The extent to which the quality assurance procedures can be considered compliant with the ESG and having regard to QQI's statutory Quality Assurance Guidelines (QAG);
- The effectiveness of the procedures established for the overall operation and management of the institution as an awarding body;
- The enhancement of quality by the institution through governance, policy, and procedures;
- The extent to which the procedures are in keeping with QQI policy for Access, Transfer and Progression; and
- The extent to which the procedures are compliant with the Code of Practice for the Provision of Programmes to International Learners.

6.5.4   CINNTE follow-up

See Table 9 for details on the follow-up process after a CINNTE review.

6.5.5   Providers whose programmes are validated by QQI

As institutional review cannot commence until the QA procedures of the provider are established in keeping with the 2012 Act, we have had legal opinion that reviews of the effectiveness of QA procedures cannot commence until we have completed a re-engagement process with the provider (see section 6.1.2). We anticipate commencing the first institutional reviews for this class of provider in 2020.

Our Policy on the Cyclical Review of HEIs extends to all higher education institutions, but we have not yet commenced the development of a review handbook for providers whose programmes we validate. We think it is likely that this Handbook will bear many of the hallmarks of the CINNTE process. This review cycle will be the second for many in this group of providers many of whom were previously reviewed by HETAC between 2008-12.

6.6   Commissioned Reviews

From time to time we have conducted external quality reviews of providers at the request of other parties. These reviews were carried out on a non-statutory *ad hoc* basis. We undertook these commissioned reviews as there was a lull in cyclical review activity while we were completing the publication of QA Guidelines and the re-engagement processes. At present we don't intend to expand on this aspect of our work. Should we wish to do so in the future we will need to develop a specific policy and procedure for it.

In the conduct of these commissioned reviews, we adhered to the procedure outlined in the Policy on the Cyclical Review of HEIs, namely a single model for reviews with flexible features to allow for differentiation between institutions. This was achieved by the establishment of terms of reference that clearly specified: the objectives, criteria and broad outcomes for each specific review; an institutional self-evaluation report; an external assessment and site visit by a team of reviewers; the publication of a review report including findings and recommendations and; a follow-up procedure to review actions taken. In both cases, the organisation that had requested us to undertake the review took responsibility for the follow-up procedure and this was written into the Terms of Reference.

In 2016, the University of Limerick, which is itself externally quality assured by QQI, requested us to organise a review of Mary Immaculate College (MIC), Limerick, a teacher education provider with over, 3,700 students (data from HEA statistics on website, 17/18). MIC is a linked provider of the University of Limerick (UL) which awards degrees to its graduates. DABs are responsible for the external quality assurance of their linked providers. They may undertake reviews of linked providers themselves or request other bodies to do so. The draft Terms of Reference for the review were published for consultation and then the final Terms of Reference were published by QQI, UL and Mary Immaculate College. An institutional self-evaluation report, which MIC chose not to publish, was submitted by MIC; an external assessment and site visit was conducted by a team of national and international reviewers; and the review report was published including findings and recommendations. UL has reported on the follow-up in its AIQR and in Dialogue Meetings and has published actions taken here.

In 2016, we were approached by the Ministère de l'Enseignement Supérieur et de la Recherche (Luxembourg's Ministry of Higher Education and Research) and requested to conduct a review of Institut Universitaire International Luxembourg (IUIL). This was the first time we carried out an institutional review of an institution in another jurisdiction on behalf of another organisation. See the section on International Activity (page 56) for further details of our review of IUIL.

See Table 6 for links to the reports.

7 Agency's internal quality assurance

7.1 Policy, planning and management

All QA functions of the Authority are covered by IQA. Our strategy, corporate plan, terms of reference for committees, quality assurance guidelines, policies, criteria and standards and the associated operational procedures and templates set out, in considerable detail, how we carry out our functions.

- Strategic objectives and targets for specified periods are defined and agreed locally and organisationally and are stored, updated and accessed in the PROMISE database.
- Projects that introduce significant changes or new initiatives are subject to formal project governance through QQI's programme board.
- Regular sub-directorate staff (Quality Assurance Improvement) and Quality Assurance Regulation[weekly]) meetings are held and discuss operational processes among other things.
- A Performance Management and Development System for all staff is in place.

7.2 Governance

All activities relating to the external QA of providers and their programmes are subject to our governance structures, including the Board and its sub-board committees. See section 4.4 for more details on governance.

Reviews of QQI policies and criteria take place from time to time although a more structured approach needs to be taken towards review. The relevant managers are normally responsible for undertaking this review process and implementing any changes deemed necessary. Revised policy and criteria are subject to approval by the Policy and Standards Committee and the QQI Board. Major policy changes would generally involve public consultation as with new policy development.

7.3 IQA Policy

We have an internal quality assurance (IQA) policy. The policy relates to our external quality assurance processes. It was approved by our Policies and Standards Committee, published on our intranet in January 2017 and is available to all staff. The policy is also available on our external website in the Governance section.

The policy is intended to be the primary reference for the implementation, maintenance, monitoring and review of IQA and can be used for training and audit purposes.

The functions addressed include, but are not be limited to:

- Initial access to programme validation (which encompasses approval of new provider QA procedures)
- Programme validation and revalidation and sub-processes within these
- Delegation of authority to make awards
- Cyclical institutional reviews of provider QA procedures, including review of delegation of authority to make awards where appropriate
- Focused institutional reviews of provider QA procedures
- Annual monitoring processes for providers
- ACELS (accreditation of English language services, a non-statutory function of QQI)

Major elements of the IQA policy include:

- A "Quality Manual" with documented standard operating procedures (SOPs) for major, recurrent (non-once-off or ad hoc) internal activities is available to all relevant operational staff. The manual contains defined rules for significant internal processes and procedures to ensure that consistency of procedures is prioritised;
- Standard operating procedures are subject to regular monitoring and review. The SOPs are reviewed on an 'as required' basis, for example in circumstances of procedural change, or policy change etc. SOPs will normally be reviewed every two years and are updated between times as necessary. They are usually reviewed by relevant staff at unit meetings, with updating changes confirmed by the relevant manager;
- The source, documented procedure is in "read only" format; users must refer to the soft copy version as the mandatory checklist is only available in that format. This is to ensure that out-of-date hard copies of procedures aren't in use by staff and that the check list is completed each time a procedure is implemented;
- When staff leave or join the units responsible for external QA of providers, they are asked to review the SOPs to ensure continuing accuracy and effectiveness;
- All changes to the SOPs must be signed-off by the process owner.

The 2017 IQA policy has not been fully implemented yet. However, SOPs have been established for frequently occurring process such as validation, AIQR and CINNTE. The following operating procedures are currently in place:

SOP – QA Validation and Delegation unit

- Record a HET, or non-CAS FET application for Validation
- Update Access from QBS (this abbreviation stands for QQI Business System)
- Screen an Application for Validation
- Screen Proposal for Programme Review ToR / Panel
- Screen Proposal for DR Programme and Panel proposal
- Propose an expert panel for outline approval
- Set up a panel site visit
- Screen and Finalise a Validation Report
- Preparing PAEC Documentation
- Post PAEC Operations
- Preparing for PAOC
- Post PAOC Operation

SOP for annual monitoring

- Annual monitoring of public Higher Education Institutions through the Annual Institutional Quality Report (AIQR), [Part one]; and Dialogue Meetings (DMs), [Part two].

SOP for Cyclical Reviews

- Procedures for cyclical quality review of public higher education institutions

SOP for QA Guidelines

- Procedures for development of QA Guidelines

7.4 Transparency

All major outputs of processes, such as [QA approval](#), [validation](#) and [review](#) reports, are published on our website.

Notes of [Board](#) and [sub-Board](#)[95] committee meetings are also published on our website (some personalised or sensitive information may be redacted in compliance with national data protection requirements).

7.5 Risk register and audit

We undertake formal risk assessment of all our activities. The QA Directorate participates in organisational risk management systems, which are overseen by the Audit and Risk Committee. Further information on, and terms of reference for, the committee are available [here](#).

This committee evaluates the effectiveness of our internal control procedures – including the internal audit function; see section 4.4.2. The scope of internal auditing encompasses, but is not limited to, the examination of the adequacy and effectiveness of aspects of our governance, risk management controls, and internal controls.

The internal audit plan is developed based on a prioritisation of the audit activity using a risk-based methodology, including input of senior management and the Board. The internal audit manager will review and adjust the plan, as necessary, in response to changes in the organisation's business, risks, operations, programmes, systems, and controls.

Internal audit testing is not designed to provide absolute assurance, but to provide a reasonable level of assurance that expected systems are in place and work in practice. The work is, inter alia, performed through observation, questionnaires, walkthrough procedures, a series of meetings and discussions and independent audit testing.

Internal audit will continue to provide an overall opinion in respect of the internal audit of key internal controls. The responsibility for carrying out and monitoring these controls remains with the QQI management and staff.

External quality assurance processes are subject to internal audit, which is overseen by an independent Audit and Risk Committee. For example, approval of new providers and the programme validation process were subject to audit in 2016. The programme validation process will shortly be subject to internal audit again.

7.6 Appraisal of external experts

For processes such as validation, unlike CINNTE reviews, a person may be engaged in multiple evaluations. In this context it would be useful to have an appraisal method to help identify less than expected performance. We do not currently have formal methods for systematically evaluating performance. Any initiative in this area needs to be handled sensitively as many of our evaluators work on a pro bono basis and we do not want to discourage competent evaluators. GDPR is also an issue here with personal data. A self-evaluation approach may be worth attempting.

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[95] Click into each committee to view the relevant meeting notes

7.7   Surveys to help identify opportunities for improvement

Systems are in place for collecting and analysing feedback on procedures for validation and institutional and review panels.

In the context of new programme validation, surveys are sent out to panel members and applicant providers after each evaluation, and to participants after each workshop event. The feedback is collected and analysed to improve our processes. We have published an analysis of validation panel feedback (Nov 17).[96]

For CINNTE reviews, formal and informal mechanisms for gaining feedback on the review process operate throughout the process. Monitoring and evaluation, including an impact assessment of the review process, is undertaken regularly by providing each institution, Review Team member and Institutional Coordinator, with an opportunity to provide structured feedback on the review process through a questionnaire issued following the publication of the Report.

Panels involved in other processes have not been regularly surveyed but this gap is being addressed. For example, we commenced surveying peer-review experts that undertake Initial Access to Validation reviews in October 2018 and Re-engagement panels are also being surveyed. We are planning to develop a survey for peer-review experts who take part in revalidations. This work is being carried out in conjunction with members of a working group established by QQI to review the Pilot Programme Review and Revalidation Process (see 6.2.1).

7.8   Management of evaluators and reviewers and panels

7.8.1   QA Regulation
The regulation section has developed standard processes for establishing and supporting expert panels used in processes such as re-engagement, approval of quality assurance procedures, validation and re-validation of programmes and focused reviews.

All panel members must sign *Conflict of Interest* and *Confidentiality* forms before receiving programme or provider documentation. Similarly, the provider is asked to confirm that there are no perceived conflicts of interest with any proposed panel member before a panel is approved.

Criteria for the selection and appointment of expert panels stipulate that appropriately experienced panel members be appointed, including learners and that a gender balance should be met.

All confidential provider documents, and documentation for QQI committees, are shared with panel members/committee members through SharePoint to ensure confidentiality.

There are templates and guides for drafting validation panel reports (often referred to as independent evaluation reports) and more general protocols on finalising reports. The protocols include the provider being offered an opportunity to correct any factual inaccuracies.

For focused reviews, the published procedures stipulate that the terms of reference, the Provider Statement and Review Team Report are published. Providers are offered an opportunity to correct any factual inaccuracies in documentation before submission to governance structures. Review

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[96] Validation panel survey report: https://www.qqi.ie//Publications/Pages/HE-and-Apprenticeships-Programmes-Evaluator-.aspx)

outcomes are subject to a statutory appeals process[97]. Templates are not used for focused review reports due to the bespoke nature of such reviews. However, the published procedures set out the kinds of information that should be contained in the Provider Statement and identify the key areas on which the Review Team must make a judgement.

7.8.2 CINNTE review

The CINNTE review cycle documentation describes how it manages Review Teams. This is set out in the CINNTE Handbooks for Universities and other awarding bodies and the CINNTE Handbook for Institutes of Technology[98]. Review Teams are required to sign forms relating to conflict of interest and protection of data and confidentiality. Further guidelines are provided to Review Teams in the document *Reviewer Briefing Note*.

7.9 Peer learning engagements

We are involved in, and co-operate with, several international partners and networks[99]. We have entered into agreements with several other national QA agencies[100]. These relationships offer valuable opportunities for peer learning and for the sharing of information to inform and support QQI's regulatory functions, e.g. the information sharing agreement (ISA) in place with QAA. In a context of transnational provision, such ISAs are intended to ensure appropriate arrangements are in place to enable the participating national agencies to discharge their respective responsibilities effectively.

7.10 Opportunities for improving IQA

The IQA structure in place concerning the external QA of providers, while effective, would benefit from being located within a holistic organisational IQA policy and infrastructure and from a more formal and explicit methodology.

The curation, presentation, and consistency of policy documents could be improved. The introduction of a formal schedule for policy development and review is currently being considered.

Operational processes are documented for our most high-volume activities (e.g. validation) but the practice is not uniform. We have identified the development of an electronic document management system as a priority area for improvement. We are also keen to develop software support for business processes to enhance efficiencies.

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[97] QQI Appeals Process: https://www.qqi.ie/Articles/Pages/appeals.aspx
[98] Periodic Institutional Quality Review process (CINNTE). https://www.qqi.ie/Articles/Pages/Institutional-Reviews07.aspx
[99] Links to QA networks we are involved with: https://www.qqi.ie/Articles/Pages/Quality-Assurance-Networks-and-Associations.aspx
[100] Agreements with other QA agencies: https://www.qqi.ie/Articles/Pages/MOUs-and-Bilateral-Agreements.aspx.

8   Agency's international activities

8.1   QQI review IUIL Luxembourg

In 2016, the Ministère de l'Enseignement Supérieur et de la Recherche (Luxembourg's Ministry of Higher Education and Research) asked QQI to conduct a review of IUIL (Institut Universitaire International Luxembourg).

We had recently published our Policy on Cyclical Reviews and we considered the request from Luxembourg as an opportunity to test elements of our new review process on an *ad hoc* basis. Accordingly, we adhered to the procedure outlined in the Policy of a single model for reviews with flexible features to allow for differentiation between institutions i.e. the publication of Terms of Reference which clearly specified the objectives, criteria and broad outcomes for the review; an institutional self-evaluation report; an external assessment and site visit by a team of reviewers; the publication of a review report including findings and recommendations and; a follow-up procedure to review actions taken.

A team of five international reviewers, selected by QQI, was appointed with the agreement of the Ministère and IUIL. The report was published by QQI, the Ministry and IUIL. At the request of the Ministry, it was also presented to the Commission de l'Enseignement supérieur, de la Recherche, des Médias, des Communications et de l'Espace, prior to publication. In this instance the Ministry undertook to perform the follow-up function of the process. Following the review, the Institut has now been merged with the University of Luxembourg.

Feedback from the Team, the IUIL and the Ministry was very positive and complimentary about the approach taken by QQI to the review, and this served to reinforce elements of the subsequent model for the CINNTE cycle, in particular, the publication of Terms of Reference, the use of the Handbook, flexibility in the composition of teams, the publication of review information in iterative stages and the proportion of international reviewers assigned to teams.

8.2   QAA Transnational Review in Ireland

In 2017, Ireland was one of the three countries selected for the current series of in-country reviews under the newly developed QAA (national UK QA agency) Transnational Education (TNE) Review method. These reviews are intended to support the strategic development of TNE by UK providers, taking into account the strategic importance for UK TNE, and the interests of host country quality assurance bodies in the UK provision within their jurisdiction.

QQI assisted QAA in the planning and implementation of the review through the development of the Terms of Reference, the provision of information, the identification of themes and providers and the briefing of the QAA review team. QQI staff were also invited, as observers, to attend the meetings and interviews with providers that took place in Ireland. QQI welcomed the publication of the Report as it provided an opportunity for maintaining confidence in the long-established shared standards and approaches to quality assurance in HE on these islands. As the national QA agency for higher education in Ireland and as a QAA partner though our MOU, we value the opportunity to work with the QAA on projects like this and we look forward to further opportunities to strengthen inter-agency cooperation through regular sharing of data, information, intelligence and good practice.

9 Compliance with European Standards and Guidelines (Part 3)

9.1 ESG standard 3.1 Activities, policy and processes for quality assurance

STANDARD

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

We have identified our external quality assurance processes that are within scope for this review (see section 5.3) and have provided information on the volume and frequency of activity (section 5.5).

Each of the processes set out in section 5.3 of this document is carried out according to its own schedule and has its own explicit goals and objectives contained in the relevant documentation (e.g. published policy, criteria, procedures, manuals, handbooks, templates or terms of reference). Links to the relevant documents are provided in sections 5 and 6.

Section 10 details how our various external quality assurance processes (for higher education) meet the criteria of ESG Part 2, while at the same time demonstrating how we translate our mission and aims into the daily work of our agency. All the external quality assurance processes aim to fulfil our published mission statement:

'QQI sustains public confidence in the quality of education and training, promotes trust in the National Frameworks of Qualifications and drives a culture of continuous improvement by education and training providers'.

Our recently published QQI Statement of Strategy sets out our priorities and actions for the years 2019-21.

9.2 ESG standard 3.2 Official status

STANDARD

Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.

We are a statutory body in Ireland. The Qualifications and Quality Assurance Authority of Ireland (known as Quality and Qualifications Ireland, QQI) was established on 6 November 2012 with the commencement of the Qualifications and Quality Assurance (Education and Training) Act (2012).

Where Irish self-awarding bodies make awards outside of Ireland, we remain responsible for the quality assurance of those awards. In all cases, the additional quality assurance requirements in the host country are considered.

We comply with our statutory responsibilities including the publication of an annual report and a Statement of Strategy every 3 years. We are externally audited by the Office of the Comptroller and Auditor General on an annual basis.

9.3 ESG standard 3.3 Independence

STANDARD

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

QQI was established through the commencement of the Qualifications and Quality Assurance Education and Training) Act (2012). Section 9(4) of the Act states that "subject to this Act, the Authority[101] shall be independent in the performance of its functions."

Under Schedule of the 2012 Act, the Authority (hereafter called the 'Board') consists of ten members including the Chief Executive.

The members of the Board, other than the Chief Executive, are appointed by the Minister (for Education and Skills). However, according to Schedule 1 of the Act, the Minister, in appointing members of the Board, must ensure that they are 'persons who have experience of and expertise in relation to the functions of QQI and furthermore must include':

- At least one person who has international experience related to those functions;
- At least two persons who are representative of learners, one of whom shall be a person nominated by the Union of Students in Ireland (the recognised national representative body for students of higher education).

Although the members of the Board (apart from the Chief Executive) are appointed by the Minister, the Government must, since November 2014, publicly advertise for applications to fill vacancies on state boards through the www.stateboards.ie website. All (non-executive) positions on the QQI Board expired in November 2017 (five years after establishment). The Minister re-appointed five of the outgoing members for a second term and the remaining four positions were publicly advertised through the 'Stateboards' website. These four positions were filled in April 2018[102].

9.3.1 Development of Processes

We are an independent agency with autonomous responsibility for our own operations. Our external quality assurance methodologies were developed (as required both by national legislation and the European Standards and Guidelines) in consultation with higher education institutions but our processes, procedures, decisions and judgements are not influenced by third parties.

We consult widely when developing or changing quality assurance methodologies (e.g. programme validation or institutional review) but the final decision on such changes rests with us. Our policy development process[103] and our consultation framework[104] have been described in detail in sections 6 and 10.2 of this document.

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[101] The Act was commenced on 6 November 2012 and established 'a body called the Qualifications and Quality Assurance Authority of Ireland (in the Act referred to the 'Authority') to perform the functions conferred on it. The Minister (for Education and Skills) may, following consultation with the Authority, by order specify a name, other than the Qualifications and Quality Assurance Authority of Ireland, by which the Authority may describe itself for operational purposes. On 7 November 2012, the Minister specified the name Quality and Qualifications Ireland to describe the Authority for operational purposes. The acronym QQI is used to describe the organisation.

[102] Q1 Stats 2018 State Boards: https://www.publicjobs.ie/restapi/documents/Q1_Stats_Infographic_2018.pdf

[103] QQI Policy Development Process https://www.qqi.ie/Articles/Pages/Policy-Development-Process-.aspx

[104] QQI Consultation Framework
https://www.qqi.ie/Publications/Publications/QQI_Consultation_Framework.pdf

In common with all external quality assurance agencies, we make extensive use of external experts (including academic peers and students) in our quality assurance processes at programme and institutional levels (see section 10.4).

Higher education institutions are consulted when developing the methodologies (see sections 6 and 10.2) and (where applicable) terms of reference for QQI quality assurance processes and the evaluated institutions are afforded the opportunity to point out factual errors (see the reporting sub-sections of section 6) in any draft evaluation or review report and to make formal responses to the reports in advance of their consideration. The final evaluation or review reports, however, remain our (QQI's) responsibility.

We make decisions relating to quality assurance matters – including the nomination and appointment of external experts (see section 6 and 10.4) involved in our quality assurance processes in a manner that is independent of influence from government, institutions or other sources.

Our selection process for evaluators include mechanisms to identify and avoid perceived, potential or real conflicts of interest (see section 6 and 10.4) to ensure the robustness and independence of the outcomes of our quality assurance processes.

9.4 ESG standard 3.4 Thematic analysis

STANDARD

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

We do not yet have a written policy on governing the selection of subjects for thematic analysis and how the findings are used to help improve our quality assurance policies, criteria, guidelines or procedures.

However, we are committed to the thematic analysis of the findings of our external QA activities. This is manifest in our Strategy Statement for 2019-2021 especially in the Priority 2 action:

> "We will use our independent evaluations of providers and our research and analysis of provider-led evaluations to provide high-level advice to policymakers and funders on quality in the education and training system."

We have undertaken three such analyses.

One widely cited analysis is the report entitled "'Quality in an Era of Diminishing Resources' Irish Higher Education 2008-15[105]" published in April 2016. This was an analysis of published institutionally-organised quality review reports of academic departments, schools and programmes in Irish public higher education institutions. An example of general findings is the following quotation from the concluding remarks section of the report.

> *"Evidence from the reports points to the cumulative effects of reduced funding, reduced staff numbers, increased teaching burdens, the casualisation of staffing and promotion limitations for staff."*

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[105]

https://www.qqi.ie/Publications/Publications/Quality%20in%20an%20Era%20of%20Diminishing%20Resources%20Report%20(FINAL%20March%202016).pdf

Another example is the report "Quality Within the Universities, RCSI And DIT 2016: A Summary Report"[106] (published in January 2017). This brings together data provided to QQI in the form of AIQRs (see section 6.3.2), to identify themes occurring across the institutions and to highlight quality activities undertaken during the reporting period. An example of general findings is the following quotation from the key findings section of the report.

> *"Reduced funding and the employment control framework have had an impact on both the implementation of recommendations arising out of quality reviews and the ability to maintain and develop facilities and equipment."*

In 2017[107] and 2018[108], we published further analyses on the AIQRs received by both the DABs and Institutes of Technology.

Another recent example is the thematic analysis of validation, revalidation and professional accreditation reports published from June 2015 to June 2018. The project has commenced and has two stages. The first stage focused on QQI validation and revalidation reports and the report was published in December 2018[109]. It contains detailed findings and recommendations that will help improve the validation process and programmes leading to QQI awards. For example, its overall conclusion was

> *"This is the first time a thematic analysis has been undertaken by QQI or any of its predecessor bodies. The analysis covers higher education programmes submitted to QQI for validation or revalidation following programme review by independent providers. This accounts for approximately six percent of Honours Bachelor's Degrees validated in Ireland. Overall, the findings indicate that all programmes submitted for validation or revalidation following programme review were independently evaluated against published validation criteria. The majority of programmes submitted for validation were recommended by independent evaluation panels for validation. A wide range of individual strengths, opportunities for improvement and weaknesses were identified in independent evaluation reports for new programmes mainly in relation to the content of the programme, MIPLOs (minimum intended programme learning outcomes) and assessment. Similar weaknesses were identified in independent evaluation reports for programmes for revalidation following programme review. While acknowledging the achievements of QQI in ensuring an improved consistency in the independent evaluation of programmes for validation and revalidation against the current validation criteria, QQI should prioritise training for evaluation panels to ensure an enhancement in reports. The composition of evaluation panels should have greater female representation and an increase in the number of international panel members. Independent providers should place greater emphasis on ensuring that programmes have clearly stated MIPLOs that are consistent with awards standards." (page 15)*

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[106] https://www.qqi.ie/Publications/Publications/AIQR%20summary%20report%202016.pdf
[107] AIQR Summary Report 2017:
https://www.qqi.ie/Publications/Publications/Quality%20within%20Higher%20Education%202017%20Summary%20report.pdf
[108] AIQR Summary Report 2018
https://www.qqi.ie/Downloads/Quality%20Within%20Higher%20Education%202018.pdf
[109] A Thematic Analysis of Reports on the Accreditation/Approval/Review of Programmes of Higher Education, Stage 1: QQI Validation and Revalidation December 2018.

The second phase of this work will look at programme accreditation more generally (e.g. in institutions that validate their own programmes, and also at professional accreditation and will produce an overarching analysis). It is expected to be completed by (approximately) July 2019.

9.5   ESG standard 3.5 Resources

STANDARD

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

9.5.1   Human Resources

We believe that we have sufficient human resources to implement our strategy (see section 4.2) for details of resources. That said, we have an extensive range of functions and the way in which we interpret and carry out those functions is influenced by our human resources.

9.5.2   Financial Resources

Provided that we receive sanction for the appropriate fees to address the new responsibilities provided for in our new legislation, we believe that we will have access to the necessary financial resources to implement our strategy. The financial arrangements are detailed in section 4.5.

9.5.3   Physical Resources

Our main office (which comprises 1,200 sq. m over four floors) is laid out in an open-plan environment that can house up to eighty-two staff and contains a Board room and four other meeting rooms.

A smaller premises (350m from the main QQI office) houses our ICT unit in addition to providing additional meeting room space and training facilities for the organisation.

9.6   ESG standard 3.6 Internal quality assurance and professional conduct

STANDARD

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

We have an *Internal Quality Assurance Policy* that is published on our website and has been detailed earlier (see section 7.3).

However, we have also identified a number of opportunities for improving our IQA arrangements (see section 7.10).

9.7   ESG standard 3.7 Cyclical external review of agencies

STANDARD

Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.

We have been proactive in working with ENQA to bring about this review in 2019. We last underwent an external cyclical review by ENQA in 2014.

10 Compliance with European Standards and Guidelines (Part 2)

10.1 ESG standard 2.1 Consideration of Internal Quality Assurance

> STANDARD
>
> External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the ESG.

Our suite of quality assurance guidelines, our policies, criteria and procedures and the range of quality activities described in section 5 of this report and the processes and methods described or cited in section 6 all address the effectiveness of internal quality assurance processes even where this, as is the case for example in the validation of programmes of higher education, is not their primary purpose. Table 26 in section 15 provides a mapping grid to help demonstrate compliance with ESG 2.1. Incidentally, Table 25 in section 15 demonstrates the alignment of the methods in scope for our review by ENQA in 2019 with a selection of key ESG (Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)) principles.[110]

Our core, topic-specific and sector-specific guidelines have been designed from first principles to be explicitly consistent with ESG Part 1. This is demonstrated by Table 22.

Our various statutory evaluation and review policies, procedures and criteria have also been developed to meet ESG standards (Parts 1, 2 and 3 as appropriate). CINNTE reviews, for example, have the evaluation of the effectiveness of a provider's QA procedures as the principal function and ESG Part 1 forms a key reference for both AIQR reporting and CINNTE reviews.

Our approach to quality assurance is firmly based on the principle that institutions have the principal responsibility for quality and its assurance. Even in respect of providers whose programmes we currently validate, there are arrangements (delegated authority and devolved responsibility) for transferring more responsibility to them as they demonstrate that they merit it and affording them greater flexibility.

However, there are some areas requiring improvement. We have yet to revise some legacy infrastructure that we continue to rely upon. This includes, for example, our supplementary validation policy and criteria for research, transnational, collaborative and joint award programmes. While the legacy policy is adequate it does not interface seamlessly with the new core validation policy and criteria or the new procedures and criteria for delegated authority. We are working on replacing these policies and criteria and expect to complete this work in 2019. Other significant infrastructure that requires updating includes our guidelines on assessment and external examining (we published a wide-ranging green paper on assessment in March 2018 and held a well-attended conference on this topic in November 2018) and our policies and criteria for access, transfer and progression.

As noted in section 6.4, our monitoring of independent and private providers needs to be smarter and more systematic. More generally we have more work to do to establish an evidenced based monitoring strategy for all providers that can sensitively and efficiently alert us to challenges to quality that may require intervention at the macro level.

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[110] Acknowledgement: Tables 25 and 26 follow a similar approach to that in the QAA Self-Assessment Report for Review by ENQA February 2018.

As already observed, there was a significant delay in resuming institutional review following our establishment in 2012. The reasons for this have been explained. The first reviews of legacy public-sector providers were completed, and the reports published in 2018.

As yet, we have not developed a replacement institutional review process for independent providers and none have had the effectiveness of their quality assurance procedures formally reviewed since 2012. (Although we continue to maintain programme level oversight of these providers) The re-engagement process that is now underway compensates to some extent. As noted, there are plans for resuming institutional reviews for this group.

10.2 ESG standard 2.2 Designing Methodologies Fit for Purpose

> STANDARD
>
> External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

Typically, the route to a new policy or guideline involves (i) the publication of a green paper and (ii) a white paper for public consultation. Often, we publish the feedback (or a summary of it) arising from a policy consultation along with our response[111].

The QQI policy development process is explained in detail on our website[112]. Details of current[113] and previous[114] consultations are available on our website. New policies are informed by research. The policy development process is governed by the QQI Board (adoption of policies) and the Policies and Standards Committee (oversight of the development process) and managed by the executive. Cross functional staff groups are often created for steering policy development work.

Our policies are generally based on research. Once we have identified the need for a policy we develop and publish a Green Paper setting out issues and seeking feedback from stakeholders. Following the consideration of the feedback received and its publication the next stage is normally the publication of a White Paper that sets out draft policy for consultation. The style of Green and White Papers varies. Sometimes workshops are arranged to facilitate discussion with and between stakeholders.

Developing policy, criteria, standards or guidelines is generally only part of creating an external quality process. Much depends on how the policies are implemented and implementation provides opportunities to further involve stakeholders in the design and continual improvement of the operational processes and associated documentation.

We operate within legislative constraints—our principal external quality tools are outlined in legislation.

We bear in mind the level of workload and cost (direct and opportunity cost) that our processes will place on (i) providers, (ii) independent evaluation groups and (iii) our staff when developing policies and criteria. This is done informally as part of the policy development process and when developing

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[111] Past Green and White papers are available here along with reports on consultation feedback and QQI responses. https://www.qqi.ie/Articles/Pages/Previous-consultations.aspx
[112] https://www.qqi.ie/Articles/Pages/Policy-Development-Process-.aspx
[113] Current consultations: https://www.qqi.ie/Articles/Pages/Current-consultations.aspx
[114] Previous consultations: https://www.qqi.ie/Articles/Pages/Previous-consultations.aspx

infrastructure for its implementation and both development phases involve consultation with providers. See Table 10 for an example of this from CINNTE.

Table 10 Principles behind AIQR

> One of the principles behind the introduction of AIQR was to facilitate a more even distribution (in time) of the burden of cyclical review. There were two stakeholder groups involved in the development of the CINNTE TOR and Handbooks.

Nevertheless, regulatory impact can be difficult to predict accurately especially because of the effect of the implementation gap—policies are rarely implemented exactly as written and when policies and approaches to implementation change at the same time there can be unexpected additional work for providers—we experienced this recently with the introduction of our new validation policy. We hope and expect that the additional burden resulting from these changes will reduce to manageable levels as providers become more familiar with the new criteria, the increased rigour and the more detailed reporting requirements. In this regard, it is important to appreciate that new processes take time to bed in and steady-state workload and costs are likely to be significantly lower than start up values.

As regards flexibility for providers, there is now the prospect of a route to delegated authority for larger independent and private providers. This would provide greater flexibility and autonomy, placing their relationship with us on a similar footing to the IOTs. There is an intermediate arrangement where providers are devolved responsibility for arranging the independent evaluation report for the validation of new programmes—so far one independent provider has devolved responsibility.

Our current work with independent providers on reinforcing the rigour of programme validation and review processes is being done with a view to preparing them for greater autonomy. We want to ensure that programme-level quality assurance practices are sound before delegating authority or devolving responsibility.

In section 6 we provider further examples of how processes are developed and how stakeholders are involved in their development and continual improvement.

There might be scope for undertaking more quantitative prospective and retrospective regulatory impact assessments. There may also be scope for piloting some processes before their formal introduction. We piloted, for example, the independent provider re-engagement process.

10.2.1   Training providers

Many of our processes involve complicated analysis against criteria. While our processes are comprehensively documented there is a benefit in providing briefings and workshops for providers especially after processes or criteria have changed significantly. These briefings are distinct from consultation with providers during policy development.

In response to demand, we have introduced an additional step in the CINNTE process whereby we offer a preparatory meeting to HEIs one year in advance of their planned Main Review visit date. This has proved very popular and a successful way of ensuring that there is buy-in for the review and that communications for the process run smoothly.

We maintain records of provider attendance at briefings and other organised events.

Table 11 Example on new programme validation workshops for providers.

In 2017, we developed and hosted a training event for providers interested in validation.

The event included presentations on the validation criteria and process and two providers who had undergone validation under the new process shared their experiences.

The event also included interactive sessions with participants that worked in groups.

Approximately 80 people attending the event. Feedback was collected from participants after the events and was positive.

Table 12 Example on programme review and revalidation workshops for providers.

The publication of the new validation policy in 2016 also resulted in a revised programme review and revalidation process.

We implemented a pilot process and hosted a briefing event for providers in 2018. The event included an overview of the revised process and time was allocated to allow participants to seek clarification on any aspects of the process. The event also included a presentation by a provider who had programmes revalidated by QQI under the pilot process. Approximately 50 people attended. Feedback was collected from participants after the events and while positive it was clear from the meeting that many providers were struggling with the demands of the pilot implementation of the process.

Following the event, we established a working group comprising of members from private higher education providers to streamline the process. This work is ongoing, see Section 6.2.1.

10.3 ESG standard 2.3 Implementing Processes

STANDARD

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include

- a self-assessment or equivalent;
- an external assessment normally including a site visit;
- a report resulting from the external assessment;
- a consistent follow-up.

Table 25 in section 15 demonstrates the alignment of the methods in scope for our review by ENQA 2019 with a selection of key ESG (Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)) principles.[115] Our principal external quality assurance processes use the four-stage model contained in Standard 2.3.

Follow-up is undertaken where necessary. Please refer to sections 6.1.5, 6.2.3, 6.4.3, 6.5.4 for specific information on the processes that are in scope for this review. There isn't a dedicated section for monitoring follow-up.

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[115] Acknowledgement: Tables 25 and 26 follow a similar approach to that in the QAA Self-Assessment Report for Review by ENQA February 2018.

Table 13 Example of monitoring of special conditions (see section 6.2.3 for details).

> For example, we monitor special conditions of validation and providers are requested to submit evidence that any outstanding special conditions of validation have been met. This evidence is considered by the PAEC that makes a determination on their status. Since the publication of the new validation policy, nine special conditions of validation related to higher education programmes have been considered by the PAEC. See, for example, section 7 of the published note of the April 2018 PAEC meeting.

Table 14 Example of ensuring recommendations for follow-up are highlighted (see section 6.5.4 for details).

> The CINNTE reporting format ensures that recommendations for follow-up are clearly highlighted. Review Teams are also asked to highlight 5 key recommendations which are published in the Quality Profile document.

Reliability and consistency are challenging in any peer review process even when there are detailed and explicit criteria and especially after the introduction of new policies. Part of the reason is that different individuals and different academic disciplines may interpret criteria in different ways.

We aim to create an operational environment that discourages problematic reporting inconsistencies and supports reliability.

In validation this is especially challenging given the diverse nature of the applications and providers, but nevertheless, it is an area where we need to improve. We address our approach in section 6.2.5 and we think that our new policies and criteria and our approach to their implementation are helping.

10.4 ESG standard 2.4 Peer-review Experts

> STANDARD
>
> External quality assurance should be carried out by groups of external experts that include (a) student member(s).

Table 25 in section 15 demonstrates the alignment of the methods in scope for our review by ENQA 2019 with a selection of key ESG (Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)) principles.[116]

All our main external quality assurance processes use panels of external experts that include at least one student. The current composition of panels is detailed in the relevant subsections of section 6.

Some specialised processes (e.g. public sector provider re-engagement) are undertaken by QQI staff but these niche processes are exceptional, and that sector is well exposed to external peer review through our other processes.

All of our principal formal external quality assurance process involve groups reviewers or evaluators (called panels or teams) who are independent of the relevant provider.

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[116] Acknowledgement: Tables 25 and 26 follow a similar approach to that in the QAA Self-Assessment Report for Review by ENQA February 2018.

Independent review and evaluation panels (please understand teams when this applies to CINNTE) for instutional review, validation and delegated authority are formally required to include a student member. We endeavour to provide gender balance on panels (at least forty percent of each gender).

We select panels according to criteria set out in the relevant policy or procedure. Panels must be competent (through their constituent members) to undertake the task assigned to them. Please refer to the relevant subsections of section 6 for panel compositions for our main external QA activities.

We adopt strict processes for avoiding problematic conflicts of interest. In the programme validation and institutional review processes, for example, we require prospective panel members to declare any relevant interests so that these can be noted in the report as required by policy[117]. They must also complete and sign a confidentiality and conflict of interest declaration where any conflicts of interest, perceived or otherwise, must be declared.

Before finalising a panel, we consult with the provider concerned to enable them to identify any perceived conflicts of interest that the panel members may not have been aware of or declared.

In the Quality Assurance Regulation section in QQI where it is not uncommon to refuse applications and where the volume of activity is relatively high, we have very recently updated our supporting material for evaluators: *Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators*[118]. Incidentally, this recognises that conflicts of interest and other problems that can compromise a process, can emerge during a process and indicates how they are to be addressed. The CINNTE process documentation also addresses reviewers' roles and responsibilities[119] comprehensively.

- We determine panel membership. The composition of panels varies depending on the external quality process and its focus. We identify potential panel members in a range of ways.
- We maintain a database of peer reviewers that includes details of their expertise. The database has over 600 people available for selection.
- We use the internet to search for persons with the necessary expertise.
- We sometimes request providers to suggest independent persons to be included on panels to evaluate an application that they themselves have submitted (here as in all cases there must be no conflicts of interests and we may or may not choose to act on such suggestions).
- We gather potential profiles from experts in attendance at international and other conferences and events.
- Student members are usually sourced through relevant providers or the Union of Students in Ireland (USI).

For CINNTE reviews, we request the provider to indicate the range of expertise that they consider would match to their mission and context. We rarely engage the same reviewer twice on a CINNTE

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[117] See, for example, section 6.1 of Part 1 of *Policies and criteria for the validation of programmes of education and training:* https://www.qqi.ie/Publications/Publications/Initial_Validation_policy_7_10_13.pdf See also our Validation Report Template and Style Guide: https://www.qqi.ie/Articles/Pages/Application-for-Validation-(Levels-6-10).aspx

[118] Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators: https://www.qqi.ie/Downloads/Roles%20Responsibilities%20and%20Code%20of%20Conduct%20for%20Reviewers%20and%20Evaluators%20v1%2025092018.pdf

[119] Section 3 of Cyclical Review Handbook: https://www.qqi.ie/Downloads/CINNTE%20Review%20Handbook%20DAB.pdf

panel, except for coordinating reviewers (who draft the reports). CINNTE panels to date have included members from several different countries.

Table 15 CINNTE panel composition

> CINNTE review teams are composed of 5-6 members. The Team is chaired by an international reviewer who is a (serving or recently former) senior third-level institution leader, usually a head of institution, who possesses a wide range of higher education experience, demonstrates a deep understanding of the complexities of the higher education system, understands often unique QA governance arrangements and has proven experience in the management of innovation and change.

10.4.1   Training of panel members

Considering the complexity of the tasks involved, all panel members should undergo structured training shortly before undertaking any external quality assurance activity.

For CINNTE reviews, all reviewers receive a detailed briefing document and are required to take part in a one-day training event prior to the planning visit. Unfortunately, this has not always been feasible for other kinds of processes.

For validation, the chairperson, at least, is expected to have attended one of our training workshops prior to their appointment.

Table 16 Example: training for valdiation panel members

> Following the publication of our current validation policy in 2016, we developed several training events to support evaluators.
>
> Three training events took place between 2016 and 2017. The training events were designed with a focus on the roles of chairperson and secretary; however, the content was applicable to all roles.
>
> The first event included an overview of the validation policy and process and the role of chairperson. For subsequent events, the agenda was further extended and developed and included interactive workshops where participants worked in groups to consider various case studies based on the validation criteria and the role of chairperson and secretary.
>
> The events included presentations by an experienced chairperson and secretary on each role and by providers who had been through the validation process who shared their experiences.
>
> Time was allocated after each session to allow participants to seek clarification on any aspects of the validation process or role of peer-review experts.
>
> There was considerable interest in the events with approximately 230 people attending in total.
>
> Feedback was collected from participants after the events and was very positive overall.
>
> Records are maintained of training and panel activity for each peer-review expert on our database.

While interactive workshops are useful, training should ideally be provided just in time rather than long before it is needed. It is challenging to do this for high frequency processes like validation unless e-learning methods are used.

In general, a QQI staff member briefs the panel chairperson and other panel members on the process and task while recruiting them.

While we have invested significantly in training evaluators, we need to do more except perhaps for the CINNTE process. This is important to help enhance the quality and consistency of our evaluations.

Table 17 Example: Analysis of validation panels from 2015-2018

An analysis of validation panels from 2015-2018 is included in the report entitled "*A thematic analysis of reports on the accreditation/approval/review of programmes of higher education"*[120].

The overall conclusions are included in section 9.4 and are most relevant to ESG 2.4. It calls on us to prioritise training.

The NStEP programme (see section 5.2.4) provides an opportunity to develop a pool of trained student evaluators and reviewers. However, more work is still required to develop capacity for participation in institutional reviews.

Similarly, we need to do more to enable employer representatives to engage optimally. We want the benefit of their expertise, but we don't want to make participation so onerous that they are discouraged.

See section 7.6 for a discussion of the prospect of systematic appraisal of validation panel members. We do not do this currently, but informal practices mean that evaluators that have not received positive appraisals are less likely to be reselected.

We gather feedback from reviewers and evaluators for new programme validation, CINNTE review, and independent provider re-engagement and we are currently expanding this practice to other external quality procedures. See section 7.7.

Any of our quality assurance processes can involve reviewers or evaluators based outside Ireland (in practice the term 'international reviewer/evaluator' is often used to refer to such persons) (see Table 25). With significant numbers of international reviewers in CINNTE review teams, it is challenging to ensure that they understand the context for CINNTE and the institution. We invite experts from funding and representative bodies to enrich review team training events. However, not all review team members will have the same training needs and, therefore, we need to improve the format and structure of the team training and initial meeting to make them more effective.

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[120] A Thematic Analysis of Reports on the Accreditation/Approval/Review of Programmes of Higher Education, Stage 1: QQI Validation and Revalidation December 2018.

10.5 ESG standard 2.5 Criteria for Outcomes

> STANDARD
>
> Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

We have explicit and published criteria for our outcomes. Table 25 in section 15 demonstrates the alignment of the methods in scope for our review by ENQA 2019 with a selection of key ESG (Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)) principles.[121]

In the case of validation and delegation of authority, the criteria have an explicit statutory basis and are laid out in considerable detail in the policy documents.

Our approach to reporting is intended to ensure that there is a clear link between decisions and recommendations and our criteria. See also section 6 on processes and methodologies and the subsections on reporting for details.

We design and operate our external quality assurance processes in a way that helps ensure that the criteria are applied reasonably consistently (e.g. see Table 25 and Table 26).

However wherever human judgement is involved it can be difficult if not impossible to achieved absolute consistency.

10.6 ESG standard 2.6 Reporting

> STANDARD
>
> Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

Table 25 in section 15 demonstrates the alignment of the methods in scope for our review by ENQA 2019 with a selection of key ESG principles including report publication.

Reports of all our main external quality assurance processes are published. The reports are available on our website along with the decision (where applicable), links to the relevant reports are provided in Table 6.

Table 18 Example: validation report publication

> E.g. in the case of validation, a person can search for a specific validated programme and find the current certificate of validation (communicating the decision if positive) and the expert panel

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[121] Acknowledgement: Tables 25 and 26 follow a similar approach to that in the QAA Self-Assessment Report for Review by ENQA February 2018.

report linked to that programme. Where validation is refused there is no certificate of validation, the report is still published.

All formal validation decisions are recorded in the notes of the PAEC meetings that are published after each meeting. Decisions on refusals are not included in PAEC notes until after they are confirmed by the PAOC.

Table 19 Example: CINNTE report publication

E.g. on completion of each CINNTE review, we publish the Review Report and a Quality Profile on the dedicated landing page for the review[122]. The Quality Profile provides a summary of the key findings, along with links to additional information about the review, the Review Report, and information about the institution that was reviewed.

We launch the review report with a press statement incorporating commentary from the review chair, the QQI CEO and the president of the institution.

10.6.1   Examples of different approaches to reporting

Our processes that involve review or evaluation by independent panels generally result in the production of a published report. This is addressed in section 6 and some additional details follow here.

Table 20 Example: Validation reporting

For example, the current implementation of our programme validation policy and criteria requires that all validation reports use a standard template that requires evidence-based reporting against the validation criteria. The guidelines to providers preparing programmes to submit for validation are also designed to support consistent application of the criteria.

Training workshops have been arranged for both applicants and evaluators to support the development of a shared understanding of process and criteria.

While we cannot claim to have achieved optimal consistency in programme validation, we consider that we are improving in this regard and the recent thematic review[123] will help identify opportunities for further enhancement.

There is a price to pay for consistency and therefore we aim for a reasonable level of consistency that is fair to all concerned rather than absolute consistency.

Table 21 Example: CINNTE reporting

Each CINNTE Review Team is asked to set out their evidence-based findings in the Review Report. Review Teams receive briefing and training to ensure that each assertion of the Report is backed up by triangulated evidence and based on the criteria set out in the Handbooks. The findings take the form of a series of recommendations and commendations from which the Team highlight 5

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[122] Example landing page: https://www.qqi.ie//Reviews/Pages/Letter-Kenny-Institute-of-Technology---CINNTE-2018.aspx
[123] A Thematic Analysis of Reports on the Accreditation/Approval/Review of Programmes of Higher Education, Stage 1: QQI Validation and Revalidation December 2018.

key recommendations and 5 key commendations. Review Teams also set out their findings in respect of the four/five main objectives of the review in the form of five/six key statements.

Table 22 Example: Reporting on QA approval processes

Both Initial Access to Validation and Re-engagement involve evaluation of a provider's governance and quality assurance procedures against our quality assurance guidelines.

For each process, there is a detailed guide and templates, including that to be used by the expert panel to report its findings and make a recommendation on approval to the relevant committee of the QQI Board.

An expert panel may make one of three recommendations to QQI in respect of the provider's quality assurance:

- Approve
- Refuse to Approve
- Refuse with Recommendations – in this case, the provider may resubmit a revised application within six months for further consideration by the panel.

Where a panel makes a recommendation to Refuse to Approve, the reasons for the recommendation must be stated.

10.7   ESG standard 2.7 Complaints and Appeals

STANDARD

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

10.7.1   Appeals

We have a clearly defined procedure for processing appeals in accordance with the legal statutory instrument under the Quality and Qualifications Act 2012 (Appeals) Regulations 2014. There are a range of actions that can be appealed by a provider in relation to decisions on Programme Validation and QA Approval as outlined below.

The following actions are subject to appeal:

- Section 31 (5): Refusal to approve proposed quality assurance procedure
- Section 36(6): Withdrawal of approval of quality assurance procedures
- Section 45(4): Refusal to validate a programme of education and training
- Section 47(5): Withdrawal of validation of a programme of education and training
- Section 53(11): Refusal of a request for delegation of authority to make an award
- Section 53(12): Specification of a condition for the purpose of delegation of authority to make an award
- Section 55(7): Withdrawal or variation of delegation of authority to make an award
- Section 59(6): Withdrawal of approval of procedures for access, transfer and progression

- Section 61(12): Refusal to authorise the use by a provider of the international education mark
- Section 63(9): Withdrawal of provider authorisation to use the international education mark

The appeals panel[124] (the usage of the term panel here differs from that in the rest of the report: 'appeals panel' means pool of potential appeal board members) comprises 17 independent people including an independent Chair (membership of the panel expires at the end of 2018 and is currently being refrshed) appointed by the Minister for Education and Skills. When a valid appeal is received, it is considered by an appeals board, made up of three members of the panel. A provider is informed, in writing, of the option to appeal when they are advised of the outcome of a programme validation and / or QA approval. The appeals process is also published on our website[125].

10.7.2 Complaints

We have a formal complaints process in place and it applies to all activities. We define a complaint as an expression of dissatisfaction concerning the provision of a service or services by QQI, as laid out under the commitments in our Customer Charter[126]. If the complaint cannot be resolved or if the complainant is unhappy with the response, a formal written complaint can be sent to the QQI Director of Corporate Services.

If the complainant is unhappy with the way in which the complaint has been handled, they can request a review of the outcome of the complaint. If the complainant feels the matter has not been resolved satisfactorily there is the right of appeal to the Office of the Ombudsman[127].

QQI has had one complaint of service, the decision was upheld.

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[124] Appeal Panel members https://www.qqi.ie/Articles/Pages/Appeals-panel.aspx
[125] Appeals https://www.qqi.ie/Articles/Pages/Appeals.aspx
[126] Customer Charter https://www.qqi.ie/Articles/Pages/Customer-Charter.aspx
[127] This is an independent body that examines public service complaints https://www.ombudsman.ie/

11 Information and opinion of stakeholders

Owing to our broad range of functions, we have a diverse stakeholder group including the community and voluntary sector, government departments and agencies, and higher and further education and training providers. More information on our stakeholders can be found on our website.

We work closely with registrars (equivalent to Vice-Presidents or Vice-Rectors for education), heads of quality assurance (or equivalent) as well as the heads of institutions and others to promote best practice in quality assurance.

Since 2015 we have hosted an annual quality enhancement conference for higher education. In 2017 the event was held jointly with the Higher Education Authority (HEA). The theme of the conferences changes from year to year but the overall objective is to raise awareness of effective practices in quality assurance.

11.1 Survey of higher education providers

To help with our self-assessment, we surveyed institutions in October and November 2018 on our higher education activities. We asked institutions to respond to questions on our quality assurance procedures, guidelines, the impact of these on their work, and sought feedback on training for panels and operation of panels for reviews. Table 27 indicates the questions, response counts by provider class and providers samples of feedback received and provides a colour coded overview of general perception of QQI's QA processes and procedures.

The survey was sent to 52 HEIs in Ireland, there was a 61.5% response rate (the breakdown by sector is illustrated in Figure 9).
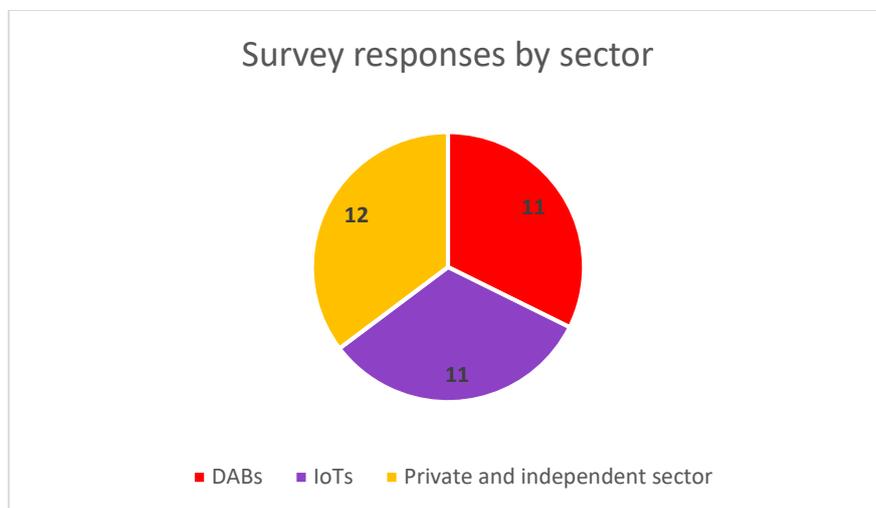
Figure 9 Survey responses by sector

The majority of respondents agreed the QA guidelines impacted their work in a positive way and agreed our procedures are for the most part clear and transparent. For a more detailed analysis of results and additional sample comments see Table 27 in section 15.2.

What works well (examples):

- QQI staff are very helpful and very responsive when approached
- Clear reference material; accessibility; QQI's willingness to provide additional support

- Annual dialogues allow both sides to keep in touch - 'no surprises' philosophy
- In the main QQI quality assurance procedures are well structured allowing the Institute to implement effective policies and procedures in respect of ensuring the quality of provision of programmes.
- There are extensive guidelines, policies and codes of practice, they are clear and easily accessible, against which we can then compare our policies and procedures, identifying gaps and taking appropriate action to address those gaps as necessary
- QQI quality assurance procedures are largely clear / fair and the staff in Dublin are efficient and helpful.

What could be improved (examples):
- Publication of the AIQRs on the website could be done in a timelier manner. Also, the synopsis of report contents, which is a valuable document, is often very slow to be finalised
- Perhaps reduce emphasis on the effectiveness of the QA procedures and focus more on the quality of provision and the student experience. It would be helpful to provide an outline (indicative) template for institutional self-evaluation reports - this would aid consistency of approach across the sector
- Appoint a standing Chair and Secretary for validation panels (or standing panel for same), with the additional changing subject experts and student representative providing specific input to individual programmes/suites in their discipline area.
- Create a panel of Chairs, invest in significant training for them and make chairing worth their while by increasing the amount of the stipend paid

12 Recommendations and main findings of previous reviews and QQI's follow up

The following table outlines the recommendations in the report of the ENQA expert panel and the letter from the ENQA Board for the 2014 review of QQI. It also contains details of the QQI response to the recommendations. In 2016, QQI provided a follow-up report to the ENQA Board, as requested.

Table 23 Recommendation in 2014 Panel Report and ENQA Board letter, QQI Follow-up Report 2016 and further progress since then.

Recommendation in 2014 Panel Report and ENQA Board letter	QQI Follow-up Report 2016	Further Progress up to November 2018
1. (i) Development of the missing policy document emerging from the green papers and white papers and the consultation in progress; it is recommended that, within a matter of months (not years) there should no longer be "HETAC procedures" or "NQAI procedures", but only fully-fledged QQI procedures on the activities and internal culture of QQI: QQI might wish to consider "upgrading" immediately the status of all policy documents and evaluation guides, making them QQI policies and procedures instead of HETAC or NQAI documents – even though most of these may be changed in the course of the revision process in progress	Prior to launching the new QQI website in October 2014, QQI went through a process of 'brown-wrapping' the legacy policy documents and removing legacy references from policies that were in use. Since the panel report was published, QQI has progressed its development of policies and procedures including the publication of a suite of statutory quality assurance guidelines[128] and policies and criteria for the validation of programmes of education and training. QQI also published its policy on periodic quality review of	The CINNTE cycle of Higher Education Institutional Review was launched in July 2017. The timetable and the handbooks for review are available here[129]. The policies and criteria for the validation of programmes of education and training[130] were published in 2016 and updated most recently in November 2017. There are still some 'brown-wrapped' versions of niche policies. These are planned for replacement in 2019. The suite of QQI quality assurance guidelines has been augmented with ones for Research Degree Programmes[131] (2017) and Blended Learning[132] (2018).

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[128] Interactive suite of QQI quality assurance guidelines. www.qqi-qaguidelines.com/
[129] Periodic Quality Review of Higher Education (CINNTE). https://www.qqi.ie/Articles/Pages/Institutional-Reviews07.aspx
[130] Policies and Criteria for the Validation of Programmes of Education and Training (2017). https://www.qqi.ie/Publications/Publications/Initial_Validation_policy_7_10_13.pdf
[131] Quality Assurance Guidelines for Providers of Research Degree Programmes (2017). https://www.qqi.ie/Publications/Publications/Research%20Degree%20Programmes%20QA%20Guidelines.pdf
[132] Quality Assurance Guidelines for Providers of Blended-learning Programmes (2018). https://www.qqi.ie/Publications/Publications/Statutory%20QA%20Guidelines%20for%20Blended%20Learning%20Programmes.pdf

	Higher Education Institutions.	
1.	(ii) Development of QQI's own website, as a common platform of information substituting the website of the legacy agencies and showing all policy documents, criteria/procedures and decisions of QQI, irrespective of the legacy agency from which some of these procedures and decisions may have been taken over; users seeking e.g. international evaluation reports should not be referred much longer to the HETAC website, but should find it handily on the QQI site.	A new QQI website was launched in October 2014 and the legacy websites were all made redundant. Reports that would have been available on the legacy sites such as institutional reviews were uploaded to the new QQI site and are available here[133].	The QQI website now includes a dedicated link[134] for Programme Validation Reports.
1.	(iii) Development of a comprehensive formalised system of internal quality covering all the various educational sectors under the purview of QQI, substituting this unified, homogeneous system to the current fragmentation of internal quality control – however solid these partial approaches may be in the respective areas.	No follow-up	Established and partially implemented policy on internal quality assurance.
2.	Signature of Memorandum of Understanding with the Higher Education Authority (HEA) in order to clearly establish the sharing of tasks between the two bodies and coordinate their interaction with HEIs, in particular with respect to data collection by both agencies and to the Annual Dialogue (with QQI) and the Strategic	In April 2015, QQI published the Memorandum of Understanding (MoU) with the Higher Education Authority (HEA). The MoU covers the period January 2015 – December 2017.	In 2018, QQI and HEA revised and renewed the MoU for the period 2018-20.

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[133] Institutional Review Reports. https://qsearch.qqi.ie/WebPart/Search?searchtype=reviews
[134] Programme Validation Reports. https://qsearch.qqi.ie/WebPart/Search?searchtype=validationreports

	Dialogue (with the HEA) meetings.		
3.	Reduction of the area of potential conflict of interest between QQI as evaluating body and QQI as awarding body; the Panel encourages QQI to devolve as much awarding power as possible to mature institutions, in order to limit the risks that the agency may be faced with cases where its dual role may undermine its credibility in the higher education community.	QQI adopted *Policy and Criteria for the Delegation of Authority* to the Institutes of Technology to make Higher Education and Training Awards (including joint awards) in May 2014 and subsequently developed protocols to implement the delegation of authority for Masters degrees and joint degrees to those institutes that have requested these powers in accordance with the protocols agreed.	In December 2016, QQI published its Procedures and Criteria relating to Delegated Authority[135].

In 2018, the Irish parliament passed the Technological Universities Act[136]. This Act provides for a new type of institution, the technological university, to be formed from a merger of two or more existing Institutes of Technology. Any such institutions will be given full awarding powers, up to Doctoral level, and will no longer be subject to delegation of authority from QQI. The first Technological University (TU Dublin) will be established on 1 January 2019.

In July 2018, the Government published legislation to amend the 2012 Act which would give full awarding powers to Institutes of Technology for its awards (with the exception of doctoral degrees). When this legislation is passed, delegation of authority from QQI will only apply to Institutes of Technology at doctoral level. At the time of writing, this legislation has passed the third stage of five |

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[135] Procedures and Criteria relating to Delegated Authority (2016).
https://www.qqi.ie/Publications/Publications/Procedures%20and%20criteria%20relating%20to%20delegation%20of%20authority.pdf
[136] Technological Universities Act (2018). www.irishstatutebook.ie/eli/2018/act/3/enacted/en/html

		in the upper house (Seanad) of the Irish parliament.
4. Development of system-wide analyses, in particular through disciplinary benchmarking and overall trends and issues in Irish higher education (in line with the national agenda for higher education and research set out by the Government).	No follow-up	In May 2018, QQI published a call for tenders[137] to award a contract for the Thematic analysis of reports on the accreditation / approval / review of programmes of higher education. The first phase (completed) was on the analysis of reports for QQI validation and revalidation. The second phase will broaden this to reports on other kinds of programme approval processes in higher education.
5. Cautious development of the International Education Mark (IEM), in order to focus it on the most relevant quality indicators and avoid the IEM becoming a quality standard of its own (alongside institutional review and programme validation /accreditation), which might create some confusion in the projection of Irish quality seals towards the external world.	Following the 2014 High Court case, a further examination of the 2012 Act by QQI's legal advisors and subsequently confirmed by the Office of the Attorney General found that it contained some legal defects. To ensure that the bases upon which the IEM will be introduced is sufficiently secure, amendments to primary (and the possible introduction of secondary) legislation will be required.	In July 2018, the Government published[138] the legislation required to amend the 2012 Act so that the IEM can be introduced. QQI has established working groups in relation to its application separately to Higher Education and English Language Education. It is anticipated that the legislation will be passed before the end of 2018 and that the IEM will be available for release in 2020.
6. Extend the periodic dialogue with the HEIs – that may not have to be annual but must be coordinated with the HEA – with a view to building up institutional strategies in line with quality enhancement,	In 2015, the dialogue meetings were extended to all of the institutes of technology. The 2015-17 HEA-QQI MoU provided an agreed framework for cooperation and communication between the	Dialogue Meetings were held in 2018 with all the publicly-regulated higher education institutions. As this process has now been extended to the sixteen Education and Training Boards (in the further (vocational)

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[137] Tender for Thematic Analysis. https://www.qqi.ie//News/Pages/QQI-call-for-tenders-.aspx
[138] Qualifications and Quality Assurance (Education and Training) Amendment Bill (2018)https://www.oireachtas.ie/en/bills/bill/2018/95/

	institutional profiles and national priorities	two organisations in the interests of the higher education sector as a whole. The MoU was developed in accordance with the relevant statutory provisions, national strategies, and government policies and with due regard to the Code of Practice for the Governance of State Bodies.	education and training sector, it has been agreed to move the dialogue meetings with the HEIs to a biennial basis.
7.	Strengthen its follow-up procedures on the basis of all information available to it.	No follow-up	The formal tracking of conditions of validation and their reporting though PAEC is a strengthening of our follow-up procedures.
8.	Develop a formalised comprehensive system of data gathering and reporting in order to improve QQI's accountability.	No follow-up	We now have more data on our own activities and those of 'relevant' providers.

Both AIQRs and monitoring data on independent and private providers gather a wide range of data.

However, we have not yet established comprehensive coverage. For example, we lack detailed information on attrition rates and enrolment profiles for the private and independent providers. |
| 9. | Strengthen the training programmes and retrain all experts for the new procedures and policies that will be published soon by QQI. | Institutional Quality Review: In the case of each institutional review that QQI has conducted since establishment, there is a two-stage process. The full review team in brought over to Dublin for a one-day training/briefing session followed by a planning site visit to the institution under review by the Team Chair and co-ordinating reviewer, accompanied by the Head of Cyclical Reviews at QQI. | The new cycle of institutional review (CINNTE) was launched in September 2017.

The new QQI validation policy was launched in 2016.

The training of experts is addressed in detail in section 10.4.1. |

	Following deployment, each reviewer receives a Reviewer Briefing Note to supplement the information provided in the review handbook.	
10. Strengthen and diversify the internationalisation of QQI's structures and evaluation procedures.	The QQI Board contains (in statute) an international member (as one of the 10 Board members[139]). The Policies and Standards Committee contains two international experts within its 10 members[140].	An international member was added to the nine-member[141] Approvals and Reviews Committee in 2017. For our CINNTE reviews we have formed 6 review teams to date: - 36 reviewers - 19 international members (just over 50%) - all Chairs have been international

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[139]QQI Board composition. https://www.qqi.ie/Articles/Pages/QQI-Board.aspx
[140] Membership of the QQI Policies and Standards Committee. https://www.qqi.ie/Articles/Pages/Policies-and-Standards-Committee---Membership.aspx
[141] Membership of the QQI Approvals and Reviews Committee. https://www.qqi.ie/Articles/Pages/Approvals-and-reviews-.aspx

13 SWOT analysis

In October 2018, our QA Directorate staff conducted a SWOT analysis with all of its staff (19 staff in attendance).

Our EMT had previously completed a SWOT analysis for the whole organisation as part of our strategy development work. The EMT SWOT was considered by the QA directorate staff as part of their analysis.

The QA Directorate's SWOT analysis focused on the activities that were in scope for the ENQA review. However, to facilitate an open discussion the group were encouraged to continue with conversations even if, at times, they veered beyond the scope of the analysis.

The results are summarised below.

Table 24 QA Directorate SWOT analysis.

Strengths	Weaknesses
- QA functions (toolbox) in the 2012 Act - Revised validation policy - Governance of QQI decision making - Internal QA of validation, review and re-engagement processes - MoUs with key agencies (e.g. HEA) - Good working relationships with other stakeholders notably the Union of Students in Ireland (USI) - Relationships and communications with providers - Provider briefings and training (e.g. on policy and criteria) - Quality of reviewers, training of reviewers - Focused material for, and training of, external experts - Committed QQI staff - Staff knowledge and experience of processes - Positive team spirit - Synergy between regulation units	- Complicated organisational structure - Transparency of decision-making process - Internal communications between some units - Re-engagement delay - Unable to conduct QA reviews for providers who have not yet reengaged - Capacity to undertake focused reviews - Lack of formalised monitoring activity in some areas - Overreliance on peer reviews - We could make better use of our data - Ageing IT infrastructure - Separate IT systems for HE and FE - Lack of resources [human] to deal with increased workload - Compliance with GDPR
Opportunities	**Threats**
- New strategy and staff buy-in to it - New legislation will provide more tools - Become authoritative voice on quality using research and data - Make better use of data to infer quality - Thematic reviews - Become more innovative - Improvement of ICT systems presents opportunities to automate routine tasks - Availability of data (to analyse) - Delegated Authority for private higher education - Building networks and relationships with sectors - Synergy between regulation and enhancement areas within the QA directorate - Opportunity for continuous professional development (potential for QQI staff to learn from observing at review and evaluation site visits)	- Lack of alertness to some trends – do we know what's happening out there? - Agility to adapt to changing circumstances – balance between kind of procedures we have in place and our potential to change - Parity of all providers: perceived or actual - Overly broad QA guidelines - Overly complex processes - Inconsistent panel recommendations - Legal challenges by unsuccessful providers - Re-engagement – resources, can we commit to reengage with so many providers? - Lack of staff specialisation - Changes in government policy - Conflicting policy drivers - Funding - relationship fee versus transaction fee

14 Current challenges and further developments for QQI

Current challenges and areas for future development for QQI

The period 2019-2021 is an important one for QQI as we focus on the priorities and implement the actions contained in our new *Statement of Strategy - Adding value to Qualifications*.

As an agency with responsibility for qualifications and quality assurance across a diverse post-secondary education and training system, QQI faces a system that is undergoing significant structural transformation. In the area of higher education, many of the publicly-funded Institutes of Technology are likely to merge into autonomous Technological Universities over the period 2019-21 and beyond. This transformation will take place during the current QQI CINNTE Institutional Quality Review cycle 2018-23.

At the time of writing, legislation is working its way through the Irish parliament to confer new functions upon QQI including the power to recognise and list awarding bodies and their qualifications in the Irish National Framework of Qualifications (NFQ) and also to award an International Education Mark to higher education institutions that can demonstrate compliance with a code of practice for the provision of education to international learners. QQI's regulatory powers are also to be strengthened to ensure that we regulate access to QQI awards and the NFQ to private (higher) education providers and that also enables us to provide security to their learners though the introduction of a statutory learner protection fund[142]. QQI has to ensure that, in its work over this period, it is faithful to the first priority in our Statement of Strategy, namely to develop, promote and protect the integrity of the NFQ.

Even with strong economic growth over the past number of years, Ireland continues to grapple with a public higher education system that underwent significant cuts in funding over the period 2008-15. Higher education institutions and their representative bodies continue to advocate to government that the reduction in funding ultimately has impacted on the quality of higher education and the political system looks to agencies such as QQI to provide evidence whereby the institutions' assertions can be substantiated.

The public higher education system in Ireland is mature and enjoys significant autonomy, whereby institutions have already undergone two cycles of institutional quality review and through the CINNTE cycle are undergoing a third cycle in the period 2018-23. It is vital that their quality assurance systems continue to develop and that each evaluation cycle continues to add value for the institutions and important stakeholders such as students and government. QQI has therefore identified, in our new Statement of Strategy, the importance of ensuring that higher education institutions are willing to analyse and publicly report on the outputs of their internal quality assurance systems to demonstrate their accountability and transparency.

QQI has developed a robust process of annual reporting with public higher education institutions that we believe balances accountability and flexibility, whereby the institutions can demonstrate both assurance and enhancement. QQI, in turn, recognises the importance of our independent evaluations of providers and our research and analysis of provider-led evaluations having the

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[142] A provider of a programme subject to is required to submit details in writing to QQI of the arrangements the provider has in place in accordance with section 65(4) of the 2012 Act when making: An application for validation; A request for delegated authority to make an award, or; A proposal under section 53(7) of the 2012 Act.
https://www.qqi.ie/Downloads/Policy%20for%20Protection%20of%20Enrolled%20Learners%20V2%20Sep%202013.pdf

capacity to provide high-level advice to policymakers and funders on quality in the higher education system.

A further challenge over the period covered by our new strategy will be to use the legislative and regulatory tools at QQI's disposal to encourage and assist the growing private higher education sector that currently accesses QQI programme validation to demonstrate their growing maturity to work towards achieving delegated awarding powers, commensurate with their ability to self-regulate and provide comparable levels of information to prospective learners as the publicly funded system. During the period of austerity from 2008-15, this sector demonstrated its capacity to respond flexibly to upskilling initiatives promoted by government.

A third priority in our new Statement of Strategy is to support a high quality (higher) education system through the nurturing of mutually beneficial strategic partnerships. Over the past number of years, higher education institutions, through the National Strategy for Higher Education to 2030, have been required to develop strategic performance compacts with the Higher Education Authority. Further quality measures such as the Irish Survey of Student Engagement and the National Employers Survey have also been introduced. These developments have provided QQI with rich data sources that can be used as tools within our own work. We must ensure that the regulatory load on providers is appropriate and proportionate through collaborative efforts on our part and that of other professional and regulatory bodies. Furthermore, we have a responsibility to work with higher education providers to promote shared responsibility for a high-quality system that stimulates transparently and improvement.

Through our work, we commit to providing comprehensive information on quality and qualifications and strive to become increasingly recognised as an authoritative voice on high-quality education provision and qualifications available in Ireland.

We further commit to working with our European and other international colleagues to influence European quality and qualifications policy and to inform our work here in Ireland. Our goal is that the Irish quality assurance system for (higher) education is benchmarked against strong systems in other countries.

15 Annexes

15.1 Self-assessment grids

Table 25 Alignment of key principles with the methods in scope for the QQI review by ENQA 2019

Method name	Method includes the following principles										Comments
	Self-Assessment	Site visit	Published report	Consistent follow-up	Peer reviewers[143]	Student Reviewers	Published outcome criteria	Complaints and appeals	Evaluator/ provider feedback	Evaluator/provider briefing and training	
Initial Access to Validation	✓ Providers are required to conduct a detailed gap analysis on their resourcing, governance and quality assurance procedures with reference to relevant QQI Guidelines	✓ Site visits take place on provider premises; alternatively, sometimes the panel meets the applicant team at a different venue, e.g. QQI premises	✓ QA Approval Reports	Arc Meeting Minutes QA Approval reports are published. The outcome of a positive decision on approval is progression to the validation process. The outcome of a negative decision on approval is either (i) a revised submission within 6 months or (ii) an outright refusal.	✓ Panels will include people currently or in the past with a senior role in quality assurance in a HEI	✓ The panel composition is addressed in section 6.1.1.6.1.1	✓ Initial access to validation policy Website Material Gap Analysis Tool	✓ QA Approval decisions are subject to QQI appeals policy and process	Providers can send response to ARC for consideration with report Providers will be surveyed	✓ There are group (mandatory) and individual (optional) meetings for all applicant providers All new panel members are briefed on the process	There is ongoing contact with the provider and panel members before and after an evaluation event. Nevertheless, more formal arrangements need to be made for provider feedback. There is a gap in respect of evaluator feedback. Providers can send response to ARC. Providers and panel members will be surveyed but that has not been the practice to date

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[143] For any QA process, reviewers and evaluators may be based in Ireland or outside Ireland. Some processes rely mostly on reviewers who are based in Ireland. Notably, CINNTE panels are always international.

Method name	Method includes the following principles										Comments
	Self-Assessment	Site visit	Published report	Consistent follow-up	Peer reviewers[143]	Student Reviewers	Published outcome criteria	Complaints and appeals	Evaluator/ provider feedback	Evaluator/provider briefing and training	
Re-engagement	✓ Providers are required to conduct a detailed gap analysis on their resourcing, governance and quality assurance procedures with reference to relevant QQI Guidelines	✓ Site visits take place on provider premises	✓ QA Approval Reports	✓ Recommendations made by PAEC regarding a provider's QA will be recorded for follow up Reports are published	✓ Panels will include people currently or in the past with a senior role in quality assurance in a HEI	✓ The panel composition is the same as for Initial Access and is addressed in section 6.1.1	✓ Website material Gap Analysis Tool	✓ QA Approval decisions are subject to QQI appeals policy and process	- Providers can send response to ARC for consideration with report A survey has been developed and will be implemented	There are group (mandatory) and individual (optional) meetings for all applicant providers All new panel members briefed on process	There is ongoing contact with the provider and panel members before and after an evaluation event. Nevertheless, more formal arrangements need to be made for provider feedback. There is a gap in respect of evaluator feedback.
Programme Validation	✓ Validation manual, p. 18	✓ The independent evaluation of applications for the validation of programmes leading to higher education and training awards will normally involve a site visit (Section 6 of Policy)	✓ Validation reports	✓ PAEC meeting minutes Conditions of validation not met at the time of validation are considered at PAEC meetings (starting from November 2017)	✓ Most evaluators are based in Ireland, but some are based abroad	✓ QQI commenced the mandatory inclusion of student evaluators on HET panels in 2017	✓ Validation policy (section 17) Research Degree Programme Policy and Criteria Policy for Collaborative Programmes, Transnational Programmes and Joint Awards	✓ Validation decisions are subject to QQI appeals policy and process	✓ Report produced based on feedback received QQI commenced systematic collection of feedback from evaluators in 2017 and from providers in 2018	✓ In 2017 and 2018, QQI held a series of training events for providers and evaluators following the publication of the new validation policy Resources for providers are available here	

Method name	Method includes the following principles										Comments
	Self-Assessment	Site visit	Published report	Consistent follow-up	Peer reviewers[143]	Student Reviewers	Published outcome criteria	Complaints and appeals	Evaluator/ provider feedback	Evaluator/provider briefing and training	
Programme Revalidation	✓ Validation manual, p. 18 Our Pilot Programme Review Manual is also relevant here	✓	✓	-	✓	✓	✓ Validation policy Research Degree Programme Policy and Criteria Policy for Collaborative Programmes, Transnational Programmes and Joint Awards	✓	- QQI is currently developing a survey with a working group comprising providers	✓ In 2017, QQI held a series of training events for providers and evaluators following the publication of the new validation policy Further, in 2018 QQI held a briefing event for providers on revised programme review/revalidation process	The revised programme review and revalidation process is a two-step process. The programme review stage is managed by the provider and the revalidation stage is managed by QQI. The Programme Review Manual needs to be finalised (see section 6.2.1.1).
Focused Reviews	✓	✓	✓	✓	✓	✓	✓ Procedures and criteria	✓	-	✓	Feedback was not formally sought on the two reviews completed to date but would be subject to QQI policy in this area.
Delegation of Authority [144]	✓	✓ Normally, but in the past, it was not required in all cases.	✓	✓	✓	✓	✓	✓			Aside from delegating authority to the Institutes of Technology to award master's degrees by research based on a statement of compliance with a sectoral protocol there has been little activity in this area since the last review. This 'light-touch' mechanism has been rescinded.

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[144] We have not listed DA as being in scope for this review. However, it is an external quality assurance procedure that is designed to comply with ESG standards. Review of delegated authority is incorporated into CINNTE for institutions that have DA.

Method name	Method includes the following principles										Comments
	Self-Assessment	Site visit	Published report	Consistent follow-up	Peer reviewers[143]	Student Reviewers	Published outcome criteria	Complaints and appeals	Evaluator/ provider feedback	Evaluator/provider briefing and training	
Institutional Review (CINNTE)	✓ CINNTE Handbook for Institutes of Technology CINNTE Handbook for Universities and DABs	✓ There are two site visits in each CINNTE review, a Planning Visit and a Main Review Visit	✓ Reports are published here	✓ Follow up reports will be published here	✓ See Handbooks for the peer composition of team CINNTE Handbook for Institutes of Technology CINNTE Handbook for Universities and DAB	✓ Review teams always include some persons who are based outside Ireland.	✓ Criteria set out in the Handbook and the Policy Policy for Cyclical Reviews of Higher Education Institutions CINNTE Handbook for Institutes of Technology CINNTE Handbook for Universities and DABs	✓ Review decisions are subject to QQI appeals policy and process	✓ SurveyMonkey is used to get feedback systematically at the end of Review Feedback is also received in a meeting with the Institutional Coordinator at the end of the MRV Informal feedback is encouraged throughout the process	✓ Reviewers receive training and briefing from QQI, HEA and the representative body for the sector at the start of each review They also receive Reviewer Briefing Notes in addition to the relevant Handbook QQI provides a preparatory briefing for institutions 1 year approx. before the MRV date.	In addition, Teams are provided with tools to underpin confidentiality, conflict of interest and GDPR. Teams are also provided with Reviewer Briefing Notes which provide additional guidance that elaborates on the information contained in the Handbooks.

Table 26 Mapping grid for compliance with ESG 2.1

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
1.1 Policy for quality assurance Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.	Core Statutory QA Guidelines (This is the key document that ensures compliance with 1.1 and it underpins all QQI's quality assurance activities. Sections 1 and 2 are especially relevant). Supplementary QA guidelines and the overarching policy for our QA Guidelines. Policy on QA Guidelines Independent/Private Statutory QA Guidelines	The QA approval process is where we check that a provider's quality assurance procedures are consistent with our guidelines and fit-for-purpose. The relevant policy documents are listed below: Policy and criteria for provider access to initial validation of programmes Overarching Re-engagement Policy Higher Education Re-engagement Policy	According to our Core Policy and criteria for the validation of programmes of education and training a provider cannot access validation unless they have approved quality assurance procedures. The core policy is supplemented by: Policy for collaborative programmes, transnational programmes and joint awards	Monitoring helps ensure that providers' quality assurance procedures are consistent with the guidelines. The key policies and procedures are listed below: Monitoring Policy AIQR Handbook AIQR website	Procedures for Focused Reviews by QQI of the Implementation and Effectiveness of Provider QA Procedures help ensure our guidelines are reflected in policies and procedures as written and as implemented. They explain that a focused review is carried out at institutional level and is intended to (abbreviated): - determine that the quality assurance procedures established by a provider have	Cyclical reviews Review measures institution accountability for compliance with European standards for quality assurance, regard to the expectations set out in the QQI quality assurance guidelines or their equivalent and adherence to other relevant QQI policies and procedures as established in the lifecycle of engagement between the institution and QQI.

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[145] The QA guidelines infrastructure underpin all our quality assurance activities. We will not keep repeating this point, it should be understood to apply to the whole table.

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
	Designated Awarding Body Statutory QA Guidelines Institute of Technology Statutory QA Guidelines Apprenticeship Statutory QA Guidelines Research Degree Statutory QA Guidelines Blended Learning Statutory QA Guidelines		Research Degree Programme Policy and Criteria The following operational documentation is also available and may be helpful: Programme validation manual Conflict of interest and confidentiality form for peer reviewers Roles, responsibilities and code of conduct for reviewers and evaluators Validation report writing style guide		been implemented; - evaluate the effectiveness of a provider's quality assurance procedures; and - confirm that directions previously issued by QQI have been complied with.	Policy for Cyclical Reviews of Higher Education Institutions CINNTE Handbook for Institutes of Technology CINNTE Handbook for Universities and DABs

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
1.2 Design and approval of programmes Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and,	Section 3 of our Core QA guidelines addresses Programmes of Education and Training including: - Programme development and approval - Learner admission, progression and recognition - Programme monitoring and review Our Policy and criteria for access, transfer and progression applies to all providers offering awards in the NFQ and is also relevant here: section 4 deals with entry arrangements and section 5 deals with	As the Core Guidelines and Validation Policy are primary references for panels evaluating a provider's QA, it follows that the QA Approval processes focusses heavily on how providers implement, manage and govern programme design and approval. An expert panel will evaluate the provider's procedures with reference to the guidelines and validation policy and will communicate their findings to the provider and to QQI.	Our Core Policy and criteria for the validation of programmes of education and training describes a process for the external approval of new programmes and reapproval following review, of updated versions of programmes that have been previously approved. The QQI validation process is not a programme development process. Validation Criterion 2 requires that programmes specify Minimum Intended Programme Learning Outcomes (MIPLOs)			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
consequently, to the Framework for Qualifications of the European Higher Education Area.	information provision to learners. Our National Framework of Qualifications provides the standards infrastructure for higher education.		that are consistent with our awards standards and therefore the NFQ. Our Policy for determining awards standards explains how standards are developed and maintained and how they relate to the NFQ. Our suite of HE awards standards is published here: List of published awards standards Our Policy and criteria for making awards explains our approach to certification.			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
1.3 Student-centred learning, teaching and assessment Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.	Sections 3, 4 and 5 of our Core QA Guidelines address Programmes of Education and Training; Teaching and Learning; and Assessment of Learners: Section 5.1 is most relevant guiding, for example that the learning environment "Encourages a sense of autonomy in the learner, while encouraging adequate guidance and support for the learner" There is a requirement that programmes are designed and updated with the involvement of students (section 3.1 bullet 3 and section 3.3)	The QA Approval process will ensure that providers have policy and procedure for Teaching and Learning and Assessment. The provider's procedures will be evaluated for completeness and for potential effectiveness.	Our Core Policy and criteria for the validation of programmes of education and training provides additional support for this principle through: For example, criterion 17.5(b): In so far as it is feasible the programme provides choice to enrolled learners so that they may align their learning opportunities towards their individual educational and training needs.			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
			And to a lesser extent 17.8(b): Learners can interact with, and are supported by, others in the programme's learning environments including peer learners, teachers, and where applicable supervisors, practitioners and mentors. Assessment and standards, which sets out our expectations on assessment for providers seeking validation or delegated authority takes a student-centred approach.			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
			For example: section 2.1.1(3)(f) states: Teachers and learners share in the responsibilities for effective learning. Learners' involvement in the construction of assessment tasks and criteria can enhance learning. Effective Practice Guidelines for External Examining addressed the external moderation of assessment.			
1.4 Student admission, progression, recognition and certification Institutions should consistently apply	Admission is addressed in sections 3.2 of our Core Statutory QA Guidelines: (Learner admission, progression and recognition) and certification in the	The QA Approval process will evaluate a provider's policy and procedure for compliance with QQI policy on	Criterion 4 of our Core Policy and criteria for the validation of programmes of education and training addresses			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.	sector-specific guidelines for example Section 6.1 of Designated Awarding Body Statutory QA Guidelines. Our Policy and criteria for access, transfer and progression applies to all providers offering awards in the NFQ and is also relevant here: section 4 deals with entry arrangements and section 5 deals with information provision to learners. Our Policy on Recognition of Prior Learning is also relevant.	Access, Transfer and Progression. This is a prerequisite for any provider seeking validation for the first time. The provider's procedures will be evaluated for completeness and for potential effectiveness.	access, transfer and progression. For programmes leading to QQI awards the responsibility for certification rests with QQI and QQI determines the general standard for the awards. However, the provider must propose the specific standard through the MIPLOs (minimum intended programme learning outcomes) that are approved by QQI at validation. Furthermore, QQI has no role in assessment, that is entirely the providers responsibility. QQI			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
			certifies when requested to do so by a provider with a currently validated programme.			
1.5 Teaching staff Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.	Section 4 of our Core Statutory QA Guidelines comprehensively addresses this.	The QA Approval process will evaluate a provider's policy and procedures for staff recruitment, management and development The provider's procedures will be evaluated for completeness and for potential effectiveness.	Validation criterion 17.6 in Core Policy and criteria for the validation of programmes of education and training addresses this more specifically for QQI validated programmes. There are additional criteria for research degree programmes: in the supplementary criteria for research degree programmes in: Research Degree Programme Policy and Criteria			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
1.6 Learning resources and student support Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.	Section 7 of our Core Statutory QA Guidelines deals with student support and learning resources, the learning environment and assessment of learners are addressed in sections 5 and 6 respectively are also relevant here.	The QA Approval process will evaluate a provider's resources, policy and procedures for learner supports. The provider's procedures will be evaluated for completeness and for potential effectiveness.	Many of the criteria in Core Policy and criteria for the validation of programmes of education and training especially criteria 6, 7, 8, 9, 10 and 11.			
1.7 Information management Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.	Section 8 of Core Statutory QA Guidelines addresses this directly.	The QA Approval process will evaluate a provider's resources, policy and procedures for information management. The provider's procedures will be evaluated for completeness and	Criterion 12 in Core Policy and criteria for the validation of programmes of education and training requires: "The programme includes intrinsic governance, quality assurance, learner assessment, and access, transfer and progression			

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
		for potential effectiveness.	procedures that functionally interface with the provider's general or institutional procedures."			
1.8 Public information Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.	Section 9 of Core Statutory QA Guidelines addresses this directly. Our Policy and criteria for access, transfer and progression applies to all providers offering awards in the NFQ and is also relevant here: section 5 deals with information provision to learners.	The QA Approval process will evaluate a provider's resources, policy and procedures for providing and managing information for the public. The provider's procedures will be evaluated for completeness and for potential effectiveness.	Criterion 4 of our Core Policy and criteria for the validation of programmes of education and training addresses access, transfer and progression.			
1.9 On-going monitoring and	Section 11 of Core Statutory QA Guidelines deals with review and	The QA approval process pays particular attention	Programmes are validated for five years and must be		Outside of cyclical programme review and revalidation processes,	

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
periodic review of programmes Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.	self-evaluation of quality, including review of programmes of education and training, research and related services. Section 9.3 deals with the publication of quality assurance evaluation reports and, where relevant, quality improvement plans.	to providers' systems for keeping themselves informed on programme quality and stakeholder feedback through effective monitoring systems. The provider's monitoring process will be evaluated for completeness and for potential effectiveness.	revalidated before new learners can be enrolled. Ongoing monitoring and revalidation are governed respectively by criterion 12 (especially sub-criterion (f)) and section 13 of our Core Policy and criteria for the validation of programmes of education and training Effective Practice Guidelines for External Examining is relevant as external examining contributes to quality enhancement.		the Authority, under Section 46 of the 2012 Act, may carry out a review of validated programmes from time to time as it sees fit in order to determine that a programme continues to meet the Authority's validation criteria; that conditions imposed at validation are being complied with and that there are no other issues that present reasonable grounds for withdrawing validation. Two reviews under Section 46 of the 2012 Act have been conducted by QQI, both of which resulted in withdrawal of validation. Reports of those reviews are	

1	2	3	4	5	6	7
ESG (2015) Part 1 Standard	**Shared QA infrastructure used by all QA activities**[145]	**QA Approval** (Initial access to Validation and Re-engagement)	**Validation and Revalidation**	**Monitoring**	**Focused Review**	**Institutional Review** (including CINNTE)
					available [here](#) and [here.](#)	
1.10 Cyclical external quality assurance Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.			Programmes are validated for five years (normally) and need to be revalidated if they are to continue to run. Revalidation is described in section 6. A provider can apply for an extension if it needs more time to complete a programme review to support an application for revalidation.			All higher education institutions are required to undergo periodic (at least every seven years) institutional review. The CINNTE review process is aligned with the ESG.

15.2   Provider consultation

Table 27 Consultation on QQI's quality assurance processes and procedures October and November 2018 – sample of feedback received and colour coded overview of general perception of QQI's QA processes and procedures.

Colour code	Mostly positive (80%>)	Positive with some criticisms (65%> positive)	Mix of criticisms and positive comments 40 – 50%	Mostly critical (40% < positive comments)	General comments / improvements

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
QQI quality assurance procedures; what do you think worked well?	The process is sound and rigorous. In the main QQI quality assurance procedures are well structured allowing the Institute to implement effective policies and procedures.	10	QQI staff are very helpful, and very responsive when approached. Clear reference material; accessibility; QQI's willingness to provide additional support Where opportunities exist to dialogue with QQI officers, this enables a collegiate approach	10	Communication with stakeholders/providers. Access to information (Infographics etc.) and production of policy documents. The documentation is comprehensive, with clear criteria and explicit processes. The interactions with the various units are courteous, helpful and professional. The procedures are very thorough	11

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
	Transparency of the process though publication of all reports. Openness of dialogue in ADM.		which is very welcome in the implementation of quality procedures.			
QQI's quality assurance guidelines: Clarity	We have always found process to be clear and where we have had queries, we have always found QQI staff very helpful. Improving with every iteration. Generally clear.	11	QQI information about their processes is clear. Broadly ok While the quality assurance procedures have clarity, the execution of the process does not.	9	Generally clear Programmatic review is overly complex detracting from its clarity. With the exception of programme review and revalidation, there is clarity in QQI QA processes and QQI staff are quick to provide any further clarity where requested.	8

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
QQI's quality assurance guidelines: Usefulness	QQI guidelines are usually very useful. However, the style of writing can be a challenge. For example, log into the QQI website as an end user and try to find "the number of ECTS credits required for a doctorate award". Very useful. We refer regularly to the QQI QA guidelines. Positive - willing to engage and assist.	10	Helpful and serve as a useful external benchmark for institutional practice Of course they are useful in terms of providing definitive statutory guidelines around the Act requirements They are a useful reference point against which to measure activities.	11	The guidelines are useful as they now provide clarity on institutional standards and allow for the institution to reflect / improve on its own quality assurance processes. They are useful and do cause the HEI to consider its own QA Certainly, QA guidelines are essential. QQI continually support their procedures with relevant up to date documents.	11
How have the quality assurance guidelines and policies impacted your work?	As a Head of Department, they are the guiding principles for programme development and continuous improvement. QA guidelines and policies form the basis of our work. As required by legislation, quality assurance reporting is now published on our website. All	10	Very directly - we evaluate these, and then compare them against our policies and procedures, and where there are gaps, we develop and implement projects to address them. Definitely - we use the guidelines to help inform changes to our internal QA architecture	11	Made life easier. It has forced us to ensure that the policies and procedures are more important than the individuals fulfilling these - i.e. well written policies and procedures should be clear and straightforward and anyone should be able to come in and follow/implement these	11

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
	quality assurance procedures within our Institution are aligned to QQI guidelines and policies. Yes they are very effective in setting the requirements for effective QQI policies and 10procedures within the Institute.		We always ensure that when new guidelines and policies are published we review our own procedures to ensure that we reflect them			
In relation to QQI's quality assurance processes: Fairness	Processes appear to be robust, uniform and thorough to the point of being, at times, overly so given the nature of the programmes being evaluated. Yes, QQI's QA processes are generally fair, with the exception of the DA Level 10 processes. Excellent.	10	There is clear differentiation in relation to how different policies and procedures are applied to different types of providers, hence there is fairness. I have always found QQI and their processes to be fair. There are objective criteria, which seem fair.	9	The processes are fair and, from my experience, it seems that they are implemented equally across all providers. They appear to be fair and the staff in Dublin have been helpful. While we feel QA policies have been applied fairly, we are aware of different practice across the QQI sector which is unfair e.g. Apprenticeship applications being accepted and processed in a far shorter turnaround time (etc)	9

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
In relation to QQI's quality assurance processes: Transparency	Processes appear to very transparent with clarity in advance and published reports/minutes available afterwards. Generally, though not always, procedures are in place. In a number of instances, policies have been developed without accompanying procedures being developed concurrently. This has led to the first panel being asked to adjudicate on an application developing the procedure on-the-fly. Yes, QQI's QA processes are generally transparent.	10	In general very happy that the level of transparency is appropriate. It is not always clear what informs QQI itself and its development of these processes. We know the ESG is key, but what other factors influence the development of QQI policies and procedures?	9	processes have been implemented without publication or a published transition period. However, the outcomes and evidence now required for outcomes are very transparent. This is greatly improved on previous practice. The guidelines are a helpful tool for us when engaging in a QQI QA process. The processes are transparent once they are established. However, when they are first implemented it can be a bit unclear as to what is expected of the provider.	10
In relation to QQI's quality assurance processes: Consistency	QQI's QA processes are consistent, to the point of sometimes taking a one size fits all approach. The QA of state providers and private commercial providers are acknowledged in the QA	10	There is good consistency - even something very basic as the style and branding of the various guidelines is very useful as it helps to clearly show there is a suite of guidelines that are similar to one another.	7	Quality assurance processes appear to be consistent. The processes are fine but the application of them is not always	8

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
	community internationally as very different exercises. The policies and procedures appear to be applied consistently across all sectors and Institutions. Process are applied consistently in our experience		Sometimes there is considerable overlap between various guidelines and requirements.		consistent by the different individual or group reviewers. QQI display consistency in their processes. The challenge however, is to formulate a flexible yet robust approach to 'international' focused programmes.	
In relation to QQI's quality assurance processes: Clarity	In general, guidelines are clear and aligned with good practice internationally. Some guideline and policy documents are written in a particular bureaucratic style where one document refers to other documents which in turn refers to another document.	11	They are clear, though can be very dense. Quality review guidelines are clear and concise. Sometimes the language used in the QAG is unclear or does not reflect the autonomy of DABS.	11	QQI's quality assurance guidelines are relatively clear. The most significant 'flaw' in the guidelines are the duplication of material required. They are typically clear but not definitive enough in some cases Information sessions provided by QQI provide greater clarity around published documentation.	11

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
	Policies and guidelines should be self-contained for clarity and ease of referencing. Good and comprehensive					
In relation to QQI's quality assurance processes: Other	I would suggest that QQI has missed out somewhat in recent years on the opportunity to continue to lead the higher education agenda with a strategic view of development of state HE in Ireland. The application of QA appears to operate like a risk-elimination exercise rather than a risk-management exercise. This can have the effect of stifling innovation. Procedures can appear to either be non-existent or overly bureaucratic as to unworkable for both the panel and the provider.	2	QQI could have more robust processes around communicating e.g. the publication of finalized guidelines. Communication of the process and timelines for developing guidelines could be enhanced, in particular information about overall pathway to final publication and timescales. Good engagement from QQI	4	QQI provides a variety of communication channels (and communicates with providers very well) and providers availing of these are kept up to date. There may sometimes be delays in responses to queries through QHelp.	2

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
Training, briefing and information for members	Good - but perhaps could benefit from follow up training / review following a first-time panel membership

Variable. For well established processes, training etc is available for panel members. For new processes, panels are often simply referred to the relevant policy or policies.

Guidance for the industry/external (non-academic) panel panels is necessary. This is particularly relevant to non-level 8 awards. An understanding of the NFQ and the requirements for knowledge & competence is second nature to academics but not always clear to colleagues from outside the teaching profession | 8 | well supported by QQI; guidance was timely and useful.

Excellent & comprehensive.

Training and briefing has been sufficient and useful. | 3 | Having undertaken the training for potential panel Chairs/Secretaries, it was most helpful and gave excellent insights into issues which may arise, with good guidelines to refer back to QQI when/if in doubt.

The training sessions last year were very good. However, I think the expectation for some members is still unclear, especially if it is their first panel.

It exists but when I was at training it was evident that the volume of detail requested by QQI for programme validation or revalidation was so great that training time was insufficient. Consequently, I would say that Chair and panel members are not sufficiently trained. | 9 |
| Overall operation of panels | Panels worked well. | 8 | well supported by QQI; reviewers were clear about their role; | 3 | Panels work well if managed by an experienced Chair. There is a | 8 |

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
	Panels are very 'hit and miss' - Success depends on having a panel that can see the bigger picture of a programme (and is not only looking for specific graduates for their own personal situation). Variable. At times, panels seem to be formed relatively late to the panel date. The chair and secretary of the panel are required to be an extensive and time-consuming amount of work		guidance material was timely and useful. Panels are well-supported by QQI staff and generally operate in a very effective manner. Generally, the panels operated well, though that would depend largely on the Panel Chair's abilities to guide the panel.		significant capacity issue in the system currently with respect to report writing and the time it can take to issue reports from panel events. Well organised through an experienced chair. The spread of panel members is always thorough. The efficiency of the process is also commendable. Generally well organised. However, the processes are complex and involved, which makes it difficult to discharge one's responsibilities in a timely or indepth manner.	
Criteria for decision making	For well established processes such as programme validation there exists an extensive checklist or criteria to be satisfied. For newer policies, panels are required to interpret the policy and develop their own threshold values for verification.	8	Clear No issues with this.	2	The criteria for programme validation are clear and specific. There is too much space for inconsistency in decision making and depends on the views of the person or panel making a decision Obviously more straightforward when there is a consensus. Criteria (and sub-criteria) are very clear.	

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
	Criteria were clear More work needed on this aspect.					
how can QQI best support the enhancement of quality in higher education?	Enhanced visibility and not just at seminar events - for example - facilitation of a forum for QA personnel. Generally, QQI is fit for purpose, carries out its statutory role and does a good job in QA. The missed opportunity is to think big - Irish HE operates and competes internationally. The ongoing promotion of quality enhancement through conferences, meetings and proceedings is welcome. A more consistent approach of supporting Institutions through QA processes would be welcome.	10	QQI needs to be better resourced in order to fulfill its mission. This, in my view, remains one of the key challenges for QQI, not least with the number and diversity of institutional types that it must engage with. Gain mutual recognition and agreement on streamlined QA processes with Professional Statutory Accreditation Bodies. Assistance with development of appropriate metrics for measuring quality, and 'impact'.	11	Continue to have open dialogue with providers and engage them in issues that affect providers. Some of the processes (such as the new programme validation) could be more efficient if professional report writers were included on all panels. This would allow for reports to be submitted quite quickly after a panel site visit, and for a level of expertise in report writing to be developed if people were doing it regularly. This would significantly speed up this, and other, processes. Taking a more enabling approach that facilitates genuine provider autonomy and moves away from a one size fits all model.	

Questions	Institutes of Technology	No. of Replies	Designated Awarding Bodies	No. of Replies	Private and independent sector	No. of Replies
Improvement in QQI's QA processes and procedures	Development of procedures concurrently with policy would be welcome. Assessing, prior to implementation, whether procedures being developed are both effective and efficient for both panels and providers. Establish QQI's role as the strategic centre of systemic enhancement, the voice of quality and the driver of state policy in HE. More consistent validation panels for programmes (chairs trained by, selected and supported through QQI?)	5	Greater care needs to be taken in the appointment of panel members. Following the conclusion of CINNTE to use those outcomes at sectoral level to inform national policy on HE, to provide strong reassurance of existing strengths of the sector and to acknowledge those domains / issues which require further development including any necessary supports (expertise, funding or other resources). We found some of the guidelines to be very detailed and they could be refined to be more generic and less specific.	7	Appoint a standing Chair and Secretary for validation panels (or standing panel for same), with the additional changing subject experts and student representative providing specific input to individual programmes/suites in their discipline area. Create a panel of Chairs, invest in significant training for them and make chairing worth their while by increasing the amount of the stipend paid.	

15.3 Glossary of selected terms, web publications and acronyms

Glossary of selected terms

Access, transfer and progression.	'Access, transfer and progression' is defined in Section 2(5) of the 2012 Act as - (a) access by learners to programmes of education and training, including recognition for knowledge, skill or competence previously acquired, (b) transfer of learners from one programme to another having received recognition for knowledge, skill or competence previously acquired, and (c) progression of learners from a programme to another programme of a higher level.
Linked providers	*Providers offering programmes leading to awards that are included in the NFQ with which QQI has an indirect relationship through DABs.* The 'linked providers' are those entities without awarding powers whose programmes are validated (approved) by designated awarding bodies and whose students receive awards of the designated awarding body.
Previously established universities	*Eight universities defined in section 3.1.2.*
Relevant providers	*Providers offering programmes leading to awards that are included in the NFQ with which QQI has a direct relationship.* The relevant providers include: - Nine of the ten designated awarding bodies that are providers (the seven previously established universities, Dublin Institute of Technology and RCSI) - The thirteen other institutes of technology (with delegated authority from QQI to make their own awards) - The thirty-one independent higher education institutions whose programmes of higher education are validated by QQI - *See section 2(1) of the 2012 Act for an exact definition.*

Glossary of Web publications and links

National Legislation

Title of Legislation	Year
Qualifications and Quality Assurance (Education and Training) Act 2012	2012
QQI functions under the 2012 Act	2012
Qualifications and Quality Assurance (Education and Training) (amendment) Bill	2018
Technological Universities Act	2018

QQI Governance

Link to webpage	Link to terms of reference
Approvals and Reviews Committee	Terms of Reference
Audit and Risk Committee	Terms of reference
Consultative Forum	Terms of Reference

Policies and Standards Committee	Terms of Reference
Programmes and Awards Executive Committee	Terms of Reference
Programmes and Awards Oversight Committee	Terms of Reference
Corporate Plan	
Strategy Statement	
Appeal Panel members	
QQI Appeals	
Customer Charter	

QQI policies, guidelines and procedures

Title	Publication date
Policy and criteria for provider access to initial validation of programmes leading to QQI awards	2013
Policies and criteria for the validation of programmes of education and training	2013
Re-engagement with QQI - Policy and Criteria for Renewed Access to QQI Validation for Voluntary Providers of Higher Education and Training	2014
Policy on monitoring	2014
Re-engagement with QQI Overarching Policy for All Providers	2014
Effective Practice guidelines for external examining	2015
Procedures and criteria relating to delegated authority	2016
Policy on Quality Assurance Guidelines	2016
Core quality assurance guidelines for all providers	2016
Sector-specific quality assurance guidelines for designated awarding bodies	2016
Sector-specific quality assurance guidelines for Institutes of Technology	2016
Topic-specific quality assurance guidelines for providers of statutory apprenticeship programmes	2016
Policy for cyclical review of higher education institutions	2016
Topic-specific quality assurance guidelines for providers of research degree programmes	2017
Procedures for focussed reviews by QQI of the implementation and effectiveness of provider QA procedures	2017
Topic-specific quality assurance guidelines for providers of blended learning programmes	2018
QQI Policy restatement policy and criteria for access, transfer and progression in relation to learners for providers of further and higher education and training	2018
Green Paper on assessment of learning and learning	2018
Cyclical review handbook (Universities and other Designated Awarding Bodies)	
Roles, responsibilities and code of conduct for reviewers and evaluators	2018

QQI reports

Title	Publication date
Policy Impact Assessment of the Irish National Framework of Qualifications	2017
Professional Body Accreditation in Higher Education Institutions in Ireland	2017
Quality within higher education – summary report	2017

Quality within the Universities, RCSI AND DIT - a summary report	2016
Higher education and apprenticeship programmes – evaluator feedback and response	2017
Institutional Review of Institut Universitaire International Luxembourg (IUIL)	2017
Quality in an Era of Diminishing Resources Irish Higher Education 2008-2015	2016
Institutional review reports	2008-2018
Programme validation reports	2012-2018
Thematic analysis of reports on the accreditation / approval / review of programmes of higher education	2018

International Agreements with QQI

Title	Date of agreement
Malaysian Qualifications Agency - Memorandum of Agreement	2016
QAA United Kingdom - Memorandum of Understanding	2013
QAA United Kingdom – Information sharing agreement	2013
Hong Kong Education Bureau – Memorandum of Understanding	2016
New Zealand Qualifications Authority – Memorandum of Cooperation	2017
Council for Higher Education Accreditation/International Quality Group (CHEA/CIQG) – Memorandum of Affiliation	2016
The China Education Association for International Exchange (CEAIE)	2017

International agencies

European Centre for the Development of Vocational Training (CEDEFOP)

Representative bodies and umbrella groups

Higher Education Colleges Association	HECA
Technological Higher Education Association	THEA
Irish Universities Association	IUA
National University of Ireland	NUI

Government agencies and national bodies

Higher Education Authority
National Forum for the Enhancement of Teaching and Learning
Irish Survey of Student Engagement
The National Student Engagement Programme
The Ombudsman
Education and Training Boards Ireland

Glossary of Initialisation and acronyms

ACELS	Accreditation and Coordination of English Language Services
AIQR	Annual Institutional Quality Reports
ARC	Approvals and Reviews Committee
CINNTE	QQI's Institutional review cycle
DA	Delegated Authority
DAB	Designated Awarding Body
DCU	Dublin City University
DIT	Dublin Institute of Technology
DM	Dialogue Meetings
EMT	Executive Management Team
ENIC- NARIC	European Network of Information Centres in the European Region National Academic Recognition Information Centres in the European Union
ENQA	European Association for Quality Assurance in Higher Education
EQF	European Qualifications Framework
HE	Higher education
HEA	Higher Education Authority
HECA	Higher Education Colleges Association
HEI	Higher Education Institution
HETAC	Higher Education and Training Awards Council
IEM	International Education Mark
IOT	Institute of Technology
ISER	Institutional self-evaluation report
IQA	Internal quality assurance
IUA	Irish Universities Association
IUQB	Irish Universities Quality Board
NFQ	National Framework of Qualifications
NUI	National University of Ireland
NUIG	National University of Ireland Galway
NQAI	National Qualifications Authority of Ireland
PAEC	Programmes and Awards Executive Committee
PAOC	Programmes and Awards Oversight Committee
PEU	Previously-established university
PSC	Policies and Standards Committee
QF – EHEA	Qualifications Framework for the European Higher Education Area
QQI	Quality and Qualifications Ireland
RCSI	Royal College of Surgeons in Ireland
SOP	Standard Operating Procedures
TCD	Trinity College Dublin
THEA	Technological Higher Education Association
TNE	Transnational Education
UCD	University College Dublin
UL	University of Limerick
UNESCO	United National Educational Scientific and Cultural Organisation
USI	Union of Students in Ireland

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