



The Open Training College  
(St. Michael's House)

**QUALITY ASSURANCE DOCUMENT  
(QuAD):  
Policies and Procedures**

V.4.1  
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Document History		
Date	Revised by:	Summary of amendments:
October 2003		V1 Originally drafted
May 2004		V1.1 Agreed with HETAC
Sept 2008		V1.2 All sections updated in preparation for Institutional Review
30 Sept 2009	MH	V1.3 Section 4 (Assessment) updated with HETAC Assessment and Standards (2009) policy
19 April 2011	MH	V2 Complete edit and re-draft to re-format QA manual in line with European Standards, & to fulfil the recommendation of Institutional Review 2009.
7 July 2011	MH	V2.1 Sections 2.5.7, 4.4.6 & 4.2.9 updated with change to Examination Boards Terms of reference agreed by Academic Council
10 Oct 2011	MH	V2.2 Sections 6.3 (Learner Supports), 7.1 (Data Collection & Management), 4.3.1 & 4.3.2 (Plagiarism Policy & Procedures) updated with amendments to policy agreed by Academic Council 28 Sept 2011.
3 July 2012	MH	V2.3 Sections 4.3.2 (Plagiarism Procedures) and 5.2 (Staff Recruitment and Selection) updated with amendments agreed at Academic Council meeting of 26 June 2012.
19 Nov 2012	MH	V 2.4 Section 3.2 (Procedures for the Ongoing Monitoring of Programmes) updated to reflect revised Student Evaluation Framework ratified by Academic Council in October 2012.  Section 1.6 (Accreditation) updated to reflect new programmes accredited by HETAC and termination of accreditation relationship with NUIG.
12 Feb 2013	MH	V 2.5 Section 1.7 (College Programmes) updated to include new programmes accredited by HETAC in 2012.  Section 5.3 (5.3 Staff Induction, Training and Continuing Professional Development) updated to include new CPD policy ratified by Academic Council in January 2013.  Section 5.4 (The Tutorial Function) added. Includes information gathered for report on the Tutorial Function, prepared in response to IR 2009 recommendation 13 and ratified by Academic Council in January 2013.

		Section 6 (Learner Resources and Student Supports) updated to include section 6.3 Equality Policy, ratified by Academic Council in January 2013.
April 2015	FC	<p>V 2.6 V2 (V2.7) Complete edit of QA manual to reflect current transition relationship with QQI.</p> <p>Section 8.1 (Public Information) updated to include procedures for providing information to learners in line with section 67 of HEA (2012) and QQI guidelines.</p> <p>Section updated to reflect new dissemination of QA Reports. All QA reports will be made available via MyOTC and on request as agreed at Academic Council June 2014.</p> <p>Section 2.5.3. updated with change to Academic Council Terms of reference agreed by Academic Council in September 2014.</p> <p>Section 1.8.7 Protection for Enrolled Learners updated to reflect compliance with new PEL policy requirements.</p> <p>Section Programmatic review changed to re-validation.</p> <p>Assessment Section changed to include upload to QBS for certification.</p> <p>Validation section updated to reflect changes in accordance with new QQI guidelines.</p>
Sept 2016	RH	<p>V. 2.8 Inclusion of St. Michael's House Policy and Procedures 2016. Updating of relevant figures/information.</p> <p>Change of name from QA Manual to QA Document (QuAD).</p> <p>Updating of available OTC programmes.</p> <p>Updating of relevant QQI supporting documentation: Policies and Procedures, Core QA, Independent/Private providers, Validation policy etc.</p> <p>Inclusion of Programme Review, as well as Re-validation.</p> <p>Inclusion of new OTC Information Management System (IMS).</p> <p>Updating of relevant legislation.</p> <p>Change of ratification of results policy from Academic Council to Examination Boards (per AC minutes 7<sup>th</sup> October 2015).</p> <p>Inclusion of Student Rep. on AC (per AC minutes 24<sup>th</sup> June 2016).</p> <p>Updating of PEL information.</p> <p>Change of deferral to withdrawal policy (per AC minutes 24<sup>th</sup> June 2016).</p> <p>Updating of libraries and RPL information.</p> <p>Inclusion of: Quality Systems Summary Diagram.</p> <p>Inclusion of ESGs (2015) in preparation for Version 3.0 of this document.</p>

March – November 2018	RH/AM /KF	<p>V. 3.0 – (<i>For Re-Engagement with QQI</i>).</p> <p>This version has been designed to comply with the layout presented in the Statutory Quality Assurance Guidelines developed by QQI for use by all Providers (QQI, April 2016/QG1-V2), as follows:</p> <ol style="list-style-type: none"> <li>1) Governance and Management of Quality</li> <li>2) Documented Approach to Quality Assurance</li> <li>3) Programmes of Education and Training</li> <li>4) Staff Recruitment, Management and Development</li> <li>5) Teaching and Learning</li> <li>6) Assessment of Learners</li> <li>7) Supports for Learners</li> <li>8) Information and Data Management</li> <li>9) Public Information and Communication</li> <li>10) Other Parties involved in Education and Training</li> <li>11) Self-Evaluation, Monitoring and Review</li> </ol> <p>The FET QA has been subsumed under QA for HET and FET programmes, with the exceptions noted in Appendix 2 and at the relevant sections in this document:</p> <ol style="list-style-type: none"> <li>a) Grading scheme;</li> <li>b) Penalties;</li> <li>c) External Authentication.</li> </ol> <p>The Collaborative Provision Policy, presented at Appendix 1, is included for the first time, following its approval by QQI in 2016.</p> <p>The following policies and procedures have been updated/introduced for this version:</p>
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No.	Policy Title	Procedure/Guidelines/ Protocol/Code
1801	Policy on Policy Development	Guidelines on Policy Development
1802	Protection of Enrolled Learners (PEL) Policy	+ Procedures
1803	Social Media Policy	No procedures
1804	Recognition of Prior Learning (RPL) Policy	+Procedures
1805	Academic Awards Policy	Conferring Procedure
1806	Exit Award Policy	
1807	Student Learning Support and Pastoral Care Policy	Guide to Learning Support and Pastoral Care Services
1808	General Data Protection Regulation (GDPR) Policy	Procedures for Data Protection
1809	Risk Management Policy	Risk Management Process (+Appendices – Use of) = Procedures
1701	Plagiarism Policy	+ Procedures
1702	Equality Policy	Admission procedures
1703	Complaints Policy	+ Procedures

1705	CPD Policy	Procedures for Identifying CPD Needs
1706	Collaborative Policy	+ Procedures
1707	Word Count Policy	Admin. procedures
1708	Acceptable Usage of Elearning Environment Policy	Admin. procedures
1710	Student Fees Policy	Admin. procedures
1711	Home Work Policy for Student Based Work	Working Arrangements/Guidelines
1712	Supervision Policy	Guidelines for Supervision
1713	Workshop attendance	Admin. procedures
Pr001		3.1 Programme development and approval Procedures for the Design and Approval of New Programmes
Pr002		3.2.1 Equality of Access to programmes and services
Pr003		Entry procedures and criteria for the programme
Pr004		3.4 Procedures for Programme Review, Validation and Revalidation of Programmes and Awards
Pr005		6.4.2 Cross-Marking Procedures
Pr006		6.4.3 Procedures for Corrective Action
Pr007		6.4.4 Procedures for External Examination
Pr008		Student handbook - Section 6: Assessment procedures
Pr009		Procedures: Provision of Supports to Students with Disabilities and Specific Learning Difficulties
C001		Code of Conduct for OTC staff
C002		Workshop etiquette (Student Code)

April 2019	RH	<p>V. 3.1 – <i>(Post Re-Engagement Panel Report)</i>.</p> <p>General edits, incl. consistency of percentages.</p> <p>Re-drafting of Terms of Reference of Academic Council (AC meetings 25/01/19 and 29/03/19) and relevant sub-committees.</p> <p>New diagrammatic representations of Academic Council and Sub-committee structures; Governance of Academic QA and QA System Overview.</p> <p>Updating of RPL Policy to V.1.1 (April 2019).</p> <p>Updating of GDPR Policy and Guidelines to V1.2 (April 2019).</p>
June 2020	RH	V. 3.2 – (Completion of Re-engagement Feedback)

		<p>Updating of titles and relevant diagrammes.</p> <p>Integration with overarching Blended Learning and Online Learning Strategy.</p> <p>Simultaneous publication of additional procedures (cross-referenced for further integration).</p> <p>Amendment to Extenuating Circumstances and Progression policies, (re. Public Health emergency) approved by Academic Council, 24<sup>th</sup> April 2020.</p>
Jan. 2022	RH	<p>V4.0</p> <p>Updating of Policies:</p> <p>Full Policy update, three years post-Reengagement. All policies updated with significant changes to the following policies in particular:</p> <ul style="list-style-type: none"> <li>- RPL Policy (distinction for B.A. in Social Care)</li> <li>- Acceptable Usage Policy</li> <li>- Academic Integrity Policy (First iteration – replaces previous ‘Plagiarism Policy’)</li> <li>- Student Support Policy (incl. introduction of Student Support Officer and agreement for additional support and counselling services through Spectrum Life)</li> <li>- GDPR Policy</li> </ul> <p>The following policies were also significantly updated and approved by Academic Council:</p> <ul style="list-style-type: none"> <li>- Fitness to Practise Policy [published in the Practice Placement Handbook for the B.A. in Social Care]</li> <li>- Placement Policy [published in the Practice Placement Handbook for the B.A. in Social Care]</li> <li>- Attendance Policy – B.A. in Social Care [Published in Student Handbook]</li> </ul> <p>Updating of Academic Council ToR:</p> <p>An edit to the AC Terms of Reference has been made so that in foreseen circumstances when AC cannot be convened for approval of timebound matters/issues that authority be delegated in advance to the Executive on a case-by-case basis.</p> <p>(Approved by AC, 24<sup>th</sup> June 2021)</p> <p>Updating of ‘Governance of Academic QA’ diagram:</p> <p>To include updated structures for Social Care; including Placement Co-ordinator and Placement Teams.</p> <p>(Approved by AC, 21st October 2021)</p>

## Table of Contents

<b>SECTION 1: GOVERNANCE AND MANAGEMENT OF QUALITY</b>	<b>12</b>
1.0 THE OPEN TRAINING COLLEGE BACKGROUND AND OVERVIEW	12
1.1 GOVERNANCE	19
1.2 EMBEDDING A QUALITY CULTURE	24
1.3 MANAGEMENT OF QUALITY ASSURANCE	31
1.4 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	46
<b>SECTION 2: DOCUMENTED APPROACH TO QUALITY ASSURANCE</b>	<b>48</b>
2.1 DOCUMENTED POLICIES AND PROCEDURES	48
2.2 A COMPREHENSIVE SYSTEM: THE REVIEW OF QA	61
2.3 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	64
<b>SECTION 3: PROGRAMMES OF EDUCATION AND TRAINING</b>	<b>66</b>
3.1 PROGRAMME DEVELOPMENT AND APPROVAL	66
3.2 LEARNER ADMISSION, PROGRESSION AND RECOGNITION	70
3.3 PROGRAMME MONITORING AND REVIEW	78
3.4 PROCEDURES FOR PROGRAMME REVIEW, REVALIDATION AND VALIDATION	82
3.5 PEL POLICY AND PROCEDURES	89
3.6 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	98
<b>SECTION 4: STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT</b>	<b>100</b>
4.0 INTRODUCTION	100
4.1 STAFF RECRUITMENT AND SELECTION	101
4.2 STAFF COMMUNICATION	102
4.3 STAFF MANAGEMENT	103
4.4 STAFF DEVELOPMENT	118
4.5 PERFORMANCE MANAGEMENT	127
4.6 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	129
<b>SECTION 5: TEACHING AND LEARNING</b>	<b>132</b>
5.1 TEACHING AND LEARNING	132
5.2 A PROVIDER ETHOS THAT PROMOTES LEARNING	147
5.3 NATIONAL AND INTERNATIONAL EFFECTIVE PRACTICE	149
5.4 LEARNING ENVIRONMENTS	150
5.5 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	152
<b>SECTION 6: ASSESSMENT OF LEARNERS</b>	<b>154</b>
6.1 ASSESSMENT OF LEARNING ACHIEVEMENT	154
6.2 ASSESSMENT REGULATIONS	158
6.3 ACADEMIC INTEGRITY IN THE ASSESSMENT PROCESS	167
6.4 QUALITY ASSURING THE ASSESSMENT PROCESS	178
6.5 POLICY ON ACADEMIC AWARDS AND CONFERRING PROCEDURES	188
6.6 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	199
<b>SECTION 7: SUPPORT FOR LEARNERS</b>	<b>201</b>
7.1 SUPPORTS FOR LEARNERS	201
7.2 EQUALITY POLICY	219
7.3 COMPLAINTS POLICY AND PROCEDURE	222
7.4 PROCEDURES FOR THE PROVISION OF SUPPORTS TO STUDENTS WITH DISABILITIES AND SPECIFIC LEARNING DIFFICULTIES	227
7.5 PROCEDURES TO MONITOR, REVIEW AND IMPROVE THE EFFECTIVENESS OF RESOURCES AND SUPPORT SERVICES	230
7.6 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	230
<b>SECTION 8: INFORMATION AND DATA MANAGEMENT</b>	<b>233</b>
8.1 INFORMATION SYSTEMS	233



8.2 LEARNER INFORMATION SYSTEMS	234
8.4 INFORMATION FOR FURTHER PLANNING	238
8.5 COMPLETION RATES	238
8.6 RECORDS MAINTENANCE AND RETENTION	239
8.7 DATA PROTECTION AND FREEDOM OF INFORMATION	253
8.8 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	255
SECTION 9: PUBLIC INFORMATION AND COMMUNICATION	257
9.1 PUBLIC INFORMATION	257
9.2 LEARNER INFORMATION	258
9.3 PUBLICATION OF QUALITY ASSURANCE EVALUATION REPORTS	260
9.4 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	262
SECTION 10: OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING	264
10.1 PEER RELATIONSHIPS WITH THE BROADER EDUCATION AND TRAINING COMMUNITY	264
10.2 ARRANGEMENTS FOR COLLABORATIONS	265
10.3 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	267
SECTION 11: SELF-EVALUATION, MONITORING AND REVIEW	269
11.1 PROVIDER-OWNED INTERNAL REVIEW, SELF-EVALUATION AND MONITORING	269
11.2 INTERNAL SELF-MONITORING	269
11.3 SELF-EVALUATION, IMPROVEMENT AND ENHANCEMENT	271
11.4 PROVIDER-OWNED QUALITY ASSURANCE ENGAGES WITH EXTERNAL QUALITY ASSURANCE	272
11.5 RISK MANAGEMENT POLICY	274
11.6 INTEGRATION WITH BLENDED LEARNING AND ONLINE LEARNING STRATEGY	282
APPENDIX 1: POLICY ON COLLABORATIVE PROVISION	285
APPENDIX 2: FET – DIFFERENTIAL QA	319
APPENDIX 3: RISK MANAGEMENT POLICY INFORMATION	321
APPENDIX 4: FACILITIES CHECKLIST	327
APPENDIX 5: LIST OF CLIENT AGENCIES	329
APPENDIX 6: UPDATED HR POLICIES 2017	332
APPENDIX 7: SMH DISCIPLINARY POLICY	334

#### List of Figures

Figure		Page
1	St. Michael's House Group Structure	20
2	St. Michael's House (SMH) Company Governance Structure	21
3	OTC Quality Assurance Map of the Management Information System	29
4	Academic Quality System Overview	30
5	Governance of Academic QA	33
6	Academic Council and Subcommittees Structure	34
7	Quality Review Process	47
8	Policy Management Cycle	59
9	Open Training College Academic Governance Chart	105
10	The SMH PMDS Process	129
11	The Supported Open Learning Model	134
12	The Collaborative Approach	137
13	Management Structure – Collaborative Programme	267

#### List of Tables

Table		Page
1	Open Training College Programmes (Validated by QQI)	17
2	Membership of Academic Council	36
3	Policies and Procedures	52
4	Internal Monitoring and Evaluation Procedures	80
5	List of staff polices and related information	101
6	Grading Schemes and Major Award Classifications- HET	160
7	Grading Schemes and Major Award Classifications- FET	161
8	Level 1 Plagiarism Offence Classifications	176
9	Level 2 Plagiarism Offence Classifications	177
10	Level 3 Plagiarism Offence Classifications	178



## SECTION 1: GOVERNANCE AND MANAGEMENT OF QUALITY

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Supporting Documents:

1. Certificate of Incorporation – St. Michael’s House (1968)
2. St. Michael’s House Memorandum and Articles of Association (1970)
3. Companies Act - Constitution (2014): Memorandum of Association
4. Certificate of Registration of Business Name – The Open Training College
5. Board Structures, Corporate Governance Manual and Competency Framework
6. St. Michael’s House Annual Reports
7. St. Michael’s House five-year Strategic Plan (2017-2021)
8. QQI Certificates of Validation – Programme Documentation
9. Safety Statement

### 1.0 The Open Training College Background and Overview

The Open Training College (OTC) is a section of St. Michaels' House (SMH), Dublin and a third level Institution offering programmes of education and training to staff who work in the disability, health-related, non-profit, community and voluntary sectors nationally. St. Michaels' House was established in 1955 and since then has grown to become the largest provider of services to people with intellectual disabilities, and their families, in the greater Dublin region and the third largest provider nationally. (See [www.smh.ie](http://www.smh.ie)).

St. Michael’s House has an annual budget of c96 million euro (96.565 million in 2019), employs c1700 staff (2020) and provides direct service to c1750 (2019) children and adults with disabilities incorporating an extensive range of services across 174 locations in the greater Dublin area and Navan, Co. Meath (residential and independent living supports; clinical services for children and adults; day supports and vocational training; respite services and special education schools). St. Michael’s House operates under the auspices of the Health Services Executive (HSE) and is directly funded by it through an annual service plan.

In the early 1990s, St. Michael’s House was providing extensive education and training to staff and sought to formalise and accredit the programmes delivered. To this end made an application for (non-funded) designation as a third level educational institution to the then Minister of Education. On achieving this designation St. Michael’s House set up the Open Training College (OTC) in 1992 as the operational mechanism for the delivery of accredited training.

As part of the designation as a third level institute, St. Michael's House was required to offer the programmes and training it developed to staff in all staff employed in disability services nationally. To achieve this objective the organisation was innovative in developing a model of delivery based on a distance learning approach, but with significant adult-friendly supports built in. This model is known as the Supported Open Learning (SOL) Model and has been operated successfully by the College since 1992. More recently other educational providers and educational researchers have referred to this model as 'blended learning'.

The College administration offices are located in Goatstown, Dublin 14 and programme delivery is national (through online and regional locations). The College employs 14 core staff and 15 associate/contract teaching staff plus a range of workshop presenters, consultants, module/topic authors and specialist topic experts. The College budget is generated through student fees, project work, work for St. Michael's House and tender activity. College awards were initially validated by the National Council for Educational Awards (NCEA) 1992-2003, followed by the Higher Education and Training Awards Council (HETAC) 2004-2012 and then Quality Qualifications Ireland (QQI) 2012-to date. The QA arrangements with QQI (and its former iterations) pertains to St. Michael's House trading as (T/A) the Open Training College. St. Michael's House also has a separate structure which provides access to Awards at levels 1-3 on the NFQ to adult service users.

#### 1.0.1 College Mission Statement

The College's Mission Statement is as follows:

*"The Open Training College is committed to offering staff in the disability, health-related, non-profit, community and voluntary sectors, learning opportunities that are accredited, accessible and embody best practice".*

#### 1.0.2 College Objectives

The objectives of the College are to:

- contribute to the development and delivery of quality services within the disability, health-related, non-profit, community and voluntary sectors through the provision of accredited education and training grounded in best practice and the most current thinking in relation to the provision of services;

- provide a strong social justice and inclusion focus in programmes and activity;
- attend particularly to the education and training needs of staff working in disability, health-related, non-profit, community and voluntary services with no formal third-level qualifications or seeking to improve qualification/CPD profile;
- maintain a strong applied bias for learning in the context of a clear theoretical framework;
- ensure academic rigour in all work with students;
- challenge staff to evaluate present practices and to incorporate newer approaches into their work on an ongoing basis;
- ensure that programmes are available nationally, equally accessible to staff in Donegal as in Dublin;
- ensure access, transfer and progression opportunities in line with national best practice and legal requirements;
- impact on three levels in services: improved quality of life to service-users/customers; enhanced skills, knowledge and attitudes for staff; improved service quality, efficiency and effectiveness for the agency;
- support agencies, who have identified service deficits, to use accredited training as one strategy to address such deficits;
- provide high quality, effective and cost-effective training to students and agencies;
- provide students with a high quality learning experience grounded in academic rigour, but also encompassing an applied practical approach;
- continue to develop and embrace new technologies for learning and for programme delivery and assessment;
- develop, partnerships and collaborations and links to encourage the development of new approaches and enhance the status of the College.

### 1.0.3 Distinctive Profile and Purpose

The Open Training College is a medium-sized, specialised College responding to the training needs of staff who work or volunteer in the disability, health-related, non-profit, community and voluntary sectors nationally. It has a very distinctive profile and purpose, as outlined below.

#### 1. National and Specialised Focus

The Open Training College is specifically focused on the disability, health-related, non-profit, community and voluntary sectors. The College make its programmes available nationally by using a blended learning approach, called the Supported Open Learning Model.

### College Students are Mature Students

Primarily the College works with adult learners and currently does not operate intake through the CAO process.

### All Open Training College Programmes are Applied

All programmes run by the College are designed to be applied directly to the relevant workplace/potential workplace of the students, at both local and organisational level. Assessment includes a strong focus on application of learning. Part of the College's mission is to promote best practice in services. As part of this commitment, there is a strong focus on the transfer and application of learning to the everyday work of the student. This commitment is met in a number of ways:

1. every programme has a strong focus on application in the open learning materials and in the practical skills workshops;
2. a significant portion of the marks for programme assessment is allocated to work-based assignments;
3. a personal reflection is completed for most modules in which students reflect on how their practice will change due to what they have learned in the module;
4. work-based supervision is mandatory, where appropriate.

#### 1.0.4 Current Accreditation

The Open Training College is a provider of programmes leading to QQI awards in accordance with the National Framework of Qualifications. The College works with QQI in providing QQI awards for the following programmes outlined in table 1 below (SP=Special Purpose):

<i>No.</i>	<i>Programme Title</i>	<i>Level of Award – and Type</i>
1	Bachelor of Arts in Social Care	Level 7 - Major
2	Bachelor of Arts (Honours) in Contemporary Disability Studies	Level 8 - Major
3	Certificate in Applied Management (Human Services)	6 - Minor
4	Higher Certificate in Arts in Applied Management (Human Services)	6 - Major
5	Bachelor of Arts in Applied Management (Human Services)	7 - Major
6	Certificate in Managing for a Positive Behavioural Culture	7 - SP
7	Certificate in Supported Employment	7 - SP
8	Certificate in Facilitated Learning	6 – Minor (HE)
9	Certificate in Training and Development	6 – SP (FE)
10	Certificate in Community Development and Leadership	6 – Major (FE)
11	Certificate in Community Development Practice	5 – Major (FE)
12	Certificate in Intellectual Disability Practice	5 – Major (FE)

13	Certificate in Health Service Skills	5 – Major (FE)
14	Certificate in Exploring Disability	Level 6 - Minor
15	Certificate in Focus on the Individual	Level 6 - Minor
16	Certificate in Empowerment and Advocacy	Level 6 - Minor
17	Certificate in Active Inclusion	Level 7 - Minor
18	Certificate in Current Issues in Social Care: Mental Health, Elder Care and Children	Level 8 - Minor
19	Certificate in Supporting Individualised Living and Alternative Services	Level 8 - Minor
20	Certificate in Quality and Risk in Service Delivery	Level 6- SP
21	Certificate in Supporting and Working with Families	Level 7- SP
22	Certificate in Autism, Wellbeing and Positive Behaviour Supports	Level 7- SP
23	Certificate in Essential Employment Law	Level 6 - Minor
24	Certificate in Key Management Skills	Level 6 - Minor
25	Certificate in Managing Service Quality and Safeguarding	Level 6 - Minor
26	Certificate in Managing for Regulation and Inspection	Level 6 - Minor
27	Certificate in Human Resource Management and Supervision	Level 6 - Minor
28	Certificate in Leadership and the Learning Organisation	Level 7 - Minor
29	Certificate in the Manager as Coach and Mentor	Level 7 - Minor
30	Certificate in Patient Safety Complaints Advocacy	Level 7- SP

Table 1: Open Training College Programmes (Validated by QQI)

The quality assurance policy and procedures outlined in this document apply to all programmes leading to QQI awards offered by the College.

### 1.0.5 College Core Programmes

#### B.A. Social Care

The Open Training College provides a three-year ordinary degree programme leading to a major QQI award; Level 7 on the National Framework of Qualifications (NFQ). The programme is aimed at front-line staff working in a range of social care settings. It addresses key issues in the delivery of social care services today. This includes empowerment, person-centred planning, quality in services, sexuality, challenging behaviour, community networking and the world of work. This programme has been put forward to CORU for approval in relation to future student registration with the Social Care Workers' registration board.



#### B.A. Contemporary Disability Studies

First approved in 2019, this programme follows on from the former B.A. Professional Social Care (Disability). It is a Level 7 programme with a particular focus on disability. It is aimed particularly at those students already working in services who may wish to have a formal qualification in this specialised area.

#### B.A. (Hons.) Contemporary Disability Studies

First approved in 2019, this programme follows on from the former B.A. (Hons.) Professional Social Care (Disability). It is aimed particularly at those students already working in services who may wish to progress to a service management role within this specialised area. This Honours Bachelor of Arts programme is offered by the College and leads to a QQI Award Level 8 (higher education and training) award on the NFQ. The programme is aimed at supporting participants to develop their practitioner skills in line with best practice, in order to provide an enabling and empowering service to people with disabilities within a range of situations. These situations include supporting people to live independently and enter mainstream work; providing supports for people labelled as challenging, people with mental health support needs and people within the autistic spectrum. Areas explored include leadership and management, social policy and research-based practice.

#### Certificate in Applied Management (Human Services)

The Certificate in Applied Management offers those who are, or who aspire to be, managers and deputy managers working in the non-profit, community and voluntary services sector the opportunity to develop the knowledge, skills and competencies needed to carry out the first-line management role effectively. This programme offered by the college leads to a minor QQI Award; Level 6 (higher education and training) on the NFQ. The programme consists of six modules. While grounded in generic management, there is a significant applied element, which is a major strength of this programme. On successful completion of the programme, graduates will be eligible to participate in the Higher Certificate in Arts in Applied Management.

#### Higher Certificate in Arts in Applied Management (Human Services)

This is a one-year add-on programme for those who have completed either the Certificate in Applied Management or its equivalent. The programme is offered by the College and leads to a major QQI award; Level 6 (higher education and training) on the NFQ. This programme will be of interest to those managers and supervisors who wish to earn a nationally recognised award and deepen their understanding of management theory.

### Bachelor of Arts in Applied Management (Human Services)

This degree is a further one-year add-on programme to the Higher Certificate. This programme is offered by the college and leads to a major QQI Award; Level 7 on the NFQ. This programme is made up of 6 modules which will further enhance the higher management and academic skills of critical analysis, research and effective thinking in order for managers, deputy managers or supervisors, to become influencers of developments and initiators of change leading to improved quality service provision.

### Certificate in Supported Employment

This certificate is a one-module (20 ECTS credit) programme leading to a Special Purpose QQI Award Level 7 (higher education and training) on the NFQ. The programme provides the student with a comprehensive introduction to Supported Employment, and an overview of how policy and legislation developments have influenced thinking and disability service provision in Ireland and how this relates to the evolution of Supported Employment. Participants on this programme will develop the essential employment facilitator skills needed to place people in meaningful employment. This programme is delivered over a 12-week period.

### Certificate in Managing for a Positive Behavioural Culture

This certificate is a two-module programme leading to a QQI Special Purpose Level 7 Award (higher education and training) on the NFQ. The first module aims to provide the participant with the knowledge, skills and capacity to generate a multi element behaviour support plan for an individual who has been labelled as challenging. The programme also addresses the managerial skills and capacities required to implement a positive behavioural support plan that will produce clear quality of life outcomes for an individual. This requirement demands that the participant will be able, with the support of a periodic service review, to identify standards, monitor staff performance in pursuit of those standards and provide effective feedback for a staff team on their performance in regards to the standards.

### Certificate in Intellectual Disability Practice

This programme has been designed to address the needs of front line staff (Care Worker, Healthcare Assistant, Family Support Worker, Home Support Worker, Personal Assistant and Community Support Worker) working in services for people with Intellectual Disability in Ireland.

The programme places current service provision clearly within a historical context and, as it progresses, will introduce the learner to best practice in key areas of service delivery, including person centredness, empowerment, advocacy, teaching and learning and community inclusion.

The personal and professional skills and development of the individual learner is a key feature of all programme modules, and learners are offered the opportunity to develop specific knowledge and skills

in an area relevant to their individual job role through a choice of carefully considered and designed elective options.

The programme consists of 8 programme modules (6 mandatory and 2 electives) which meet the learning outcomes of the Major Level 5 award of Certificate in Intellectual Disability Practice.

## 1.1 Governance

### 1.1.1 Organisational Structure

#### OTC Governance and Organisational Structure

St. Michael's House has a group structure called the 'St. Michael's House Group' (SMHG) comprising 5 companies as detailed in Figure 1 below. The Group and each Company in the group has its own Board of Directors. The Open Training College is a section of one company in the group - the first company - called St. Michael's House (SMH) identified below. This company (SMH) was the original organisation established in 1955. The SMH Board is responsible for the direction and control of the SMH Company which includes the College. Board members are selected to represent a sufficiently wide and relevant mix of backgrounds, skills and experience and are elected by members at an Annual General Meeting. A code of conduct for Directors outlines their responsibilities to the organisation. Directors are non-executive and offer their services on a voluntary basis.

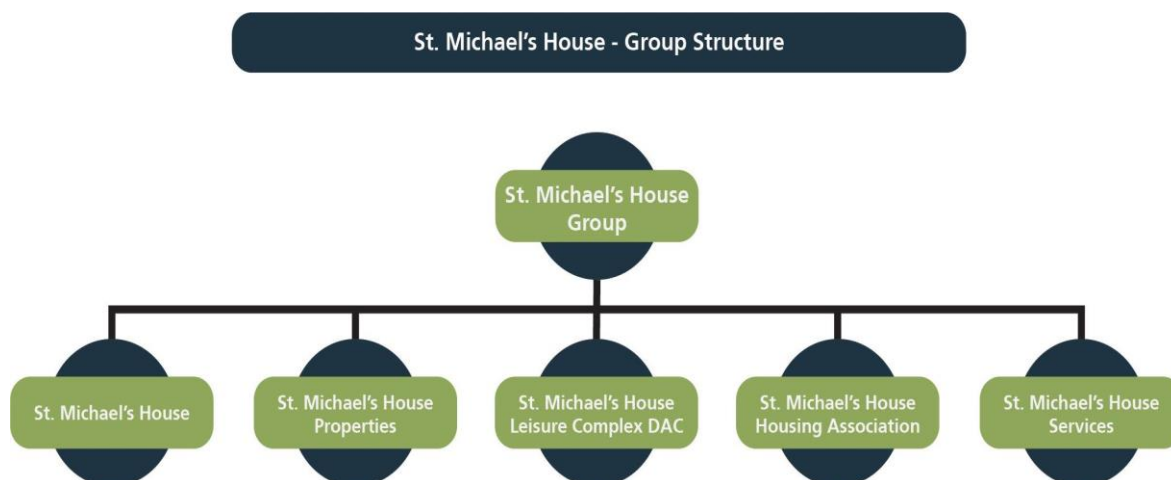


Figure 1: St. Michael's House Group Structure

The OTC is managed on a day-to-day basis by the College Director who reports to the Director of Operations/CEO of SMH. Figure 2 below outlines the relationship between the OTC and the SMH company.

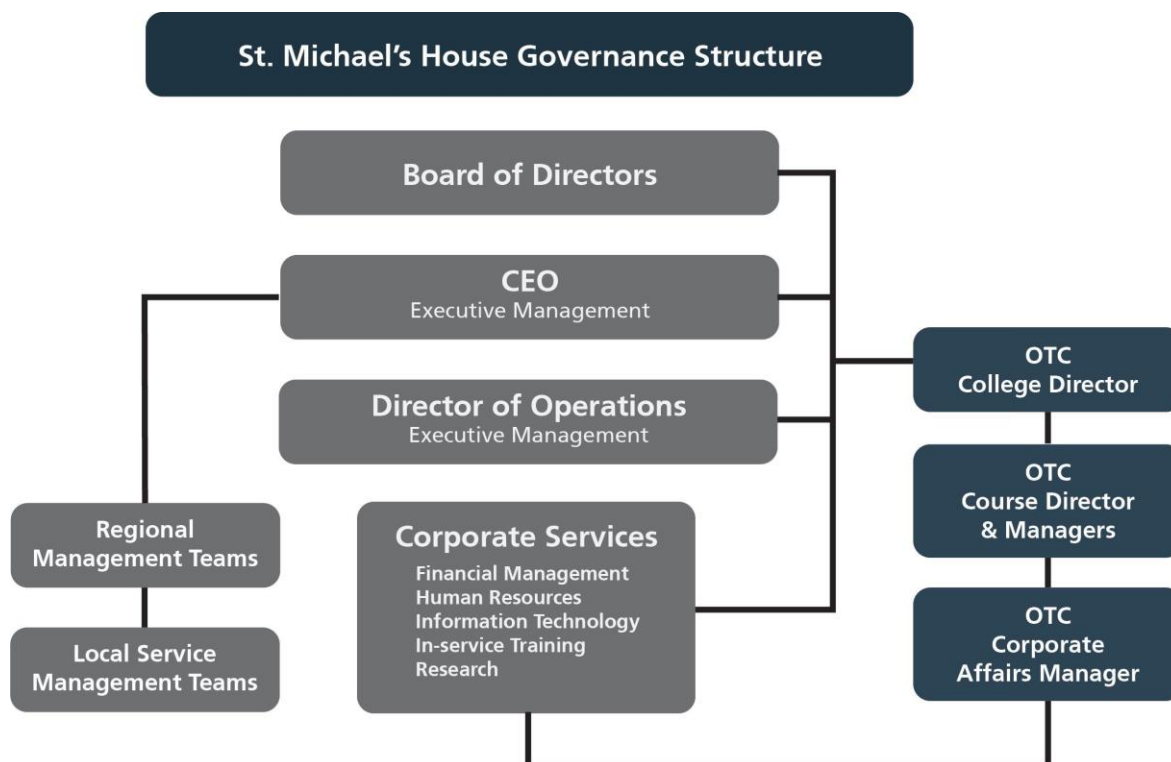


Figure 2: St. Michael's House (SMH) Company Governance Structure

The College Director has a monthly operations meeting with the Director of Operations, a 6-weekly strategic and performance review meeting with the CEO, regular meetings with the Finance Director and Management Accountant. The College Director or Managers also meet with HR, IT, Procurement, and the Facilities Manager as required.

A written report on College activity is presented to the SMH Company Board three times per year and the College Director is required to present to the SMH Board and Group Board at least once annually. College activity is also monitored through the sub-committees of the Board - finance committee, audit and risk committee, and governance committee.

The executive management of the College is led by Dr Karen Finnerty, College Director and Raymond Watson, Assistant College Director supported by 6 Programme Directors/Managers.

A range of services and supports are provided to the College through the SMH corporate services section. These include:

- Human Resources; including Garda vetting and safeguarding compliance
- Financial Management
- Health and Safety of administration building and for employees
- Premises maintenance

- Insurance - Public and Employers Liability (The OTC provides its own professional indemnity insurance)
- IT support (premises hardware/software systems). The online learning environment and College IMS is additionally supported by specialist companies under contract

In each of the above areas the College is governed by the SMH organisational policies relating to that area.

### 1.1.2 Human Resources

St. Michael's House employs over 1,700 WTE staff and has a fully staffed Human Resources department (including HR Director, HR Manager, Pensions Expert and Health & Safety Officer). In the recruitment and management of staff, the Open Training College operates under St. Michael's House Human Resources policy and procedures. All College core staff are SMH employees subject to the terms and conditions applicable to public sector Section 38 employees.

Section 4 of this document details the human resources policies and procedures that apply to staff employed in the Open Training College.

### 1.1.3 Finance

The Finance Director manages the finance department within SMH. The accounts department (including the salaries department) manages an annual budget of circa €96 million. Accounts are audited on an annual basis. The auditors for the organisation are Deloitte, Chartered Accountants and Statutory Audit Firm.

St. Michael's House is fully registered:

Company Registration No.:	27628
PAYE No.:	0060214i
PRSI No.:	0060214i
Charity Registration No.:	chy 5692
Vat Registration No.:	ie9255157n

The Open Training College works in conjunction with the accounts department in the management of all aspects of College finances:

## College Budget Planning and Monitoring

The College budget is reviewed, adjusted and agreed on an annual basis in line with the budget planning procedures in all other parts of the organisation. This review and agreement process takes place in the summer of each year in preparation for the following financial year. Budget Summary Expenditure Reports are provided to the College Director on a monthly basis for monitoring and adjustment purposes.

## Staff Salaries

All core staff members working in the Open Training College are employees of St. Michael's House and are paid through the main payroll. As employees, all staff members have access to the main pension scheme - the Nominated Health Agencies Superannuation Scheme or the Single Public Service Pension. The organisation also operates AVC (Additional Voluntary Contribution) schemes with New Ireland Assurance and Cornmarket Group Financial Services.

## Management of Student Fees

The annual fee for each programme is decided in the winter/spring prior to the commencement of marketing for the next intake. All fees are included as part of the marketing materials circulated by the College. When offered a place on a programme, students are notified both verbally and in writing of the due dates by which fees must be paid and the consequences of falling into arrears. This information is in line with the OTC Fees Policy, please see page 206, and also communicated to students in the Student Handbook and during the academic year by the Administration team.

Prior to the due date for fees, students are issued with an invoice. When the College receives a payment (cash not accepted) it is recorded on the student's account immediately. Student accounts are maintained electronically, and monitored by the Manager of Corporate Services and the relevant administrative assistant. The student is issued with a receipt within one working week. All payments are forwarded to the accounts department in head office, credited to the Open Training College's income budget and then lodged in the bank. Income statements are audited by the College and the accounts department on a regular basis. Since 2016, the College IMS system facilitates payments online.

## Management of Invoices to the College

All invoices received by the College (creditors) are reviewed by the relevant Programme Director and/or College Director and the Manager of Corporate Services. All invoices must be signed by the College Director or authorised delegate to authorise payment. All invoices are logged, photocopied/scanned and forwarded to accounts for payment.

#### Information: Students and Payments

In addition, all College policies and procedures relating to fees are detailed in the Student Handbook (Section 3: Money Matters). The College publishes information on fees and any additional student costs in the College brochure and on the website. These information sources are updated annually.

#### 1.1.4 Health and Safety

St. Michael's House has a dedicated Health and Safety Officer. Each manager is responsible for the implementation and management of health and safety policies, procedures and practices within his/her area of responsibility. The organisation fully complies with all health and safety legislation.

The Open Training College is located in the St. Michael's House Southern Area Headquarters. The following health and safety procedures are in operation in the building:

- Safety statement
- Hazard risks and assessments
- Fire drills
- Regular inspection of equipment; lift, fire alarm system etc.
- Health and safety consultant; regular inspections

Health and Safety issues pertaining to the use of off-site training venues are managed through the quality evaluation procedures relating to external training venues.

#### 1.1.5 Maintenance

The St. Michael's House maintenance department provides maintenance to the Open Training College on request.

#### 1.1.6 Insurance

The Open Training College is covered under the insurance for the main organisation with regard to Public Liability and Employers Liability. Professional Indemnity cover is provided by the College for its staff and associate staff.

### 1.1.7 Information Technology Support

The St. Michael's House IT department provides ongoing support to the College in relation to internal IT systems. In addition, the College acquires the support of industry experts on contract to supplement internal resources related to a range of IT areas, including:

- Ongoing development, implementation and maintenance of the MyOTC web platform;
- Provision of training to staff in a range of IT related areas – using Moodle, web research, pod-casting etc.;
- Developing and delivering web-based research related to quality assurance programme development, training needs analysis and student surveys;
- Development and maintenance of the College website;
- Accessibility of website;
- Provision of online training and assessment materials and tools;
- The student information management System (IMS)
- Production of open learning materials.

### 1.1.8 Protection of Enrolled Learners (PEL)

The College is fully compliant with all PEL legal requirements in accordance with Section 65 (4) of the Qualifications and Quality Assurance Education and Training Act 2012. The College have put in place acceptable arrangements in accordance with QQI PEL protocols.<sup>1</sup> These protocols are applied to all Higher Education and Training College programmes of three months or longer in the case of:

- Programmes being submitted for validation<sup>2</sup>;
- An existing validated programme being subject to review of validation by QQI.

Further details on PEL Policy and Procedures are contained in Section 3.5 of this document.

## 1.2 Embedding a Quality Culture

Policy Context, Definition and Objectives of the College Quality System

Section 28 of the Qualifications and Quality Assurance (Education and Training) Act 2012 requires that providers have systems of Quality Assurance. QQI Statutory Quality Assurance Guidelines (April 2016)

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<sup>1</sup> Protection of Enrolled Learners (PEL): Protocols for the Implementation of Part 6 of the 2012 Act (2013)

<sup>2</sup> QQI – Policies and criteria for the validation of programmes of education and training (April 2016)



informed the OTC review and enhancement of its QA system, documentation, policies and procedures (2018).

*"Quality and its assurance is the primary responsibility of the provider. .... quality assurance refers to the mechanisms and procedures developed and adopted by providers to achieve and maintain a desired level of quality in educational provision, research and related services. The desired level of quality and complexity of related procedures will be influenced by a provider's context, including its scope.... Internal quality assurance procedures normally have an external dimension also, for example, external review panels or examiners. A provider's quality (assurance) system refers to all of the provider's internal QA policies and procedures working in concert to form an integrated whole."* (QQI Statutory Quality Assurance Guidelines (April 2016/QG1-V p. 2)

In developing its quality approach and systems the College aims to:

- outline the quality ethos of the College and the mechanisms by which quality is assured in College activity;
- demonstrate how the College monitors its progress towards achieving quality goals and continually improving the effectiveness of its work;
- ensure that data and findings from all evaluation processes are formally reviewed and changes subsequently introduced which lead to an improved and enhanced learning experience for the student;
- outline the procedures by which all College support services are evaluated and improvements introduced;
- ensure that accurate data on the quality of College work is available and accessible to stakeholders;
- identify areas in which the College is currently undertaking evaluations and/or introducing improvements.

In taking cognisance of the above definition and in seeking to develop clear, relevant and workable policies and procedures the Open Training College has developed a system which adheres to the concepts of 'quality control', 'quality assurance' and 'continuous quality improvement' defined as:

*Quality Control* - the operational techniques and activities that are used to regulate quality performance generally on an ongoing basis. In the context of the Open Training College it encompasses programme-based evaluation activities employed to monitor and critically appraise the operation of programmes in meeting stated aims, objectives and outcomes. Regular feedback from students and other stakeholders and the External Examination process are also included here.

*Quality Assurance* - achieved through the monitoring and review of all programmes, including internal and external monitoring methodologies. These activities include the accreditation process for new programmes, external moderation of assessment, Re-validation (Programme Review) and Institutional Review.

*Continuous Quality Improvement* – the improvement of any aspect of a programme, student experience or College activity arising from information and data generated from all monitoring and evaluation procedures.

### Guiding Principles

In all of its work with stakeholders the Open Training College has operated under the influence and direction of a number of guiding principles:

*Inclusiveness*: Creating a culture where students feel valued and respected by the College and where the input of all stakeholders is actively sought and welcomed in relation to College activities.

*Openness*: Transparency in the purpose, work and methods of the College and in all information relating to College activities.

*Relevance*: Developing and delivering programmes of education and training that are directly relevant to the social care, disability, health-related, non-profit, community and voluntary sectors and which are designed to impact at three levels: the student, the service-user and the agency.

*Student Centredness*: The student is viewed as the primary stakeholder and all College activities are designed with the student at the core.

*Accountability*: Ensuring that the College is using its resources effectively and with probity; conducting its work with integrity.

*Accessibility*: Ensuring that students have easy access to College personnel including management and ancillary staff as requested or required.

The College has sought to include these principles in all aspects of this quality system in addition to addressing the following key principles as outlined by QQI of an effective quality system. They are as follows<sup>3</sup>:

- The Learning Outcome Principle: whereby all provision by the college is designed, implemented and evaluated with learning outcomes in mind.
- The Implementation Principle: whereby all approved quality assurance procedures in this Quality Assurance document are fully implemented.
- The Externality Principle: this Quality assurance system makes appropriate use of external persons to ensure national and international comparisons are made.

Furthermore, this document has embedded the quality assurance principles as laid out by the ESG (Standards and Guidelines for Quality Assurance in the European Higher Education Area) and the Irish Higher Education Quality Network (IHEQN) and with which QQI have agreed and adopted such principles.

The following stakeholders were involved in the development of this document:

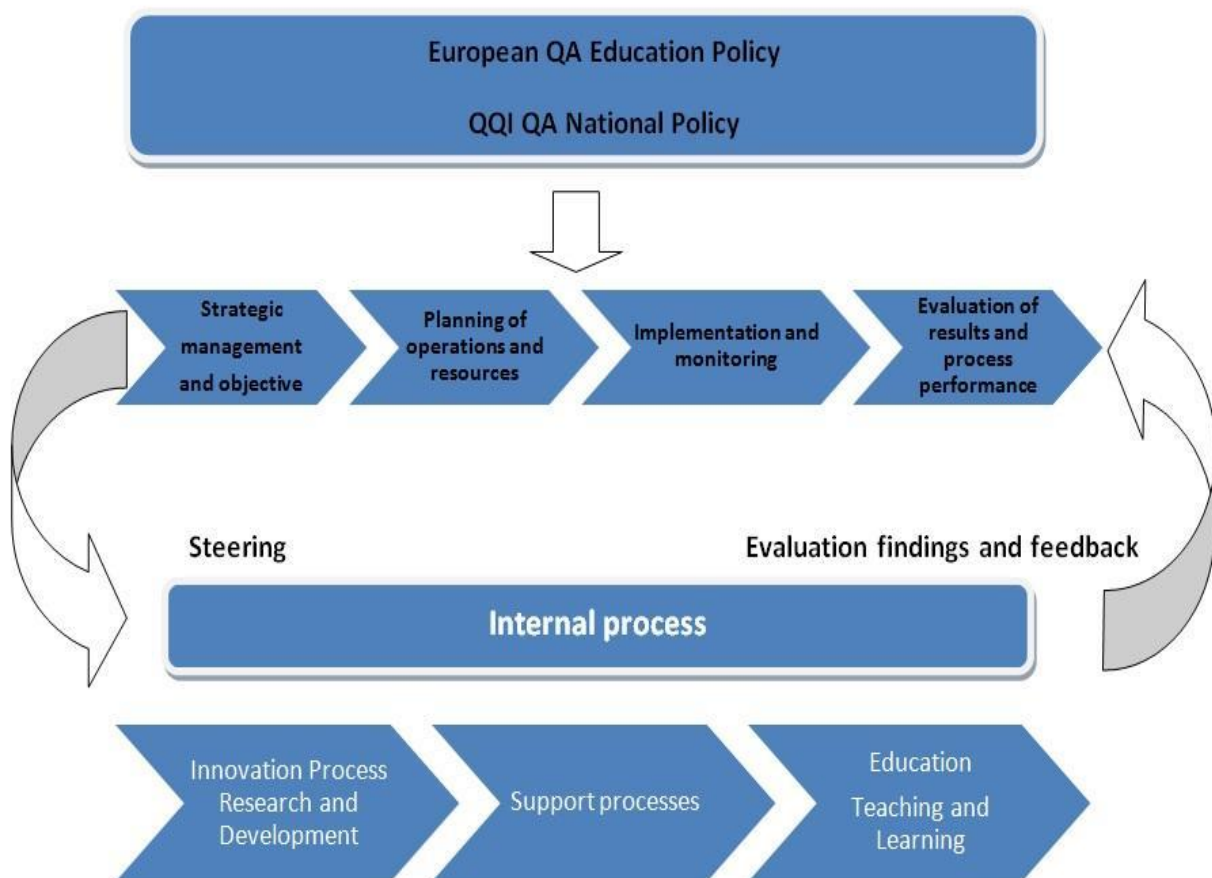
- the entire College team including management, programme directors, tutors and administration personnel;
- representatives of graduates and current students;
- members of the Academic Council;
- executive management of St. Michael's House.

#### OTC Quality Assurance Map

The OTC QA system is therefore embedded in the Policy context of European and National guidelines on QA in education. This forms the context within which strategic and operational planning occurs. This feeds management processes, evaluation, monitoring and feedback into the system to generate improvements. In summary, a continuous process of plan, do, check and review/action.

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<sup>3</sup> QQI Quality Assurance Guidelines and Criteria for Provider access to initial Validation of programmes leading to QQI Awards Higher Education and Training (2013)



Policies and Procedures: *OTC Quality Assurance Map of the Management Information System*

(Adapted from Kaplan and Norton 2004)

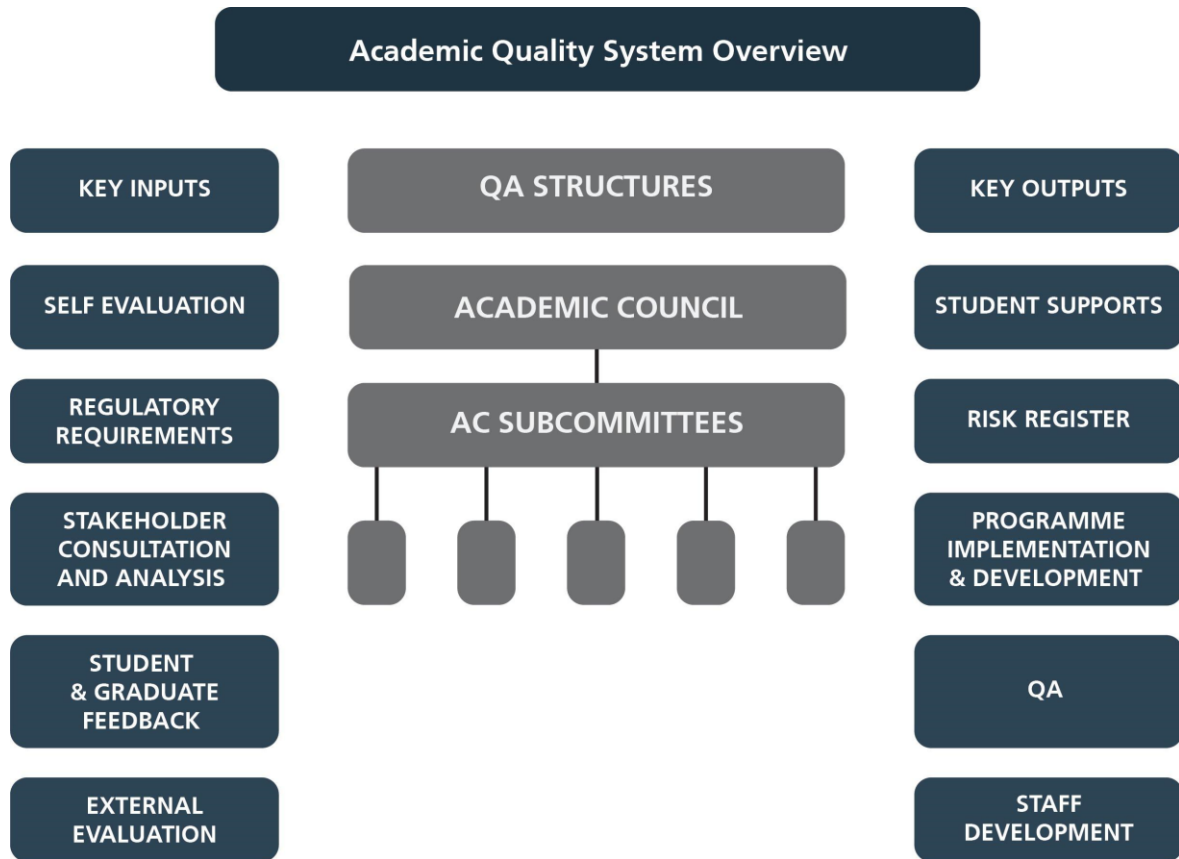


Figure 4: Academic Quality System Overview

## Academic Quality System Overview

### KEY INPUTS:

#### SELF EVALUATION

- QA administrative function review
- Risk identification and assessment
- Review & development of policies and procedures
- eLearning review
- Benchmarking
- Review of teaching and learning needs
- Tutor feedback
- Workshop presenter feedback
- Supervision feedback
- Review of academic results
- Annual QA reports
- Programme gap analysis
- Programme development

#### REGULATORY REQUIREMENTS

- QQI, CORU, HIQA, Charities Act

#### STAKEHOLDER CONSULTATION AND ANALYSIS

- Consultation and research with agencies, HSE, and non-profit organisations
- Collaborative partners
- Programme development (sector needs assessment)
- HECA board member
- Membership of relevant national bodies, NFVB, IASCE, IASE etc.
- Membership on academic boards, panels etc.

#### STUDENT & GRADUATE FEEDBACK

- 1,3,5-year graduate survey process
- Module, programme and end of year surveys
- Focus groups and surveys on new programme development
- Focus groups and surveys on programme review

#### EXTERNAL EVALUATION

- International eLearning review and benchmarking
- Academic awards for excellence
- QQI external institutional and programme reviews
- Reengagement

#### KEY OUTPUTS:

##### STUDENT SUPPORTS

- Improved student supports
- Student representation on boards

##### RISK REGISTER

- College risk register

##### PROGRAMME IMPLEMENTATION & DEVELOPMENT

- Internal programme review reports
- External Examiners' reports
- Self-Evaluation Reports
- QIPs
- New validated programmes
- New non accredited programmes
- Revalidated programmes
- In-depth understanding of sector needs

- Collaborative partnership

#### QA

- Updated QA administrative function
- Published QuAD (Quality Assurance Document)
- Revised and newly developed policies and procedures
- QA procedures and processes for collaborative provision
- Published QA reports
- External review reports
- Academic affairs annual schedule

#### STAFF DEVELOPMENT

- Staff CPD Record

## 1.3 Management of Quality Assurance

### Organisation of the Quality Assurance System of the Open Training College

#### 1.3.1 Roles and responsibilities for Quality Assurance

Proper execution of the management structure of academic quality assurance within the College falls within the remit of the College Director supported by the Head of Quality & Academic Affairs, whose role incorporates Quality Assurance (QA). The Governance of Academic QA structure is represented in the diagramme below:

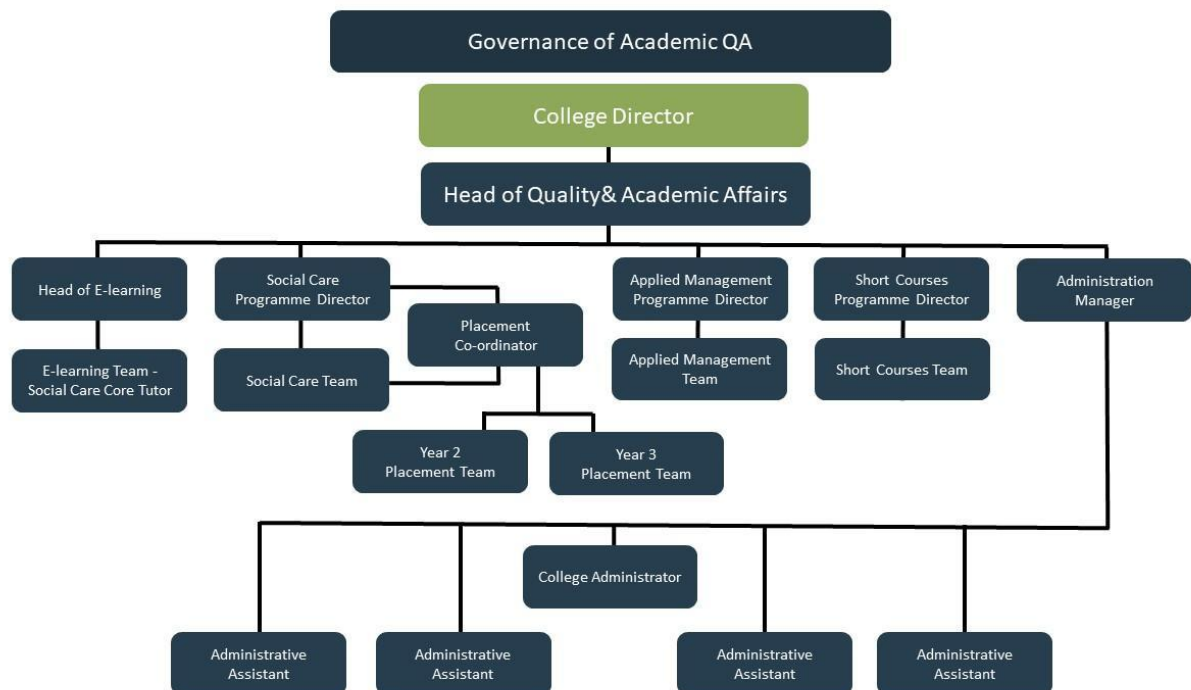


Figure 5: Governance of Academic QA

### 1.3.2 Academic Council and Subcommittees

All quality control and quality assurance functions are designed, implemented and monitored through a structure of committees, each with a clear responsibility for ensuring standards are maintained in a specific academic and/or operational remit. The findings of all quality control and quality assurance activities are considered by these committees, who make recommendations, agree and implement quality improvements. The work of all committees is monitored and reviewed by the Academic Council, as illustrated and described in the following pages of this document.



## Academic Council and Subcommittees

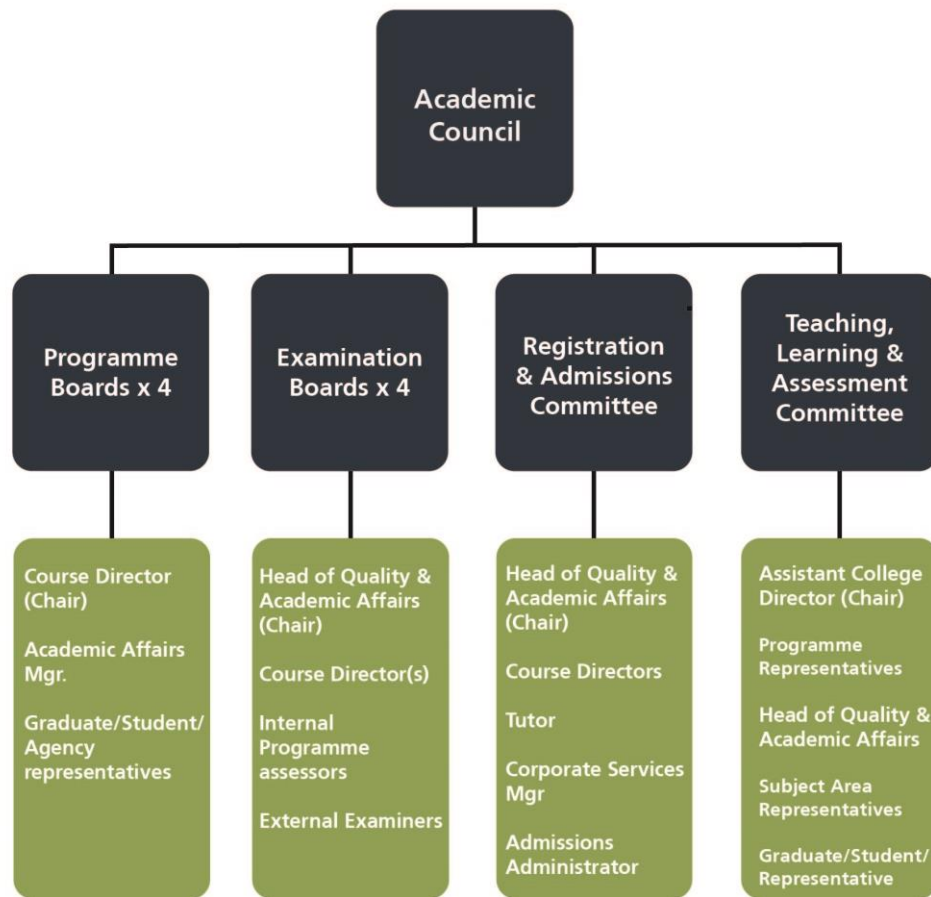


Figure 6: Academic Council and Subcommittees Structure

### 1.3.3 Academic Council

Terms of reference:

*"In foreseen circumstances when the Academic Council cannot be convened for approval of timebound matters/issues, authority be delegated in advance to the Executive on a case-by-case basis."* (Approved by AC, 24<sup>th</sup> June 2021)

General

- Governance of all Academic Matters
- Monitoring, review and ongoing improvement of all QA policies and procedures;
- Approve policy amendments of College pertaining to academic matters;
- Appoint, review and monitor functioning of academic subcommittees;
- Dissolution/modification of subcommittee(s) when and if required;
- Finalise and ratify decisions relating to the work of subcommittees;

- Consider appeals from any of the subcommittees, which have not been rectified at the level of that committee;
- Appoint external members and approve appointments of internal members of Boards and sub-committees.

#### New Programmes

- To review and agree new programme proposals submitted by new programmes developments team(s);
- Review Research in support of new programmes proposed;
- Review and approve new programme submission documents prior to submission to QQI.

#### Assessment

- Review the application of penalties applied to assessment activities and approve policy and procedures for penalties;
- To review and decide on student appeals relating to assessment outcomes (grades/marks);
- To review and decide on student complaints relating to assessment methodology and/or implementation;
- Review the operation of Examination Boards and sign-off on minutes of same;
- Review External Examiner Reports;
- Approve appointments of External Examiners;
- Monitor the implementation of QQI guidelines, policy and regulations pertaining to the assessment of learners.

#### Ongoing monitoring

- To review the findings and approve of changes generated by the ongoing monitoring procedures relating to academic matters, i.e., module content, readings, workshops, and assessment;
- To make final decisions on matters referred to Council by Programme Board(s);
- Review the operation of Programme Boards and sign-off on minutes of same;
- Approval of QA reports prior to publication;
- Approval & review of mechanisms for stakeholder consultation.

#### Periodic Evaluation

- To monitor the recommendations and implementation of improvements made by all review processes relating to programmes and academic functioning of the College including (but not limited to):

- Re-validation (Programme Review)
  - Institutional Review
  - Strategic Review
- Ongoing review and enhancement of the procedures for periodic reviews.

Membership of the Academic Council:

Title	No	How appointed	Term	Notes
Chair	1 of 4	Rotated amongst the External Members and the Head of Quality & Academic Affairs	Ongoing	External Members will usually step down following 3 years on the Academic Council but may be asked to extend for a year. The Head of Quality & Academic Affairs is Ex-officio.
College Director	1	Ex-officio	Ongoing	
Assistant College Director (Vice chairperson)	1	Ex-officio	Ongoing	
Programme Directors	4	Ex-officio	Ongoing	Any new future PD posts will also sit on Council
Head of Quality & Academic Affairs	1	Ex-officio	Ongoing	
Tutor Representative	1	Elected by fellow tutors	2 years	
Student Representative	1	Elected by student body	2 years	
External Academics: <ul style="list-style-type: none"> <li>• Governance Profile</li> <li>• QA profile</li> <li>• HE profile</li> <li>• FE profile</li> </ul>	4	By nomination and approval of AC	3 years	In exceptional circumstances external board members may be invited to extend their term
Secretary	1	Ex-officio	Ongoing	In attendance Non-voting

*Table 2: Membership of Academic Council*

*Note: Student feedback will be facilitated at Programme Boards and brought to Academic Council by Programme Directors and the Head of Quality & Academic Affairs.*

*Chairing of meetings:* Each Chairperson will hold the seat for a six month period which will include overseeing two corporeal meetings of the Academic Council. The Chair will rotate amongst the External Members and the Head of Quality & Academic Affairs.

*Frequency of meetings:* 3 times per year – October, January, June (A minimum of one meeting per year is compulsory for all members). Incorporeal meetings are convened on occasion for specific matters requiring overview/ratification prior to the next meeting.

*Quorum for meetings:* 7 representatives; must include a minimum of two external members.

*Decision-making:* By vote. Each member will have an equal vote. Chair will have casting vote.

*Breath of responsibility:* Accredited programmes run by College.

*Meetings' agenda:* Prepared and circulated in advance by Chair or officer on behalf of the Chair.

*Meetings' minutes:* The recording secretary will attend and produce minutes within 3 weeks of meeting. Minutes will be stored electronically on the College's shared folder. Items of a confidential nature (e.g. specific student matters) may be recorded separately and stored securely.

#### 1.3.4 Boards & Committees of the Academic Council

The Academic Council has the power to appoint subcommittees to advise it and to carry out the relevant functions of quality assurance and enhancement of the College. The following sub-sections outline the terms of reference, membership and frequency of meetings of the standing subcommittees and boards of the Academic Council. Each board/committee is required to provide written updates to the Academic Council or College Director, as required and requested, with reasonable notice given.

The Academic Council also oversees the functioning of Ad Hoc committees. The Terms of Reference for any such committees are presented following the standing committees below.

##### Principles of Practice of Academic Council & Committees

- The Academic Council and its sub committees will support the College's culture of innovation and responsiveness to student and programme needs;
- The subcommittees will provide teaching staff with a reference framework to inform practice and decision-making at local level;
- The subcommittees will provide an opportunity for reflection on practice and decision making, to inform College policy and procedures;
- The subcommittees will provide an opportunity for the review of the operation and structure of all committees;
- The subcommittees will provide open and transparent dissemination of decisions and information to all staff.

## STANDING COMMITTEES:

### 1.3.5 Programme Boards

#### Terms of Reference:

- QA monitoring and evaluation of all aspects of programme(s) under consideration;
- Monitor trends in assessment results and overall grades of programme(s) under consideration;
- Review and discuss results of ongoing evaluations of programme(s) under consideration;
- Plan for and conduct the periodic review of programme(s) under consideration;
- Action and monitor progress of Re-validation recommendations of programme(s) under consideration;
- Produce and implement assessment strategies for programme, stages and modules of programme(s) under consideration;
- Propose the appointment of external examiners;
- Induct and maintain communication with External Examiners;
- Review reports of External Examiners.

#### Membership of the Committee:

- Programme Director (Chair): Ex-officio
- Head of Quality & Academic Affairs: Ex-officio
- Internal programme tutors: Ex-officio
- Graduate/Student/Agency representative: By appointment

*Meetings:* 2 meetings per year: September: Post Exam Board review

July: End of year review

*Sub-groups:* As deemed necessary by the Board.

*Co-option of members:* As deemed necessary by the Board and approved by Academic Council (prior to appointment in the case of external members).

*Reporting arrangements:* The Chair of the Programme Board reports on the activities of the Board to the Academic Council.

*Recording procedures:* The Chair of the Programme Board is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of the College and to the Academic Council. Minutes are forwarded to the Academic Council for approval.

### 1.3.6 Examination Boards

Note: These boards currently operate in accordance with QQI (2013) Revised Assessment & Standards, their operation and functioning will be reviewed and amended appropriately in accordance with any new directives provided by newly developed/updated QQI policies and procedures.

Terms of Reference:

- Review outcomes of external examiner moderation of programme(s) under consideration;
- QA monitoring of assessment techniques, consistency of assessment and comparison of standards of programme(s) under consideration with national norms and best practice;
- Agree and ratify assessment results for all learners of programme(s) under consideration, prior to forwarding to QQI;
- Consider learner appeals in relation to assessment results and procedures of programme(s) under consideration, and make recommendations to Academic Council;
- Consider learners for progression with missing credit, approve/decline progression as appropriate;
- Review of penalties applied to assessment activities of programme(s) under consideration;
- Review/monitor statistics/trends regarding assessment results of programme(s) under consideration.

Membership of the Committee:

- Head of Quality & Academic Affairs (Chair): Ex-officio
- Programme Director(s): Ex-officio
- Internal programme assessors: Ex-officio
- External Examiner(s): By appointment of the Academic Council

*Meetings:* As necessary – prior to submission for certification and following external examiner moderation.

*Sub-groups:* N/A

*Co-option of members:* N/A

*Reporting arrangements:* The Chair of the Examination Board reports on the activities of the Board to the Academic Council.

*Recording procedures:* The Chair of the Examination Board is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of the College and to the Academic Council. Minutes are forwarded to the Academic Council for approval.

Note: Minutes of all Examination Board meetings are strictly confidential and are stored securely.

### 1.3.7 Registration & Admissions Committee

#### Terms of Reference:

- Review College admissions and registration policies and procedures annually;
- Develop and monitor policy and procedures relating to Advanced Entry and Recognition of Prior Learning;
- Process applications;
- Conduct applicants' days;
- Consider appeals from unsuccessful applicants;
- Review and consider trends in student body population statistics;
- Make arrangements for the conferring of student awards;
- Ongoing monitoring and development of student progression routes;
- Ensure detailed and accurate data regarding trends in student admissions and registration is collected and maintained;
- Implement, monitor and review exemptions.

#### Membership of the Committee:

- Head of Quality & Academic Affairs (Chair): Ex-officio
- Programme Director(s) of all programmes: Ex-officio
- Corporate Services Manager/Admissions Administrator: Ex-officio
- 1 x tutor: By appointment

*Meetings:* As deemed necessary by the committee.

*Sub-groups:* As deemed necessary by the committee.

*Co-option of members:*

As deemed necessary by the committee, and limited to internal College staff.

*Reporting arrangements:*

The Chair of the committee reports on the activities of the committee to the Academic Council.

*Recording procedures:*

The Chair of the committee is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of the College and to the Academic Council.

### 1.3.8 Teaching, Learning & Assessment Committee

#### Terms of Reference:

#### Learner Supports:

- Consider applications from learners for additional supports;
- Agree and monitor implementation of additional supports;
- Development of policy and procedures for the provision of learner supports;
- Ongoing review and enhancement of procedures for learner support.

#### Teaching and learning systems:

- Ongoing review and enhancement of teaching systems;
- Ongoing review and enhancement of teaching and learning resources.

#### Staff development:

- Identification of staff training and development needs and opportunities in specified areas, at the level of the team.

#### Information storage:

- Retention and deletion periods.
- GDPR policy compliance.

#### Assessment:

- Revise and discuss assessment techniques utilised by College programmes;
- Review/monitor College statistics/trends regarding assessment results;
- Review and approve of students sitting supplemental examinations;
- Approval of policy on penalties to be applied to assessment activities;
- Ensure compliance of OTC assessment policy and procedures with QQI regulations;
- Monitor the implementation of assessment strategies for College programmes and modules;
- Monitor the recording of penalties applied to assessment activities.

#### Membership of the Committee:

- Assistant College Director (Chair): Ex-officio
- Head of Quality & Academic Affairs: Ex-officio
- Internal programme tutor representatives: By appointment
- Programme Directors.



*Meetings:* As deemed necessary by the committee.

*Sub-groups:* As deemed necessary by the committee.

*Co-option of members:* As deemed necessary by the committee and approved by the Academic Council (prior to appointment in the case of external members).

*Reporting arrangements:*

The Chair of the committee reports on the activities of the committee to the Academic Council.

*Recording procedures:*

The Chair of the committee is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of the College and to the Academic Council.

*AD HOC COMMITTEES:*

### 1.3.9 New Programmes Development Committee(s)

Terms of Reference:

- Development of programme(s) as per process agreed under QA;
- Development and submission of new programme proposals to Academic Council;
- Ongoing review and enhancement of process for the development of new programmes.

Membership of the Committee:

- Programme Developer (Chair): By appointment of the College Director
- College Director: Ex-officio
- Head of Quality & Academic Affairs: Ex-officio
- Associate programme developer: By appointment

*Meetings:* As deemed necessary by the committee.

*Sub-groups:* As deemed necessary by the committee.

*Co-option of members:* As deemed necessary by the committee.

*Reporting arrangements:* The Chair of the committee reports on the activities of the committee to the Academic Council.

*Recording procedures:*

The Chair of the committee is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of the College and to the Academic Council.

### 1.3.10 Disciplinary Committee

#### Terms of Reference

- Review issues arising in relation to student conduct e.g. plagiarism, conduct during workshops/seminars;
- Make recommendations for dealing with such issues;
- Consider appeals from students in relation to disciplinary matters;
- Develop policies and procedures to deter disciplinary issues from arising/developing;
- Consider cases of students found to be in breach of exam regulations;
- Review conduct of investigations into plagiarism and outcomes.

#### Membership of the Committee:

- Assistant College Director (Chair): Ex-officio
- Head of Quality & Academic Affairs: Ex-officio
- Independent internal (or external) representative

#### *Meetings:*

As necessary to address student disciplinary issues, but at least annually to review policy and address any related issues.

*Sub-groups:* As deemed necessary by the committee.

*Co-option of members:* As deemed necessary by the committee and approved by the Academic Council (prior to appointment in the case of external members).

Co-option of additional members shall not compromise the disciplinary procedure.

#### *Reporting arrangements:*

The Chair of the committee reports on the activities of the committee to the Academic Council.

#### *Recording procedures:*

The Chair of the committee is responsible for ensuring that minutes of all meetings are maintained and available to the Academic Council.

### 1.3.12 Maintaining the Quality Assurance System

The OTC is committed to maintaining a quality assurance system which accurately reflects the current situation of the College, and which is compliant with all relevant and most recent accrediting body requirements. In order to ensure this, the Quality Assurance policies and procedures will be subject to

©Open Training College Page 42 of 352

regular review as demands arise, and as indicated in the policy summary from first date of implementation. Any changes in policy will be ratified through the Academic Council and a thorough document control system will be maintained to allow changes and updates to the quality system to be tracked and monitored.

For the most recent review (QQI Re-Engagement 2018) the following review process was implemented.

#### Re-Engagement process

2009

- Most recent Institutional Review (IR) for OTC

2009-2011

- Complete edit and re-draft to re-format the QA manual in line with European Standards and Guidelines (ESGs)
- Monitored Quality Improvement Plan (QIP) resulting from the Institutional Review

2012 – 2015

- Updating of the manual on an annual or bi-annual basis; with all changes approved by Academic Council
- Updating of documentation to reflect transition from HETAC/FETAC to QQI

2015-16

- Revalidation of Social Care programmes
- External evaluation of the online/blended model – *Pilgrim Report*
- Administration review – Specification of procedures, responsibility and back-up
- QA Review – Gap Analysis against new QQI Policies and Criteria; including QA for HET/FET providers and Independent/Private Providers

Stage 1: Adoption of Policies relevant to Re-engagement – Academic Council

Agreement of Collaborative Provision Policy with QQI

2017

- Additional QA review: Collaborative Provision
- Initial GDPR review
- Applied Management and Certificate Programmes – Re/validation
- Updates to include newly developed St. Michael's House policies
- Updating of PEL, relevant legislation and PR and Re/Validation policies and procedures

## Stage 2: Adoption of Policies relevant to Re-engagement – Academic Council

2018

- GDPR review – Action Plan and new policy
- Additional QA review: Blended Learning
- FET QA Review – Allowing for Combined QA Document (QuAD)

## Stage 3: Adoption of Policies relevant to Re-engagement – Academic Council

- Website Review – Ongoing
- Complete update to Quality Assurance Document (QuAD 3.0) – to accord with layout of Statutory Quality Assurance Guidelines (QQI) and Guidelines for Re-Engagement (QQI)

## Stage 4: Adoption of Policies relevant to Re-engagement – Academic Council

### 1.3.13 Process for review and adoption for Re-Engagement

#### 2015-16: Initial Gap analysis (Stage 1)

- Development of new policies (Individual/Group)
- Circulation of draft policies to critical readers
- Feedback and policy update
- Submission to Academic Council members pre-meeting
- Feedback and final draft
- Adoption of new/updated policies at Academic Council meeting
- Specification of Administration procedures

#### 2017: Additional QA review and Gap analysis (Stage 2)

- Development of new policies (Individual/Group)
- Circulation of draft policies to critical readers
- Feedback and policy update
- Submission to Academic Council members pre-meeting
- Feedback and final draft
- Adoption of new/updated policies at Academic Council meeting
- Quality Improvement tracking of Online provision following external Pilgrim Report
- Preparation for GDPR
- Updating of PEL
- Initial redrafting of QA Document

#### 2018: Additional QA review and Gap analysis (Stage 3)

- Inclusion of Blended Learning guidelines
- HET/FET review
- Development of new policies (Individual/Group)
- Circulation of draft policies to critical readers
- Feedback and policy update
- Submission to Academic Council members pre-meeting
- Feedback and final draft
- Adoption of new/updated policies at Academic Council meeting
- Liaison with St. Michael's House to ensure reference to most relevant and updated policies
- Provision of evidentiary documentation from St. Michael's House and OTC Corporate Services

#### 2018: Final Review against new Quality Assurance Document (QuAD V3.0) and Layout/Re-Engagement guidelines (Stage 4)

- Remaining gap analysis and final policy development
- Development of new policies (Individual/Group)
- Circulation of draft policies to critical readers
- Feedback and policy update
- Submission to Academic Council members pre-meeting
- Feedback and final draft
- Critical readers of Quality Assurance Document and Re-Engagement documentation
- Feedback and update
- Submission of draft Re-engagement documentation to AC for feedback: Application Form and Self-Assessment Report (SAR)
- Adoption of new/updated policies and Re-Engagement Documentation at Academic Council meeting
- Expansion of Academic Council external membership
- Final cross-referencing of SAR to QuAD V. 3.0

#### Key Documents Relevant to the Process

A. Policy on Quality Assurance Guidelines – QQI, April 2016.

B. Statutory Quality Assurance Guidelines developed by QQI for use by all Providers – QQI, April 2016.

C. Statutory Quality Assurance Guidelines developed by QQI for Independent/Private Providers coming to QQI on a Voluntary Basis – QQI, April 2016.

D. Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Blended Learning Programmes – QQI, March 2018.

E. Policy for Collaborative Programmes, Transnational Programmes and Joint Awards (QQI, Revised 2012)

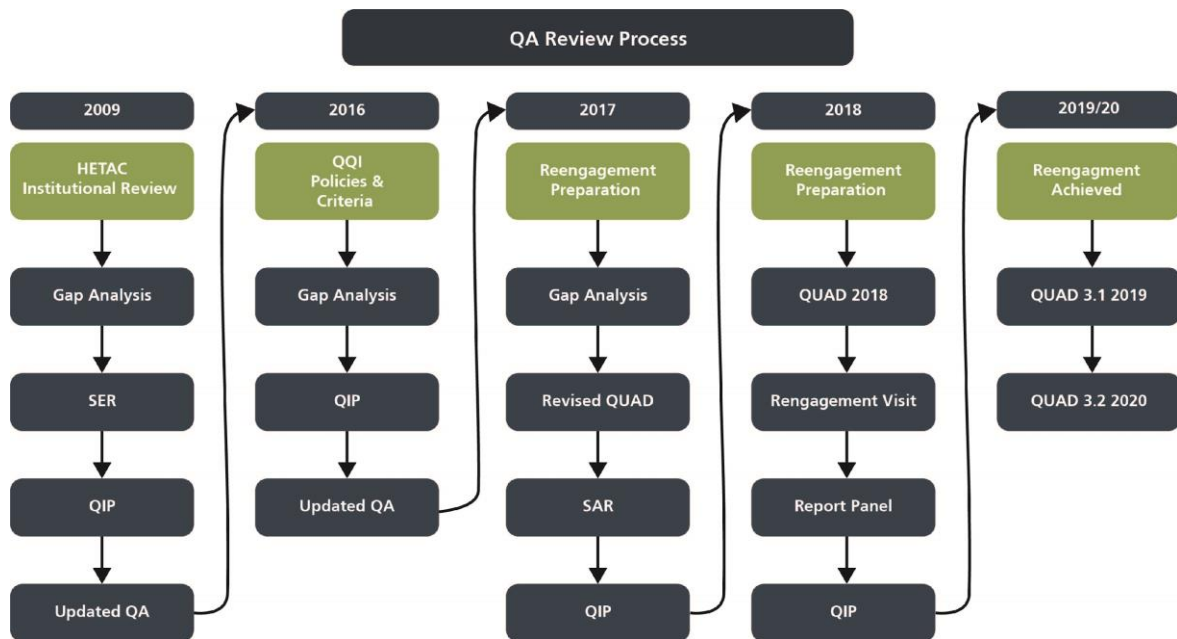


Figure 7: Quality Review Process

The Re-engagement process and report led to the further publication of Version 3.1 and Version 3.2 of this Quality Assurance Document (QuAD) in April 2019 and April 2020, respectively.

## 1.4 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- Inclusion of the development of the College's Blended Learning (BL) and Online Learning (OL) delivery, as part of the College's overall strategic plan
- Updating on BL/OL developments and initiatives through the College's Governance structures
- Setting of an annual budget for BL/OL
- Availability of IT support and Helpdesk
- BL/OL as part of the College's overall Quality Culture
- Key quality output; student support
- BL/OL induction for all external representatives on Academic Council and its sub-committees
- Reviews of BL/OL delivery

Blended Learning: This section meets "Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes" (QQI, 2018), in relation to the following:

- i. Quality management arrangements for online learning provision and other non-face-to-face learning are supported by fit-for-purpose organisational infrastructure and processes.
- ii. Online developments that are subject to business case approval for viability and sustainability.
- iii. Appeals and complaints policies and processes which accommodate remote learning.
- iv. Regulations and arrangements for Boards of Examiners and external examiners which include any additional consideration of online learning experiences.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"> <li>E-learning is part of the overall strategy for the institution's development as well as the policy for quality assurance.</li> </ul>
<ul style="list-style-type: none"> <li>The institution uses a clearly articulated policy framework and governance structure when deciding on the adoption of new technologies to ensure the expected quality of e-learning provision.</li> </ul>
<ul style="list-style-type: none"> <li>The institution has a clear strategy for digital innovation, e-learning being a part of it. This strategy is known within the institution at all levels and is adopted by teachers in charge of designing the curriculum.</li> </ul>
<ul style="list-style-type: none"> <li>E-learning programmes are aligned with the institutional mission.</li> </ul>
<ul style="list-style-type: none"> <li>The institution takes into account the European, national, and local policies, as well as ethical and legal considerations when designing its policy for quality assurance and its internal quality assurance system.</li> </ul>

## SECTION 2: DOCUMENTED APPROACH TO QUALITY ASSURANCE

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### Supporting Documents:

1. Standards and Guidelines for Quality Assurance in the European Higher Education Area – ESG, 2015.
2. Policy on Quality Assurance Guidelines – QQI, April 2016.
3. Statutory Quality Assurance Guidelines developed by QQI for use by all Providers – QQI, April 2016.
4. Statutory Quality Assurance Guidelines developed by QQI for Independent/Private Providers coming to QQI on a Voluntary Basis – QQI, April 2016.
5. Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Blended Learning Programmes – QQI, March 2018.
6. Re-engagement with QQI Policy and Criteria for Renewed Access to QQI Validation for Voluntary Providers of Higher Education and Training – QQI, June 2014.
7. Academic Council and Sub-Committee Minutes
8. Annual QA Reports
9. Module/Tutor/Student/Graduate/Stakeholder/End-of-Year Surveys

### 2.1 Documented Policies and Procedures

This QA document (QuAD), incorporating key policies and procedures is a 'living document' that is updated annually by the College. The progression and development of the QA approach and associated documentation from 2003 to date is outlined at the start of this document (pp. iii-vii). Section 1 above details the review process undertaken in 2018.

In College, the implementation of the QA policies and procedures is the responsibility of all OTC staff and associate staff. The updating of the QA document (manual) is undertaken by the Head of Quality & Academic Affairs and ratified by the Academic Council.

The Open Training College uses policies, procedures and guidelines to inform and structure operational activity, developments and strategic planning with regard to QA. Some areas operate under all three component(s) encompassing a policy, procedure(s) and guideline(s). Other aspects of College activity operate under procedures and some under guidelines. This operational basis is subject to ongoing review and development. The current re-engagement process and associated review of QA has generated a



number of new policies and procedures and identified a body of work that will be ongoing with regard to additional policies, procedures and guidelines.

No.	Policy Title	Procedure/Guidelines/Protocol/Code	Notes	Action
1801	Policy on Policy Development	Guidelines on Policy Development	New policy - 2018	Embedded through re-engagement process
1802	Protection of Enrolled Learners (PEL) Policy	+ Procedures	New policy – 2018: Developed from existing procedures	Embedded
1803	Social Media Policy	No procedures	Updated and Expanded policy- 2018: Developed from earlier policy and existing procedures	Embedded
1804	Recognition of Prior Learning (RPL) Policy	+Procedures	Updated and Expanded policy- 2018: Developed from earlier policy and existing procedures	Embedded – now includes fuller expression of procedure
1805	Academic Awards Policy	Conferring Procedure	Updated and Expanded policy- 2018: Developed from earlier policy and existing procedures	Embedded – new expression
1806	Exit Award Policy		New policy - 2018	Embedded
1807	Student Learning Support and Pastoral Care Policy	Guide to Learning Support and Pastoral Care Services	Updated policy – 2018: Developed from earlier policy and existing procedures	Embedded – new expression
1808	General Data Protection Regulation (GDPR) Policy	Procedures for Data Protection	New policy- 2018 Supported by existing procedures and guidelines	Embedded Action plan to be fully implemented
1809	Risk Management Policy	Risk Management Process (+Appendices – Use of) = Procedures	New policy- 2018 - Developed from earlier existing procedures	Embedded
1701	Plagiarism Policy	+ Procedures	Existing policy - updated	Embedded
1702	Equality Policy	Admission procedures	Existing policy - updated	Embedded
1703	Complaints Policy	+ Procedures	Existing policy - updated	Embedded
1705	CPD Policy	Procedures for Identifying CPD Needs	Existing policy - updated	Embedded
1706	Collaborative Policy	+ Procedures	Approved 2016 - QQI	Embedded
1707	Word Count Policy	Admin. procedures	Existing policy - updated	Embedded, SHB
1708	Acceptable Usage of Elearning Environment Policy	Admin. procedures	Existing policy - updated	Embedded, QuAD + SHB
1710	Student Fees Policy	Admin. procedures	Existing policy - update	Embedded
1711	Home Work Policy for Student Based Work	Working Arrangements/Guidelines	Existing policy - updated	Embedded – Staff handbook
1712	Supervision Policy	Guidelines for Supervision	Existing policy - updated	Embedded – to be developed further for 2019 CORU

1713	Workshop attendance Policy	Admin. procedures	Existing policy - updated	Embedded, SHB
1714	Verification of Tutor Qualification Policy	+ Procedures	Existing policy - updated	Embedded
Pr001		3.1 Procedures for the Design and Approval of New Programmes	Existing procedure - updated	Embedded
Pr002		3.2.1 Equality of Access to programmes and services	Existing - Admissions Procedures	Embedded
Pr003		Entry procedures and criteria for the programme	Existing - Admissions Procedures	Embedded
Pr004		3.4 Procedures for Programme Review, Validation and Revalidation of Programmes and Awards	Existing procedure - updated	Embedded
Pr005		6.4.2 Cross-Marking Procedures	Existing procedure - updated	Embedded
Pr006		6.4.3 Procedures for Corrective Action	Existing procedure - updated	Embedded
Pr007		6.4.4 Procedures for External Examination	Existing procedure - updated	Embedded
Pr008		Student handbook - Section 6: Assessment procedures	Existing procedures - updated	Embedded
Pr009		Procedures for the Provision of Supports to Students with Disabilities and Specific Learning Difficulties	Existing procedures - updated	Embedded
C001		Code of Conduct for OTC staff	Existing code – updated	Embedded
C002		Workshop etiquette (Student Code)	Existing code – updated	Embedded – Student handbook
C003		SMH Code of Conduct for employees	Existing code	Embedded - SMH
SMH001	Research Ethics Policy	+Procedures	Existing policy	Embedded
SMH002	Freelance Contracting Policy	+Procedures	Existing policy	Embedded
SMH003	Safety Statement	Policies and Procedures	Existing policy	Embedded
SMH004	Recruitment and Selection	+Procedures	Employee Handbook: SMH	Embedded
SMH005	Probation	+Procedures	Employee Handbook: SMH	Embedded

SMH006	Disciplinary	+Procedures	Dignity at work: SMH Employee Handbook	Embedded
SMH007	Grievance	+Procedures	Dignity at work: SMH Employee Handbook	Embedded

*Table 3: Policies and Procedures*

\*This table contains selected St. Michael's House policies only. \*\*A full outline of Administration Procedures for OTC is held and regularly updated internally in *QA Review of Administration Function* (OTC. V.2022).

## Definitions

In the QA system the following definitions are used:

1. Policy - policies set out the College's position/view/approach to/on a matter. They are informed by the principles of the College and seek to give clarity to stakeholders on a range of areas.
2. Procedures are actions, the 'how to' of the implementation of a policy.
3. Guidelines provide practical advice in developing or complying with a policy or procedure. Procedures and guidelines can overlap.
4. Code of Practice is a written set of rules/expectations that employees and/or students of the College are expected to follow.

The remainder of this section details the framework for Policy Development (*Policy on Policy Development* and the associated *Guidelines*). This is followed by an overview of the areas where QA policy and procedures apply and the QA documentation generated in that area. This section concludes by outlining the College approach to the review of the effectiveness of QA.

### POLICY ON POLICY DEVELOPMENT OPEN TRAINING COLLEGE

#### 1. Purpose

The purpose of this policy is to define the process by which College policies are to be developed, approved and maintained. Through using a consistent policy development process and format it should be possible to hold policies that are:

- a) appropriately developed and regularly updated;
- b) easy to find, read and understand;
- c) consistent with the College's mission;
- d) compliant with applicable laws and regulations;
- e) reduce risk; and
- f) promote best practices across the College community.

It is acknowledged that this new policy, of which it is the first of its type within College, shall take some time following its approval and introduction to become the format that is used by all the development team. It is expected that as new policies are developed or existing policies are reviewed/amended, that they shall adhere to the provisions set out in this policy.

#### 2. Scope

This Policy applies to all areas and staff of the College; academic, support and administrative. These are all hereinafter collectively referred to as the 'College'.

#### 3. Policy Statement

College policies shall be:

- a) Developed according to the process set out in this policy;
- b) Presented in a standard and common format;
- c) Formally approved by an appropriate level of College management;
- d) Accessible to all parties with an interest in the policy's subject matter;
- e) Kept up to date and current within a framework of an organized system of change control;
- f) Clearly described as policies and kept separate from related documentation such as procedures, guides and other types of related documentation.

All individuals who are responsible for the drafting, updating, approval and distribution of College policies shall comply with this policy. Internal policies, where they exist and apply to the operations of College units, shall not be in conflict with this policy.

The requirements for the formulation and issuance of College policies set out in this policy *shall not apply to those College policies in existence before this policy was approved. However, where an existing policy is reviewed or replaced in future after the date of approval of this policy*, the requirements set out in this policy shall be applied.

#### *A) Policy development*

The Policy Owner shall be responsible for the drafting of new or revised College policies, ensuring policies are up to date, consulting with interested parties and for steering the policy through the levels of College management required for approval. The Policy Owner in consultation with the Head of Quality & Academic Affairs shall also arrange for the policy's publication, when approved, on the College website.

#### *B) Policy format*

The drafting of College policies shall adhere to the format set out in the Policy Template referred to below in the section on related documentation. The format may be amended but only to the extent necessary to add clarity to a policy. Certain sections of the policy template are mandatory and shall be used when drafting a policy. Other sections of the policy template are optional and the Policy Owner is not required to apply them unless they add further clarity to the policy and they deem it appropriate to do so.

#### *C) Policy approval*

Policies that have a College wide scope must be approved by the Academic Council. In general, the responsibility for promoting compliance with a policy will rest with the Policy Owner unless as specified otherwise within the policy.

#### *D) Accessibility*

The majority of policies will be accessible and published on the College website and by any other means as deemed appropriate. Confidential policies, which are for staff use only, will be published on the College Shared Folder or in the Staff Handbook if appropriate.

#### *E) Regular review*

The Policy Owner for each policy shall be responsible for keeping the policy up to date and for ensuring that only approved versions of the policy are accessible via the College website.

Each policy shall state the date on which it was approved by Council. Except where a separate process or authority for making changes to a policy are included within the policy, the amendments to existing policies and the development of new policies shall follow the development and approval process as outlined in sections (a) and (c) above. The Head of Quality & Academic Affairs shall assist Policy Owners in implementing a process of regular review and shall provide guidance to Policy Owners in relation to complying with the requirements of this policy.

#### *F) Separation of policies from related guidance material*

Policies are to be clearly designated as a policy in their title. Other guidance material which assists in the understanding or implementation of a policy shall not be inserted as text within the policy. Such material shall be referred to in the “Related Documentation” section of the policy.

### 4. Definitions

#### *College Policy*

A policy is a statement of intent which can be used to guide decisions. A policy may stand on its own or can be implemented through procedures, protocols or one of the other document categories indicated in the “Related Documentation” section below.

A College policy has a broad application or impact throughout the College across both academic and support areas. They can assist in promoting compliance with applicable laws or regulations, best practice, ethical norms, pursuit of the College’s mission or in the promotion of efficiencies. They can also assist in the reduction of risk.

College wide policies are approved by the College Academic Council (AC).

Saint Michael’s House (SMH) approves policies across a range of areas that are reserved functions for College and these include policies incorporating the arrangements for the recruitment and remuneration of staff and for disciplining, suspending or dismissing staff. SMH also approves policies on Leave, Working from Home, Risk, Health and Safety, Quality, Equality, Respect and Dignity, Research Ethics, Policy for Contracting the Service of Freelance Trainers, Employee Handbook, Probation Policy, Safety Statement, Grievance Policies and Procedures (Employee Handbook) and Records Retention Policy.

New policies or amendments to existing policies outside of the reserved functions of College may be brought to SMH, at the discretion of the College Director.

Once approved, compliance with a College policy is mandatory.

#### *Procedure*

A procedure is a guideline or series of interrelated steps which can assist in the implementation of a policy. Procedures establish who, what, where and when in relation to a given activity as well as establishing accountability in support of the implementation of a policy. College procedures shall:

- be written in a format that is easy to follow;
- be published separately from the policy to which they relate;
- be reviewed and updated on a regular basis to check for compatibility with the most recent versions of the related policy; and
- require formal approval by senior executive levels of the College.

#### *Policy Owner*

The Policy Owner is the appropriate person (academic or support unit) of the College whose responsibility covers the subject matter of the policy. The Policy Owner shall be responsible for the substance of policy documents and for promoting compliance with the policy unless as specified otherwise within the policy.

### 5. Related Documentation

#### 1) Policy template

The policy template sets out the prescribed layout to be used when drafting College policies.

#### 2) Guidelines on Policy Development

The guidelines on policy development set out the issues to consider when drafting College policies.

Policy Title:		Policy on Policy Development
OTC Policy No.		1801
Version		2.0
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: 3 years later
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		<ol style="list-style-type: none"> <li>1. Policy Template</li> <li>2. Guidelines on Policy Development</li> </ol>
Audience:		Public – accessible to anyone
Reference(s)		<p>Policy on Quality Assurance Guidelines – QQI, April 2016.</p> <p>Statutory Quality Assurance Guidelines developed by QQI for use by all Providers – QQI, April 2016.</p> <p>Statutory Quality Assurance Guidelines developed by QQI for Independent/Private Providers coming to QQI on a Voluntary Basis – QQI, April 2016.</p> <p>Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Blended Learning Programmes – QQI, March 2018.</p> <p>Re-engagement with QQI Policy and Criteria for Renewed Access to QQI Validation for Voluntary Providers of Higher Education and Training – QQI, June 2014.</p>



## 2.2.2 Guidelines on Policy Development

### Introduction

These guidelines are intended for members of staff who are engaged in the process of developing new policies and/or amending existing policies. The guidelines originate from the 'Policy on Policy Development', which was approved by the Academic Council in September 2018. These guidelines were drafted to assist staff in all stages of policy development from the initiation of a new or amended policy through to having an approved policy published on the College's website. The guidelines were drafted by the Head of Quality & Academic Affairs (HQ&AA) and any queries or suggestions regarding the guidelines should be directed to the HQ&AA.

### Definitions

Definitions of words and phrases used throughout these guidelines are shown below.

#### *Policy Owner*

The Policy Owner is the appropriate person (academic or support unit) of the College whose responsibility covers the subject matter of the policy. The unit shall be responsible for the substance of policy documents and for promoting compliance with the policy unless as stated otherwise within the policy.

### Related Documentation

Throughout these guidelines the documents listed below will be mentioned. Staff involved in policy development should refer to these related documents when developing a new policy or amending an existing one.

#### 1) *Policy on Policy Development*

This policy governs the process by which College policies are to be developed, approved, published and maintained. Once approved, the policy will support the guidelines on policy development set out here.

#### 2) *Policy Template*

The policy template is designed to assist Policy Owners in organising the content and format of a policy according to the 'Policy on Policy Development' referred to above.

### Policy Development and Management

Figure 8 (diagramme) gives an overall view of how College policies should be developed, published and maintained. The aim of these guidelines is to assist Policy Owners in meeting the requirements of the framework for policy management. There are many stakeholders involved in the process of developing

and maintaining a College policy and they will be referred to as necessary throughout this guide. However, it is not possible to list all stakeholders as some of these will vary from policy to policy.

Policy Owners are responsible for the development, maintenance, and regular review and updating of existing policies. Once the decision to develop a new policy, or amend an existing policy, has been taken the steps set out in these guidelines should be followed.



*Figure 8: Policy Management Cycle*

The sequential steps in the Policy Management Cycle above are as follows.

#### Step 1: Identify Policy Need

The first step in the process to develop a new College Policy, or to amend an existing one, is to identify the need to do so. It is primarily the responsibility of the Policy Owner to identify this need. Policy Owners are responsible for the substance of the policy documents and for promoting compliance with the policy. A new policy may be developed to set out the College's position in regard to a new issue or a new set of circumstances. Alternatively, an existing policy may need amendment if the circumstances on which it is based change, or where the existing policy is no longer appropriate for whatever reason.

#### Step 2: Drafting a Policy

When drafting a new policy, or amending an existing one, Policy Owners should consider the points referred to below.

Consider the draft document's designation as a "College Policy"

Prior to the approval by the Academic Council of the College's first 'Policy on Policies' in 2018 there was no guidance on how an official College Policy should be presented or what it should address. Policy Owners should review the guide to consider whether the new policy being developed or the current policy under review meets the definition of a policy.

#### *a) New Policies*

Prior to drafting a new policy, the Policy Owner should consider whether the proposed policy meets the definition for a valid College policy. It may be more appropriate to designate the document as a 'Procedure' or 'Regulation'.

#### *b) Existing Policies on renewal or review*

For existing policies that are undergoing a process of renewal or review, policy Owners are advised to use the same criteria as outlined in (a) above in determining whether the revised policy continues to meet the definition of a College Policy. It is expected that some documents formerly categorised as 'Policies' will, on review and comparison against the definition of a policy, be reclassified under another category of document. It may also be the case that some former policies will be extensively amended to extract those elements that are more suitable for publication in separate documents such as 'Procedures', 'Protocols' or one of the alternative categories once the template for policies is used. The HQ&AA will assist Policy Owners with this.

#### **Brevity**

While it may not be possible or desirable in all cases, in general College Policies should be relatively brief and not exceed 4 - 5 pages in length. Where references are made to the means by which a policy is to be implemented, through procedures, protocols or an alternative document category, Policy Owners should refer to these in the policy and list them as separate documents in the 'Related Documentation' section. It is not necessary to quote extensively from these documents as they shall be available for reference elsewhere.

#### **Consider the audience**

Policies shall in general be written for a general audience and shall be available publicly on the College's website. Therefore, when drafting a policy, the Policy Owners should use clear and precise language, brief sentences and common words. It is good practice to avoid the use of jargon and where it is used to include a definition of the word or phrase in the definitions section of the policy.

#### **Step 3: Policy Template**

A template for College Policies is available on the College's website under the 'Policies' section. The template is designed to assist Policy Owners in organising the contents of a policy.

#### **Sentence Structure**

- a) Policy Owners shall keep sentences short and to the point.

- b) Policy Owners shall avoid padding or language which does not add to the clarity of text contained within the policy.
- c) Policy Owners shall use active language that adds to the clarity of text. Active language is clear and direct and requires the assignment of responsibility i.e. 'person X shall do activity Y' rather than 'activity Y may be done'.
- d) Policy Owners shall avoid using words such as 'should' or 'may' in the policy statement section. As compliance with a College Policy is mandatory the action words used in the policy statement section should reflect this.
- e) Policy Owners shall avoid using words such as 'ensure', 'certify', 'guarantee' as these may place an obligation on a unit or officer of the College that, in practice, are very difficult to deliver or achieve.
- f) Policy Owners shall note that where a policy contains rules that they are to be stated first and any exceptions from the rules shall be stated and highlighted separately in a subsequent section or paragraph.
- g) Policy Owners shall use consistent terms throughout the policy. Where a technical phrase or staff position is referred to it shall be stated once and where possible thereafter referred to by its acronym e.g. Student Support & Development (SS&D).
- h) The policy shall refer to forms and other documents by title. These are to be listed in the 'Related Documentation' section of the policy.

#### Step 4: Policy Approval

The process by which policies are approved is set out in the 'Policy on Policies'. Policy Owners are responsible for steering draft policies through the required approval process.

#### Step 5: Publishing a Policy

Once a policy is approved it will, in the vast majority of cases, be necessary to publish the policy on the College's website.

#### Step 6: Periodical Review of Policies

Once a policy is approved it shall be necessary for the policy to be periodically reviewed to check that it is still appropriate and correct. This role is primarily the responsibility of the Policy Owner but senior management at Executive level may also be involved. The length of time between reviews will vary from policy to policy.

College activities subject to quality assurance policies and procedures  
All College activities are subject to the quality assurance policies and procedures. This includes but is not limited to:

- the identification and development of new programmes

- all elements of the Supported Open Learning (SOL) Model
  - the open learning materials and readings
  - workshops and lectures
  - student supports
  - assessment procedures
  - Online Learning Environment (MyOTC)
- equipment and facilities
- management and administration
- partnership work with agencies and representative bodies
- stakeholder involvement
- ancillary College activities
- staff development and support
- the effectiveness of QA

In the development and implementation of the quality policies and procedures the College is committed to:

- the involvement of stakeholders;
- publication of the outcomes of quality monitoring;
- regular review of the effectiveness of the quality assurance procedures;
- on-going resourcing of the quality assurance function of the College.

## 2.2 A Comprehensive System: The Review of QA

### Annual Review

The quality assurance systems and procedures of the College are reviewed annually – usually over the summer period in preparation for the following academic year. Previously this review was based solely on the *European Standards and Guidelines for Quality Assurance*<sup>4</sup> detailed below but from 2015 it is also based on:

- Policy on Quality Assurance Guidelines – QQI, April 2016
- Statutory Quality Assurance Guidelines developed by QQI for use by all Providers – QQI, April 2016

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<sup>4</sup> Standards and Guidelines for Quality Assurance in the European Higher Education Area. (2015) ENQA

- Statutory Quality Assurance Guidelines developed by QQI for Independent/Private Providers coming to QQI on a Voluntary Basis – QQI, April 2016
- Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Blended Learning Programmes – QQI, March 2018

*ESQ (2015) Quality Standards:*

Standard 1. Overarching Policy for Quality Assurance

Standard 2. Programmes and Awards - Design of new Programmes

Standard 3.(a) Student-centred Learning and Teaching

Standard 3.(b) Student-centred Assessment

Standard 4. Student Admission, Progression, Recognition and Certification

Standard 5. Teaching Staff

Standard 6. Learning Resources and Student support

Standard 7. Information Management

Standard 8. Public Information

Standard 9. On-going monitoring and periodic review of Programmes

Standard 10. Cyclical External Quality Assurance - Institutional Review (Based on current QQI policy).

**Institutional Review**

The College is committed to the process of Institutional Review, under the remit of QQI, on a 7 year cycle and which includes a thorough review of the effectiveness of the Quality Assurance arrangements of the College.

The objectives of the Institutional Review are:

- To enhance public confidence in the quality of education and training provided by the institution and the standards of the awards made;
- To contribute to coherent strategic planning and governance in the institution;
- To assess the effectiveness of the quality assurance arrangements operated by the institution;
- To confirm the extent that the institution has implemented the National Framework of Qualifications (NFQ) and procedures for access, transfer and progression;
- To evaluate the operation and management of delegated authority where it has been granted;
- To provide recommendations for the enhancement of the education and training provided by the institution.

The process for conducting Institutional review is as follows:

1. QQI and Terms of Reference: Prior to commencing the review process the specific terms of reference will be discussed and agreed with QQI. The College will commit to the pre-defined terms of reference as well as any additional necessary areas as determined by current status or activity of the College, or as directed by QQI.
2. Formation of the internal audit team: An Internal Audit team will be formed. The membership of this team will be determined by the terms of reference for the review and the specific areas of responsibility and expertise of the relevant staff. A team leader will be appointed who will take on the responsibility of leading the team, agreeing time-bound plans, delegating tasks and actions, and monitoring the progress of the review.
3. Review of each objective area: A desk-based review of each area of the terms of reference will be conducted, with reference to the QQI Policy for Cyclical Review of Higher Education Institutions (2016). The findings of each review will be published in a separate report, which will also specify the process followed in conducting that review.
4. Stakeholder consultation: Consultation with relevant identified stakeholders to further investigate the topics and to confirm the findings of the desk-based reviews will be carried out. Details of groups/individuals consulted with, methodology and findings will be published.
5. Self-Evaluation Report: Findings of 3 and 4 above will be considered by the Internal Audit Team and will contribute to the Self-Evaluation Report. This report will also detail the recommendations that have arisen from the review process. The Self-Evaluation Report will be sent to QQI for consideration.
6. External Peer Review: The entire process as described will be subject to the scrutiny of an external peer review panel, appointed by QQI, during a visit to the College. Following this visit the panel will produce a report detailing their findings and any additional recommendations they may have for the College.

## 2.3 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL and Online Learning (OL) in this section are:

- Meeting European standards
- Documented policies and procedures relating to Blended Learning (BL) & Online Learning (OL)
- Policy development takes account of BL/OL
- Regular review of policies and procedures
- External peer review
- Publication of this BL/OL Strategy

Blended Learning: This section meets *“Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes”* (QQI, 2018), in relation to the following:

- This usually means there needs to be a strategy and plan, an appropriate investment of time, money and other resources to develop capacity and resources to deliver high quality blended learning that will offer learners a consistent, enjoyable and effective learning experience.
- The provider’s strategy, infrastructure and policies systematically address and enable existing or planned arrangements for blended learning (incorporating online learning).
- Policies, regulations and processes (including administration) are fit-for-purpose in the context of blended learning.
- Fees policy and processes which take note of online provision.
- Arrangements for quality management in general are consistent with the Core Statutory QA Guidelines for all providers and topic- or sector-specific guidelines as appropriate.
- The provider has approved and published expectations for the overall quality of the blended learning provision, including expectations on the effectiveness and accessibility of learning resources and other learning materials to support online provision. The provider also has approved and published expectations for the effective delivery of teaching and learning and assessment in a blended learning context, which are available to stakeholders.
- Make available benchmark or specification documents for learning resources and information specific to monitoring and evaluation of the effectiveness of learning resources and the learning environment. These are all considered as part of a programme validation and review process.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• E-learning is part of the overall strategy for the institution’s development as well as the policy for quality assurance.</li></ul>



<ul style="list-style-type: none"> <li>• The institution uses a clearly articulated policy framework and governance structure when deciding on the adoption of new technologies to ensure the expected quality of e-learning provision.</li> </ul>
<ul style="list-style-type: none"> <li>• The institution takes into account the European, national, and local policies, as well as ethical and legal considerations when designing its policy for quality assurance and its internal quality assurance system.</li> </ul>
<ul style="list-style-type: none"> <li>• Specific e-learning criteria for external quality assurance procedures (institutional or programme evaluation) are publicly available.</li> </ul>

## SECTION 3: PROGRAMMES OF EDUCATION AND TRAINING

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### Supporting Documents:

1. QQI Programme Review Manual 2016/2017, Pilot Implementation Draft
2. QQI Programme Validation Manual (2016) for Programmes of HET and Apprenticeships (FET and HET) Pilot Version (edition 2.15)
3. QQI (2014) Policy on Monitoring
4. QQI (2017-QP17-V.1.03) Policies and criteria for the validation of programmes of education and training
5. QQI (2016) Quality Assurance Guidelines
6. Statutory Quality Assurance Guidelines for Independent/Private Providers coming to QQI on a Voluntary Basis – QQI, April 2016.
7. Topic Specific Quality Assurance Guidelines for Blended Learning programmes– QQI, March 2018.

### 3.1 Programme development and approval

#### Procedures for the Design and Approval of New Programmes

##### Stage 1: Internal Development

- Identification of potential new programme(s)
- New programme(s) proposal presented to Academic Council
- Establishment of New Programme(s) Development Committee
- Formal research and market identification
- Development of application for validation

##### Stage 2: External Assessment

- Stakeholder consultation
- Benchmarking against similar programmes national/international
- Analysis of external assessment
- Inclusion of assessment in validation application
- Agreement of validation application by Academic Council

### Stage 3: Application

- Formal application to QQI for Validation
- Validation panel

### Stage 4: Approval

- Adoption and Implementation of Recommendations

#### 3.1.1 Stage 1: Internal Development

##### Identification of potential new programme(s)

The College identifies potential new programmes in a number of informal and formal ways. The informal avenues relate to the College's position in the sector and its close working relationship with agencies providing health and social care services.

##### A unique position

The College is in a unique position in that it operates within the structure of a service agency, which keeps it very close to what is happening on the ground in the area of service provision.

##### Close working relationship with agencies

As was outlined earlier the College works in collaboration with agencies and students. As part of the model of delivery, Programme Directors and Tutors have regular contact with agencies. The College also undertakes consultancy work for disability and non-profit agencies. Such work usually relates to service development initiatives and brings the College into direct contact with service-users, executive and middle management, and frontline staff.

The College has direct links to representative bodies in the disability, health related, non-profit and social care fields. Such bodies include, for example:

- a. The National Federation of Voluntary Bodies (NFVB)
- b. Social Care Ireland
- c. Disability Federation of Ireland
- d. Inclusion Ireland

##### 1. Students are employed or volunteering in programme areas

Most students of the College are currently working in relevant social care, disability, health related, non-profit, community or voluntary services. Therefore, students are connected directly into the current

thinking, practice and issues in their own agencies. This wealth of information is available to the College through workshops, tutorials and informal discussion.

2. Workshop facilitators are practitioners

The presenters/lecturers employed by the College to lead workshops are almost all working as practitioners in their field and many are registered practitioners and members of professional bodies. Because of this they are well informed about current trends and issues in the areas of disability and non-profit service provision.

3. Monitoring changing policy and legislation relevant to the area

The College stays up to date in relation to changing policy and legislation. It receives and reviews all relevant reports and papers and works closely with subject matter experts as module authors and editors to keep up to date with relevant changes and developments. In the development of new programmes the College is always cognisant of such policy developments.

New programme(s) proposal presented to Academic Council

When an idea for a new programme or module is identified the College Director/Assistant College Director/Programme Director draws up a brief outline proposal and risk assesses the initiative. This is presented to the College team, St. Michael's House Management and the Academic Council. The initial proposal will generally outline:

- the rationale for the proposed new programme;
- a brief review of similar programmes in other institutions (if they exist);
- proposed target group and the potential size of market for the proposed programme;
- initial costing for the development phase;
- potential funding sources;
- potential programme content;
- proposed academic level;
- relationship of new programme to existing programmes;
- risk assessment;
- proposed action plan and timeframe.

Establishment of New Programme(s) Development Committee

A New Programme(s) Development Committee will be established by the Academic Council following formal approval of a proposal for new programme(s). This committee is tasked with the development of programme(s) as per process agreed under QA and the ongoing review and enhancement of the process

for the development of new programmes. Development is also subject to the College's Risk Policy and Collaborative Provision Policy, if appropriate.

Membership of the Committee will be determined by the nature and purpose of the new programme(s) proposed, supported by the College Director and Head of Quality & Academic Affairs. This committee becomes an Ad Hoc sub-committee of the Academic Council, and as such the Chair of the committee will report on the activities of the committee to the Academic Council. The Chair of the committee is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of the College and to the Academic Council.

### 3.1.2 Stage 2: External assessment

This phase runs in parallel with the final steps of phase 1, so that both phases will ultimately contribute to the validation application to be submitted to QQI. It involves stakeholder consultation; surveying and face-to-face interviews with identified key stakeholders (Quantitative and Qualitative).

The results from the consultation are then analysed, integrated with the internal programme development and presented in the application for validation.

#### Research and market identification

The committee will develop a rationale for the development of the programme including the identification of the target market for the programme. Where relevant and appropriate this will include market research being undertaken by the committee. Such research is both quantitative and qualitative in nature and is conducted through focus groups, questionnaires and interviews. The main focus of the research is to ascertain the level of interest in the proposed programme; to determine whether agencies and their staff/volunteers would purchase the programme and to what extent; to identify the training needs of the sector (s) as identified by the research sample; and to predict the long-term sustainability of the programme.

The research process concludes with the formulation of a research report, a revision of the risk assessment based on the research outcomes and the recommendation to proceed or not. In addition, the research report will also make recommendations on content and other aspects of the programme. The completed research will be presented to Academic Council. Following approval of this report by Academic Council a complete development costing will be drawn up by the College Director and funding secured.

### 3.1.3 Stages 3 and 4: Application and Approval

These stages follow those outlined for Validation in Section 3.4: “Procedures for Programme Review, Revalidation and Validation”.

## 3.2 Learner Admission, Progression and Recognition

### 3.2.1 Equality of Access to programmes and services

#### Admissions Procedures

It is the policy of the College, as far as is practicable, to admit all applicants who fulfil the minimum academic requirements for its programmes.

The Open Training College publishes detailed admissions criteria, procedures and regulations for entry to all of its programmes on an annual basis. Additional guidelines are published on the entry requirements for International Students, those seeking advanced entry onto a programme, and for those seeking additional supports or accommodations for reason of a disability or medical condition. All documentation is published on the College website and in the College brochure, and is provided in hardcopy and electronic copy to all applicants upon request.

Access, transfer and progression (ATP) procedures are in place, agreed with learners and affiliate Colleges, as per QA standards. Please see section 6.2.9 for requirements for progression and transfer.

### 3.2.2 Information to be made available to learners about the programme

Clear mechanisms are operated to facilitate access, transfer and progression based on the premise that all learners should have accurate and reliable information available to enable them to plan their learning on the basis of a clear understanding of the awards available and the associated entry arrangements and transfer and progression routes (NQAI 2003, Restated QQI 2015).

Information on programmes will be available through a variety of media, the primary media being the College website and brochures. The website is regularly updated. The information provided includes the following, at a minimum:

- Programme and Award Title
- Accrediting Body
- Level of the Award on NFQ, and Associated Credits

- Programme Content
- Student Profile
- Application Process and Entry Requirements
- Teaching, Learning and Assessment Procedures
- Student Support Structures
- Access, Transfer and Progression Arrangements
- Information on the Recognition of Prior Learning (RPL)
- Protection of Enrolled Learners (PEL) Arrangements
- Data Protection

In relation to programme information, enrolled learners will be notified in writing in accordance with section 67 of the Qualifications and Quality Assurance Education and Training Act (2012), of any changes to information within 14 days of the Colleges becoming aware of any change and the website(s) will be revised within the same timeframe.

#### Websites

The website of the College will be the primary vehicle for the provision of information about the programme and services of the Colleges to potential students and other interested stakeholders. The website will present detailed information on background, staff, mission, aims and values. Websites (including those of collaborative providers) will include a step by step guide and procedure for applying for the programme.

#### Social Networking Sites

Where appropriate, information will be disseminated through relevant and appropriate social networking sites.

#### Brochure and Marketing Materials

Printed brochure (s) will be produced periodically, containing all marketing materials relevant to the recruitment of new students into a programme. This brochure contains details of the teaching, learning and assessment strategies, information leaflets on all programme and relevant application documentation. This brochure is posted/emailed to agreed contacts and enquirers and is published as a pdf file on the websites.

## Open Days and Information Sessions

Open days and information sessions will be facilitated, in which potential students and other interested parties can meet with staff, receive information about the programme and services available and query relevant opportunities available. These information sessions will be facilitated in accessible venues around the country.

### 3.2.3 Entry procedures and criteria for the programme including Procedures for Recognition of Prior Learning

#### Admissions and Enrolment

It is policy to interview all applicants who fulfil the minimum academic prior-learning requirements for a chosen programme. Admissions criteria include minimum prior-learning requirements and a successful interview with a staff panel. Interviews provide opportunity for the applicant and the College to assess whether the applicant is currently positioned to pursue the programme.

Detailed admissions criteria, procedures and regulations for entry to all programmes will be made available to those who submit an application for the programme. Additional guidelines will be available on request to those seeking advanced entry onto a programme and for those seeking additional supports or accommodations for reason of a disability or medical condition. Documentation will be provided to all applicants upon request.

Where additional requirements are in place these procedures have been designed to ensure the best possible fit between student and programme is found and to ensure that the College can adequately and appropriately provide supports to ensure that all students have equal opportunity to succeed on their programme of choice.

The Registration and Admissions Committee (sub-committee of the Academic Council) is responsible for overseeing the annual review and fair application of the admissions policy and procedures and for ensuring that appropriate record keeping is maintained for applicants.

#### Application process:

1. Application for year one is by means of an online application form.
2. Prospective students will be invited to an interview with faculty as part of the application process.
3. Interview will assess level of suitability of the candidate.



4. English language proficiency, to CEFR B2+ (=IELTS 6.0) standard, is required for enrolment. Candidates with another language other than English as their first language, may be required to submit evidence of English proficiency.
5. The interviewer will ask the candidate about any additional support needs, so that the College can best prepare for the candidate's prospective enrolment (subject to receipt of relevant reports).
6. Candidates will be promptly notified of the outcome of interview by the Programme Director.
7. An appeals process is available if required.

#### Recognition of Prior Learning:

Entry to the programme at a later stage to stage one will require separate entry procedure and may require bridging work to be completed and submitted. This is assessed on an individual basis, through comparison with prior learning required to progress on the programme.

The College's RPL/RPEL Policy is presented overleaf.

## POLICY ON THE RECOGNITION OF PRIOR LEARNING (RPL) OPEN TRAINING COLLEGE

### 1. Definition of Recognition of Prior Learning (RPL):

“Prior learning that is given a value, by having it affirmed, acknowledged, assessed or certified.” (NQAI).

This policy includes the use of the term Recognition of Prior Experiential Learning (RPEL) as being included in the general term ‘RPL’. Please note that RPL is not available in relation to the BA in Social Care Level 7.

### 2. Policy Statement

The recognition of prior learning (RPL) and the recognition of prior experiential learning (RPEL) is an inherent part of OTC’s policy in relation to access or opportunity. RPL/RPEL supports and facilitates access to OTC by recognising and valuing the life, formal learning and workplace experiences of learners and will recognise knowledge or experience previously gained in these contexts. The OTC RPL/RPEL policy is fair, transparent and consistently applied.

### 3. Policy Purpose

The policy is designed to enable individuals to build on prior learning to achieve additional qualifications including Major, Minor, Supplemental, Professional and Special Purpose awards.

### 4. Scope

This policy applies to applicants seeking entry to all OTC accredited courses with the exception of applicants to the BA in Social Care:

- admission to programmes where a person may not have attained the standard entry requirements;
- exemptions from programme components which duplicate the learning an individual has already acquired;
- credit towards a qualification; and
- a qualification solely on the basis of prior learning.

*RPL is specific to the programme being applied for* and all additional considerations are presented in the Student Handbook relevant to the particular programme.

The Open Training College does not offer Advance Entry pathways, accreditation of prior and experiential learning for the following programme:

- BA Social Care

## 5. Policy Process

RPL process allows awarding credits for knowledge acquired from external study or experience that is equivalent to the learning outcomes of OTC programmes. Sources of this validation may include testing, other training programmes and a prior learning portfolio. This policy focuses primarily on evidence of prior learning through:

- i. demonstration of achievement of appropriate learning outcomes and /or
- ii. demonstration of achievement of an appropriate level of prior qualification(s).

Where candidates are non-native English language speakers, certified demonstrable achievement in a Standard English Language Competency Test will be required, which is a College requirement. Applicants can gain entry to the First Year of the programme; credits towards/exemptions from programme components which duplicate the learning an individual has already acquired and match the learning outcomes required; or accelerated entry to all stages through RPEL and/or RPL.

## 6. Roles and Responsibilities

The College Director has ultimate executive responsibility for the effective development and implementation of academic policies. The Head of Quality & Academic Affairs has overall delegated responsibility for coordinating the day-to-day operation of the policies and the development, maintenance and monitoring of supporting procedures. Programme Directors and Tutors are responsible for pursuing the implementation of these policies in relation to the activities of their programmes.

## 7. Related Documentation

Student Guidelines on RPL/RPEL (Student Handbook/Website)

Application for RPL/RPEL; developing an RPEL portfolio of evidence

Bridging assignments

Guidelines on credits

Standard English Language Competency Test will be required, if appropriate

## 8. Contact

- Admissions: Corporate Services Manager
- Head of Quality & Academic Affairs
- Relevant Programme Director

Policy Title:		Recognition of Prior Learning Policy
OTC Policy No		1804
Version		3.0
Date approved: April 2022	Date policy will take effect: May 2022	Date of Next Review: 04/2024
Approving Authority:		Academic Council
Document Owner/Contact:		The Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		Procedure for RPL/RPEL Access, Transfer & Progression (ATP)
Audience:		Public access
Reference(s)		<ul style="list-style-type: none"> <li>▪ Sectoral Convention 5 (Post award achievement required for an additional major award at the same level)</li> <li>▪ Protocol 4.4.2 (Exemption from studying a module)</li> <li>▪ QQI (2013) Assessment and Standards Revised</li> <li>▪ QQI Policy Restatement - Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training- NQAI 2003, Restated 2015</li> </ul>

## Procedure for RPL / RPEL

The College offers exemptions on a modular basis to applicants who have successfully completed comparable accredited learning in another institute. To apply for an exemption the applicant must provide the College with evidence of (a) the level of previous study on the National Framework of Qualifications (or equivalent) (b) the specific content covered and (c) their academic ability. In addition, students granted exemptions may also be required to complete bridging studies and assessment. The College reviews all applications for exemption on an individual basis. It is only when the College is completely satisfied that the applicant meets the stated criteria that an exemption will be granted. Exemptions may be granted against any stage of a programme.

### Please Note:

RPL is specific to the programme being applied for and all additional considerations are presented in the Student Handbook relevant to the particular programme. As noted RPL is not available in relation to the BA in Social Care Level 7.

Where the module that is being exempted counts towards the overall result for an award an exemption will result in the recommendation of an unclassified award to QQI, except in the case of the previous learning having an equivalent mark/grade attached, which can be verified through an official transcript of results from the College itself or another institute. In this instance the learner will be eligible to carry the grade previously achieved, and to count this towards their new award. The learner will also have the option to decline the offer of exemption and carry out the regular requirements of the module(s) and be awarded a grade based on their achievement in the module, which will be put forward for the award to be classified. The credit value of exemptions awarded will not be greater than the credit value of the previous accredited learning.

Previous accredited learning to be considered for exemption purposes must be at the same or higher level than the module(s) for which the exemption is being sought. Where ECTS credits have been achieved by the learner additional credit will not be awarded through this exemptions process.

In assessing for stage exemption through RPEL, the following procedure applies:

1. A gap analysis is performed on stage learning outcomes (SLOs) for the target Level, contrasted against the target Level minus 1 (e.g., a gap analysis of SLOs at Level 7 contrasted with SLOs at Level 6);

2. A list of required evidence is compiled (e.g., CV, Certificates, Copies of research undertaken, References, Evidence of work completed etc.) and agreed by the Programme Director (PD), Head of E-learning & Assessment and the Head of Quality & Academic Affairs;
3. The prospective student is interviewed by the Programme Director and guided in the process;
4. The student compiles a portfolio of evidence and completes any additional bridging assignment required;
5. A final interview with the PD takes place to confirm that all evidentiary requirements have been met.

Similarly, stage exemptions through RPL must meet the following criteria, showing that the appropriate certified prior learning was:

- a. on a cognate programme;
  - b. at the applicable level;
  - c. with 60 ECTS credits per stage;
  - d. and that any additionally relevant requirements (e.g., work placement hours etc.) have been met.
- Exemptions will be awarded by the Open Training College in accordance with Sectoral Convention 5 (Post award achievement required for an additional major award at the same level) and Protocol 4.4.2 (Exemption from studying a module) of QQI (2013) Assessment and Standards Revised.

### 3.3 Programme Monitoring and Review

#### 3.3.1 Internal Monitoring and Evaluation

To facilitate the continuous monitoring of programmes the College operates a cycle of evaluations and reviews to seek feedback on all aspects of programmes, review that feedback, make and implement recommendations for continuous improvements. The following table illustrates the variety of evaluations conducted and the structures in place to review the outcomes of these.

Evaluation/Review Methodology	Programme element addressed	Stakeholders involved	Frequency of monitoring
Module Evaluation Surveys	<ul style="list-style-type: none"> <li>▪ Open Learning Materials</li> <li>▪ Workshops &amp; Seminars</li> <li>▪ Tutorial Supports</li> <li>▪ MyOTC</li> <li>▪ Assessment</li> </ul>	Students Academic Staff	All years - Module One
Ad Hoc Student Evaluation Surveys	<ul style="list-style-type: none"> <li>▪ Any element as determined necessary by Programme Boards</li> </ul>	Students	Ad Hoc

End of Year College Evaluation Survey	<ul style="list-style-type: none"> <li>▪ Open Learning Materials</li> <li>▪ Workshops &amp; Seminars</li> <li>▪ Tutorial Supports</li> <li>▪ MyOTC</li> <li>▪ Assessment</li> </ul>	Students	Annually
Programme Boards	<ul style="list-style-type: none"> <li>▪ Open Learning Materials</li> <li>▪ Workshops &amp; Seminars</li> <li>▪ Tutorial Supports</li> <li>▪ MyOTC</li> <li>▪ Assessment</li> </ul>	Academic Staff & student representative	Min. 2 meetings per year
Teaching, Learning & Assessment Committee	<ul style="list-style-type: none"> <li>▪ Open Learning Materials</li> <li>▪ Workshops &amp; Seminars</li> <li>▪ Tutorial Supports</li> <li>▪ MyOTC</li> <li>▪ Assessment: reliability and validity</li> </ul>	Director(s) & Academic staff	Meetings as deemed necessary by committee Chair
Examination Boards	<ul style="list-style-type: none"> <li>▪ Assessment: reliability &amp; validity &amp; consistency with national standards</li> </ul>	External Examiners Director(s) Academic Staff	Min. Annually - and as required to approve results/repeats

Table 4: Internal Monitoring and Evaluation Procedures

## Evaluation/Review Methodologies

### Module Evaluation Surveys

Upon completion of the first modules of their programme First Year students are invited to participate in an online module evaluation survey, administered using Survey Monkey<sup>5</sup> online surveying tools. These surveys address the following areas of module delivery: The Module Content; Tutorial and Online Supports; Module Workshop and Module Workload. The purpose of these surveys is to engage with and build supportive relationships with the First Year student cohort and to identify any particular concerns or issues which need to be addressed with this group. At the discretion of the Programme Board an additional module evaluation survey may also be administered for the third module. Participation in these surveys is on a voluntary basis and the identities of respondents are protected in all publications of survey results, which are shared immediately on MyOTC following completion of the survey.

At the discretion of and under the remit of the Programme Board, a student evaluation survey may be designed and administered with relevant groups of students to meet a specified need identified by a

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<sup>5</sup> See [www.surveymonkey.com](http://www.surveymonkey.com) for more information

committee and/or in response to a change or development in the delivery of a programme (e.g. new workshop/seminar format or presenter, new content, move to online delivery, etc.).

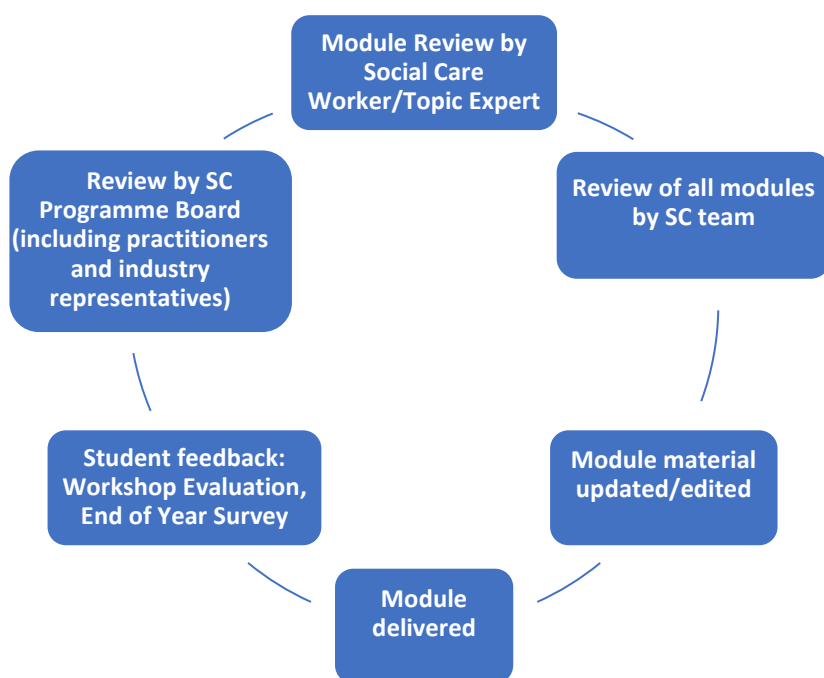
#### *End of Year College Evaluation Surveys*

Upon completion of each academic year students are invited to participate in a detailed online evaluation survey of College programmes and services experienced by students over the year. This survey addresses the following areas of College programmes and services: Overall College Experience; Learning Materials; Student Supports & Tutorials; Online Learning & Activities; Assessment & Feedback; Professional Development; College Administration. These surveys are also administered using Survey Monkey online surveying tools and participation is on a voluntary basis. The identities of respondents are protected in all publications of survey results, which are shared immediately on MyOTC following completion of the survey.

#### **Annual Module Review & Editing Cycle**

The content of the BA in Social Care and of each module is informed by feedback from all stakeholders as outlined on the Programme Document (Appendices to Programme Document 18.10.19 Appendix 12 Stakeholder Analysis pp 144-155).

The diagram below outlines the annual programme/module review cycle



*Programme Board(s)*



The mechanism within the College for the review of the data generated by the modular and annual evaluation and the ratification of decisions in relation to quality improvements is the Programme Board. Three boards are currently in operation by the College.

- (i) Social Care Programme Board
- (ii) Management Programme Board
- (iii) FET Programme Board

In keeping with recent developments and re-engagement with QQI, a new Programme Board, to oversee QQI validated Further Education and Training (FET) programmes was established in the academic year 2018-19. Any future programmes developed will either sit under one of the above existing Boards or a new Board established.

Each Board meets a minimum of twice per academic year as follows:

- September: Post Exam Board Review
- July: End of Year Review

The Programme Boards are subcommittees of the Academic Council. Further information on the membership, terms of reference, reporting and recording arrangements of the Programme Boards can be found in Section 1 of this QA document.

#### *Teaching, Learning & Assessment Committee*

This committee has a remit to review relevant results of evaluation surveys completed by the College as well as to analyse other relevant data. It is a sub-committee of the Academic Council. Further information on the membership, terms of reference, reporting and recording arrangements of these committees can be found in Section 1 of this QA document.

#### *Examination Boards*

Two Examination Boards are currently in operation in the College, these are:

- (i) Applied Social Studies/Professional Social Care
- (ii) Management

For FET programmes, the examination board is referred to as the Results Approval Panel. Any future programmes developed will either sit under one of the above existing Boards or a new Examinations Board established.

The Examination Boards are subcommittees of the Academic Council. Further information on the membership, terms of reference, reporting and recording arrangements of the Examination Boards can be found in Section 1 of this document.

### 3.3.2 External Monitoring and Evaluation

External monitoring of all accredited providers is carried out by QQI. This monitoring addresses the following areas:

- Programme quality and attainment of awards standards
- Follow-up on internal and/or external quality procedures, e.g. Re-validation
- Institutional Review
- Tracking the implementation of policy
- Specified quality indicators, e.g. completion rates

To facilitate baseline monitoring by QQI the College will supply the following information to QQI as and when required:

- Findings (as agreed with QQI) arising from the application by a provider of its Quality Assurance Procedures
- Follow-up reports as required
- External examiner details and their reports
- Detail on change which may affect the status of a registered QQI provider
- Crisis notification (e.g. financial issues and capacity deficits, major impending media disclosures relating to academic quality)
- Annual completion rates report
- Annual First Destination Survey Data
- Arrangements for the protection of learners where appropriate

## 3.4 Procedures for Programme Review, Revalidation and Validation

*From 2017, QQI policies and criteria state that “Re-validation is Validation”. Therefore, Stages 3 and 4 below are common to both the re-validation of existing programmes and the validation of new programmes. Stages 1 and 2 are unique to Programme Review (formerly Programmatic Review).*

*Programme Review – is a provider-owned process and relies on QA approved by QQI.*

*Re-validation/Validation - is a process owned by QQI and carried out on its behalf in part by an independent expert panel, which makes a recommendation for approval or otherwise to QQI’s PAEC through the completion of an Independent Evaluation Report (IER).*

Ultimately, programme approval depends on an application for re-validation/validation meeting all the criteria and sub-criteria of QQI’s Validation policy. A full case must be presented.

### 3.4.1 Programme Review

The procedure for programme review and re-validation is as follows:

<i>Stage 1: Programme Review-Self Evaluation:</i>
1. Formation of Programme Review Team
2. Planning of the process
3. Stakeholder consultation
4. Agreement in writing of Terms of Reference with QQI
5. <i>Provider’s Programme Review Report (Programme Evaluation Report – Part A)</i>

<i>Stage 2: Programme Review - External evaluation and reporting:</i>
6. Site visit by formerly agreed Independent Panel
7. Production of an Independent Programme Review Report (PER – Part B)
8. College formal response and implementation plan to 7 (PER – Part C)
9. The Independent Panel’s response to 8 (PER – Part D)

Risk assessment is carried out under the College’s Risk Management Policy and procedure throughout stages 1 and 2.

*Stages 1 and 2 are unique to Programme Review. Stages 3 and 4 are common following the review of programmes, the development of new programmes ([Section 3.1, above](#)) or for differential validation of programmes.*

<i>Stage 3: Revalidation/Validation</i>
10. Formal application to QQI for Revalidation/Validation
11. Panel visit/desk review
12. IER Recommendation
13. Approval by PAEC

<i>Stage 4: Adoption and Implementation of Recommendations</i>
14. Adoption and Implementation of Recommendations

Programme Review is the formal evaluation of QQI accredited programmes and related services, carried out at five-year intervals for related programmes. This review process has an internal and an external evaluation phase as detailed above.

The specific objectives of a programme review are to<sup>6</sup> :

- ensure that the programme remains appropriate, and to create a supportive and effective learning environment
- ensure that the programme achieves the objectives set for it and responds to the needs of learners and the changing needs of society
- review the learner workload
- review learner progression and completion rates
- review the effectiveness of procedures for the assessment of learners
- inform updates of the programme content; delivery modes; teaching and learning methods; learning supports and resources; and information provided to learners
- update third party, industry or other stakeholders relevant to the programme(s)
- review quality assurance arrangements that are specific to that programme

#### Stage 1: Programme Review - Self-Evaluation

##### *Step 1: Formation of the Programme Review team*

A Programme Review Team is formed under the co-ordination and management of the relevant Programme Board. Members of the programme review team can include:

- the relevant Programme Director (Team Leader)
- a Programme Tutor

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<sup>6</sup> QQI Programme Review Manual 2016/2017, Pilot Implementation Draft, p. 3.

- a Programme Director of another College programme
- The Head of Quality & Academic Affairs
- Any other relevant person(s)

*Step 2: Planning of the process to include collation of 5-year QA summary report*

The programme review team will conduct a review of the Quality Assurance data collected for the programme(s) during the 5-year period being addressed by the review. This data will be contained in the annual QA reports for the programme(s). A QA summary report will be compiled from this data, which details the recommendations for improvements made and the current status of each recommendation. This QA summary report will provide an accurate representation of the current state of the programme(s).

*Step 3: Stakeholder Consultation*

Consultation with relevant stakeholders will be conducted to gather feedback and opinions on the successes of the programme(s) and recommendations for future developments. Relevant stakeholders will be defined by the Programme Review Team and the focus of the programme review itself. Stakeholder groups must include, but are not limited to:

- Current students
- Programme graduates
- Employers
- Academic Staff of the programme(s)

Appropriate methodology for consultation with each of the stakeholder groups will be identified and developed by the Programme Review Team.

*Step 4: Agreement in writing of Terms of Reference with QQI*

The Programme Review Team will define the Terms of Reference for the programme review and agree these with QQI.

*Step 5: Review of data and development of Provider's Programme Review Report*

The Programme Review Team will convene meetings as necessary to review the data gathered through steps 2 and 3, and critically evaluate the programme(s) with reference to the current Programme Review Manual and Validation criteria<sup>7</sup>.

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<sup>7</sup> QQI (2016-2017) – i. Policies and criteria for the validation of programmes of education and training and ii. Programme Review Manual

The Programme Review Team will develop recommendations for developments and improvements to the programme as a result of this review and analysis.

Details of actions taken and results of each step of the internal phase, as well as the recommendations generated, will be presented in the Provider's Programme Review Report. This report also presents all findings from the Programme Review and evaluation against the Validation criteria (above) and includes the outline of and Proposed Programme Schedules for the programmes to be investigated by the Independent Review Panel.

#### Stage 2: External Independent Review

Phase 2 of the Programme Review is carried out by an Independent Review Panel which is required to make an impartial judgement on the continued maintenance of the overall standard of the programme and on its acceptability for the award in question, when compared with similar programmes elsewhere in Ireland and / or internationally. The Independent Review Panel is agreed with QQI at the time of the agreement of Terms of Reference, at which time it may also be requested (and agreed in writing) that the same Panel members are designated as Independent Evaluators for the Revalidation Phase (Phase 3-below).

#### *Step 6: Site Visit of the Independent Review Panel*

The Independent Review Panel is comprised of external peers familiar with current practice and developments in the programme area. At a minimum it will comprise the following:

- Chairperson – experienced in higher/further education and training; with training in programme review/revalidation through QQI
- Secretary
- Academics (minimum 2), experts in relevant field of learning
- Representatives from industry/relevant profession
- Learner representative
- QQI representative if appropriate

Panel members are selected with the aim of forming a balanced panel which has:

- an understanding of the relevant sector;
- experience of working in the sector;
- knowledge and expertise in relation to teaching and assessment;
- expertise in relation to national and international trends relevant to the programme;
- knowledge and expertise in relation to the management of third level education

- an acceptable gender balance of at least 40% of either gender.

Each of the panel members will be supplied with the Provider's Programme Review Report and any necessary supporting documentation well in advance of the panel visit to the College.

In order to complete its work, the review panel visits the College to review the relevant documentation including the programme review report, discusses the programme with the Programme Review team, students and graduates of the programme(s) and reviews the facilities available for conducting the programme(s).

The Chair of the programme review team is responsible for agreeing the agenda for the panel visit with the Secretary of the panel, ensuring all relevant personnel are available to meet with the panel as required and that all relevant documentation is available. The general issues considered and evaluated by the Independent Review Panel encompass all of the issues considered by a validation panel but with an emphasis on the following aspects of the self-evaluation:

- Quality and comprehensiveness of the self-study process;
- Principles and philosophy underpinning the self-study and their relevance to the programme;
- Evidence of programme improvements in the annual monitoring and quality outcomes;
- Logic of the detailed recommendations arising from the self-study;
- Appropriateness of the proposed changes to the programme to fulfil these recommendations;
- Overall health of the programme and the procedures for academic quality assurance within it.

On completion of the site visit, the Review Panel and Programme Review Team meet and the Chairperson of the Panel provides verbal feedback to the Programme Review Team. Issues are discussed and clarifications are provided. The Panel and Review Team discuss recommendations in relation to developing and improving the programme(s).

#### *Step 7: Production of an Independent Programme Review Report (PER – Part B)*

Following the panel visit, the Secretary is responsible for producing a written panel report, which gives the panel's response to the self-evaluation conducted by the College and their recommendations for developments and improvements to the programme. It should also include a recommendation, positive, negative or conditional, in respect of the continuing validation of the programme(s), which are the subject of the review. The report should specify the duration of revalidation recommended; not in excess of five years.

#### *Step 8: Response to the Independent Programme Review Report (PER – Part C)*

The Programme Review Team will have the opportunity to review the report before it is finalised, in order to check for factual accuracy. At this stage, the review team should also prepare a formal response to the Panel's report and an implementation plan in respect of any recommendations made by the Panel. This response and plan become Part C of the Provider's Evaluation Report.

#### *Step 9: Response of the Independent Panel to PER Part C (PER Part D)*

Following the College's response to the Panel at step 8 above, the Panel may make a final response, which is included in the PER as Part D.

#### Stage 3: Validation/Revalidation - Submission to QQI for revalidation of programme(s)

The Provider's Evaluation Report (PER – Parts A, B, C and D), will be forwarded to QQI for Independent Evaluation, as part of the revalidation process. This will be accompanied by a formal request for revalidation and:

- Documents demonstrating prerequisites to apply have been established;
- The proposed terms of reference for the Independent Evaluation Report (IER), if these have not been agreed earlier at Phase 1, Step 4.

In the case of all applications for validation, the application will be submitted on the current QQI template, with QQI appointing the panel. Following submission, the following steps occur:

- Panel visit/desk review
- IER Recommendation
- Approval by PAEC

The College will receive a copy of the IER, for fact checking, before it is submitted to the Programmes and Awards Executive Committee (PAEC) for approval/declining of validation/revalidation.

All relevant reports arising from validation and revalidation processes will be published on the College's website.

#### Stage 4 - Adoption and Implementation of Recommendations

This is the final stage in the Programme Review, Validation and Re-validation processes. The Provider's Evaluation Report (PER) and Independent Evaluation Report (IER) are circulated to the Academic Council and the relevant Programme Board. The recommendations of the report are formally approved and adopted at the Academic Council meeting. Following this the recommendations are taken up by the relevant Programme Board, which will plan for and monitor their implementation.



## 3.5 PEL Policy and Procedures

### PROTECTION OF ENROLLED LEARNERS (PEL) POLICY OPEN TRAINING COLLEGE

#### 1. Introduction

The Qualifications and Quality Assurance (Education and Training) Act 2012 contains provisions for the protection of learners enrolled in programmes of education and training (Part 6, S. 64-67). The legislation applies to all education providers (other than those specifically exempt under legislation) and to any programme of 3-month duration or longer where fees have been charged. QQI has developed protocols to facilitate providers in the fulfilment of their legal obligations with regard to PEL.

As summarised by QQI, the 2012 Act seeks to ensure that:

- (1) Learners have an opportunity to complete a programme leading to an award, or
- (2) Learners are refunded the moneys most recently paid if a programme ends before they complete it, and
- (3) Learners are provided with adequate and accurate information about the programme that they wish to pursue and about the protection in place for them in event that the programme ceases prior to their completion.

#### 2. Purpose

To outline how the OTC complies with its legal obligations in respect of the protection of enrolled learners.

#### 3. Scope

Protection of learners enrolled in OTC, QQI approved, undergraduate and postgraduate accredited programmes of 3 months duration or longer where moneys have been paid by, or on behalf of the learner.

#### 4. Policy Statement

OTC has learner protection arrangements in place with respect to enrolled learners on all QQI validated programmes of 3 months duration or longer, where moneys have been paid in advance of delivery of programme by, or on behalf of the learner, ensuring learners' education at OTC is protected, and in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012, Part 6 "Protection of Enrolled Learners".

OTC strives to ensure that all its programmes are taught out and finished. The purpose of the policy and related 'Protocols and Procedures on PEL document' is to facilitate OTC's reaching workable and tangible PEL solutions across all relevant programmes, for its continuation to completion. Arrangements which facilitate learners to complete their studies, is the preferred PEL option and approach for QQI and OTC, as this accommodation is in the best interests of the learner.

In addition, OTC seeks to strengthen public confidence by:

- (1) Having a refund policy in place which will be communicated to students in their programme documentation and made publicly available on the website;
- (2) Making arrangements for the protection of enrolled learners known to the Designated Awarding Body, if collaborative arrangements are not already agreed and stated within the joint contractual agreements;
- (3) Minimising risk through appropriate control and monitoring activities, including:
  - Designing and delivering programmes in accordance with contractual agreements with the Designated Awarding Body and in compliance with national Quality Assurance requirements and guidelines;
  - Fulfilling corporate governance and financial reporting and regulatory obligations;
  - Conducting risk assessment activities during the programme design stage and programme evaluation stage, and analysing environmental threats.

Learner Protection insurance is provided by Arachas and underwritten by Aviva Insurance Company Limited. This insurance policy provides either for the completion of the programme or the return of fees most recently paid in line with the 2012 Act.

## 5. Roles and Responsibilities

The College Director has ultimate executive responsibility for the effective development and implementation of academic policies. The Head of Quality & Academic Affairs has overall delegated responsibility for coordinating the day-to-day operation of the policies and the development, maintenance and monitoring of supporting procedures. Programme Directors and Tutors are responsible for pursuing the implementation of these policies in relation to the activities of their programmes.

## 6. Definitions

Enrolled Learner: student fully registered with the College. Application form accepted and required fee/part fee paid – for the purposes of completing an accredited programme of 3 months duration or longer.

## 7. Related Documentation

This policy should be read in conjunction with *Procedures for PEL*.

## 8. Contacts

The Head of Quality & Academic Affairs/Corporate Services Manager

Policy Title:		Protection of Enrolled Learners (PEL)
OTC Policy No		1802
Version		1.3
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: Annual
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs Corporate Services Manager
Supporting documents, procedures & forms of this policy:		Procedures for PEL
Audience:		Public – accessible to anyone
Reference(s)		The Qualifications and Quality Act (Education and Training), 2012  Statutory Instruments relating to PEL  European Standards and Guidelines for QA in the European Higher Education Area

### 3.5.2 Procedure for Protection of Enrolled Learners

Procedure Outline / Method(s) used to carry out this procedure	Responsibility of	Evidence generated by this procedure to ensure its effectiveness
<p>1. When PEL arrangements are activated Learner Protection insurance is provided by Arachas and underwritten by Aviva Insurance Company Limited. This insurance policy provides either for the completion of the programme or the return of fees most recently paid in line with the 2012 Act.</p> <p>The agreements with Arachas which underpin these PEL arrangements are designed and developed in line with QQI's <i>Protection of Enrolled Learners: Protocols for the Implementation of Part 6 of the 2012 Act</i>.</p> <p>PEL arrangements will be activated when:</p> <ol style="list-style-type: none"> <li>1. OTC fails to provide a programme of education and training of three months' duration or longer where moneys have been paid, for any reason (including the insolvency or the winding up of that provider), or where QQI withdraws programme validation.</li> <li>2. Enrolled learners have begun, but not completed, a programme of education and training of three months' duration or longer where moneys have been paid and OTC ceases to provide the programme before that programme is completed for any reason (including the insolvency or the winding up of that provider), or on account of QQI withdrawing programme validation.</li> </ol>	<p>College Director, Head of Quality &amp; Academic Affairs</p>	<p>Records of correspondence between College Director to QQI and to Learner Protection insurance provided by Arachas and underwritten by Aviva Insurance Company Limited; to inform them PEL arrangements need to be activated.</p>

<p>Typical examples of incidences for PEL activation are:</p> <ol style="list-style-type: none"> <li>1. A provider ceases trading while learners are enrolled on programmes</li> <li>2. A provider ceases offering a specific programme while learners are enrolled on the programme</li> <li>3. QQI withdraws validation of the programme while learners are enrolled</li> </ol> <p>2. Guideline Procedures on consideration of PEL arrangements activation</p> <ol style="list-style-type: none"> <li>1. In relation to the PEL option for the learner to complete the affected programme, the following section (2.2) provides a template framework approach to PEL, and outlines basic procedures in relation to managing a potential PEL situation arising. OTC would need to make available access, and/or information on the following: </li> </ol> <p>2.2</p> <p><i>2.2.1 PEL Activation Procedural Considerations</i></p> <ol style="list-style-type: none"> <li>1. OTC needs to ensure that QQI and Arachas can readily access learner records in the event that PEL arrangements need to be activated.</li> <li>2. PEL Activation commences when the OTC College Director informs QQI and Arachas that there is a need to activate the PEL arrangements, and will discuss and agree a suitable timeframe for the transfer of data and learners to the respective alternate providers.</li> <li>3. OTC agrees a timeframe for the transfer of learners and all relevant learner records data</li> </ol>	<p>College Director, Head of Quality &amp; Academic Affairs, Programme Directors, Corporate Services Manager, Core Programme Staff</p>	<p>Arrangements Document, detailing procedures around the full PEL arrangement with Arachas.</p> <p>All records of correspondence between OTC, QQI and Arachas, during PEL activation Process.</p>
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<p>and relevant institutional information, to QQI and Arachas.</p> <p>4. Internal emergency activation meetings commence within the College to prepare the following information for transfer to QQI and both alternate providers as soon as possible.</p> <p><i>2.2.2 Provider and Programme Details Information</i></p> <p>a) Statement from the OTC College Director, confirming that he/she has the capacity to confirm all details provided are in compliance with the Part 6 of the 2012 Act, on behalf of the organisation.</p> <p>b) Legal entity confirmation and full company name and address.</p> <p>c) Programme details: Full programme title, Award title, NFQ Level, Joint Awards / Collaborative Provision, Number of Stages, ECTS credits per stage, Mode of Attendance (full time / part time / distance), Number of Intakes per year, Structured Work Placements if relevant, or any other special features.</p> <p><i>2.2.3 Relevant Learner Records</i></p> <p>a) Learner Personal detail records (including personal reports and learning needs)</p> <p>b) Learner Academic records</p> <p>c) Learner fees records</p> <p><i>2.2.4 Programme Organisation</i></p> <p>i. Full details of academic staff (full time, part time)</p> <p>ii. All administration support staff at all levels within OTC</p>		
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<p>iii. Premises information (including lease and owner information of the premises where applicable)</p> <p>iv. Information on outreach or satellite centres in use, for programme delivery where applicable</p> <p>v. Key interaction contacts for the programme (including government or state agencies, international agencies etc.)</p> <p>vi. All promotional information used to market the programme</p> <p><i>2.2.5 Programme Information</i></p> <p>2.1 Approved assessments, examination questions and marking schemes</p> <p>2.1 Any repeat assessments, examination questions and marking schemes</p> <p>2.1 Soft copies of any submissions, feedback issued to learners and resubmissions, hard copies of examination scripts</p> <p>2.1 A copy of the most recent approved assessment schedule</p> <p>2.1 Copies of Programme Board meetings over the previous academic year</p> <p>2.1 Copies of minutes of Exam Board meeting minutes over the previous academic year</p> <p>2.1 Any programme related Quality Assurance meeting minutes</p> <p>2.1 Any applications for Reasonable Adjustment, issues of Plagiarism or other incidence of learner infringement on assessment and examinations over the previous academic year</p> <p>2.1 Details / copies of the validated programme submission document originally agreed with QQI, including programme schedule</p>		
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<p>2.1 Copies of issued workshop/seminar notes and other materials distributed during the programme</p> <p>2.1 Copies of results transcripts (if applicable) and/or copies of results issued to learners up to the point of the activation of the PEL arrangements</p> <p>2.1 Collateral and Supporting Assets necessary to provide the Programme</p> <p>2.1 ICT Network Infrastructure</p> <p>2.1 Virtual Learning Environment access (for example Moodle), SOL</p> <p>2.1 Library materials and assets (online)</p> <p>2.1 Online Licenses and Software related to programme delivery</p> <p>2.1 Storage and security of assessment related materials</p> <p>2.1 QA policies and procedures of the Provider</p> <p>2.1 All equipment related to the programme (owned, leased)</p> <p>2.1 Location of assets</p> <p>2.1 All other Intellectual Property related to the programme, (other than what is mentioned in e and f above)</p> <p><i>2.2.6 Information to Learners</i></p> <p>In accordance with Section 67(1) of the Act, The Provider shall, before commencing the Programme and before accepting any payment from or on behalf of an enrolled learner in respect of the Programme, notify the enrolled learner in writing of the following:</p> <ol style="list-style-type: none"> <li>1. the name of the awarding body or, where appropriate, awarding bodies making the award</li> </ol>		
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<ol style="list-style-type: none"> <li>2. the title of the programme and the award to which it leads, and</li> <li>3. whether the award is recognised within the NFQ, and if so: the level of that recognition within the NFQ, and</li> <li>4. whether the award is a Major, Minor, Special Purpose or Supplemental award as identified within the NFQ</li> <li>5. where OTC is required to have procedures for access, transfer and progression in place under section 56, a statement of how those procedures apply to that programme</li> <li>6. the details of the arrangements for PEL that The Provider has in place in accordance with Section 65(4) of the Act. In accordance with Section 67(2) of the Act, the Provider shall notify the enrolled learner in writing of any change in the information notified to the learner under subsection (1) within 14 days after becoming aware of that change.</li> </ol>		
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### 3.6 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- BL/OL focus as part of Programme Review/Revalidation/Validation
- External review
- Informing of External Panel Members on BL/OL
- Induction of external academic Council and Sub-committee members re. BL/OL
- Design of programmes around BL/OL delivery
- Equality of access
- Information provided to prospective learners on BL/OL requirements
- Evaluations and surveys relating to BL/OL
- BL/OL expertise on programme development committees

Blended Learning: This section meets *“Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes”* (QQI, 2018), in relation to the following:

- i. Organisational structures and processes ensure that technology is in the service of pedagogy.
- ii. All materials and media (for example audio-visual, printed or digitised assets) used to deliver online learning are subject to informed peer comment at one or more draft stages and allow for the incorporation of feedback into subsequent and final versions of the learning resources.
- iii. The programme as a whole is intended to achieve learning outcomes. Online learning is effectively integrated into the programme for this purpose. Overall programme design is informed by best practice in curriculum design.
- iv. Curriculum development processes with an appropriate representation of subject, educational technology, instructional design and other key internal stakeholder expertise. For example, specialist student support advisers and administrators, library and information professionals play significant roles in effective online learning as well as the teaching staff who will support learners.
- v. Developments are subject-led rather than technology-led.
- vi. A focus on the delivery of an interactive learning experience for each module delivered online and academic content appropriate to the unit of study.
- vii. Information for individuals developing online learning modules to ensure the use of the platform the institution has committed to and that they are bound by the institutional policies, systems, hardware and processes for online learning.
- viii. Approval and validation processes for blended learning programmes including online learning modules are appropriate and fit-for-purpose.
- ix. Testing of delivery mechanisms for online modules or parts of modules. For example, confirming that (where appropriate) it is possible to access learning on a private computer or on a mobile device or other as appropriate.
- x. Programmes are fully designed before being offered to learners.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• Authors of learning materials are relevant for the subject. Learning materials are reviewed and updated periodically.</li></ul>
<ul style="list-style-type: none"><li>• External quality assurance considers the characteristics of e-learning in regular procedures, such as innovation in teaching and learning processes (institutional or programme evaluation).</li></ul>

## SECTION 4: STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT

### Supporting Documents:

1. St. Michael's House Human Resources Policies and Procedures Manual (2008-2018)
2. Employee Handbook – SMH
3. Staff Handbook – OTC
4. CPD Policy and Procedures
5. Teaching, Learning & Assessment Committee Minutes

### 4.0 Introduction

The full spectrum of Human Resources policies and procedures operated by the College, under the governance of St. Michael's House is detailed in *St. Michael's House Human Resources Policies and Procedures and the associated Employee Handbook*. While the manual is still available it is continually being reviewed and updated. However, increasingly the main source of information on HR matters for staff is the internal Intranet. Table 5 below provides a summary overview of what is currently available/applicable to staff. Appendix 6 provides a further detailed breakdown (i.e. an unpacking of No. 9 in the table below).

1. [Department Forms \(HRDF\)](#) <sup>8(7)</sup>
2. [Leave Forms \(HRLF\)](#) (11)
3. [Other Forms \(HROF\)](#) (10)
4. [Code of Conduct for Employees](#) (1)
5. [Competencies](#) (2)
6. [Dignity at work policy - Support Contact Persons](#) (2)
7. [General](#) (2)
8. [HR Policies & Procedures Manual](#) (0)
9. [Updated HR Policies 2017](#) (21)
10. [Mobile Phone Policy](#) (1)
11. [Tax Saver Scheme](#) (2)
12. [Annual Leave Calculator](#) (1)
13. [Recruitment](#) (4)
14. [Performance Management Development System](#) (0)
15. [Pensions](#) (11)
16. [Protected Disclosures](#) (3)
17. [Job Evaluation Scheme 2016](#) (2)
18. [Staff Supervision and Support forms](#) (2)
19. [Employee Health and Wellbeing](#) (5)

Table 5: List of staff policies and related information

<sup>8</sup> The number in the bracket indicates the number of documents available to staff on the folder topic. e.g. there are 7 forms in folder no 1. There are 21 updated policies and procedures in folder no.9.

The following sections detail the key areas of staff recruitment/selection, staff communication, management structure, staff development (CPD) and staff performance management. The College Policy on the use of Social Media is also included in this section.

Note: the Social Media Policy also applies to associate staff and students of the College.

## 4.1 Staff Recruitment and Selection

The College is fully committed to ensuring that sufficient, appropriately qualified staff members are employed to meet the academic, administrative and quality requirements of the College. Staff recruitment and selection is carried out in line with the St. Michael's House Recruitment and Selection Policy (Relevant policies are available, in a supplementary document, for external review purposes and available internally on the SMH intranet).

All vacancies are advertised internally and externally in national newspapers and on appropriate recruitment websites. All applicants for a post are assessed based on their abilities and experience against key criteria for the post as outlined in a job specification and personnel profile. Suitable candidates are interviewed by senior staff trained in recruitment and selection techniques. All appointments made are subject to a minimum six-month probationary period. During this probationary period job progress is closely monitored through frequent appraisal meetings between the line manager and new staff member. At least two formal probationary reports will be completed during this period.

Prior to commencing in the position, all new staff members are subject to an identity check by Human Resources. In the case of Irish nationals, new recruits are required to provide a copy of their birth certificate and all non-Irish nationals recruited are required to submit copies of their birth certificates plus passport and immigration papers.

In addition to this, the qualifications of new staff members will be validated independently by the College. In all cases candidates will be required to provide an original or notarised copy of their parchment and transcript and/or Diploma Supplement. The College will contact the examinations office of the awarding institution to validate the authenticity of the documentation. If not clearly stated on the documentation provided by the candidate the level and recognition of the qualification(s) presented will be validated by reference to the Qualifax database. In the case of candidates who present with qualifications obtained outside of Ireland they will be required to

provide evidence of their equivalence and recognition by application to NARIC, the centre for academic recognition of foreign qualifications in Ireland within QQI. All staff members are issued with a formal written contract.

The named person with direct responsibility for the design and integration of the profession-specific components of BA Social Care, the Social Care Programme Director, must have appropriate qualifications and experience. S/he must also be registered with the appropriate statutory registration board unless other arrangements are agreed.

## 4.2 Staff Communication

Staff communication begins with the recruitment, induction and probation policies outlined in this document. The reporting structure is as outlined in the accompanying organisational chart.

For tutors and associate tutors communication is ongoing in the following ways:

- Regular meetings with Programme Director
- Tutor feedback forms
- Participation in relevant programme boards and Academic Council (AC) sub-committees
- Programme development, programme review, validation and revalidation committees
- From St. Michael's House (SMH) HR Department
- On the College website and through College social media
- Regular face-to-face meetings with colleagues
- On the SMH website, Newsletter and Information days
- Internal Research Forum
- External affiliations with which staff engage (e.g. National Forum, IASCE)

For administration staff, communication is ongoing as follows:

- Regular meetings with Corporate Services Manager
- Participation in relevant programme boards and Academic Council (AC) sub-committees
- Programme development, programme review, validation and revalidation committees
- From St. Michael's House (SMH) HR Department
- On the College website and through College social media
- Regular face-to-face meetings with colleagues
- On the SMH website, Newsletter and Information days
- Internal Research Forum

For Programme Directors and management, communication occurs as follows:

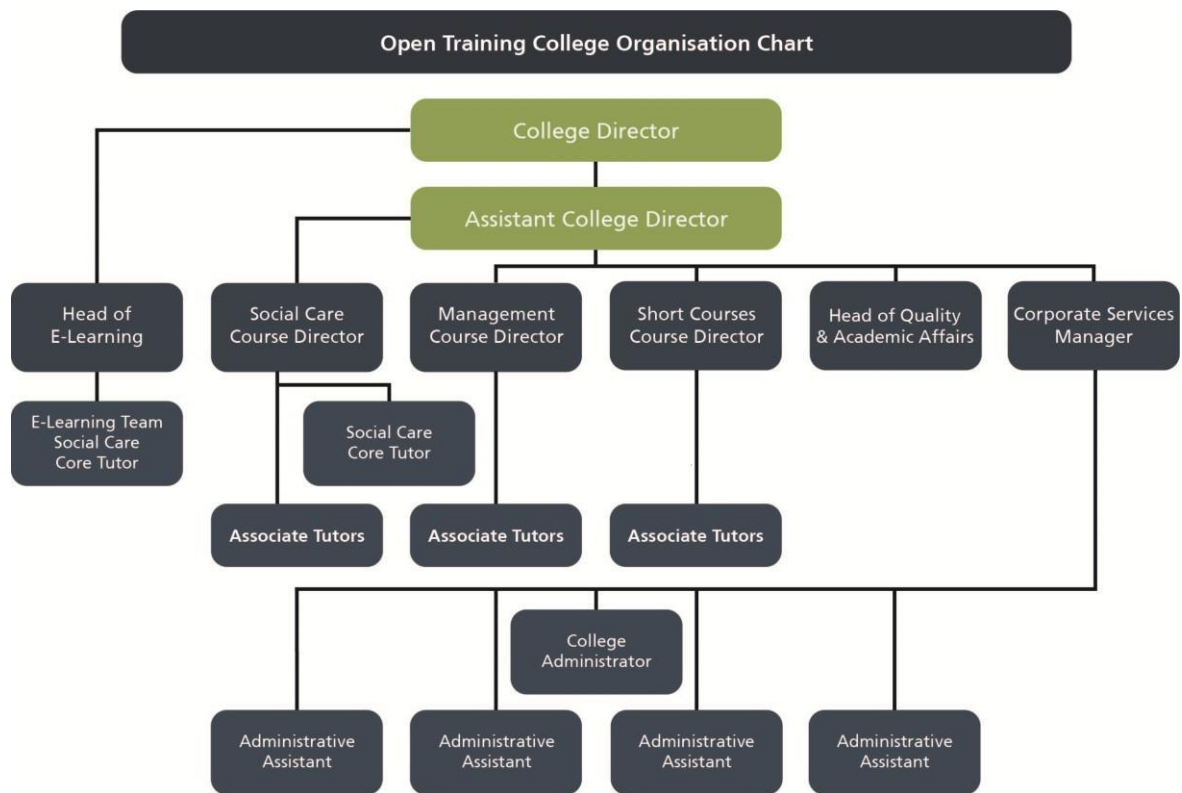
- Monthly Programme Director and Management (College executive committee) meetings
- Participation in relevant programme boards and Academic Council (AC) sub-committees
- Programme development, programme review, validation and revalidation committees
- From St. Michael's House (SMH) HR Department
- On the College website and through College social media
- Regular face-to-face meetings with colleagues
- On the SMH website, Newsletter and Information days
- Internal Research Forum
- External affiliations with which staff engage (e.g. National Forum, HECA, QQI)

All staff receive HR and relevant Financial Services updates from the parent organisation (St. Michael's House). In addition, all staff are informed of relevant research and CPD opportunities (the CPD policy is outlined at section 4.3 of this document).

### 4.3 Staff Management

Staff management in the College is undertaken through the line manager structure as indicated on Figure 9 below. Direct line managers meet with their reports on a regular basis both formally and informally. The Programme Directors and Managers including the College Director and Assistant College Director (the College Executive Committee) meet monthly. This meeting forum has a standard agenda covering strategic and operational matters and formal minutes are kept. As detailed in Section 1 the College Director reports into executive management and Board in SMH through regular meetings.

In addition to the line management structure a team-based approach is utilised in the committee structure, in new programme development teams and in project work. This gives staff the opportunity to work across a range of College areas, developing new knowledge and competencies and facilitating staff to contribute over a range of areas thus enriching all College activity.



*Figure 9: Open Training College Academic Governance Chart*



## SOCIAL MEDIA POLICY

### OPEN TRAINING

#### 1. Introduction

The Open Training College (OTC) recognises the value of social media in supporting connectedness, providing information and assistance to our stakeholders, as a marketing tool, and as a valuable resource to learn and to contribute to learning communities. We recognise that social media have become increasingly important and influential communication channels that involve the expression of both personal and professional opinions, the sharing of links, images and other information, often without accompanying endorsements, meaning that the lines between the expression of an individual's personal or professional views and those of Open Training College as an institution can become blurred.

The fact that the content of such media is generated by users poses a unique set of legal and reputational risks to the College. In response, the OTC has developed this Social Media Policy and Guidelines to help clarify how best to use these new evolving tools to the professional benefit of the College, its staff and students.

#### 2. Purpose

The purpose of this Social Media Policy is:

to promote effective and innovative use of social media as part of the College's activities;  
to enhance and protect the College, its staff and students' personal and professional profiles and reputations in the social media space while ensuring that the image and reputation of Open Training College is not compromised in any way.

#### 3. Scope

This policy applies to all OTC staff, students and/or external parties (each of which is defined below and are, hereinafter, collectively referred to as Users and governs the use of social media sites by Users communicating with and/or on behalf of the College. This may arise in a variety of ways including:

Use of College social media sites such as:

social media sites created by the College (including repositories of material for staff and students); and

College profile pages created on third party site such as Facebook, Twitter, LinkedIn, YouTube, WhatsApp, Snapchat, Tik Tok etc.;

Use of personal accounts on third party social media sites using College systems and/or equipment.

For the purpose of this Social Media Policy:

Staff means all full-time and part-time employees of the College, contracted Teaching and Tutorial staff, and linked providers;

Student means all full-time and part-time students of the College;

External Parties means all College's contractors, researchers, visitors and/or any other parties who are granted access to the College's IT resources and/or College social media sites/discussion forums on third party platforms.

#### 4. What are Social Media

Social media are defined as online environments in which content is created, consumed, promoted, distributed, discovered or shared for purposes that are primarily related to communities and social activities, rather than functional, task-oriented objectives. Media in this context is an environment characterised by storage and transmission, while "social" describes the distinct way that these messages propagate in a one-to-many or many-to-many fashion.

There are many different types of social media channels, which attract specific audiences for different purposes. These include but are not limited to:

- a) forums and comment spaces on information-based websites
- b) social networking websites such as Facebook, LinkedIn
- c) video and photo sharing websites such as Flickr, Tumblr, Instagram, Pinterest and YouTube
- d) weblogs, including corporate and personal blogs
- e) micro-blogging sites such as Twitter
- f) forums and discussion boards such as Yahoo! Groups and Google Groups
- g) online wikis that allow collaborative information sharing such as Wikipedia

Some channels may be more appropriate for the College's and individual's needs than others, particularly in relation to social networking.

## 5. Roles and responsibilities

The College Director has ultimate executive responsibility for the effective development and implementation of academic policies. The Head of Quality & Academic Affairs has overall delegated responsibility of coordinating the day-to-day operation of the policies and the development, maintenance and monitoring of supporting procedures.

The Registration and Admission Committee has designated administration rights to three named staff members who are responsible for uploading expert subject matter and other related information for release on these sites. Programme Directors and Tutors are responsible for pursuing the implementation of this policy in relation to the activities of their programmes.

The following roles and responsibilities apply in relation to this Policy:

Academic Council:

- a) To review and approve the policy on a periodic basis.

Head of Quality & Academic Affairs:

- b) To ensure the Policy is reviewed and approved by the Academic Council as appropriate.
- c) To consult as appropriate with other members of the Directorate and Management Teams.
- d) To liaise with the College Director and or Human Resources (HR) on information received in relation to potential breaches of the policy.
- e) To ensure the appropriate standards and procedures are in place to support the policy.

Registration and Admissions Committee:

- To define and implement standards and procedures which enforce the policy.
- To oversee, in conjunction with Data Owners, compliance with the policy and supporting standards and procedures.
- To inform the Head of Quality & Academic Affairs of suspected non-compliance and/or suspected breaches of the policy and supporting standards and procedures.

College Director/HR Office:

To follow relevant and agreed disciplinary procedures when HR or Academic Affairs Office is informed of a potential breach of the policy.

To manage the disciplinary process.

Staff /External Contractors/Consultants:

To adhere to policy statements in this document.

To report suspected breaches of policy to their Programme Director or the IT/Head of E- learning.

Students:

To adhere to policy statements in this document.

To report suspected breaches of policy to their Tutor and/or Programme Director.

## 6. Legal basis of the policy

Users should be conscious that all information posted to social networking sites must adhere to the legislation in force at the time. Particular attention should be paid to the following Acts:

Copyright and Related Rights Acts 2000, 2004, 2007 and 2019

Data Protection Acts 1988, 2003 and 2018

The Child Trafficking and Pornography Acts 1998 and 2004

Defamation Act 2009

Equal Status Act 2000 – 2018

Prohibition of Incitement to Hatred 1989

Please note that certain additional OTC standards and policies supplement this Policy and should be read in conjunction with this Policy. These include but are not limited to the following:

Code of Conduct for students and staff.

Intellectual Property including the use of the OTC name, logo and trademarks

Data Protection Policy

## 7. Social Media Usage

All written communication between students and college staff will be conducted via official OTC platforms only i.e. notices on College fora or official OTC email accounts. Users must at all times use social media sites in a responsible manner, having due regard to the rights and reputation of the College and of others. In particular, you are required to comply with the following rules:

- Do not post material that should reasonably be deemed threatening, harassing, illegal, obscene, defamatory or slanderous towards any individual or entity; whether the person is a group member or not.
- Do not post information which is confidential and/or proprietary to the College. This includes the sharing of any emails sent from the College to the student. Users should not post confidential or proprietary information about the OTC, its students, employees or alumni (see OTC's Data Protection Guidelines and Data Handling Guidelines). Care should be taken to use good ethical judgement and to ensure that all College

privacy and confidentiality policies are adhered to. Users who share confidential information do so at the risk of disciplinary action.

- students should not post any photos, details or information about their placement organisation
- In order to avoid and minimise the need for updating, social media platforms are not to be used to post detailed policy and procedural information, e.g., programme admission criteria. For such information users should be directed to the official OTC website, electronic resource or publication.
- Do not use pseudonyms or seek to impersonate any other person.
- Do not infringe copyright and/or intellectual property.
- When posting, be mindful of the copyright and intellectual property rights – including inventions, literary (any originally created written work of any nature) and artistic works (images, videos, audio), and symbols, names, images, and designs – of others and of the College.
- For example, photographs posted on social media sites can be easily copied by visitors. OTC corporate affairs office has a policy of securing written consent from all students, alumni and other subjects (where appropriate) limited to reporting College business and the promotion of the College online and offline. Please note this consent does not extend to any purposes outside this remit.
- The Open Training College Trademarks including name and/or logos are not to be used for endorsements. Do not use the OTC name, logo or any other College images or iconography on personal social media sites. Do not use OTC's name to promote a product, cause, petition, political party or candidate.
- Do not promote or advertise a commercial product or solicit business or membership or financial or other support in any business, group or organisation except those which are officially approved by OTC.
- Respect College time and property. College computers and time on the job are reserved for College – related business as approved by line managers/supervisors and in accordance with College policy.

## 8. Institutional Social Media sites

The College's corporate services office advises on social media planning and will maintain a register of all relevant OTC associated sites and the site owners/administrators who have responsibility for them.

## 9. Compliance with the Policy

The College does not routinely monitor content posted on social media sites but reserves the right to monitor, intercept and review, without further notice, the postings and activities of staff, students and alumni in connection with social media where there is reason to suspect that this Policy is being breached or where deemed necessary by the College for other legitimate reasons.

The College operates a notice and takedown procedure. Users are encouraged to be vigilant and to report any suspected violations of this Policy and/or potentially illegal activity immediately to the Corporate Affairs Manager, who will decide, on behalf of the College, the most appropriate programme of action under the circumstances. However, please note that frivolous or vexatious complaints will not be entertained.

## 10. Sanctions

### Breach of Policy

On receipt of notice (or where the College otherwise becomes aware) of any suspected breach of this Policy, the College reserves the right to remove, or require the removal of, any content which is deemed by the College to be in breach of this Policy. In the event that content is deemed to be potentially illegal, the College will report such content to the appropriate authorities.

Open Training College may take appropriate action against individuals when allegation of a breach has been substantiated. Any actions taken by the institution with respect to OTC staff and students will be initiated in accordance with the appropriate OTC regulations and disciplinary procedures, which may include (but are not restricted to) any of the following:

- To disable any User and block access for that User to the College's network, systems,
- communications devices or equipment.
- The initiation of steps for implementation of the Open Training College disciplinary procedures.

Policy Title:		Social Media Policy
OTC Policy No		1803
Version		2.0
Date approved: October 2021	Date policy will take effect: October 2021	Date of Next Review: 3 years from date
Approving Authority:		Academic Council
Document Owner/Contact:		Registration and Admissions Committee
Supporting documents, procedures & forms of this policy:		a) Code of Conduct for Staff and Students b) St. Michael's House Computer and Network User Policy c) GDPR Policy
Audience:		Public access
Reference(s)		<ul style="list-style-type: none"> <li>▪ Data Protection Acts 1988, 2003, 2018</li> <li>▪ Copyright and Related Rights Act 2000, 2004 2007 and 2019</li> <li>▪ The Child Trafficking and Pornography Acts 1998 and 2004</li> <li>▪ Defamation Act 2009</li> <li>▪ Equal Status Act 2000</li> <li>▪ Prohibition of Incitement to Hatred Act 1989</li> </ul>

## ACCEPTABLE USAGE OF ELEARNING ENVIRONMENT POLICY

### OPN TRAINING COLLEGE

#### 1. Introduction

The Open Training College's eLearning environment is made up of a variety of online resources. These elements include a Moodle virtual learning platform (MyOTC), Google educational products (Gmail, Google docs, Google drive, Google calendar) and Turnitin (plagiarism testing software). Through these online resources, the College provides an area for teaching and learning.

During online learning, various interactions can occur, namely student-student, student-tutor and tutor -student. These interactions can occur synchronously (through Google Hangouts) or asynchronously (through email, online discussion groups).

It is only through adherence to the *Acceptable Usage Policy* that we can ensure that our e-learning environment remains an enjoyable and comfortable learning space, like any of the College's workshops, tutorials etc.

#### 2. Purpose

The purpose of this policy is to ensure users are aware of 'acceptable use' of the e-learning environment as outlined by College and that opinions expressed on discussion boards, chat rooms and emails etc. are respectful to all participants and the agencies and service users they work with; and are the views of the individuals and not of the Open Training College or representing other people including employer/agency without their permission.

#### 3. Scope

This Policy applies to all students of the College. This Policy covers documentation of policy, procedures, and standards relating to: e-learning environment.

#### 4. Policy Statement

Student users must accept responsibility for all actions and content which they post within the Open Training College e-learning environment, noting that the following is unacceptable:

1. The posting or inclusion into assignment work of copyright/trademarked materials. (Work submitted for assessment will be verified for plagiarised material).



2. The disclosure of an individual's password for another student's use. (Students are responsible for all communications originating from their account).
3. The use of the name of an agency, a staff member from an agency, a service users name or any other person from an agency. Anonymity must be adhered to at all times.
4. Use of another student's account.
5. Use of inappropriate language i.e. language that is obscene, defamatory, threatening or offensive.
6. Posting of material that may encourage criminal conduct.
7. Anonymous postings to the discussion boards.
8. Transferring computer viruses or other codes that interfere with other users' use of the e-learning environment or their personal computers.
9. Emailing tutors / College with material that is not related to the programme e.g., jokes, circulars etc.
10. The use of the College's e-learning environment to carry out any illegal/criminal activities.

*Students are requested to:*

- Install virus-checking software onto their computer before they start their programme and undertake to keep this up to date.
- Notify the College immediately if they identify a security problem on the system.
- Ensure that they put in place on their own personal PCs, adequate measures for backing-up their work
- Regard any email as a written formal letter or any online posting as a formal academic response. Any defamatory or careless remarks can have very serious consequences. The use of indecent, obscene, sexist, racist or other inappropriate remarks whether in written form, cartoon/gif/pictorial form or otherwise, is strictly prohibited
- Back up every assignment onto their hard drive and onto a removable disc for their own records
- Inform the College immediately by emailing the E learning Team at [elearning@opentrainingcollege.com](mailto:elearning@opentrainingcollege.com) on receiving any offensive, unpleasant, harassing or intimidating message while studying within MyOTC.

Use the OTC e-learning environment only for lawful purposes. Without limiting that general statement, you may not use our network:

- In any way that breaches any applicable local, national or international law or regulation;
- In any way that is unlawful or fraudulent, or has any unlawful or fraudulent purpose or effect;
- For the purpose of gaming or online gambling websites;
- For the purpose of harming or attempting to harm minors in any way;
- To transmit, or procure the sending of, any unsolicited or unauthorised advertising or promotional material or any other form of similar solicitation (spam);
- To knowingly transmit any data, send or upload any material that contains viruses, Trojan horses, worms, time-bombs, keystroke loggers, spyware, adware or any other harmful programs or similar computer code designed to adversely affect the operation of any computer software or hardware;
- To communicate hate speech, bullying or harassment against any person, whether or not they form a part of the broader OTC community.

#### Responsibilities and Guarantees of the Open Training College:

1. The Open Training College in consultation with their eLearning suppliers will endeavour to ensure that there is minimum downtime on MyOTC.
2. Loss of data due to interruptions in the Internet service is not the responsibility of the Open Training College but that of the user's Internet service provider.
3. The Open Training College will not be responsible for the loss of data caused by a computer or electronic virus. It is the responsibility of the student to implement procedures for the backing up of data and virus checking.
4. The Open Training College reserves the right to monitor user activity, for quality assurance, learning improvement, learner analytics and security reasons.
5. The Open Training College reserves the right to review, move or delete materials at its own discretion, including postings to discussion boards, bulletin boards and chat rooms, which it considers to be in breach of the Acceptable Usage Policy.
6. The College reserves the right to monitor all online activity rigorously and will take action, including legal action, for any serious breach of this policy.
7. The Open Training College will not be responsible for links posted by users in its system.
8. No member of the Open Training College will knowingly give out a user's personal contact details without their permission.

## Online Content

These content standards apply to any and all material which you contribute to the OTC E-learning environment (“contributions”), and to any interactive services associated with it.

Users must comply with the spirit of the following standards as well as the letter. The standards apply to each part of any contribution as well as to its whole.

### Contributions must:

1. Be accurate (where they state facts);
2. Be genuinely held (where they state opinions); and
3. Comply with applicable law in Ireland and in any country from which they are posted.

### Contributions must not in the opinion of the OTC:

1. Contain any material which is defamatory of any person;
2. Contain any material which is obscene, offensive, hateful or inflammatory;
3. Promote sexually explicit material;
4. Promote violence;
5. Promote the harm or abuse of children;
6. Promote discrimination based on race, gender, religion, nationality, disability, membership of the traveller community, sexual orientation or age;
7. Infringe any copyright, database right, trademark or other intellectual property of any other person;
8. Be likely to deceive any person;
9. Be made in breach of any legal duty owed to a third party, such as a contractual duty or a duty of confidence;
10. Promote any illegal activity;
11. Be threatening, abuse or invade another’s privacy, or cause annoyance, inconvenience or needless anxiety;
12. Be likely to harass, upset, embarrass, alarm or annoy any other person;
13. Be used to impersonate any person, or to misrepresent your identity or affiliation with any person;
14. Give the impression that they emanate from the OTC, if this is not the case; and
15. Advocate, promote or assist any unlawful act such as (by way of example only) copyright infringement or computer misuse.

## **5. Roles and Responsibilities**

### **eLearning Team**

The OTC eLearning Team is responsible for:

- Monitoring use of College IT Resources to ensure this Policy is not breached;
- Acting on breaches to this Policy and bringing any breaches to the attention of Head of eLearning.

### **Users**

Each User is responsible for:

- Complying with this Policy and all other relevant policies and procedures;
- Ensuring all passwords assigned to them are kept confidential;
- Reporting all breaches of this Policy to College

## **6. Sanctions**

Violation of the Acceptable Usage Policy may result in the termination of the student's right to access and use of the e-learning environment. Furthermore, other disciplinary actions may follow.

## **7. Related Documentation**

Please note that certain additional standards and policies may supplement this Policy in particular circumstances and therefore they should be read in conjunction with this Policy and all Users should ensure they are compliant with them.

1. Risk Management Policy
2. GDPR Policy
3. Social Media policy

Policy Title:		Acceptable Usage Policy
OTC Policy No		1708
Version		3.0
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: 2023
Approving Authority:		Academic Council
Document Owner/Contact:		Head of eLearning
Supporting documents, procedures & forms of this policy:		Social Media Policy Risk Management Policy GDPR Policy
Audience:		Public
Reference(s)		<p>Criminal Damage Act, 1991 (particularly Section 5)  <a href="http://www.irishstatutebook.ie/eli/1991/act/31/enacted/en/print#sec5">http://www.irishstatutebook.ie/eli/1991/act/31/enacted/en/print#sec5</a> ;</p> <p>Data Protection Act,  2018 <a href="http://www.irishstatutebook.ie/eli/2018/act/7/enacted/en/print.html">http://www.irishstatutebook.ie/eli/2018/act/7/enacted/en/print.html</a>;</p> <p>Child Trafficking and Pornography Act, 1998  <a href="http://www.irishstatutebook.ie/pdf/2000/en.act.2000.0028.pdf">http://www.irishstatutebook.ie/pdf/2000/en.act.2000.0028.pdf</a> ;</p> <p>Copyright and Related Rights Act, 2000  <a href="http://www.irishstatutebook.ie/pdf/2000/en.act.2000.0028.pdf">http://www.irishstatutebook.ie/pdf/2000/en.act.2000.0028.pdf</a> ;</p> <p>Health and Safety Act (2005)  <a href="https://www.hsa.ie/eng/Legislation/Acts/Safety_Health_and_Welfare_at_Work/SI_No_10_of_2005.pdf">https://www.hsa.ie/eng/Legislation/Acts/Safety_Health_and_Welfare_at_Work/SI_No_10_of_2005.pdf</a> ;</p> <p>Intellectual Property Miscellaneous Provisions Act (1998)  <a href="http://www.irishstatutebook.ie/1998/en/act/pub/0028/index.html">http://www.irishstatutebook.ie/1998/en/act/pub/0028/index.html</a></p>

## 4.4 Staff Development

### 4.4.1 Staff Induction

Induction training for new staff is completed during their six-month probationary period, during which the staff member will be appropriately briefed on:

- College background, aims, ethos and values, structure and organisation;
- Roles and responsibilities of College staff;
- Academic and administrative procedures and regulations, including introductory training on College information systems;
- Specific roles, responsibilities and requirements of the role;
- General terms and conditions of employment;
- HR and staff development policies, procedures and regulations.

### 4.4.2 Staff Training

The Open Training College has an internal policy of supporting staff with a variety of training, educational and development opportunities. Staff development is any measure undertaken by individuals, teams or organisations to improve their skills, knowledge and abilities, particularly as they relate to the workplace and from which added value can be ascertained. These include:

- Pursuing formal qualifications using taught and/or research models;
- Attendance and participation in conferences and seminars both national and international;
- Participation in short programmes relevant to their subject area/discipline or area of responsibility in the College;
- In-service training opportunities within the main organisation;
- Representing the College on relevant special interest and working groups;
- Regular staff monitoring.

A full record of staff training and development is maintained by the relevant Programme Directors, who in conjunction with the College Director approve all staff training and development activities in advance and ensure such activity does not interfere with the core duties of any staff member or does not conflict with the core business of the College.

The Teaching, Learning & Assessment Committee of the College, chaired by the Assistant College Director, works to identify ongoing staff training and development needs and opportunities at the level of the staff team, and is the forum at which learning from staff training and development activities is shared and disseminated among the wider staff team, and implemented into practice.

**CPD POLICY**  
**OPEN TRAINING COLLEGE**

## **1. Definitions**

College defines Continuing Professional Development (CPD) as:

*'CPD is an ongoing process of learning and development that continues for the duration of a person's working life. The activities which lead to professional development may be formal or informal and a range of learning methods should be available to account for the different types of knowledge required and to enhance learning in different ways'.*

## **2. Purpose**

The purpose of this policy is to outline the Open Training College's approach to supporting the continuing professional development of the staff team.

## **3. Scope**

The scope of this policy includes the identification of CPD requirements and the provision of training for the staff team as a whole in response to programme developments /projects in response to strategic objectives of College and the provision of support to individuals to pursue self-defined CPD goals. This policy is not currently associated with any staff appraisal procedures, and should not be used as a tool for staff appraisal in the absence of an agreed procedure.

## **4. Policy Statement**

The Open Training College is a "learning community" where all are involved in a continuous process of improvement and enrichment. The College is committed to fostering a positive climate for continuing learning. CPD is the means by which the College is able to motivate and develop its community. It does so at a variety of levels - individual, team, whole College and through wider networks with an emphasis on collaborative learning.

The College believes that effective staff should take ownership and give a high priority to professional development. We believe that a coherent and progressive opportunity to develop professionally and



personally both improves standards and raises morale through personal and professional fulfilment, and also aids recruitment and retention.

All those involved in the College community shall have an entitlement to equality of access to high-quality induction and continuing support and development.

The central features of the CPD policy comprise effective auditing and identification of need and aspiration, in line with College strategic objectives; ensuring appropriate match of provision to learning needs of the individual, the team and the College as a whole; reliable and explicit evaluation of the impact of provision; effective dissemination of good and successful practice to ensure that such practice is embedded and reinforced.

The College's CPD provision will allow staff to develop skills and competencies progressively allowing them to build on and reinforce skills and expertise dealt with earlier, particularly across the key areas identified in College's Strategic Objectives. The College will encourage professional recognition including accreditation of the CPD undertaken.

The College recognises and supports the CPD for all registered Social Care Workers. To this end, specific CPD opportunities for all personnel involved in the development, design, delivery and assessment of the BA in Social Care are provided. The focus of this is on communicating and fostering an understanding of the practice of the Social Care profession among professional and non-profession staff involved with the programme. All relevant staff must complete the CPD outlined by the Programme Director and update their records accordingly. The programme director reports on all CPD activity to the Teaching, Learning and Assessment committee.

## **5. Roles and Responsibilities**

The College's Teaching, Learning & Assessment Committee is responsible for the maintenance, review and implementation of this policy and will oversee the coordination of all CPD activities. The Teaching, Learning & Assessment Committee will be supported and assisted by the Programme Boards in all relevant aspects of this policy. The CPD policy will be reviewed periodically by the Teaching, Learning & Assessment Committee which is chaired by the Assistant College Director.

Policy Title:		Continuing Professional Development
OTC Policy No		1705
Version		4.0
Date approved: April 2022	Date policy will take effect: May 2022	Date of Next Review: 04/2024
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		<ol style="list-style-type: none"> <li>1. Identifying CPD Need and Provision of CPD to Staff</li> <li>2. Individual Staff CPD Record Form and CPD Guidelines</li> <li>3. Report on the Provision and Impact of CPD</li> </ol>
Audience:		Public access
Reference(s)		National Forum: Professional Development Framework (PDF)

#### 4.4.4 Procedures for Identifying CPD Needs and provision of CPD to Staff

##### Identifying needs at the level of the individual

Currently individual staff members are responsible for their own continuing professional development and identifying their needs in this area. The needs of individuals are informed by College strategic objectives, CPD Policy, and also by the individual's own interests and needs relating to their specific area(s) of responsibility in the College

Individual staff members are welcome and are encouraged to discuss their CPD needs with their Line Manager in the first instance, and may approach the Teaching, Learning & Assessment Committee or Programme Boards to highlight their interest in pursuing CPD in an area of need identified by these committees. Where appropriate an individual may be approached by their Line Manager to pursue individual CPD activities to fulfil a requirement identified by the Teaching, Learning & Assessment Committee or Programme Board.

##### Identifying needs at the level of the team and College

The Teaching, Learning & Assessment Committee, supported by Programme Boards, informed by the strategic objectives of the College, are responsible for identifying CPD requirements at the level of the staff team and the College. Such needs will be identified largely through existing mechanisms including but not limited to: Ongoing evaluations with staff, students and relevant third parties; National and local sectoral priorities and policy developments; other internal and external monitoring and feedback evidence, and through informal and formal discussions with individuals and teams. Information gathered through these channels will be considered at meetings of the Teaching, Learning & Assessment Committee and Programme Boards and will inform decisions to pursue CPD activities.

Recommendations for CPD activities identified by the Teaching, Learning & Assessment Committee and Programme Boards will be brought to meetings of the Programme Directors and Managers (College executive committee) and Academic Council for further discussion and ratification where appropriate. The Chairperson of the Teaching, Learning & Assessment Committee will attend appropriate Academic Council and Programme Directors and Managers meetings and, at least annually, present a report on the provision and impact of CPD.

The Teaching, Learning & Assessment Committee, supported by the Programme Boards, will be responsible annually for discussing with the College Director the main CPD priorities and the likely budgetary implications of addressing these needs.

#### CPD Provision

##### CPD Provision at the level of the staff team and the College

The Teaching, Learning & Assessment Committee, supported by Programme Boards, shall provide and update details of the range of opportunities available and be responsible for communicating relevant opportunities to appropriate staff. The information will be kept updated and made accessible and available to the College community.

The Teaching, Learning & Assessment Committee, supported by the Programme Boards, shall be responsible for ensuring that appropriate opportunities are provided for the following groups of the College community:

- Staff new to the College or role
- Staff specialising in teaching/supporting particular groups of learners
- Middle and senior managers
- Staff with special responsibilities i.e. social media, learning disabilities, open learning etc.
- Secretarial and administrative staff

The Teaching, Learning & Assessment Committee, supported by the Programme Boards, will be responsible for ensuring that external providers are of sufficient quality.

The College will have systems and opportunities for teams and the whole College to discuss and feedback to the Teaching, Learning & Assessment Committee details of priorities and methods including the use of the College training days.

The Teaching, Learning & Assessment Committee, supported by the Programme Boards, will be responsible for ensuring the efficient organising of opportunities, e.g. booking, confirmation and for providing appropriate support such as organising relevant resources, setting up appropriate meetings and organising membership of, and subscriptions to, appropriate bodies such as sector specific associations

The opportunities available will fully reflect the Open Training College Staff Code of Practice in that they will only be offered if they:

- meet identified needs
- are based on good practice - in development activity and in teaching and learning
- help raise standards of learners' achievements
- respect cultural diversity
- are provided by those with the necessary experience, expertise and skills
- are planned systematically and follow the agreed programme except when dealing with emerging issues
- are based, where appropriate, on relevant standards
- are based on current research and inspection evidence
- make effective use of resources, particularly ICT
- are provided in accommodation which is fit for purpose with appropriate equipment
- represent value for money
- have effective monitoring and evaluation systems including seeking out and acting on user feedback to inform the quality of provision

The College will support a wide portfolio of CPD approaches identified according to "Best Value" principles and which reflect the learning effectiveness of the participants. These include:

- in-College training using the expertise available within the College and collaborative activity (e.g. collaborative teaching, planning and assessment, work with a learning team, workshop observation, existing expertise, peer-based training, collaborative enquiry and problem-solving, modelling)
- coaching and mentoring and engaging in a learning conversation
- job enrichment/enlargement (e.g. a higher level of responsibility, job sharing, acting roles, job rotation, shadowing, leading meetings)
- producing documentation or resources such as curriculum/programme development, teaching materials, assessment, ICT or video programme
- accessing an external consultant/adviser or relevant expert as required
- master classes, model and demonstration lessons
- role play, simulations
- collecting and collating learner feedback, data and outcomes
- College visits to observe or participate in good and successful practice
- postgraduate professional development and other qualifications from higher educational institutions and other forms of professional recognition and qualifications
- research opportunities

- open learning (e.g. relevant resources such as educational journals and publications, training videos, reflection, simulations)
- practical experience (e.g. opportunities to present a paper, contribute to a training programme, co-ordinating or supporting a learning forum or network, involvement in local and national networks, involvement with a subject or specialist association)
- external partnerships (e.g. with a colleague, group, subject, phase, activity or College-based team meetings and activities such as joint planning, observation or standardisation, special project working group, involvement in a formal or informal partnership such as a Network Learning Community)

All those engaged with CPD will be encouraged to reflect on their CPD learning experience and seek professional recognition, including accreditation for the work undertaken. The Teaching, Learning & Assessment Committee will provide directly or organise guidance to staff on how such recognition can be achieved.

#### CPD Provision at the level of the individual

The provision of, and support for CPD activities for individual members of staff will be subject to the same rigorous considerations regarding quality, relevance and best value as described above.

Requests from individuals to access CPD should be addressed to their Line Manager and/or College Director who will decide on the most effective means. Individual staff members will take responsibility for making their own arrangements for booking and attending at approved CPD activities.

#### Evaluating Impact and Disseminating Good Practice

Upon completion of any relevant CPD activity at the level of the College, team or individual, the participant(s) will discuss with their Line Manager the opportunities to disseminate learning to other staff. Relevant feedback about the provision and the ideas should be provided to their team at Programme Board or team meeting, and communicated to the Teaching, Learning & Assessment Committee as appropriate. Where it is agreed that there would be benefit in a wider circulation or follow up, the Teaching, Learning & Assessment Committee, supported by Programme Boards, will be responsible for making appropriate arrangements, e.g. circulating relevant resources, a session at a staff or subject meeting, introducing a teaching or learning strategy, inclusion on the College websites. The Teaching, Learning & Assessment Committee will be responsible for ensuring whether any follow up is needed to the provider, e.g. feedback, issues of access.

The Teaching, Learning & Assessment Committee shall be responsible for assessing the value for money aspect of CPD through seeking to monitor and evaluate impact.

The Teaching, Learning & Assessment Committee shall be committed to ensuring that CPD systems and procedures conform to current research findings. This will be undertaken at a variety of levels including:

- immediate/short term evaluation by participants
- longer term follow-up for a sample of CPD undertaken usually at a period no less than 6 months following the provision
- informal discussion with colleagues about improved practice

Appropriate documentation (CPD Staff record forms) will be maintained of all CPD activities of College staff in order to inform reviews and evaluations of CPD activity. The Teaching, Learning & Assessment Committee shall provide an annual report to the College Director on the benefits of the CPD undertaken and future needs.

## 4.5 Performance Management

For many years no agreed formal approach to Performance Management existed in the HSE and therefore in bodies operating under the auspices of the HSE. In the absence of an organisational approach the College utilised a system called Periodic Service Review (PSR) where goals and actions agreed at previous meetings were reviewed and corrective action/additional action taken where necessary. The focus was ensuring continuous meeting of goals and targets.

In recent years some progress has been made with regard to the implementation of a formal Performance Management Development System (PMDS) in SMH. This was introduced following extensive consultation and discussion and by agreement of relevant unions. It is intended to address regulatory requirements, Public Service Agreement 2010-2014, the Haddington Road Agreement, the Lansdowne Road Public Service Stability Agreement 2013-2018 and National Agreements such as Dignity at Work and Trust-In-Care. The current system is approved for use with Grades VIII and above. The only relevant grades in the College are College Director and the Assistance College Director. However, since late 2017 Grade VII (Programme Director and Manager level) can opt to have the system applied to them.

The purpose of the PMDS system is to provide a formal forum where staff and their managers can discuss, clarify, agree roles, and key objectives and priorities annually. It is structured on four meetings per year taking place with each meeting comprising of four stages as detailed below.

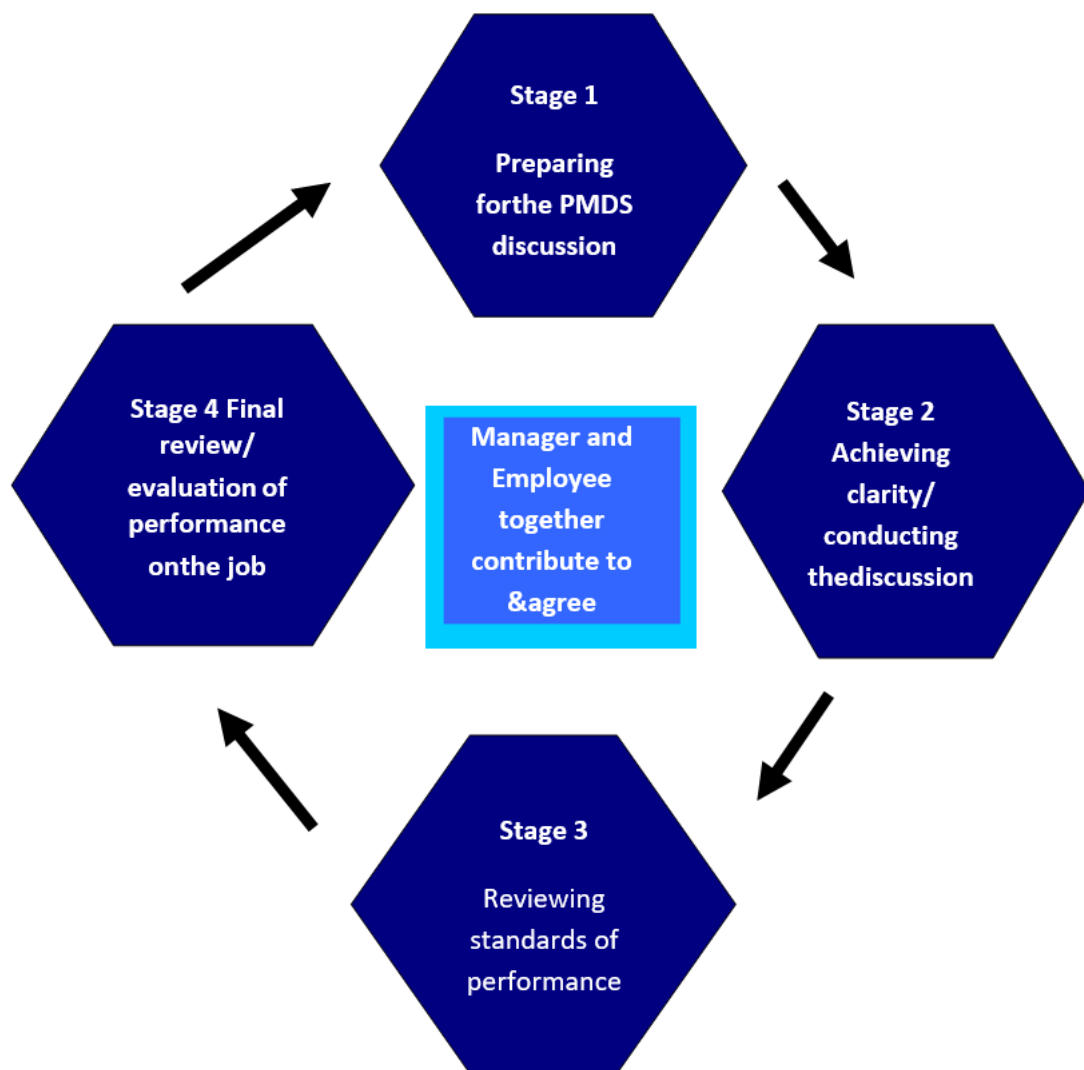


Figure 10: The SMH PMDS Process

#### 4.5.1 Supports for Poorly Performing Staff

Staff members who are not performing to the expected or required standards of their role will be notified of shortcomings through the application of the SMH Disciplinary Policy and



Procedures. Initially the staff member's immediate supervisor/manager will deal with deficiencies on an informal basis through discussion, counselling and appropriate assistance. The PMDS system detailed above offers one mechanism by which staff can be supported toward improvement. For personal matters impacting on performance, role mentoring is offered internally, staff support persons (external to the line management structure) are available, dignity at work supports are also available and there is an employee assistance programmes (via VHI) in place. A range of family friendly practices operate as does a comprehensive sick leave and unpaid leave approach.

If, following the informal stage and supports being put in place, the staff member continues to fail to meet the required standards then the formal disciplinary procedure is invoked. The purpose of the disciplinary procedure is to help the staff member achieve the necessary improvements and prevent any recurrence. The Disciplinary Policy is included in Appendix 7.

#### **4.5.2 Removal of Poorly Performing Staff**

Following application of the progressive stages of the Disciplinary Policy and procedures staff who consistently fail to meet the required standards of their role may be subject to dismissal at stage 4 of the application of the procedures (SMH-HR Policies and Procedures).

### **4.6 Integration with Blended Learning and Online Learning Strategy**

**The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:**

- Relevance of Blended and Online Learning (BL/OL) expertise in staff recruitment and selection
- Acceptable usage of E-learning environment policy
- Staff induction and training
- CPD policies and procedures
- Performance management
- Evaluating impact and disseminating good practice

Blended Learning: This section meets “Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes” (QQI, 2018), in relation to the following:

- i. The strategies and processes for the appointment, induction, training, professional development and appraisal arrangements for teaching and support staff are appropriate and specific to blended and online learning.
- ii. Staff engaged to support online learners can either demonstrate previous experience of online provision or are provided with appropriate induction and training.
- iii. There is a planned approach to the appointment of (or access to) specialist staff to support the provider’s blended learning strategy.
- iv. There is planned close collaboration between the academic and other support personnel and specialist staff, such as teams involved in designing learning technologies and other methodologies supporting online learning.
- v. also include appropriate competencies required, for example, in designing a programme, understanding the pedagogical differences within a curriculum of supporting learners in a blended learning environment, such as virtual learning environment.
- vi. Planned and controlled opportunities for staff to test new or evolving technologies not currently supported by the existing policy or provider platform.
- vii. Staff qualifications and experience in online learning.
- viii. Arrangements for the induction and continuing professional development (CPD) of staff involved in a) the development and support of online resources; b) online teaching, where such experience is lacking; c) support services for learners.
- ix. Staff induction processes for staff employed to support or assess learners are in place. Staff are appropriately inducted and trained for their role in online learning.
- x. Arrangements that provide assurance that all those involved in teaching and learning or supporting learning are appropriately qualified, supported and developed to provide effective online learning. This will include the protocols for communication and facilitation of online discussions and other challenges of teaching with technology.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• Teaching staff involved in designing/developing/evaluating programmes are familiar with the advantages/disadvantages of using e-learning in particular course contexts.</li></ul>
<ul style="list-style-type: none"><li>• The institution has defined the structure, profile, and role of the teaching staff that is aligned with the pedagogical model.</li></ul>

<ul style="list-style-type: none"> <li>• The institution uses appropriate instruments to guarantee that the profile of the teaching staff corresponds to their duties.</li> </ul>
<ul style="list-style-type: none"> <li>• The teaching staff is trained and proficient in the use of learning technologies and e-assessment methods. There are particular training activities for new staff.</li> </ul>
<ul style="list-style-type: none"> <li>• The institution has developed procedures to identify the support requirements of the teaching staff.</li> </ul>
<ul style="list-style-type: none"> <li>• Technological and pedagogical support services for teachers are adequate, accessible, and timely.</li> </ul>
<ul style="list-style-type: none"> <li>• The teaching staff-student ratio avoids excessive workload for teachers and tutors.</li> </ul>
<ul style="list-style-type: none"> <li>• The institution has implemented appropriate procedures for recruiting and hiring teaching staff.</li> </ul>
<ul style="list-style-type: none"> <li>• The teaching staff is coordinated effectively.</li> </ul>

## SECTION 5: TEACHING AND LEARNING

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Supporting Documents:

1. Validated programme documentation
2. Student Support Policy (Section 7)
3. Annually updated Student Handbooks
4. Staff Handbook (OTC)
5. Approved programme schedules
6. Employer verification forms
7. Health and Safety Checklist
8. Safety Statement
9. Dignity at Work policy

### 5.1 Teaching and Learning

#### 5.1.1 The Supported Open Learning Model

The Open Training College is committed to delivering programmes with a comprehensive support system that facilitates effective learning. Flexibility and accessibility are key characteristics of any strategy devised to provide learning opportunities for adults. The Supported Open Learning Model is always evolving to ensure that the flexibility of the model is optimised. The College recognises that managing learning can be difficult while juggling other commitments, to that end this model ensures that students are supported to effectively manage their learning through timely supports.

The figure following outlines the Supported Open Learning Model, as employed by the Open Training College.

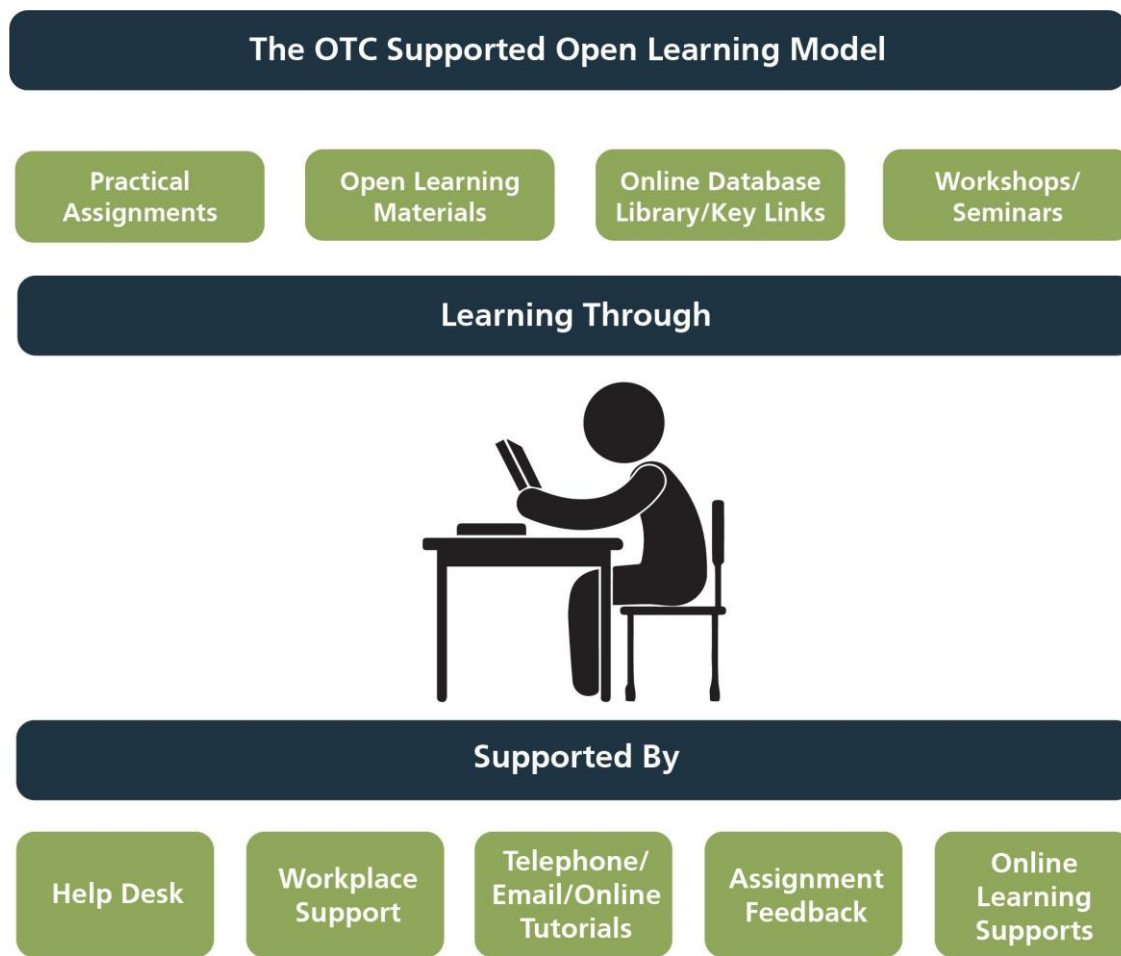


Figure 11: The Supported Open Learning Model

The student *learns through* the following key strategies:

#### *Open learning materials*

The College provides high quality open learning materials that are regularly updated. The materials are structured to cater to the needs of adult learners, through the provision of separate sections that support each learning outcome. The materials are accompanied by a series of self-directed learning activities.

#### *Online database library*

The College provides access to a number of key information resources through the library area on My Learning Centre (Moodle platform). These resources include online journal libraries, a variety of online databases that support social care and management, and a section for resources that support study skills.

#### *Workshops*

Group workshops are offered (for each module) to provide students with the opportunity to collaborate with other students and develop their understanding and appreciation of the learning outcomes associated

with the module. These opportunities for group learning also provide an excellent opportunity for students to network, make contacts, and discuss practical issues with their peers.

#### Practical assignments

A key component of the assessment of students' learning is their application of that learning to their place of work. This process is assessed using a variety of media, including written reflection, participation in group discussions and the completion of learning activities.

Students are *supported* in this learning through the following key support structures:

#### *Tutorials*

Students are allocated an individual tutor to support them with their studies. Tutorial supports are provided through a variety of media including, telephone, e-mail, online and face-to-face methods. Any or all of the following areas may be discussed during tutorials:

- Student's progress with the learning materials
- Assignment preparation and feedback
- Work-based support
- Revision of study topics
- Local study groups
- Additional issues that may arise relevant to the learning process

#### *Feedback (Formative and Summative)*

The College provides numerous opportunities for students to obtain feedback on their learning and understanding as they progress through each module. These opportunities include online learning activities, peer and tutor feedback through online discussion forums and tutorials. Following each module assessment, the student is furnished with detailed written feedback, which clearly outlines the student's performance against the key learning outcomes of that module. Students can expect to receive this feedback via e-mail approximately 6 weeks after they have submitted their assessment.

#### *Helpdesk Support*

The College provides immediate office hour support on matters related to IT, academic or practice issues.

#### *Workplace Support*

Workplace support is usually provided by the student's line manager, or another supporting professional. S/he mainly provides practical support in organising applied assignments and supporting the student's professional development.

#### The Partnership Approach and Three-Way Collaboration

The College considers participation on its programmes as a partnership between the student, their employing agency and the College. Through this collaborative approach the agency allows time for attendance at workshops and examinations (the number of days allowed varies between agencies), agrees the student may undertake work-based assignments as part of their regular duties, with support from a colleague or manager as appropriate, and may provide financial support to the student.

The student makes a commitment to complete programme assessments, attend the workshops/seminars, undertake personal study in their own time, engage with supervision and fulfil their financial obligation to pay programme fees.

The College provides open learning materials, web-based supports (MyOTC), assigns a Tutor to the student, provides workshops, and co-ordinates the assessment and certification of programmes. Figure 12 provides an overview of this collaborative approach.

## Three-Way Collaborative Approach

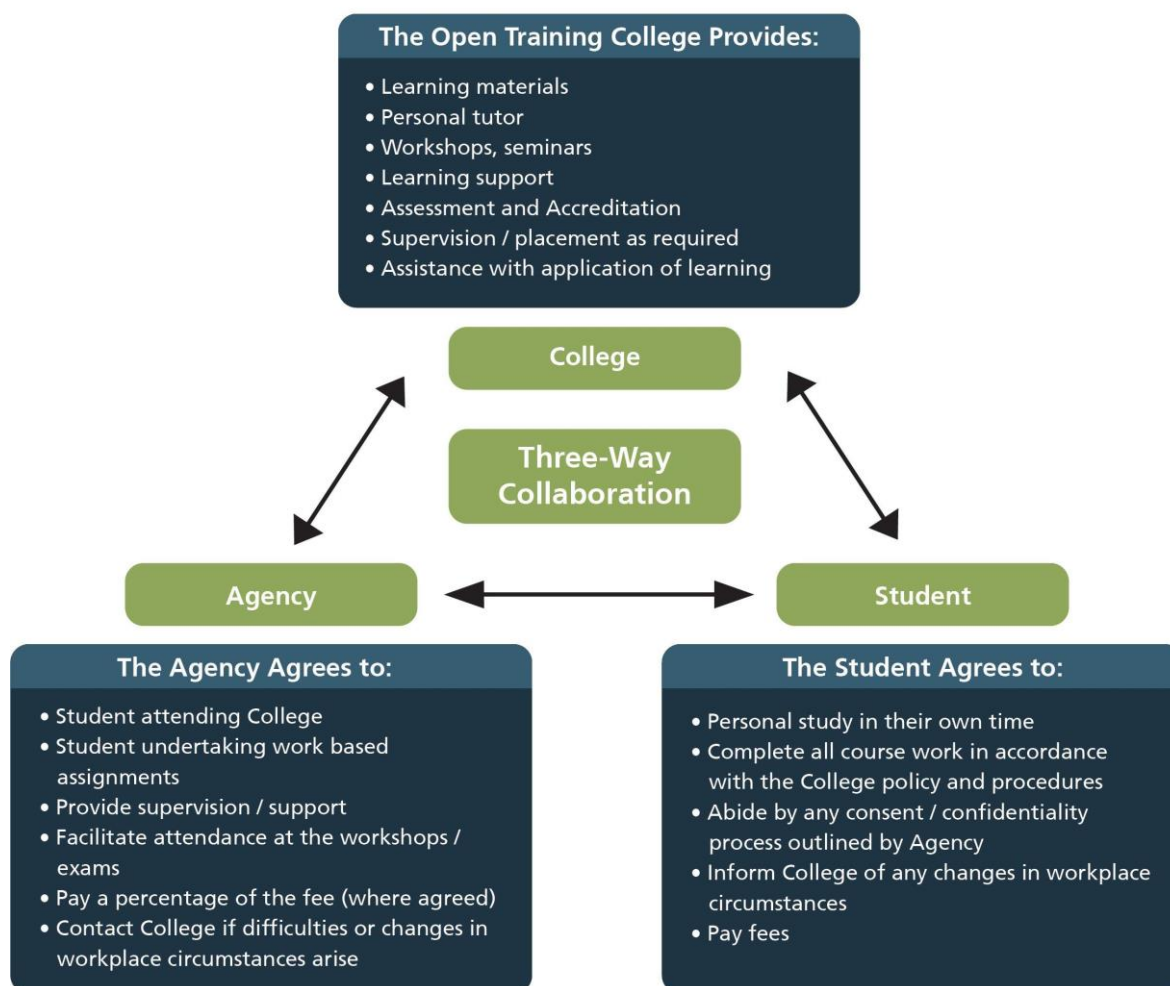


Figure 12: The Collaborative Approach

\*This approach applies to OTC's degree programmes (except the B.A. in Social Care, which has other arrangements outlined in the current, published "Practice Placement Handbook" and "Student Handbook", which accompany that particular programme).

### Change in student employment circumstances

At application and re-registration stages all students of Open Training College applied programmes (Social Care and Management) are notified of the requirement for each student to be employed in an appropriate position for at least 10 hours per week in order to meet the registration and assessment requirements of these programmes. Students of these programmes are therefore required to notify their Tutor immediately of any change in their employment circumstances, e.g. break in employment for any reason, including suspension from work, extended period of leave/absence, change of employer or supervisor etc. Following such notification from a student, the Tutor will review the student's current workload and programme requirements and, if necessary and appropriate (as determined by the College) generate a timetable of



extended deadlines to facilitate the student to continue to meet the programme requirements during the period of disruption to their employment. Following resumption of normal employment circumstances, the student will be required to provide updated information of their employment status, to be signed and stamped by their employer.

In the event that a change in an individual student's employment circumstances is disclosed to the College by a third party the Tutor will seek confirmation of their employment status directly with the student and/or employer.

Any action taken by the College in response to a change in a student's employment circumstances will be in accordance with the registration and assessment requirements of the programme only and the College will not become involved in any organisational investigations or procedures relating to the period of non-employment.

#### Teaching and Learning Systems

The Open Training College is committed to delivering programmes with a comprehensive support system that facilitates effective learning. Flexibility and accessibility are key characteristics of any strategy devised to provide learning opportunities for adults. All programmes are delivered using the Supported Open Learning Model which combines a variety of flexible and innovative programme delivery strategies with a menu of supports that students can utilise in an individualised manner to meet their own learning and support needs.

Central to the Supported Open Learning Model is the allocation of a named tutor to all individual students. The tutor is the student's key contact person for all matters relating to their successful participation on the programme, and will assist students in identifying their learning and support needs and develop strategies to address these needs.

The College operates a rigorous approach to the fair and consistent assessment of all students which is detailed in Section 6 of this document.

The College Student Support Policy is detailed in Section 7 of this document.

#### The Tutorial Function

The role of the Tutor and the tutorial function is key to the successful delivery of all Open Training College programmes. The following sections of this document will detail the role, function and parameters of the Open Training College tutor/associate tutor as well as the monitoring procedures in operation in relation to

ensuring the effectiveness of the tutorial function. Job Descriptions for the tutor/associate tutor and formal written associate tutor contracts are in operation.

The programme tutor/associate tutor role includes some or all of the following tasks for the relevant programme:

- supporting/tutoring participants through the learning process
- implementing the agreed programme schedule
- day-to-day administration of the programme/programme in conjunction with the administration team
- organising workshops, training events and/or lectures
- developing and delivering workshops and/or lectures
- supporting students using the College's online My Learning Centre
- developing the forum, supports and learning materials on My learning Centre (online)
- supporting participants with personal issues which may arise which impacts on their study
- developing assessment mechanism(s)/ tools as required
- correcting assignments
- providing written/ online feedback to students on assignments
- setting examination papers and agreeing them with External Examiners
- invigilating examinations
- marking examination papers
- meeting with external examiners and sitting on examinations board(s)
- reviewing programme assignments and materials/developing new assignments and/or materials if required
- on occasion site-visits to participants in their agencies
- up-dating the Programme Director, Project Manager or College Director on issues as they arise
- liaising with accreditation bodies if required
- cross-marking assessments relating to other programmes
- attendance at conferences and seminars as required
- contributing to conferences/seminars as required
- undertaking aspects of College consultancy work as required
- attendance at and contributing to team meetings and team events
- contributing to all aspects of the Colleges work including marketing and recruitment
- undertaking all work in compliance with the College's Quality Assurance procedures
- carrying out any other reasonable task as requested by the Programme/ College Director

#### *Reporting Relationship*

The programme tutor/associate tutor reports to the Programme Director.

### Monitoring the effectiveness of the Tutorial Function

The tutorial function, as described above, is supported at a quality assurance level by the Academic Council, and by several of its sub-committees:

The *Programme Boards* are responsible for producing and implementing the Assessment Strategies for each programme, module and stage. These strategies provide guidance to the programme delivery team in designing the assessment activities and rubric for the modules. The effectiveness of assessment strategies is discussed at programme boards, with reference to student feedback and to assessment results, and recommendations for improvement are made as a result.

The *Disciplinary Committee* oversees the application of the College policies and procedures regarding Plagiarism and Academic Misconduct in the assessment process.

The *Examination Boards* review the outcomes of external examiner moderation of programme(s) under consideration, conduct QA monitoring of assessment techniques, consistency of assessment and comparison of standards of programme(s) under consideration with national norms and best practice, agree assessment results for all learners of programme(s) under consideration, consider learner appeals in relation to assessment results and procedures of programme(s) under consideration, and make recommendations to Academic Council, review penalties applied to assessment activities of programme(s) under consideration and review/monitor statistics/trends regarding assessment results of programme(s) under consideration.

Finally the *Academic Council* makes final decisions on appeals made by students in relation to their assessment outcomes.

Supervision forms a key element of the Three-Way Collaborative approach and follows the Supervision Policy and guidelines outlined below:

# SUPERVISION POLICY

## OPEN TRAINING COLLEGE

### 1. Introduction

At OTC, all our undergraduates are either employed or volunteering in services for people with support needs. The provision of a work-based supervisor gives students the opportunity to transfer the theoretical elements relevant to their programme, to their work or volunteering practice while being supervised by a relevant professional in the workplace. (See Supervision Guidelines which describe the respective roles of the supervisor and the College tutor, and to summarise the expected learning outcomes of supervision.)

### 2. Purpose

This policy has been developed to provide support, quality assurance, accountability and development mechanism for OTC social care students employed or volunteering in public health services. Professional social care education aims to teach theories of practice and to develop both practice skills and a reflective capacity. These aims require the incorporation of both theoretical and practice strands on professional programmes. Supervision forms an integral part of the social care student's experience in college and all students must engage with work-based supervision to progress through the professional programme. As such, the role of the supervisor is a highly valued one.

#### 2.1 Aims and Objectives of the Student Supervision Policy

The Policy aims to:

- a) set a framework of clear and transparent processes for the agency and management of Supervision;
- b) set out the roles and responsibilities of those involved in Supervision;
- c) identify the relevant procedures underpinning this Policy.

#### 2.2 Insurance and Legal Requirements

The Policy is intended to have regard to OTC's legal obligations in the context of Supervision including the common law duty of care, Safety Health & Welfare at Work Act 2005, Equal Status Act 2000 - 2008 and the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

#### 2.3 Training for staff of OTC

Relevant and appropriate briefing sessions will be provided to those staff of OTC involved in the management of supervision to enable them to comply with the Policy. Each Programme Director will be required to identify the people who need training and ensure they attend the relevant training sessions.

### 3. Scope

This Policy applies to all OTC Students undertaking Supervision.

#### **4. Policy Statement**

Supervision is a professional development and workforce strategy that can contribute to higher quality service outcomes for service users, improve student / employee practitioner skills and inform and consolidate training and development.

A positive student supervision experience will serve the health and social care profession well as it will identify compliance with statutory and professional ethical guidelines, ensure students work within their scope of practice and meet regulatory requirements. This experience will prepare the students for supervision within future employment and contribute to their understanding of how supervision will contribute to CPD. It is envisaged that the student's engagement with the supervision process will ensure clarity of roles and responsibilities and create structured opportunities to discuss work, review practice and progress and plan for future development as the student continues to relate theory to practice throughout the programme.

The supervision engagement also contributes to student/employee wellbeing and reduces stress.

#### **5. Roles and Responsibilities**

This Policy sets out the responsibilities of staff of OTC in relation to the agency and the management of supervision. Clear identification of roles and responsibilities will ensure the OTC's successful running of supervision and demonstrate that they are embedded in the culture of the College.

##### **5.1 Head of Quality & Academic Affairs**

The Head of Quality & Academic Affairs' responsibilities include:

- a) ensuring that this Policy is reviewed, updated as appropriate;
- b) ensuring that appropriate procedures are in place to support this Policy;
- c) liaising with OTC Programme Directors to ensure implementation of the Policy as appropriate;
- d) ensuring that any breaches of the Policy are properly dealt with in accordance with the College statutes and rules.

##### **5.2 Programme Directors**

The Programme Directors are responsible for ensuring the Policy is implemented: The principal duties of the Programme Directors are to:

- a) maintain a list of nominated contact persons within their programme with responsibility for organising and managing supervision matters within their own areas;

- b) ensure their OTC staff attend targeted training and briefing sessions as required;
- c) have regular reviews of the college's adherence to the Student Supervision Policy and procedures and ensure documentation is updated as appropriate.

### 5.3 Students

The Student is responsible for:

- a) attending mandatory briefing sessions provided by OTC;
- b) attending mandatory induction sessions provided by the supervising agency;
- c) advising OTC of any issues that may affect their ability to engage in supervision;
- d) adhering to the supervising agency policies and procedures;
- e) contacting their nominated OTC tutor at the agreed intervals.

Compliance with these responsibilities is mandatory for the Student.

### 5.4 Supervising Agencies

The supervision agency, in association with the College, is responsible for providing the student with appropriate student supervision activities to enable them to achieve their intended learning outcomes within their current work environment.

## 6. Student Supervision Management

The key to success in student Supervision lies in the management of the relationships. There are three key relationships involved in Supervision:

- a. College and Student;
- b. College and Supervision Agency;
- c. Student and Supervision Agency.

Each participant has an obligation to nurture and develop these relationships to ensure each student supervision process is a success.

### 6.1 Monitoring and Communication during the Student Supervision

During the student supervision process, there will be ongoing communication between the OTC contact person (e.g. the Programme Director/ tutor), the supervision agency and the student. The student supervision process will be monitored by the OTC Programme Director to ensure the student is achieving their learning objectives and to address any concerns or issues.

### 6.2 Feedback and Debrief Post-Supervision

After completion of the student supervision, students will be required to provide feedback to the OTC tutor/Programme Director on their supervision experience. In light of the feedback, a review of the supervision process and experience will be carried out. The review will be documented.

### 6.3 Documentation / Recording

Documentation and recording of information must be completed throughout the entire Student Supervision Process. This includes but is not limited to:

1. agreement with the supervision agency(s);
2. key programme LOs signed off by supervisor;
3. any communications during the student supervision;
4. post-supervision review.

Data protection legislation will be considered and complied with during the whole Student Supervision Process.

### 7. Supporting Procedures

This policy is to read in conjunction with the following procedures that inform and support the step-by-step process of implementing the Student Supervision Policy:

- Online Presentation on Supervision Process, Supervisors Role and Supervision Procedures
- Monitoring and Communication during Student Supervision;
- Supervisor Guidelines on how to deal with issues that may arise in supervision

This Policy supports the provision of a structure to assist in the College's discharge of its insurance and legal obligations where OTC Students are in receipt of Student Supervision.

Policy Title:			Supervision Policy		
OTC Policy No			1712		
Version			2.0		
Date approved:	June 2021	Date policy will take effect:	June 2021	Date of Next Review:	3 years
Approving Authority:			Academic Council		
Document Owner/Contact:			Head of Quality & Academic Affairs		
Supporting documents, procedures & forms of this policy:			<ul style="list-style-type: none"> <li>• Online Presentation on Supervision Process, Supervisors Role and Supervision Procedures</li> <li>• Monitoring and Communication during Student Supervision;</li> <li>• Supervisor Guidelines on how to deal with issues that may arise in supervision</li> <li>• Student Handbook</li> </ul>		
Audience:			Public – accessible to anyone		
Reference(s)			<ol style="list-style-type: none"> <li>1. CORU</li> <li>2. HIQA</li> <li>3. HSE Guidelines for Supervision for Social Care Workers</li> <li>4. General Data Protection Regulation (GDPR) policy</li> <li>5. Social Media policy</li> <li>6. Student code of conduct</li> <li>7. Safety Health &amp; Welfare at Work Act 2005,</li> <li>8. Equal Status Act 2000 - 2008 and the</li> <li>9. National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.</li> </ol>		



### 5.1.3 Guidelines for Supervision 2021 - 2022

The role of the supervisor is a highly valued one. While acknowledging the potential difficulties encountered when acting in a supervising role with a work colleague, it is important to remember Supervision forms an integral part of the social care student's experience in college and all students must engage with work-based Supervision to progress through the professional programme.

The role of the agency supervisor

The agency work-based supervisor's role involves the following:

1. Establishment of mutually agreed learning goals towards which the student will work during Supervision.
2. Helping students to enhance or develop observation, communication and relationship skills as essential requirements for effective social care practice.
3. The development of an open, trusting and confidential relationship with the student, where opportunities for learning and professional development are maximised.
4. The involvement of the student in the work that may expand on their current role as possible/appropriate, depending on the experience level of the student.
5. Setting aside a regular time for formal supervision with the student to explore issues arising from practice, essential learning points, and to give feedback on her/his progress.
6. The completion of the Supervision Forms. Students should be involved in this process and should be aware of the contents of the form before it is returned to the college tutor.

Appointing an agency supervisor

Since the aim of social care training is to supply the sector with first rate practitioners it is desirable that supervisors be qualified and experienced practitioners. The supervisor should ideally be a qualified social care worker and/or in a position to work daily with the student in order to arrive at a valid and comprehensive assessment/evaluation of the student's abilities.

While it is hoped that the supervisor will be in a position to supervise the student for the entire duration of the supervision period, should unforeseen absences occur, it is essential that alternative supervision arrangements be put in place and indicated to the student, and agreed with the college tutor.

Support for Supervisors

To aid the supervisors in their important work the college offers training for supervisors. The college provides an online presentation and related materials on the Student Supervision Process, Supervisors

Role and Supervision Procedures to agency supervisors. Agency supervisors and students can contact the Programme Director at any point during the academic year to discuss any issues which are impacting on the supervision process.

#### The role of the college tutor

Through regular tutorials the programme tutor will assist students to integrate the different elements of the college programme both across the various theoretical programmes and the learning objectives of the practice supervisions.

#### The role of the Student

Supervision is designed to encourage the development of standards of proficiency where a social care practitioner is:

- a) reliable, responsible and observant. CORU (Professional Development)
- b) able to use both initiative and an awareness of the needs and rights of various client groups. CORU (Professional Autonomy and Accountability)
- c) skilled in forming relationships and communicating with clients. CORU (Communications Collaborative Practice and teamwork)
- d) able to work constructively with colleagues. CORU (Communications Collaborative Practice and teamwork)
- e) able to maintain confidentiality which reflects a sound ethical practice base. CORU (Professional Autonomy and Accountability)
- f) able to keep records and use case files. CORU (Professional Development)
- g) able to use critical reflection to gain the necessary understanding for effective social care practice. CORU (Professional Knowledge and Skills)
- h) Be able to prioritise and maintain the safety of both service users and those involved in their care. CORU (Safety and Quality))

#### Reflective Practice

Reflection techniques are taught throughout the programme and students are expected to demonstrate self-awareness and practice analysis in the development of new understanding in their supervision. Students demonstrate their understanding of the integration of theory and practice in their module assessments which are completed during the programme supervision period.

Students illustrate ability to implement appropriate intervention/approach programmes with clients paying particular attention to effectiveness and an ability to apply theoretical frameworks to practice.

Students demonstrate evidence of a reflective capacity which is assessed on an on-going basis through each of the three years of the programme.

While students are enrolled with College responsibility for the direct work-based supervision rests with the agency or employer, which ever so pertains.

If difficulties arise

Throughout the programme of the academic year it is possible that issues may arise for some students and/or supervisors which could impact on the supervision process. Such issues could include:

- Student taking maternity leave
- Student goes on extended sick leave
- Student takes up a new role with same/different employer
- Employment-related disciplinary processes in relation to the student
- Supervisor leaving their current role
- Supervisor going on maternity leave or other extended leave (parental leave/sick leave etc.) and is no longer in a position to supervise the student
- Supervisor unhappy with the student's practice performance or participation in supervision
- Student unhappy with the supervisor's supervision

In any of these instances the supervisor and/or the student should contact the Programme Director to discuss the issue and agree a plan of action to resolve the issue.

## 5.2 A Provider Ethos That Promotes Learning

### 5.2.1 College Mission Statement

As evidenced by the College mission statement the primary focus of the College is the provision of learning opportunities:

*"The Open Training College is committed to offering staff in the disability, health-related, non-profit, community and voluntary sectors, learning opportunities that are accredited, accessible and embody best practice".*

### 5.2.2 College Objectives

A number of the objectives of the College pertain to teaching and learning:

- contribute to the development and delivery of quality services within the disability, health-related, non-profit, community and voluntary sectors through the provision of accredited education and training grounded in best practice and the most current thinking in relation to the provision of services;
- attend particularly to the education and training needs of staff working in disability, health-related, non-profit, community and voluntary services with no formal third-level qualifications or seeking to improve qualification/CPD profile;
- maintain a strong applied bias for learning in the context of a clear theoretical framework;
- ensure academic rigour in all work with students;
- ensure access, transfer and progression opportunities in line with national best practice and legal requirements;
- provide high quality, effective and cost-effective education and training to students and agencies;
- provide students with a high quality learning experience grounded in academic rigour, but also encompassing an applied practical approach;
- continue to develop and embrace new technologies for learning and for programme delivery and assessment;

In addition, as outlined in Section 1, all aspects of the College relate to teaching and learning.

### *Distinctive Profile and Purpose*

The Open Training College is a medium-sized, specialised college responding to the education and training needs of staff who work in the disability, health-related, non-profit, community and voluntary sectors nationally.

### *National and Specialised Focus*

The Open Training College is an institution solely focused on educating and upskilling staff the disability, health-related, non-profit, community and voluntary sectors. The College make its programmes available nationally by using a blended learning approach, called the Supported Open Learning Model.

### *All College Students are Mature Students*

The College is fully committed to adult learners; all students are adult learners, the majority of whom are in employment and seeking to progress in their areas of work/careers.

### *All Open Training College Programmes are Applied*

All programmes run by the College are designed to be applied directly to the relevant workplace of the students, at both local and organisational level. Assessment also includes a strong focus on workplace application of learning. Part of the College's mission is to promote best practice in service therefore there is a robust focus on the transfer and application of learning to the everyday work of the student.

## 5.3 National and International Effective Practice

The College offers HET and FET programmes in line with the National Framework of Qualifications (NFQ). Through QQI's membership of ENQA (European Association for Quality Assurance in Higher Education), international effective practice is also assured. Furthermore, in relation to HET programmes, this document has embedded the quality assurance principles as laid out by the European Standards and Guidelines for Quality Assurance<sup>8</sup> and the Irish Higher Education Quality Network (IHEQN) and with which QQI have agreed and adopted such principles, as most recently expressed through QQI's 2016-18 Policies and Guidelines. In relation to FET programmes reference is made to IQAVET, as the Irish national reference point for EQAVET (European Quality Assurance in Vocational Education and Training). Therefore, from a policy and framework perspective all programmes offered by the College aim to maintain and develop national and international guidance to encourage the development of new approaches and enhance the status of the College.

The Externality Principle embedded throughout the College's quality assurance systems makes appropriate use of external persons to ensure national and international comparisons are made. In terms of Programme Reviews and applications for Validation, independent expert panels are an integral part of the process and will often include international and national subject matter experts. This ensures an impartial judgement on the continued maintenance of the overall standard of a programme and on its acceptability for the award in question, when compared with similar programmes elsewhere in Ireland and / or internationally. Benchmarking in relation to reports carried out for these processes is carried out against institutions offering similar programmes both nationally and internationally. External reviews of the College's systems have been completed by international consultants, such as for OTC's online provision to students, to ensure that national and international best practice is reflected in the recommendations for enhancement.

Through the SMH internal research forum, CPD opportunities, conference attendance and continuing study of staff members (primarily at level 9 and 10 on the NFQ), the College offers numerous and ongoing

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<sup>8</sup> Standards and Guidelines for Quality Assurance in the European Higher Education Area. (2015) ENQA

opportunities for staff members to be kept up-to-date on national and international developments in the areas of education in general and also with a particular focus of the subject areas offered by the College. Insights gained through these modes then feed back into the College population as a whole through the academic governance systems, such as via programme boards, through Programme Directors and Tutors, ensuring ultimate best practice delivery to students both at workshops and online, as part of the blended learning model.

Students where English is not their first language are admitted to College programmes with specification related to the CEFRL (Common European Framework of Reference for Languages) in terms of language proficiency. The Recognition of Prior Learning (RPL) in relation to international qualifications is referenced against the NARIC service offered by QQI and other QQI publications which demonstrate international systems equivalency in relation to the NFQ.

Nationally, the College has strong links to and active affiliated membership and representation, where appropriate, with the following groups, in particular:

- Services offered by St. Michael's House (an extensive breadth and depth as detailed in Section 1);
- National Human Service Agencies (220+) who have links with the College (see Section 10 in this document and Appendix 5);
- National Federation of Voluntary Bodies (NFVB);
- Social Care Ireland and IASCE (Irish Association of Social Care Educators);
- DFI (Disability Federation of Ireland);
- National Forum for the Enhancement of Teaching and Learning in Higher Education (NFETL – HE);
- HECA (Higher Education Colleges Association) Board and Sub-committees.

Given the nature of programmes offered by the College, continual reference with regard to programme and systems updates is made to publications from the HSE, Department of Health, CORU (Regulating Health and Social Care Professionals), HIQA (Health Information and Quality Authority), other relevant regulators (e.g. the Charities Regulator, Data Protection Commissioners, Health and Safety Authority) as well as to QQI policy and guideline updates.

## 5.4 Learning Environments

Students' learning environments are aligned to the Supported Open Learning (SOL) Model as outlined in Section 5.1, above, and subject to the inclusion of work-based learning environments as specified in Figure 12 (at 5.1.1).

## Physical Venues

Primarily the Open Training College utilises Marino Institution of Education or the Training Room in our administration building in Goatstown in the delivery of its programmes. These are long-term arrangements which have been in place since 1992 and 2000 respectively. In addition, the College has access to the SMH conference facilities in the headquarters building, Ballymun Road, D9.

On occasion, depending on student/customer agency need and the programme concerned, the College utilises venues such as centres for nurse education or conference facilities. In using such external venues, the College has strict quality criteria, which the venue must meet. (A quality assurance checklist for external venues is in use and is revised and updated regularly).

In the provision of training venues College objectives are to:

- Only use venues, which are accessible to people with a disability;
- Use training facilities and examination venues suitable to the ethos and values of adult education;
- Facilitate students with a location that is accessible to them;
- Use venues outside the Dublin region when appropriate and practicable;
- Ensure access to good quality, reasonably priced accommodation if necessary;
- Provide venues that are comfortable, quiet, clean, safe and well serviced;
- Ensure students have access to high quality food and beverages;
- Listen to and act on feedback provided by students on training venues used;
- Use venues which can provide training equipment if needed such as TV and Video, etc.;
- Secure value for money on behalf of students.

All training venues are subject to QA and health and safety checks as outlined in Appendix 4.

In addition to the delivery of lectures/face-to-face workshops in the venues detailed above, as detailed in Section 5, the SOL also comprises the following learning supports/components:

- *Open learning materials*
- *Online database library*
- *Tutorials with an assigned tutor*
- *Feedback (Formative and Summative)*
- *Helpdesk Support*
- *Online learning environments support*

## 5.5 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- The Supported Open Learning (SOL) Model = Blended Learning (BL) Model; Adapted for Online Learning (OL) only = SOL – Online Model
- Student support policy
- Student handbooks
- Staff handbook
- The Tutorial function
- Monitoring effectiveness
- An ethos that promotes learning
- Applied nature of programmes
- National and International effective practice
- Learning environments; Physical and Online

Blended Learning: This section meets “*Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes*” (QQI, 2018), in relation to the following:

- i. Blended learning providers should be particularly mindful of using a learner-centred approach, for example when using technology-enhanced/assisted learning, which may pose a challenge for some learners while creating opportunities for others.
- ii. The delivery system for each online section/unit of study is fit-for-purpose.
- iii. Learning and teaching practices that are informed by best practice in blended and online provision. Subject-specific and educational scholarship informs the pedagogy and instructional design.
- iv. Developments are learner centred.
- v. Open education resources referenced by the provider are subject to quality evaluation.
- vi. Learning resources, materials and delivery mechanisms are appropriate, fit-for-purpose, monitored and reviewed.
- vii. Learners can test and monitor their progress at appropriate points. The whole learning environment for blended learning used in conjunction with the learning resources requires active engagement by the learners.
- viii. Robust arrangements for the quality assurance of learning resources, the learning environment and other learning resources.
- ix. Teaching and learning resources for online learning which meet the provider’s specified expectations around equality of opportunity, interactivity and the empowerment of autonomous learning.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: ENQA - *Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
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<ul style="list-style-type: none"> <li>• E-learning is part of the overall strategy for the institution's development as well as the policy for quality assurance.</li> </ul>
<ul style="list-style-type: none"> <li>• Institutional policies, structures, processes, and resources are in place to guarantee the successful teaching and learning process of students, including those with special educational needs.</li> </ul>
<ul style="list-style-type: none"> <li>• Teaching methodologies and learning activities are chosen with the aim of achieving learning outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>• Learning materials fit the pedagogical model and facilitate student learning.</li> </ul>
<ul style="list-style-type: none"> <li>• The technical infrastructure is aligned with the teaching methodology, learning activities, and e-assessment methods, and it eases the teaching and learning process.</li> </ul>
<ul style="list-style-type: none"> <li>• Students are trained in how to appropriately paraphrase, cite, and reference, regarding both online and print sources.</li> </ul>
<ul style="list-style-type: none"> <li>• The institution gives advice on appropriate online behaviour (netiquette rules).</li> </ul>
<ul style="list-style-type: none"> <li>• Students are informed about the workload and pedagogical model of the e-learning programme.</li> </ul>
<ul style="list-style-type: none"> <li>• The institution has a policy and procedure in place for recognition of prior learning.</li> </ul>

## SECTION 6: ASSESSMENT OF LEARNERS

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Supporting Documents:

1. QQI (2013) Assessment and Standards (Revised)
2. QQI (2015) Effective Practice Guidelines for External Examining (Revised)
3. QQI (2013) Quality Assuring Assessment Guidelines for Providers
4. Approved Programme Schedules and Programme Validation documentation.
5. QQI Policy Restatement - Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training- NQAI 2003, Restated 2015

### 6.1 Assessment of Learning Achievement

Principles of Assessment in the Open Training College

#### 6.1.1 Criterion-Referenced Assessment

The Open Training College operates a system of criterion-referenced assessment for all accredited programmes. Criterion-referenced assessment is assessment based on learning outcomes, established and agreed for all modules, stages and programmes accredited by QQI. This system ensures that assessment, in all instances is valid and reliable and applied in a fair and consistent manner, for all students, across all programmes and assessors.

#### 6.1.2 Applied Assessment

The mission statement of the College indicates that our goal is to provide accredited learning opportunities for staff working in disability, health related, non-profit, community and voluntary services. In line with this, all programme content and assessment activities of accredited College programmes are applied to the occupational context of the subject area. Students work closely with supervisors and mentors in their workplace to analyse and understand the practical application of their learning, and carry out assessment tasks at work, under the guidance of their programme tutor.

#### 6.1.3 Fit-for-Purpose Assessment Techniques

Accredited Open Training College programmes are assessed by a combination of applied practical assignment, examination, projects, case studies, continuous assessment, group work and e-learning

©Open Training College Page 154 of 352

activities. Various approaches to examinations are employed including traditional closed book, open book and case study.

The assessment for each module is carefully designed by the programme delivery team to address the key learning outcomes for the module, as well as the broader learning outcomes for the stage and overall programme. Details of assessment requirements for all modules are included on the programme schedule for all programmes, and further detailed in the Assessment Strategies for each module, programme and stage.

#### **6.1.4 Provision of Information on Assessment to Students**

Information on all policies, procedures and regulations pertaining to assessments are provided to students in the Student Handbook, which is made available to students on the e-learning centre for the duration of their studies with the College. The Student Handbook is reviewed and updated on an annual basis to reflect current practices, guidelines and regulations pertaining to student assessment on QQI accredited programmes.

Assignment due dates are provided to students on commencement of their programme. These dates are clearly indicated on the Programme Calendar. Students will also be given access to the Assessment Strategies relevant to their programme of study.

In recognition of the necessity for a two-way flow of information on assessment between the College and students, regular feedback is sought from students regarding their experiences of assessment on College programmes. Following completion of each module, and on completion of each academic year students are requested to participate in an online survey, in which the College requests feedback from students on all aspects of the programme including assessment.

#### **6.1.5 Organisational Structures for the Management and Conduct of Assessment**

Day to day operation of assessment within the Open Training College is managed by the programme delivery team for each programme/stage; this team is generally made up of the Tutors/Assessors and the Programme Director.

The role of the *Tutor/Assessor* in the assessment process is to:

- Communicate the requirements for assessment of each module to the student using the various communication methods available: Workshop, tutorials, e-mail and telephone tutorials.
- Provide support and guidance to students as they complete assessment activities.
- Track student progress through the assessment process and ensure assessment work is received from students by agreed deadlines.
- Consult with the Programme Director regarding difficulties individual students may be facing and supports they require as a result.
- Grade student work in accordance with the assessment rubric for the module, and with the regulations outlined in QQI (2013) Assessment and Standards (Revised).
- Provide students with their provisional grade for that module and feedback regarding their performance on the assessment activities.
- Communicate the plagiarism process to students, including how they can avoid plagiarism and the benefit of using Turn-it-in prior to submission.
- Highlight and investigate possible instances of plagiarism in student assessment work, and bring findings to the attention of the Programme Director.

The role of the *Programme Director* in the assessment process is to:

- Draft the marking rubric for the module, in line with defined assessment activities and learning outcomes.
- Consult with individual students regarding difficulties they may be facing and supports they require as a result.
- Monitor and ensure fair and consistent implementation of assessment regulations across all assessors.
- Implement cross-marking procedures.
- Participate in investigations into possible instances of plagiarism.
- Oversee the proper conduct of assessments, including invigilation of examinations.
- Ensure security in all matters pertaining to assessment materials.
- Ensure that all assessment entries are notified to the Examination Board/ QQI by the required date(s).
- Ensure that assessment results are communicated to the appropriate committees and Academic Council.
- Ensure that examination question papers and appropriate assessment rubrics are prepared by internal assessors, sent in good time for approval by External Examiner(s) and printed in good time.
- Ensure that appropriate examination accommodation arrangements are made for each student with an individual support need.

- Ensure that assignments and examination answer scripts are examined by Internal and External Examiner(s) and results for each student are made available for meetings of the Examination Board for the programme.
- Ensure that accurate records with regard to continuous assessment are maintained and made available to External Examiner(s).
- Liaise with the Head of Quality & Academic Affairs to ensure proper arrangements are made for holding meetings of the Examination Board.
- Ensure that students are provided with the information relevant to them with regard to the conduct and regulation of assessments, including access to the assessment strategies relevant to their programme of study.
- Ensure that students are provided with the information relevant to them with regard to plagiarism policies and procedures.
- Ensure that Assessment Strategies are in place for all modules, stages and programmes under their remit, and that these strategies are regularly reviewed.
- Approving the assessment rubric for each module, in line with defined assessment activities and learning outcomes.
- Communicate the individual assessment process for each module to the relevant tutors and ensure their understanding of the process and their responsibilities in that process.
- Communicating the plagiarism process to the tutors and ensuring they understand the process and their responsibilities in that process.

The day-to-day activities of the programme delivery team, as described above, are supported at a quality assurance level by the Academic Council, and by several of its sub-committees:

The *Programme Boards* are responsible for producing and implementing the Assessment Strategies for each programme, module and stage. These strategies provide guidance to the programme delivery team in designing the assessment activities and rubric for the modules. The effectiveness of assessment strategies is discussed at programme boards, with reference to student feedback and to assessment results, and recommendations for improvement are made as a result.

The *Disciplinary Committee* oversees the application of the College policies and procedures regarding Plagiarism and Academic Misconduct in the assessment process.

The *Examination Boards* review the outcomes of external examiner moderation of programme(s) under consideration, conduct QA monitoring of assessment techniques, consistency of assessment

and comparison of standards of programme(s) under consideration with national norms and best practice, agree assessment results for all learners of programme(s) under consideration, consider learner appeals in relation to assessment results and procedures of programme(s) under consideration, and make recommendations to Academic Council, review penalties applied to assessment activities of programme(s) under consideration and review/monitor statistics/trends regarding assessment results of programme(s) under consideration. Finally the *Academic Council* makes final decisions on appeals made by students in relation to their assessment outcomes.

## 6.2 Assessment Regulations

### 6.2.1 Assessment Strategies

Programme Assessment Strategies are produced, implemented and reviewed by the Programme Boards (or Programme Development Committee in the case of new programmes) for each programme and their implementation monitored by the Programme Boards and the Teaching, Learning & Assessment Committee. Module and Stage Assessment Strategies are also produced for each of programme's constituent parts. Each programme assessment strategy will have the following functions/features:

- Link the programme's assessment instruments (summative and formative, including continuous assessment and repeat assessment) to the minimum (and any other) intended programme learning outcomes, as well as intended module and stage learning outcomes.
- Describe and provide a rationale for the choice of assessment tasks, criteria and procedures. It should also address their fairness and consistency, specifically their validity, reliability and authenticity.
- Describe any special regulations (e.g. learners may be required to pass some key modules outright and not rely on pass by compensation).
- Regulate, build upon and integrate the module assessment strategies and (where used) stage assessment strategies.
- Provide contingent strategy for cases where learners claim exemption from modules, including for recognition of prior learning.
- Match the programme's assessment instruments to the requirements of the institutional grading system, particularly concerning the recording and combination of module grades/marks (i.e. provide clear criteria for grading and marking).
- Ensure that the programme's continuous assessment workload is appropriately balanced.
- Relate to the programme's teaching and learning strategy.

*QQI (2013) Assessment and Standards Revised*

## 6.2.2 Marking & Grading

Marking and grading of student assessment work is carried out by trained, competent assessors, in accordance with standardised assessment rubrics specifically designed for each assessment task to ensure accurate criterion-referenced assessment against the relevant learning outcomes.

The Open Training College operates a percentage grading system for all its QQI accredited programmes.

The grading scheme used by the College in relation to Higher Education and Training (HET) QQI programmes is as follows; this scheme applies to award classifications for major programmes:

Overall Result - HET	Major Programmes at level 6 and 7	Major Programmes at level 8	Description
70% and over	Distinction	First Class Honours	Achievement includes that required for a pass and in most respects is significantly and consistently beyond this
60% - 69%	Merit (Grade 1)	Second class honours (Grade 1)	Achievement includes that required for a pass and in many respects is significantly beyond this
50% - 59%	Merit (Grade 2)	Second class honours (Grade 2)	Achievement includes that required for a pass and in some respects is significantly beyond this
40% - 49%	Pass	Pass	Attains all the minimum intended programme learning outcomes
35% - 39%	Pass by Compensation	Pass by Compensation	Pass by compensation may only be applied in eligible cases
0% - 35%/39%	Fail	Fail	MIMLOs not achieved

Table 6: Grading Schemes and Major Award Classifications- HET

Note: Any QQI accredited minor, supplemental awards or special purpose awards of less than 60 credits, offered by the College will be unclassified (i.e. Pass  $\geq$  40%/Fail < 40% – HET).

The grading scheme used by the College in relation to Further Education and Training (FET) QQI programmes is as follows:

Overall Result - FET	Major Programmes at level 5 and 6	Description
80-100%	Distinction	Achievement includes that required for a pass and in most respects is significantly and consistently beyond this
65-79%	Merit	Achievement includes that required for a pass and in many respects is significantly beyond this
50-64%	Pass	Attains all the minimum intended programme learning outcomes
0- 49%	Unsuccessful	MIMLOs not achieved

*Table 7: Grading Schemes and Major Award Classifications- FET*

### 6.2.3 Pass by Compensation - HET Only

A student who fails to attain the required pass standard in one or two of the modules in a stage (not to exceed one-third of the total credit value for that year), may be eligible to pass the assessment by compensation.

Note pass by compensation does not apply to all programmes. The programme (s) that pass by compensation does not apply to is (are) listed below.

- BA Social Care

If pass by compensation is applicable to a programme, compensation may be applied on the following basis:

1. Where the assessment consists of:
  - (a) five or more modules, compensation may apply in the case of a maximum of two (not to exceed one-third of the total credit value for that year);
  - (b) fewer than five modules, compensation may apply in the case of only one (not to exceed one-third of the total credit value for that year).
2. The marks obtained in the modules(s) listed on the approved programme schedule, being considered for compensation must not be lower than 35%, where the pass standard is 40%.
3. The pass standard must be reached, on the first attempt in all the remaining Modules of that year.



4. Aggregate excess gross marks above the pass standard obtained in passed modules must be at least double the deficiency in the module(s) being considered for compensation.
5. Compensation cannot be applied to repeat assessments (i.e. modules which were failed on first attempt).
6. Compensation can only apply where all the modules as listed on the approved programme schedule for a stage are presented at the same sitting of the Examination Board. This means that students may not use exempted modules or modules completed in previous academic years for compensation purposes.

#### **6.2.4 Late Submission of Assessments - HET Only**

On commencement of their programme, assessment submission deadlines are provided to students on their programme calendar. In normal circumstances all students are expected to honour these dates.

However, in adverse personal circumstances students can apply for an extension to the submission deadline. In the first instance the request must be discussed with the tutor, prior to the submission date. Following approval by the tutor in this discussion an e-mail request must be made to the Programme Director, who will respond to confirm the extension and new submission date. If applying for an extension for reasons of ill health, a medical certificate will be requested. The normal period for an extension is two weeks. If a further two-week extension period is required, an application must be made directly to the Programme Director, following the same procedures.

Where the above procedure is not adhered to the following penalties will be imposed on work submitted after the submission deadline has passed:

- Up to 1 week late a penalty of 5% of marks will be applied;
- 1-4 weeks a penalty of 10% of marks will apply;
- 4 weeks or more a fail grade will be awarded.

The College does not accept more than two late submissions (where penalties are imposed), from any student. Third and subsequent late submissions will not be accepted for assessment in that year. The student will be eligible to submit in subsequent years. Late submission of the final module of each year will not be accepted.

### 6.2.5 Failed Assessments

A student who achieves less than 40% is deemed to have failed in that particular subject (unless eligible to pass by compensation). Any student who fails an assessment is permitted to resubmit, or re-sit, in the case of examination. One resubmission will be accepted, normally within a period of three weeks (this may be longer in the case of a project or other continuous assessment method).

While resubmissions/re-sits are graded in the same way as all other assessments students may not be awarded any grade higher than pass for a resubmission/re-sit (i.e. resubmission/re-sits are subject to a cap of 40%).

### 6.2.6 Examination Regulations

Examinations are a fundamental assessment component of all QQI higher education and training accredited programmes run by the College. The procedure for the running of Examinations for each programme is as follows:

1. Students are made aware upon commencement of a programme/stage which modules are assessed by examination. Examination dates are set. These are indicated on the programme calendar.
2. Approximately two months prior to the scheduled date examination papers and assessment rubrics are drafted by the Tutor/Assessor.
3. On approval of the Programme Director, draft papers are forwarded to the External Examiner(s) for review and comment (by registered post).
4. On receipt of External Examiner(s) comments, papers and assessment rubrics are finalised and approved by the Programme Director.
5. Students undertake Examinations at designated venues.
6. The procedure for the marking and grading of exams is the same as that used for assignments.

#### Supplemental Examination(s)

The procedure in relation to supplemental examinations applies to two distinct groups:

1. Students who do not attend on the day:

Any student who is prevented, for a genuine reason, from sitting an examination is permitted to re-sit it at the supplemental examination date. Students who are unable to sit an examination must notify the College as soon as possible of the reasons for their absence. This must be followed by a written explanation within three days. The College accepts the following reasons for non-attendance at an examination:

- own illness or injury (confirmed by medical certificate);
- illness or injury of the candidate's child (confirmed by medical certificate);
- family bereavement;
- birth of a child;
- unforeseen event of a serious nature (the College reserves the right to determine the 'seriousness' of an event).

Students who re-sit at a supplemental examination for any of the reasons above will be considered a 'first attempt', and will not be subject to any cap on the grade they may achieve in that exam.

Students who fail to sit an examination for an insufficient reason may also sit the supplemental examination for that subject. Insufficient reasons include any event not covered by the list above, for example being on holiday outside the country. Such students will be considered 'second attempt' students and their work may not be awarded any grade higher than pass (i.e. subject to cap of 40%). These students will also be required to pay a repeat examination fee.

## 2. Students who attend and subsequently fail to achieve a pass grade.

Students who sit their examination but fail to achieve a pass grade are permitted to re-sit the examination at the supplemental examinations. Such students will be considered 'second attempt' students and their work may not be awarded any grade higher than pass (i.e. subject to cap of 40%). These students will also be required to pay a repeat examination fee.

### **6.2.7 Assessment Feedback**

The College is committed to providing students with clear and comprehensive feedback on each assessment activity. Each student will receive his/her provisional mark and grade, and written feedback in the form of a completed assessment rubric, within six weeks of the assignment/examination submission date. Since 2016, following student feedback and requests the College also provides commentary feedback/direction inputted directly into assignments presented as Google Docs. This approach has proved very beneficial to students.

### 6.2.8 Appeals

Following assessment grades and feedback being issued to students, tutors will be available to discuss same with students who wish to query their assessment outcome or who require assistance with understanding their assessment outcome.

Where a student is dissatisfied with the application of the assessment process in relation to the assessment of their assignment or examination, the following appeals procedure applies.

Students may appeal to the College for their work to be re-checked and/or reviewed.

- RE-CHECK means the administrative operation of checking the recording and the calculation of marks (This is not considered a formal appeal).
- REVIEW means the re-consideration, in detail, of all or part of the existing assignment and/or examination material where feasible by the internal and/or external examiner(s).

Any request for a Review must be made in writing to the appropriate Programme Director and signed by the student.

The written submission for an appeal must identify the elements of the assignment or examination for which the review is being sought. It must also specify the grounds on which the review is sought and must contain all the information that the student requires to have taken into account in the review.

The grounds for re-checking and reviewing must be specified under the following three headings:

1. The assessment/examination procedures of the College have not been properly implemented.
2. The procedures do not adequately cover the student's individual requirements.
3. Compassionate circumstances related to the candidate's personal situation were made known to the College by the candidate prior to or during the programme, of which the Board of Examiners were unaware.

The *appeals process* is as follows:

- Having specified the details outlined above, the student may appeal in writing to his/her tutor within three weeks of receiving the grade/feedback and additional feedback will be given.
- If, following discussion with his/her tutor, the issue has not been resolved to the student's

satisfaction, he/she may request in writing to the Programme Director that their work be further cross-marked by the Programme Director and feedback will be given.

- If, following steps one and two, the student wishes to make a further appeal, he/she may request in writing to the College Director (within a period of three weeks following feedback from the Programme Director) that his/her work be reviewed by the External Examiners and the Teaching, Learning & Assessment Committee and a recommendation made to the Academic Council. The Council will review the appeal and determine the final grade to be awarded.

Any student in an award year whose overall grade changes as a result of a decision made by an Examination Board, will be notified immediately of this change, by phone, by the Programme Director or Tutor. In such instances the student may appeal this decision, in writing, to the College Director, within 5 days of being notified of the change. This appeal will be considered by the Academic Council. The decision of Council is final.

#### **6.2.9 Requirements for Progression and Transfer**

In normal circumstances only students who have:

- satisfactorily followed their programme of study;
- met all programme requirements, including satisfactory completion of all assessments to the required pass standard;
- complied with regulations pertaining to fees;

will be eligible for progression to award or to subsequent stages of their programme.

However, in extreme mitigating circumstances a student may be permitted to progress with missing credit. Missing credit may not exceed 16% of the credit for the stage, i.e. 10 credits per 60-credit stage. Progression under these circumstances must be approved by the appropriate Examination Board.

#### **Addendum to Progression procedures - 2020**

“During time of such Public Health Emergency or other prevailing Force Majeure that the Academic Council may approve additional consideration to requests based on extenuating circumstances, so as to allow that no student may be disadvantaged by contingency plans which have been implemented. Moreover, that stipulated progression criteria may be increased to allow for more than 16% of credits to be carried into the next year of academic progression and that, inter alia,

requirements on passing certain modules in order to progress may be temporarily waived to allow for such contingencies as have been agreed through the College's governance structures.

Once approved, that these provisions may be actioned through the normal channels from Student, through Tutor and Programme Director, to Programme Board; each Programme Board having existing duty to report to Academic Council on all such actions."

#### Programme-specific transfer (outward) procedures and criteria

When a student notifies the College that s/he wishes to transfer to another programme the following procedure will apply:

1. Administration is informed of the request for transcripts and completed elements. In addition, the Programme Director will undertake an exit interview with the student to ascertain the reasons for transfer;
2. A letter is provided to the student outlining all modules completed to date, and which have been externally examined, with the College;
3. Each stage which has been fully completed will have an official transcript provided;
4. A partial transcript will be provided for any partially completed stages, clearly indicating overall results and whether the module has been passed/failed;
5. Any additional requirements to progress which have been met/not met will be identified in the covering letter.

#### 6.2.10 Exemptions & Recognition of Prior Learning

The policy and procedure with regard to RPL is presented in Section 3.

## 6.3 Academic Integrity in the Assessment Process

### 6.3.1 Academic Integrity Policy

#### ACADEMIC INTEGRITY POLICY OPEN TRAINING COLLEGE

##### 1. Purpose

The purpose of this policy is to outline the College's commitment to upholding the highest standards of academic integrity from all staff, learners and stakeholders. It will define what areas constitute breaches of academic integrity and specify the consequences of such breaches, and the procedures which are to be followed in such cases.

The policy is referenced to the following QQI NAIN (National Academic Integrity Network) publications:

*"Academic Integrity Guidelines (non-statutory)"* (QQI, 2021a) and

*"Academic Integrity: National Principles and Lexicon of Common Terms"* (QQI, 2021b).

The latter publication defines 'Academic Integrity' as: "Compliance with ethical and professional principles, standards, practices and a consistent system of values, that serves as guidance for making decisions and taking actions in education, research and scholarship." (QQI 2021b, p.10)

##### 2. Scope

This policy and the associated procedures apply to all individuals at Open Training College engaged in academic work, including all registered students of OTC and academic staff engaged in assessment of academic work which contributes to an award or credits.

The policy also entails an undertaking to collaborate with relevant stakeholders in upholding and updating this policy and its related procedures in line with best practice and to report any findings relating to cheating sites to relevant stakeholders, including QQI.

##### 3. Statement

The College commits to the following in relation to communicating Academic Integrity across all programmes and through assessment guidelines:

- Upholding Academic Integrity is a strategic objective of the College, supported by appropriate structures and with a repository of relevant and clear information on the subject being available to all staff and students.

- Staff and Students will be communicated with clearly and available supports will be made known to them.
- There will be an emphasis on preventing breaches of academic integrity.
- Assessment design will focus on reducing the risk of plagiarism.

The College commits to the following in relation to learners in particular:

- Creating awareness of Academic Integrity and the consequences of breaching this policy from the point of induction to the College; including consequences for using 'cheating sites' or plagiarising.
- Ongoing awareness-raising in this area during the programme of study, particularly at the point of sharing assessment guidelines; including the use of 'Turnitin'.
- All learners will have access to information on Academic Integrity, including supports available to those under investigation, and general and additional supports available under the College's 'Student Support Policy'.
- Awareness of relevant legislation such as the 'Qualifications and Quality Assurance (Education and Training) Amendment Act 2019'.

The College commits to the following in relation to staff in particular:

- Initial training in recognising and preventing instances of breaches of Academic Integrity; including training in assessment design, recognising plagiarism and the use of College tools such as 'Turnitin' to detect possible plagiarism.
- Ongoing CPD in this area to ensure that current best practice is followed.
- Awareness of relevant legislation such as the 'Qualifications and Quality Assurance (Education and Training) Amendment Act 2019'.

Furthermore, the College is committed to ensuring that anti-plagiarism software is always part of the learning environment and will continue to invest in developments in this area.

The aim of these provisions will be to provide clarity at all times pertaining to Academic Integrity, its upholding and the consequences of any contravention. Parties involved in all aspects of providing information on and investigating breaches of this policy will be supported at all times and treated in a fair, consistent and transparent manner, while taking account of special provisions for recording and storing such information under the College's GDPR Policy.



#### 4. Definitions

Selected definitions are provided below, with a full lexicon provided at:

[https://www.qqi.ie/Downloads/Final\\_AcademicIntegrityLex\\_pagesv3.pdf](https://www.qqi.ie/Downloads/Final_AcademicIntegrityLex_pagesv3.pdf)

##### Advertising Cheating Services/ Essay Mills/ Provision of Cheating Services:

*“Advertising the provision of assignments for learners where this has not been authorised by the provider. Advertising the undertaking of assignments (in whole or in part) on behalf of an enrolled learner, or sitting an exam, or have someone sit an exam, in place of an enrolled learner where this has not been authorised by the provider.”*

(QQI 2021b, p.10)

The College undertakes to inform relevant stakeholders should it become aware of such services being offered and to make every effort to block such sites from its internal systems, as used by both staff and students.

##### Plagiarism:

“Presenting work / ideas taken from other sources without proper acknowledgement.

‘Plagiarism, i.e. the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit, including those obtained through confidential review of other’s research proposals and manuscripts.’

##### Auto-Plagiarism

Instead of creating an original piece of work, the author adds insignificant additional data and/ or information to his/ her previously published work and changes title, modifies aim of the study, and recalculates results. Also, it is the omission of cross-citation to own previous publications.

##### Self-Plagiarism/ Redundant Publication

A form of redundant publication by recycling or borrowing content from the author’s own previous work without citation. Self-plagiarism is the use of one’s own previous work in another context without appropriate citation. Related to self-plagiarism is the practice of data fragmentation or

salami slicing where the author(s) separate aspects of a study and publishes it as more than one publication. Writers should recycle their own material carefully and sparingly.”

(QQI 2021b, p.18)

In instances of suspected plagiarism the procedure which follows this policy will be used:

“Procedures to be taken by the College if a student’s work is suspected of plagiarism”.

Policy Title:		Academic Integrity Policy
OTC Policy No		2102
Version		2.0
Date approved: Jan 2022	Date policy will take effect: Jan 2022	Date of Next Review: In 2 years
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		Student Handbooks, Induction and Assessment Guidelines  “Procedures to be taken by the College if a students’ work is suspected of plagiarism.”
Audience:		Public access
Reference(s)		General Data Protection Regulation, 2018  Data Protection Acts, 1988-2018  “Academic Integrity Guidelines (non-statutory)” (QQI, 2021a)  “Academic Integrity: National Principles and Lexicon of Common Terms” (QQI, 2021b)  Qualifications and Quality Assurance (Education and Training) Amendment Act 2019

### Procedures to be taken by the College if a student's work is suspected of plagiarism

The following diagram and explanatory notes illustrate the steps that the College will take if a student is suspected of plagiarism; *in relation to all definitions of 'plagiarism' as outlined in the Academic Integrity Policy*. It is anticipated that, where possible, the process be completed as quickly as possible (and usually within the timeframe of eight weeks). All assessments will be graded as "WH" (Withheld) until any and all investigations and related processes are completed.

Please note that incidents of plagiarism will be maintained on a student's permanent record, and that the process described below will apply for the full period of their registration, regardless of progression within a programme or onto a new programme.

The College sees the dialogue between the student and the tutor and the mentoring and coaching of the student to avoid plagiarism, as a Level 1 'Pre-Plagiarism Learning Level' as very important. At this stage, the tutor will identify any potential plagiarism that occurs due to lack of referencing skills and direct the student to the appropriate supports provided by the College to support appropriate student behaviour around this area. Should the student disregard the need to develop these skills or demonstrate more serious plagiarism (e.g. copying directly from another student's work) the investigation will move to Level 2 or 3 as deemed appropriate. These procedures are outlined below.

Level	Process	Documentation
Level 1 (Pre-Plagiarism)	Tutor identifies lack of referencing skills <ul style="list-style-type: none"> <li>▪ Student notified</li> <li>▪ Initial exploratory discussion with student by telephone (and/or in writing)</li> <li>▪ Information Gathering</li> </ul>	Note made on tutorial form and/ or rubric  Student directed to appropriate Study Supports
	Tutor identifies possible case of plagiarism <ul style="list-style-type: none"> <li>▪ Classify Offence</li> <li>▪ Refer to Programme Director</li> </ul>	Letter to student informing them of progression to level 2 investigation  Report A
	Tutor concludes there is no case of plagiarism to be answered at this level	Letter to student informing them of finding of no case of plagiarism to be answered

Level 2	<p>Student case referred to Programme Director</p> <ul style="list-style-type: none"> <li>▪ Reviews Report A</li> <li>▪ Meets with investigating Tutor</li> <li>▪ Meets with student</li> </ul> <p>Programme Director decision</p> <ul style="list-style-type: none"> <li>▪ Classify Offence</li> <li>▪ Determine sanction/penalty or</li> <li>▪ Refer back to Tutor or</li> <li>▪ Refer to College Director</li> </ul>	<p>Report B</p> <p>Letter to student</p> <ul style="list-style-type: none"> <li>▪ Student accepts or</li> <li>▪ Appeals to Disciplinary Committee</li> </ul>
Level 3	<p>Student case referred to College Director</p> <ul style="list-style-type: none"> <li>▪ Reviews all documentation</li> <li>▪ Meets with Programme Director and investigating Tutor</li> <li>▪ Forms Panel of Enquiry</li> </ul>	Report C
	<p>College Director decision</p> <ul style="list-style-type: none"> <li>▪ Classify Offence</li> <li>▪ Determine sanction/penalty and meet with the student or</li> <li>▪ Refer back to Programme Director</li> <li>▪ Form Panel of Enquiry</li> </ul>	<p>Letter to student</p> <ul style="list-style-type: none"> <li>▪ Student accepts or</li> <li>▪ Appeals to Disciplinary Committee</li> </ul>
Appeal	<p>Student appeal received by Disciplinary Committee</p> <ul style="list-style-type: none"> <li>▪ Reviews all documentation</li> <li>▪ Meets Tutor/Programme Director/College Director as appropriate</li> </ul>	<p>Disciplinary Committee report</p> <ul style="list-style-type: none"> <li>▪ Appeal to Academic Council (AC)</li> </ul>
	<p>Disciplinary Committee decision</p> <ul style="list-style-type: none"> <li>▪ Classify Offence</li> <li>▪ Determine sanction/penalty</li> </ul>	<p>Letter to student</p> <ul style="list-style-type: none"> <li>▪ AC decision is final</li> <li>▪ No appeal</li> </ul>

## LEVEL 1

At the 'Pre-Plagiarism Learning Level' the tutor will identify any pre plagiarism errors due to lack of referencing skills and direct the student to the appropriate supports provided by the College to support appropriate student behaviour in this area. Should the student disregard the need to develop these skills or demonstrate more serious plagiarism (e.g., copying directly from another student's work) the investigation will move to Level 2 or 3 as deemed appropriate.

Reasons a tutor might suspect a possible case of plagiarism:

1. Specifically identified text by 'Turnitin' software as containing an unacceptable amount of material taken directly from identified sources.
2. Un-cited text copied from College materials.
3. Incongruity in style of writing e.g., deviation from students' own voice, use of advanced academic writing.
4. Inconsistency of fluency and spelling.
5. Change in formatting e.g., font, headings, margins; inconsistency of I.T. style e.g. very complicated table/chart having been inserted etc.
6. Lack of flow and/or development of topic. Paragraphs inserted that are inconsistent with previous points made – evidence of cutting and pasting.
7. Work that is very similar or the same as another student's work<sup>9</sup>. In assessments where group work is a component the presentation of the assessment outline will include specific advice on plagiarism considerations which may arise.
8. Work that is very similar or the same as the student's previously assessed work.
9. A piece of work written to a much higher standard than the student's previous work.
10. Suspicion that the student may have had assignment written for them by another person – 'ghost' writing.

This list is not exhaustive and the tutor may commence an investigation based on any reasonable suspicion. Following initial analysis, the tutor may decide that there is no case of plagiarism to be answered. In this instance the student's attention will be drawn to the incident and feedback

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<sup>9</sup> In a situation where two current students have presented the same/similar work both students will be subject to the plagiarism policy and procedures and both may have penalties applied as appropriate. In the case of a current student presenting work which seriously overlaps with that of a previous student the current student will be dealt with through these procedures and the previous student will be informed of the situation. The current student in question however will not be identified in this communication. There will be no exceptions to this practice.

provided through the assessment rubric. If the tutor confirms that a possible case of plagiarism has occurred the investigation continues to the information gathering stage as follows.

The tutor notifies the student of the situation and has an initial exploratory discussion by telephone (and/or in writing). Following this, the tutor commences the information gathering process. Information gathering may include but is not limited to review of previous work, discussion with a previous tutor, and review of assignments of current or former students, and consideration of any explanation/comments offered by the student in the initial telephone conversation. Students are made aware that their previous work may be reviewed as part of an investigation to provide background information about their standard of work.

On completion of the information gathering stage the tutor compiles a written report (Report A) and based on the evidence makes a decision as to whether or not there is a case of plagiarism to be answered. In making his/her decision, in addition to the information gathered the tutor will also consider:

1. The Declaration of Authorship Form and the Student Handbook Terms and Conditions Statement, that have been submitted by the student stating that they have understood the nature of plagiarism and its implications as outlined in the Student Handbook.
2. Was the information about plagiarism and its implications made sufficiently clear?
3. Has the student misunderstood the above?
4. Is this a first incident?
5. Previous performance and assessment results from completed assignments.
6. The student's participation in programme/attendance at workshops etc.
7. Extenuating personal circumstances?
8. Has the issue arisen due to any oversight by the College?

If the tutor decides that yes, there is a case to be answered they will notify the student of this outcome in writing and refer the case for consideration to the Programme Director. The student may exercise their right to appeal to the Disciplinary Committee at this stage, and will be informed of this in the letter from the tutor.

If the tutor decides that there is no case of plagiarism to be answered they will also notify the student of this outcome in writing.

Level 1: Minor Offence Classification		
<i>Criteria</i>	<i>Indicators</i>	<i>Penalties/Sanctions</i>
Amount/Extent	Low percentage from individual source identified by Turnitin  Basic referencing error	Reflective grade: deduct marks for referencing portion of assignment and/ or Reflective grade: deduct marks for portion of assignment with referencing errors
History	No History  Too many direct quotes	
Level/Stage	Stage 1	
Additional Information	No evidence of deliberate attempt by student  Extenuating personal circumstances	

Table 8: Level 1 Plagiarism Offence Classifications.

## LEVEL 2

Student case is referred to the Programme Director by Tutor who has completed investigation at Level 1. The student has received notification of this development by the tutor.

The Programme Director commences the information gathering process, which will include but is not limited to a review of Report A, meeting with the investigating tutor and meeting with the student.

On completion of the information gathering stage the Programme Director compiles a written report (Report B) and, based on the evidence, makes a decision as to whether or not there is a case of plagiarism to be answered at Level 2 or above.

If the Programme Director decides that yes, there is a case to be answered they will classify the offence as Level 2 (major) or Level 3 (grave). In the case of a Level 2 offence the Programme Director will determine a sanction/penalty (see below for sanctions/penalties available at Level 2) and will notify the student of this outcome in writing. In the case of a Level 3 offence the Programme Director will refer the case to the Disciplinary Committee for further investigation at Level 3; the student will also be notified of this outcome in writing. The student may exercise their right to appeal to the Disciplinary Committee at this stage, and will be informed of this in the letter from the tutor.

If the Programme Director decides that there is no case of plagiarism to be answered at Level 2 the case will be referred back to the investigating tutor for sanction/penalty at Level 1; the student will be notified of this outcome in writing.

Level 2: Major Offence Classification		
<i>Criteria</i>	<i>Indicators</i>	<i>Penalties/Sanctions</i>
Amount/Extent	High percentage from individual source identified by Turnitin	Viva voce  Fail grade awarded with opportunity to resubmit (cap of 40%)
History	Repeat offence	
Level/Stage	Advanced stage of programme	
Additional Information	No evidence of formative engagement with supports and materials	Award bare pass mark (40%)
	Deliberate attempt by student	Fail grade awarded without opportunity to resubmit (re-take module)

Table 9: Level 2 Plagiarism Offence Classifications.

### LEVEL 3

Student case is referred to the Disciplinary Committee by Programme Director who has completed investigation at Level 2. The student has received notification of this development by the tutor and has not exercised their right to appeal to the Disciplinary Committee.

The Disciplinary Committee reviews all documentation relating to the investigation to date and meets with the investigating Programme Director and Tutor to discuss the case, and based on the evidence available decides whether or not there is a case to be answered at Level 3.

If the Disciplinary Committee decides that yes, there is a case to be answered they will classify the offence as Level 3 (grave) and give a determination of an appropriate sanction/penalty (see below for sanctions/penalties available at Level 3). The Committee will arrange a meeting with the student to reiterate the plagiarism investigation process, findings and outcome to the student and inform them of the sanction/penalty to be applied, and of their right to appeal any decision to the Academic Council. Following this meeting the Programme Director will notify the student of this outcome in writing; the student may exercise their right to appeal to the Academic Council at this stage, and will be informed of this in the letter from the Programme Director.

If the Programme Director decides that there is no case of plagiarism to be answered at Level 3 the case will be referred back to the investigating tutor for sanction/penalty at Level 2; the student will be notified of this outcome in writing.



Level 3: Grave Offence Classification		
Criteria	Indicators	Penalties/Sanctions
Amount/Extent	High percentage from individual source identified by Turnitin	Fail grade awarded without opportunity to resubmit or proceed (defer year)
History	Multiple offences	
Level/Stage	Advanced stage of programme	Reduced award classification
Additional Information	Deliberate attempt by student	Expel student with credits
	Blatantly plagiarised material	Expel student without credits
	No evidence of formative engagement with supports and materials	

Table 10: Level 3 Plagiarism Offence Classifications

## APPEALS:

At any stage of the Plagiarism process a student may appeal to the Disciplinary Committee for the handling of their case/sanctions imposed to be reviewed. Appeals must be made in writing to the chair of the committee within two weeks of correspondence regarding the plagiarism investigation.

The Disciplinary Committee is an 'ad hoc' subcommittee of the Academic Council, chaired by the Assistant College Director and includes one independent external person and an internal person who has not been involved in the case. The Disciplinary Committee will:

- Review all documentation and evidence arising from the investigation to date
- Review documentation and evidence arising from any previous plagiarism investigations relating to the student
- Meet with the investigating Tutor/Programme Director as appropriate
- Meet with the student

Following this review the Committee will decide whether or not there is a case to be answered.

If the Disciplinary Committee decides that yes, there is a case to be answered they will classify the offence as Level 1 (minor), Level 2 (major) or Level 3 (grave), and will determine a sanction/penalty according to the level of the offence and will notify the student of this outcome in writing.

If the Disciplinary Committee decides that there is no case of plagiarism to be answered the student will be notified of this outcome in writing.

All decisions of the Disciplinary Committee are noted by Academic Council.

A final report comprising detailed notes on the review by the Committee and its decision will be maintained on the student's file indefinitely.

## 6.4 Quality Assuring the Assessment Process

### 6.4.1 Committees of the Academic Council

Assessment regulations (since 2018 for both HET and FET programmes) are overseen by the subcommittees of the Academic Council – Programme Boards; Teaching, Learning & Assessment Committee; and Examination Boards. They:

- Revise and discuss assessment techniques utilised by College programmes;
- Review/monitor College statistics/trends regarding assessment results;
- Review and approve of students sitting supplemental examinations;
- Approval of policy on penalties to be applied to assessment activities;
- Ensure compliance of OTC assessment policy and procedures with QQI HET and FET regulations;
- Monitor the implementation of assessment strategies for College programmes and modules;
- Monitor the recording of penalties applied to assessment activities (HET only).

Note: Since Autumn 2018 some differential QA applies to FET programmes (see Appendix 2)

### 6.4.2 Cross-Marking Procedures

A percentage of all assignments and assessment scripts are cross-marked within the College as they are submitted by students for marking. In addition to reviewing the standard of marking against the assessment rubric and the marks awarded to specific students, the cross-marking process also facilitates informal feedback between Programme Directors and Tutors on their interpretation of the rubrics, their standard of marking and possible suggestions for improvement. This procedure requires College staff to be vigilant and transparent in their application of assessment standards.

Procedure:

1. Assignments/examination scripts are marked in the first instance by the individual tutor assigned to each student.
2. A sample of each batch of assignments (usually 10%) are then cross-marked by a second

marker – usually the Programme Director or a Tutor or Programme Director of another programme.

3. In instances where a student is failing an assignment, a second marking is always carried out.
4. In exceptional circumstances (for example where a significant discrepancy exists between a first and second marking) a third marking may be carried out. The Programme Director normally undertakes this providing they were not involved in the original cross-marking. Alternatively, this is done by the Programme Director of another programme, or the College Director.
5. Following completion of the cross-marking process students are provided with a provisional mark and feedback on their assignment.

#### **6.4.3 Procedures for Corrective Action**

Corrective action can be defined as the need to amend a student's mark for an assessment due to a discrepancy in the manner in which an assessment has been carried out or a grade recorded.

The Open Training College implements the following procedures to ensure standards and consistency in the assessment process and to avoid where possible the need for corrective action to be taken in relation to learner assessments:

##### **Assessment Strategies**

The Assessment Strategies outline the learning outcomes and associated assessment methods for all assessors to follow. These are complemented by the assessment rubrics, which further guide the assessor in making a decision regarding assessment grades.

##### **Cross-marking**

It is the policy of the College to carry out a second marking of at least 10% of all assessments, including all assessments that have been allocated a percentage mark which falls on the cusp of a grade. This process will ensure all assessors mark consistently and will highlight any discrepancies in the marking of an assessment or in the administration of learners' work.

In the event of a discrepancy identified in the manner in which an assessment has been carried out or a grade recorded the following procedures for corrective action will apply:

1. The assessor within whose work the discrepancy was highlighted will be identified and all assessments returned by that assessor will be checked.
2. If the discrepancy is identified as being a once-off occurrence then the necessary edits will be made and the assessor informed of this. If further/repeated discrepancies are identified all assessments will be returned to the assessor with directions to re-check their work.
3. If the corrective action results in a change of grade for the student's work the Programme Director will inform the student of this by letter.
4. Depending on the stage at which the corrective action is taken QQI and the External Examiner(s) may need to be notified of the change to the student's result.
5. The Programme Director is responsible for ensuring the implementation of this procedure and recording the process and any outcomes.

#### **6.4.4 Procedures for External Examination**

External Examining is the quality assurance mechanism employed by the College to support public confidence in academic qualifications awarded to students, by introducing an independent, objective element into the procedures for the assessment of students. These procedures have been devised to ensure compliance with QQI (2013) Assessment and Standards (Revised) and QQI (2015) Effective Practice Guidelines for External Examining (Revised).

The function of the External Examination process is to ensure adequacy and equity of marking procedures and standards. In particular, External Examiners ensure that appropriate standards with regard to Pass, Merit and Distinction are applied and that comparability of standards between institutions is achieved and maintained as far as is feasible.

#### **Procedures for the Appointment of External Examiners**

The External Examiner is an independent expert who is a member of the broader community of practice within the programme's field of learning and whose accomplishments attest to his/her likelihood of having the authority necessary to fulfil the responsibilities of the role.

External Examination of a programme may be carried out by an individual or team of External Examiners, depending on the number of learners involved and the range of specialisations within a programme, which may be difficult to find in any one individual. The number of examiners required

for any particular programme will be determined by the size (in terms of stages and credits) and scope of that programme, and the range of experience and expertise of nominees.

### **Competences of an External Examiner**

The basic precept of External Examiner's competence has been outlined above. In addition to these basic competences, specific competences and requirements of External Examiners for a programme will be considered by the Programme Board.

### **Process for appointing an External Examiner**

Any member of teaching staff may make a nomination for the position of External Examiner. Nominees may come from the Higher/Further Education community, or from other communities of practice including the world of work and professional practice. Nominations are brought to the attention of the Programme Director, in their role as Chair of the Programme Board, for discussion at a meeting of the Programme Board. In discussing nominations the Programme Board will take into account the requirements of the programme, the need for independence and the need to avoid conflicts of interest. Following approval of an External Examiner nomination by the Programme Board this nomination is brought to the attention of the Academic Council for approval. The Academic Council ratifies the formal appointment of External Examiners.

### **Role and Responsibilities of the External Examiner**

The main functions of the External Examiner (or External Examiner team) are:

- To review the appropriateness of the minimum intended programme learning outcomes and other programme objectives;
- To probe the actual attainment of learners by reviewing a representative sample of learner assessment during a visit to the College;
- To compare and contrast both the minimum intended programme learning outcomes and the actual attainment of learners with the relevant awards standards, the National Framework of Qualifications and with corresponding data from other programmes in the same discipline in Ireland and beyond, of which the examiners have knowledge and experience;
- To determine whether or not the applied procedures for assessment are valid, reliable, fair and consistent;
- To review the appropriateness of the programme assessment strategy and the assessment procedures and, flowing from this, to probe subsidiary stage and module assessment strategies;
- To review and provide feedback on examination formats and questions prior to their assignment in light of the programme and module assessment strategies and learners prerequisite learning.

External Examiners have the right to make such suggestions, criticisms, deletions, additions and amendments as they deem appropriate;

- Report findings and recommendations to the College both verbally during their visit to the College and at the Examination Board meeting, and in writing using the report template provided by the College.

In addition, External Examiners of Open Training College accredited programmes are expected to:

- Provide support and feedback to the Programme Director during the academic year with regard to the drafting of examination papers and associated marking rubrics;
- Visit the College at least once per academic year to conduct the review of student assessment work;
- Attend the meeting of the Examination Board (where feasible and possible);
- Complete External Examiner reports using the College template provided and return same to the Programme Director within two weeks of conducting the external examination.

### **Induction and Ongoing Support for External Examiners**

New external examiners to the College will be provided with all relevant information pertaining to the College and programme by the Head of Quality & Academic Affairs, in the form of an Induction Pack. This pack will include:

- relevant background information on the college, including teaching and learning strategy;
- programme aims and objectives;
- programme learning outcomes;
- programme assessment strategies;
- college quality assurance policies and procedures on the assessment of learners and external examining, including guidelines for meetings of the examination board;
- sample assignment guidelines and marking rubric, in the college style;
- sample assessment feedback;
- external examiner's report template;
- QQI policy documents for both HET and FET.

The external examiners will receive support and guidance at induction stage, and throughout the period of their appointment with the College, from the relevant Programme Director.

### **Formal Agreement with the External Examiner**

The Programme Director makes initial contact with the nominee to discuss his/her proposed appointment, the role and responsibilities of the External Examiner and the nature of the agreement between the College and the Examiner. Following verbal agreement between the nominee and Programme Director, and ratification of the appointment by the Academic Council the position and responsibilities are confirmed in a formal letter from the Head of Quality & Academic Affairs to the External Examiner.

The position of External Examiner is normally held for a period of three years, this however is subject to the continued interest and availability of the examiner and to the continued requirements of the College, and either party may amend arrangements each year. Appointment of External Examiners is communicated to QQI each academic year, and accompanied by the External Examiners' CVs.

### The External Examiners' Visit to the College

The External Examiners' visit to the College normally takes place once per year per programme, on completion of the academic year, but may occur more frequently, or at any other stage of the year depending on the requirements of the College and/or the External Examiner(s). During the External Examiners' visit all assessment work undertaken by students is made available, in addition to all programme materials, assessment rubrics, examination papers etc. Programme staff will be available for the total duration of the visit for discussion where necessary and to answer any queries or questions. In visiting the College, the duties of External Examiner(s) include:

- reviewing borderline cases and, if necessary, interviewing such students;
- reviewing the work of students who have requested a review through the appeals procedure and making a recommendation to the Examination Board on the mark to be awarded with respect to the appeal;
- agreeing with the respective internal assessor(s) the proposed final marks / grades for consideration by the appropriate Examination Board;
- attending meeting(s) of the Examination Board where possible and feasible;
- providing feedback to the College on the overall standard of marking and student academic achievement and making suggestions for improvements.

### Communications between College and External Examiner(s)

All communication between the College and External Examiners in relation to assessment of students is by registered mail, or other secure means of delivery. The College requires External Examiner(s) to acknowledge receipt of assessment material from the institution. This is normally completed by e-mail. The use of fax, telex or electronic messaging systems is not authorised by the College for sensitive communications. The use of telephones is restricted to logistics and operational matters.

## **Integration of External Examining with other Quality Assurance processes**

Recommendations made by External Examiners during the programme of their visit to the College, during the meeting of the Examination Board, and in their official report are brought to the Programme Board for consideration and, if deemed relevant and appropriate at that time, are actioned and included in the quality improvement recommendations for the programme in the forthcoming academic year, and published in the annual programme QA report. Actions taken on the feedback of External Examiners, and the resulting outcomes of these actions, are communicated to the examiners during their subsequent visit to the College.

The External Examiners report constitutes the official record of the External Examining process. These reports are presented to the Academic Council for consideration and adoption, as well as being published in the annual programme Quality Assurance reports along with the names and positions held by the examiners.

External Examiners will be surveyed/interviewed as part of the stakeholder consultation processes for Institutional Review and Re-validation (Programme Review).

### **Procedure for the Removal/Replacement of an External Examiner**

Should an external examiner need to be replaced prior to the completion of their three-year appointment then the procedures for the appointment of an external examiner will apply.

## **The Examination Board**

On completion of the External Examiners' visit the Examination Board meets. There are currently three Examination Boards in operation in the College, one for the suite of Applied Management programmes, one for Social Care programmes and one for QQI-validated FET programmes. The Examination Board agrees all the marks/grades for all modules for all students submitted by the College at that time. It is during this process that a student's work can be graded up or graded down following discussion by the Board. Students who are 'borderline' are discussed in this forum and a decision made based on the cumulative evidence presented by College staff in consideration of the views of the External Examiner(s). The Examination Board also finalise a recommendation for forwarding to Academic Council in relation to student appeals.



Note: These boards currently operate in accordance with QQI (2013) Assessment and Standards (Revised) their operation and functioning will be reviewed and amended appropriately in accordance with any new directives provided by newly developed/updated QQI higher/further education and training policies and procedures.

#### Terms of Reference:

- Review outcomes of external examiner moderation of programme(s) under consideration;
- QA monitoring of assessment techniques, consistency of assessment and comparison of standards of programme(s) under consideration with national norms and best practice;
- Agree assessment results for all learners of programme(s) under consideration;
- Consider learner appeals in relation to assessment results and procedures of programme(s) under consideration, and make recommendations to Academic Council;
- Consider learners for progression with missing credit, approve/decline progression as appropriate;
- Review of penalties applied to assessment activities of programme(s) under consideration;
- Review/monitor statistics/trends regarding assessment results of programme(s) under consideration.

#### Membership of the Board:

- Head of Quality & Academic Affairs(Chair): Ex-officio
- Programme Director(s): Ex-officio
- Internal programme assessors: Ex-officio
- External Examiner(s): By appointment of the Academic Council

*Meetings:* Once per year immediately following external examiner moderation

*Sub-groups:* N/A

Co-option of members: N/A

*Reporting arrangements:* The Chair of the Examination Board reports on the activities of the Board to the Academic Council.

*Recording procedures:* The Chair of the Examination Board is responsible for ensuring that minutes of all meetings are maintained and available to internal staff of the College and to the Academic Council. Minutes are forwarded to the Academic Council for approval.

Note: Minutes of all Examination Board meetings are strictly confidential and are stored securely.

#### Decision Making Process of the Examination Board

The Examination Board will always strive to reach consensus in relation to final grades to be awarded to students. When negotiation is required the Head of Quality & Academic Affairs, External Examiners and Programme Directors present at the exam board are voting members and are charged with making final decisions regarding students' grades. Voting members will consider information presented by tutors in making their decisions.

In instances where there are dissenting opinions between the external examiners and the relevant Programme Director regarding a student's overall grade the Head of Quality & Academic Affairs may place a casting vote, taking into consideration all information presented pertaining to the student in question.

### Preparation for the Examination Board meeting

The date and time for the Examination Board meeting will be agreed well in advance with the External Examiner(s) and will be notified to all those involved and other relevant stakeholders, including QQI. The Programme Director may conduct a pre-board meeting with the team of programme assessors to discuss their findings and outcomes of the assessment process, and to ensure adequate preparation of all documentation for the External Examiners. The minutes of such meetings will be made available to the Examination Board where appropriate.

### Procedure for the Conduct of Examination Board meetings

1. Meeting opened by the Chair.

2. Statement of due process by Chair;

- Clarification of roles of board members
- Clarification of order of programmes and stages to be considered by board
- Statement of process for recording changes on original broadsheets

(Copies of broadsheets will be provided to all members on coloured paper)

One original broadsheet on white paper will be held by the Head of Quality & Academic Affairs, who will check results and record changes as results are read out by each year/programme coordinator. This original broadsheet will be given immediately to the relevant administrative assistant to update results and produce final broadsheet ready to be signed)

3. Feedback from External Examiners;

- This is followed by discussion and debate regarding individual student assessment results involving all board members as appropriate and relevant

4. Agreement of results;

- At this stage all results are read out by each year/programme coordinator and changes are

recorded on original broadsheet

5. Signing broadsheets: Final broadsheets are signed.

#### **6.4.6 Ratification of Assessment Results**

On completion of the meeting of the Board of Examiners, broadsheets are internally ratified. Subsequently, Academic Council may also make final decisions in relation to student appeals. All finalised results are signed off by the Head of Quality & Academic Affairs on the QQI QBS for awarding of certificates and to conclude the process. It is only on completion of all the above stages that a student can progress to Conferring of Award.

## 6.5 Policy on Academic Awards and Conferring Procedures

### 6.5.1 Academic Awards Policy

#### ACADEMIC AWARDS POLICY OPEN TRAINING COLLEGE

##### 1. Introduction

Open Training College (OTC) is a provider of programmes leading to QQI awards in accordance with the National Framework of Qualifications (NFQ). QQI is the awarding body for OTC Degree, Higher Certificate and Certificate programmes. This policy should be read in conjunction with (and is subject to) the relevant provisions of College *Conferring Procedures* and relevant supporting documents.

##### 2. Purpose

The purpose of this policy is to inform stakeholders that the Open Training College on behalf of QQI, have the power to confer these awards on Students following the successful completion of a programme of study. The certification of awards provides evidence of qualifications attained.

##### 3. Scope

This policy applies to all awards made by Open Training College on behalf of QQI. This policy applies to Dual and Joint awards delivered collaboratively with partner institutions, nationally and internationally.

##### 4. Statement

Students are entitled to receive an award following the successful completion of a programme of study for which they are registered. The authenticity of awards is verifiable.

A student may elect to have their award conferred in person at a graduation ceremony or in absentia.

All reasonable adjustments will be made to allow students or staff with disabilities, or long-term illness, to fully participate in graduation ceremonies.

##### 5. Definitions

The National Framework of Qualifications (NFQ) is a system of ten levels used to describe the Irish qualifications system. The NFQ describes what students should know, understand and be able to do on the basis of a given qualification.

An award is an academic qualification (degree, diploma or certificate) conferred in recognition of the successful completion of a further or higher education programme of study, either at undergraduate or postgraduate level, and issued by a designated awarding body. The National Framework of Qualifications sets out the criteria for major and non-major awards. Non-major awards include, minor awards, special purpose awards and supplemental awards.

Major awards (Further Education) the principal class of awards made at a given NFQ level and reflect a significant volume of learning. The Framework contains different award types, major, special purpose and supplemental. In the Common Awards System (CAS), levels 1 – 6, are generally achieved through the accumulation of minor awards. A major award (often called ‘the full certificate’) typically gives eligibility for progression to learning opportunities at the next level on the Framework. A major award reflects a significant volume of learning and can be achieved for example, through successful completion of a further education and training (FET) programme. Major awards create opportunities for progression to higher education.

Major awards (Higher Education) are the principal class of awards made at a given NFQ level and reflect a significant volume of learning, e.g. Higher Certificate (NFQ, Level 6), Ordinary Bachelor Degree (NFQ, Level 7), Honours Bachelor Degree (NFQ, Level 8), Master’s Degree (NFQ, Level 9), Doctoral Degree (NFQ, Level 10).

Minor awards provide recognition for students who achieve a range of learning outcomes, but not the specific combination of learning outcomes required for a major award. While having relevance in their own right minor awards are always part of at least one major award. These awards will always be smaller in volume than the major award of which they are a part.

Special Purpose awards are made for specific purposes, e.g. Special Purpose Certificate in Academic Practice.

Supplemental awards are for learning which is additional to a previous award, e.g. Continuous Professional Development.

Programme is a set of modules, programmes, or programme options that lead to an award.

Certificate is a non-degree award granted upon successful completion of a prescribed programme of study.

Diploma is a non-degree award granted upon successful completion of a prescribed programme of study.

Degree is a major award granted upon the successful completion of a prescribed programme of study, i.e. Bachelor's, Master's or Doctorate.

Certification is the process of verifying and evidencing educational achievements and awards through the issuing of transcripts and parchments.

An award parchment is evidence of the academic qualification attained and is presented to successful candidates at a Commencement/Graduation ceremony.

A transcript is a document outlining the grades/marks obtained by a learner for their programme of study.

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 delivers a programme of education and training that satisfies all or part of the prerequisites for an award of the designated awarding body (Ref. Qualifications and Quality Assurance (Education and Training) Act 2012).

A graduand is a student who has met the requirements for programme completion, but is yet to have the award conferred.

A graduate is a student who has successfully completed the requirements for a degree, and that degree has been conferred.

## 1. Awards

All awards granted by Open Training College on behalf of QQI are aligned with the National Framework of Qualifications (NFQ).

### 1.1 Awards presented under special circumstances

Awards may be presented in the following special circumstances, consistent with the *Procedures for Conferral of Awards*:

#### a) Posthumous awards

A posthumous award may be made at a graduation ceremony if a student dies before the ceremony at which they would normally have been presented with their award. The award is usually presented to a member of the family or other appropriate person.

#### b) Awards where programme requirements are not fully satisfied

In rare and exceptional circumstances, approval may be given by the College Director for the conferral of an award at a graduation ceremony to a student who has died, or has become incapacitated, and has not completed all programme requirements.

### 1.1 Parchments

Open Training College, on behalf of QQI, issues parchments on the conferral of awards to its graduates.

### 1.2 Transcripts

6.3.1 Open Training College provides academic transcripts for undergraduate and postgraduate Students.

6.3.2 Open Training College will not issue an academic transcript to a third party without the written consent of the person named on the transcript.

### 1.3 Fees and Charges

6.4.1 Fees and charges will apply to aspects of a graduand's attendance at a graduation ceremony. Fees and charges relating to graduation ceremonies are detailed in the Conferring Pack.

6.4.2 All fees and charges must be paid in full prior to the graduand participating in their graduation ceremony.

6.4.3 There are no fees or charges for OTC staff participating in a graduation ceremony.

6.4.4 Fees and charges will be determined on an annual basis by the Corporate Services Manager.

Policy Title:		Academic Awards Policy
OTC Policy No		1805
Version		2.0
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: 3 years from date
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs Corporate Services Manager
Supporting documents, procedures & forms of this policy:		<ul style="list-style-type: none"> <li>▪ Convocation for Conferring</li> <li>▪ Conferring Pack for Students</li> <li>▪ Procedures for Conferral of Awards</li> </ul>
Audience:		Public access
Reference(s)		<ul style="list-style-type: none"> <li>▪ Collaborative Award Policy</li> <li>▪ Exit Award Policy</li> <li>▪ National Framework of Qualifications (NFQ)</li> <li>▪ Descriptors for Minor, Special Purpose and Supplemental Award-Types, National Qualifications Authority Ireland</li> <li>▪ Qualifications and Quality Assurance (Education and Training) Act 2012</li> </ul>



### 6.5.2 Exit Award Policy

## EXIT AWARD POLICY OPEN TRAINING COLLEGE

### 1. Definition

'An exit award programme is a special case of an embedded programme where the exit award programme is never offered to learners independently and only accessed by learners who enrol on a principal programme and then exit early but have been assessed as having met the requirements for the lower NFQ level award'

QQI Programme Validation Manual (2016).

### 2. Policy Statement

Students, who formally exit from a principle programme prior to its completion, may be eligible for an exit award, provided such exit award has been validated under the OTC's validation processes and provided they have attained the requisite minimum number of credits. Exit awards are intended for use in exceptional circumstances only and the decision to award them is an Examination Board decision.

Exit awards are always linked to a specified major award and may be validated at Certificate, Higher Certificate or Ordinary Degree levels as appropriate to the parent programme and the number and level of credits attained. Exit awards are minor (unclassified)/major (classified). The OTC adheres to naming conventions and other criteria for exit awards as defined by QQI and amended from time to time.

A student must initially discuss the option of an exit award with their Programme/Programme Director and then apply formally for an exit award by the closing date specified for each individual assessment/examination session.

Holders of exit awards are eligible to attend the Conferring Ceremony.

An Exit award is noted on the student record. It is automatically surrendered if the holder is subsequently conferred with the principal award.

### 3. Policy Process

Exit awards are intended for use in exceptional circumstances only and the decision to award them is an Examination Board decision.

### 4. Conditions of Eligibility

The programme on which the student has been registered must have a validated exit award in place. The student must have earned all credits relating to such award as follows:

Exit Award	Level	Number of Credits
Certificate	6	60
Higher Certificate	6	120
Ordinary Bachelor Degree	7	180
Postgraduate Diploma	9	60

### 5. Roles and Responsibilities

The College Director has ultimate executive responsibility for the effective development and implementation of academic policies. The Head of Quality & Academic Affairs has overall delegated responsibility for coordinating the day to day operation of the policies and the development, maintenance and monitoring of supporting procedures. Programme/Programme Directors and Tutors are responsible for pursuing the implementation of these policies in relation to the activities of their programmes.

### 6. Related Documentation

- Student handbook - Student Guidelines on Exit awards
- Exit Award Student Request Form

### 7. Contact

- Programme Director
- Head of Quality & Academic Affairs

Policy Title:		Exit Award Policy
OTC Policy No		1806
Version		2.0
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: 3 years later
Approving Authority:		Academic Council
Document Owner:		Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		<ol style="list-style-type: none"> <li>1. Convocation for Conferring</li> <li>2. Conferring Pack for Students</li> <li>3. Procedures for Conferral of Awards</li> </ol>
Audience:		Public – accessible to anyone
Reference(s)		<ul style="list-style-type: none"> <li>▪ Collaborative Award Policy</li> <li>▪ Academic Awards Policy</li> <li>▪ National Framework of Qualifications (NFQ)</li> <li>▪ Descriptors for Minor, Special Purpose and Supplemental Award-Types, National Qualifications Authority Ireland</li> <li>▪ Qualifications and Quality Assurance (Education and Training) Act 2012</li> </ul>

### 6.5.3 Procedures for Conferring

#### Registration for Graduation

1. There will be a registration period for each graduation period, and registration will close no later than 2 weeks before the ceremony.
2. All graduands must complete the online registration process, and must opt to:
  - attend the conferring; or
  - graduate in absentia;
3. Graduates who defer, or graduate in absentia, will be sent their documentation at the end of the relevant graduation period to the postal address recorded in the student system.
4. Graduands will be allocated 2 guest tickets per registration. Additional tickets are subject to availability and are subject to a fee.

#### Systems and Processes

1. The Administration Office will be responsible for the establishment and maintenance of student and staff conferring ceremony registration systems.
2. Advice of special awards and other inclusions must be received by the Administration Office no later than 4 weeks prior to the conferring ceremony.

#### Medals and other Awards

Medals and special award certificates are presented to recipients at a graduation ceremony by the College Director.

#### Staff Participation in Graduation Ceremonies

Staff registration for attendance at graduation, including requests for provision of academic dress must be completed no later than two weeks prior to the ceremony at the given location. If academic dress is required this must be ordered through the registration process and comply with the deadline above.

#### Stage Setting for Graduation Ceremonies

1. There will be standard elements for stage setting for all graduation ceremonies. These are managed by the Administration Office.
2. The stage seating plan for a graduation ceremony will be determined according to the protocol outlined by the Administration Office, and the list of staff who have registered to attend.

## Order of Degrees

Degrees will be presented at a graduation ceremony according to the following hierarchy:

1. Masters
2. Postgraduate Diploma
3. Graduate Diploma
4. Bachelor (Honours)
5. Bachelor
6. Higher Certificate
7. Certificate

## Music

Music will be played for the following elements of the graduation ceremony:

- i. Procession
- ii. Recession

## Graduand Participation in Graduation Ceremony

- a. Graduands must check-in upon their arrival at the venue by the time advised to them by the Administration Office.
- b. Graduands will be advised to enter the hall, no later than one hour prior to the commencement time of the ceremony.
- c. Seating of graduands will be dependent on the layout of the venue as follows:
  - Graduand seating will be arranged by Administration Office and Faculty, and alphabetically within each programme group, as printed in the Graduation Program.
  - Once all graduands are seated, they will receive a briefing to explain when in the proceedings the awards will be presented, crossing the stage, and how to receive their parchment from the College Director.
  - Graduands who may require seating other than in the regular seats supplied by the venue will be accommodated on a case by case basis.
  - Graduands who arrive after the presentation lists have been finalised will be seated last and presented towards the end of the ceremony.

## Arrangements for Graduands with Disabilities

1. The College has a responsibility to ensure that graduands with a disability can participate in a Graduation Ceremony in the same manner as the rest of the graduands, as far as is practicable.
2. Provision will be made, on request, for a Sign Language interpreter at graduation ceremonies for graduands who have a hearing impairment or are deaf. The aspects of the ceremony that

will be signed may vary and will be agreed between the graduand, Administration Office and the interpreter.

3. Where a graduand who has a vision impairment or is blind is assisted by a guide/assistance dog, the Graduation Office should inform the venue in advance to ensure that adequate arrangements are made, and that the graduand is seated with sufficient room to accommodate the guide/assistance dog. Where a graduand is assisted by a person, seating must be provided for the guide.

#### Award Parchment, Supplement and Conferring Convocation

1. The Administration Office is responsible for the compilation and production of Award Parchment, Supplement and Conferring Convocation for each graduation ceremony.
2. Any graduands who fail to check-in on the day will have their names removed from the presentation list.
3. The Award parchments will be checked against the final presentation lists and placed on the stage prior to the commencement of the graduation ceremony.
4. The names of graduands arriving after the presentation lists have been printed and sorted, will be added to the end of all graduates for that ceremony and will be announced towards the end of the ceremony.

#### The Ceremony

##### Academic procession

1. The academic procession will assemble in the designated assembly point of the venue 15 minutes before the ceremony.
2. The order of procession is determined by the room and stage seating plan which is in accordance with the seating protocol.
3. An opening announcement is made before the graduation ceremony commences.
4. Processional music commences, the audience stands, and the graduands and academic procession enters the hall and proceeds to the seats and remain standing.

#### Conferring of Awards

Commencement formalities follow the order and format laid out in the Conferring Convocation booklet.

## 6.6 Integration with Blended Learning and Online Learning Strategy

**The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:**

- External examiner induction
- Approved programme schedules; balance of blended learning (BL) elements
- Additional supports for Online learners
- BL/OL induction for students as part of Access
- Formative online assessment and summative submission
- Feedback from Tutors/Markers
- Plagiarism policy and procedures; use of Turnitin
- Use of technology in External examination process
- Assessment strategies take full account of BL/OL
- BL/OL expertise of examination boards

**Blended Learning:** This section meets “*Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes*” (QQI, 2018), in relation to the following:

- i. Tracking learner progress and achievement, marking and returning assessments, providing feedback to learners and assessors are just a few of the areas where existing policies, systems and processes are unlikely to be fit-for-purpose in an online learning context.
- ii. Appeals and complaints policies and processes which accommodate remote learning.
- iii. Arrangements for online assessment including pre-assessment, the conduct of assessment and marking/grading which are robustly tested and invoke confidence.
- iv. Robust and consistent systems and processes across the organisation to manage the submission, receipt, marking and return of assessments.
- v. Include assessment practice and process that are published and provide consistent, equitable and fair arrangements for the setting of, marking of and return of feedback on assessment tasks. Learners are provided with consistent, secure and reliable means for submitting work to be assessed and confirmation of receipt. There are institutional regulations and protocols to ensure confidentiality and security in feedback to individual learners on assessment, and for the recording of marks or scores.
- vi. Assessment strategies with opportunities for learners to engage in formative assessment activities that will check and reinforce learning remotely.
- vii. Moderation processes are in place to ensure consistency and share good practice where more than one associate is employed to support or assess more than one group of learners. Documentation of best practice examples and exchange of information among all staff is important where there is a growing knowledge base, a growing availability of additional open access resources

and constant demands to update ICT skills. Provider support through structured networking is in place to facilitate this.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• The institution has a policy and code of practice to ensure academic integrity and freedom and ethical behaviour.</li></ul>
<ul style="list-style-type: none"><li>• The technical infrastructure is aligned with the teaching methodology, learning activities, and e-assessment methods, and it eases the teaching and learning process.</li></ul>
<ul style="list-style-type: none"><li>• E-assessment methods are fit for purpose, allowing students to demonstrate the extent to which the intended learning outcomes have been achieved.</li></ul>
<ul style="list-style-type: none"><li>• Students are aware of plagiarism rules.</li></ul>



## SECTION 7: SUPPORT FOR LEARNERS

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Supporting Documents:

1. MyOTC Induction Programme
2. Students at Risk Intervention Contract
3. Individual Academic Tutor Support Record Template

### 7.1 Supports for Learners

#### 7.1.1 Student Support Policy

## STUDENT SUPPORT POLICY

### OPEN TRAINING COLLEGE

#### 1. Introduction

The Open Training College (OTC) seeks to provide a supportive teaching and learning environment that is responsive to individual student needs. Such support is fundamentally based on the Supported Open Learning (SOL) Model and is targeted at all stages of the student lifecycle.

The academic entry levels for each programme are regularly monitored, benchmarked and adjusted where necessary, to ensure that students entering OTC programs have the academic proficiencies which will give them a realistic chance to successfully complete their chosen programme. At the same time OTC recognises that, for a wide variety of reasons, students may not find it easy to achieve the academic results of which they are capable. This document outlines the academic and other supports available to all students.

#### 2. Purpose

This policy defines who can avail of OTC learning support and identifies what services are available within this provision.

#### 3. Scope

This policy applies to all students registered with the OTC who wish to avail of Learning Support.

#### 4. Policy Statement

Our aim is to foster independent learning through the provision of online resources, one-to-one sessions and group workshops.

#### 5. Roles and Responsibilities

The OTC will ensure that our service is responsive to student need and delivered in a timely manner. In addition, we will undertake regular evaluations of our service and address any issues which may arise. At each stage we will respect the student's privacy and confidentiality.

The Programme Directors, will liaise with other OTC staff to arrange additional supports such as assistive technology, academic tuition and alternative formats.

Students are expected to disclose learning support or additional care needs to the OTC at interview or as early as possible in the student life cycle. College welcomes all feedback from students and see it as a vital element to the development and enhancement of the service we offer to students.

The College offers a Student Support Service and Student Support Officer described in the current 'Guide' which accompanies this policy.

## 6. Definitions

The OTC defines learning support as the following suite of services:

- Supported Open Learning (SOL) Model
- Guide to Learning Support Services
- Orientation Programme
- MyOTC Induction Programme
- Students at Risk Intervention Contract
- Individual Academic Tutor Support Record Template
- Provision of Support for Students with Disabilities and or Specific Learning Difficulties
- Student Progression, Exclusion and Graduation Policy and Procedure
- English Language and Academic Assistance
- Library
- Information Technology
- Individual Academic Tutors
- In-workshop consultation
- E-learning consultation
- Online facilitators
- Programme Director consultation
- Student Support Service
- Student Support Officer

Policy Title:		Student Support Policy
OTC Policy No		1807
Version		3.0
Date approved: Jan 2022	Date policy will take effect: Jan 2022	Date of Next Review: 2 years
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		<ul style="list-style-type: none"> <li>▪ Supported Open Learning (SOL) Model</li> <li>▪ Guide to Learning Support Services</li> <li>▪ Orientation Programme</li> <li>▪ MyOTC Induction Programme</li> <li>▪ Students at Risk Intervention Contract</li> <li>▪ Individual Academic Tutor Support Record Template</li> <li>▪ Provision of Support for Students with Disabilities and or Specific Learning Difficulties</li> <li>▪ Awards Policy and Procedures.</li> </ul>
Audience:		Public – accessible to anyone
Reference(s)		<p>QQI QA and Validation Policies and Guidelines (2016-2018)</p> <p>European Standards and Guidelines (2015)</p>

### 7.1.2 Guide to Learning Support and Other Support Services

#### Guide to Learning Support and Other Care Services

This guide is intended to provide staff and students with information regarding the facilities and resources that are available to students to support them with the academic demands of their programmes. The guide also outlines the expectations and responsibilities of staff to identify students with additional care and learning support needs and to direct them to or provide them with appropriate resources. Students deemed in need of specialist support services or academically 'at risk' are defined and the support strategies in place for these students described.

#### 1. Orientation and Transition to Higher Education

All students are required to complete an Orientation Programme prior to commencement of their study with College. The Programme Director is responsible for the delivery of the orientation programme to all students. The orientation programme encompasses a range of educational, programme planning, independent self-directed study, e-learning and social information sessions. These include:

- Registration, creation of ID and enrolment check;
- Learning Management System and IT systems introduction;
- Online Library orientation;
- Programme and workshop attendance planning;
- Individual Academic Tutor allocation;
- Academic expectations including use of Turnitin and plagiarism;
- Student Support Services information;
- Orientation sessions are supported through appropriate resources posted on the website and the Student Learning Management System;
- The Tutor/Workshop Presenter or delegated member of staff is responsible for checking student attendance and following up with students who do not attend or who arrive late.

Orientation and follow up procedures are designed to ensure that all students are appropriately inducted into their programme.

#### 2. Identification of Individual Student Needs

Close scrutiny of students is maintained by tutors and workshop presenters. Attendance rolls are taken at each class and assignment submissions are monitored. Students who fail to attend regularly (as outlined in the attendance policy for the relevant programme) and/or who fail to submit one or more assessments are contacted by the Tutor and/or Programme Director. The Tutor and or Programme Director may identify these students as having learning support needs.

Learning support needs of students may arise from issues associated with:

- English language
- literacy
- study techniques
- time management
- organisational skills
- work demands
- personal issues
- I.T.
- the requirements of the programme

Learner support needs may be identified:

- by poor attendance or poor assessment outcomes
- during initial discussions with academic staff during Orientation
- by self-referral by a student
- when a workshop presenter/tutor has identified that a learner is experiencing difficulty (this may be by observation in workshop or upon analysis of assessment items submitted early in the term)
- when a learner seeks assistance from the Tutor or Programme Director or some other member of staff
- after a student subject evaluation survey
- during an interview with a student
- as part of an intervention strategy agreed between the learner and the Programme Director

### 3. Ongoing Student Learning Support

Programmes commence during Orientation to assist students with the transition to a tertiary level study regime. The programmes include workshops, individual interviews with students and informal support provided by tutors. The support programmes utilise a wide range of resources.

- **English Language and Academic Assistance**  
English language and academic advice workshops and resources include such topics as essay writing, report writing, referencing, avoiding plagiarism, using Turnitin, making oral presentations, and examination tips.
- **Library**  
Library information sessions are held during Orientation. Additional tutorials/workshops are scheduled throughout the year to assist students to most effectively utilise the range of electronic databases and library resources. These tutorials/workshops are designed to improve information literacy skills of students.

- Information Technology  
Through the dedicated e-learning support team, e-learning and information technology staff members are available to help students with the technology available to them and with connectivity and access issues related to their programme. All queries will be responded to within 48 hours.

#### 4. Individual Academic Tutor

Individual Academic Tutors provide regular assistance, covering topics such as time management, exam preparation, essay and report writing, referencing, avoiding plagiarism, library research, and guidance on how to transfer learning into practice. Other topics are covered as required, with the objective of helping students to improve their performance.

Individual Academic Tutors will meet with students in person, if required, in addition to providing support online or by phone.

#### Documentation of students seeking support

Records are maintained by the individual Academic Tutor of students referred for additional academic or English language support. The individual Academic Tutor also keeps records of students seeking assistance. Summary data form part of the educational metrics reported to the Teaching, Learning & Assessment Committee.

#### 5. General Academic Staff Consultation

##### In-workshop consultation

Individual student consultations with the subject lecturer, tutor or other appropriate academic are an integral part of the learning experience for each subject. OTC's normal programme pattern provides face to face workshops/seminars/lectures and a structured tutorial. Further tutorials are scheduled to allow students the opportunity to clarify points of confusion, discuss aspects of the subject in more detail and obtain feedback on their assignments, both in draft form and on completed work.

The scheduled times of workshops and tutorials are given to students on commencement of their studies, online (by use of MyOTC) and provided individually to students. If a tutor considers that

additional times for consultation are required, at particular times of the programme, then these may be arranged with the approval of the Programme Director.

#### E-learning consultation

The College's online environment is a platform that utilises Moodle 3.4, Google Education Products, Turnitin and a variety of databases including EBSCO and Emerald. The College's main aim is to ensure that the online environment is accessible and usable by all learners, regardless of previous learning experience.

Each module of the degree programme is placed on a bespoke virtual learning area, MyOTC Learning Centre, on the College's virtual learning environment. The module is divided into units and each unit contains module material, key links, documents, videos, learner activities and discussion groups. Through Moodle's conditionality function the tutor can structure the learning into a defined learning pathway so that the learner can only progress by completing well defined conditions. Each module has quick links to a number of resources including the college online library and databases, excellent best practice external resources, and key apps. This function can provide an indication of a student having IT or content difficulties and alerts the tutor to provide a response.

The modules are supported by a virtual tutorial developed through Articulate Storyline that, through multimedia supports, allows the learner to engage with the materials in an interactive way and caters for a variety of learning styles (visual, auditory, reading). Another support is the Open Training College range of informative podcasts where the College interviews experts and academics in the relevant areas of social care, management and adult study.

Students use the Google education apps for email, assignments, college calendar and assessment feedback. The student has to engage with Turnitin to ensure that their assessment work is original.

Due to the demographic profile of the students that access the Open Training College, the College is keen to ensure that each student who enters the online learning environment is ready to learn effectively through the platform and processes involved.

## 7. Online Supports

#### Online induction programme

A key area of support is an online induction programme that students are required to complete prior to commencing their studies. It provides them with the key skills required to study effectively online.



*The induction programme is made up of the following sections:*

Unit 1 – Internet Essentials

Unit 2 – Your Open Training College Email Account - Your key communication tool with the College

Unit 3 – MyOTC Learning Centre - Where you do most of your learning

Unit 4 – Google Docs/Drive (See Online videos) – How to submit your assignment to the College

Unit 5 – Turnitin – How to check for any plagiarism issues

Unit 6 – Accessibility Issues – How to adapt your computer

Unit 7 – Survey Monkey Feedback – How to provide the College with feedback

The induction programme is delivered by an industry expert in adult learning online.

#### *Learning and Development in Higher Education*

College has developed a new 5 credit module for first year students on the degree programmes; this module, *Learning and Development in Higher Education*, delivered through a blended learning mix of online and workshop, provides a solid foundation for students on which to build their learning. It supports students – particularly those with minimal experience of education – to develop their academic skills and identify their preferred learning styles and therefore ensures the best possible start for each learner to learn and study effectively on the degree programme. This module may be offered to students on other programmes, as a learning support.

Each programme and module is enhanced by an individual web based support site. The module web page provides students with access to subject resources and also includes a ‘chat room’, ‘forum’ and group email facilities that allow for the posing of questions by students and tutors and response by both students and tutors. Such community-based facilities are moderated and controlled by the year tutor.

All students enrolled in a module have access to the module web page. The Programme Director is responsible for checking following commencement of a programme to ensure that all students have utilised the platform.

All students and tutors have unique OTC email addresses which are the primary conduit for academic and administrative information and enquiries. Students are encouraged to contact tutors

directly by email if they have any questions that will not wait until the next tutorial session. OTC tutors are required to read and respond to their emails in a timely fashion.

### *Online facilitators*

Facilitators of modules delivered in workshops and online provide students with information on the support they provide in their welcome email and in the Student Handbook. Students are required to respond to the welcome email to confirm they have received and read the Student Handbook. Students are contacted in the first week to ensure they understand the programme and assessment requirements and clarify any concerns or questions they may have. Facilitators contact students on a regular basis and also use the Discussion Forum for regular contact.

Students have access to any of the online support staff regarding their studies. These include dedicated online e-learning staff members who provide support to students who have queries or problems.

### *Consultation with Programme Directors*

Programme Directors are available for individual consultations at times when they are not engaged in teaching or associated administrative duties. Programme Directors are normally fulltime permanent staff. Appointments can be made by email. Programme Directors provide a range of academic and programme management advice, from programme planning and subject enrolments, to dealing with appeals and progression issues.

## 8. Students at risk

### Definition

Students are required to attain minimum academic standards. The individual Academic Tutor monitors the academic performance of students against the minimum academic standards at the end of each term. Students do not meet minimum academic standards in a programme if they:

- fail a particular module of study more than once; or
- fail two or more of the modules of study attempted in an academic year.

Students who do not meet the minimum academic standards are deemed to be “at risk”. The individual Academic Tutor will arrange for academic counselling for all students who are deemed to be “at risk” and also advise such students of the possibility that conditions may be placed on their enrolment going forward.

### Intervention support strategies

During the academic counselling session, the tutor and the student will determine what additional support will be provided to the student. This may include, but is not limited to, the student:

- a) attending academic skills programmes;
  - b) attending tutorial or study groups;
  - c) receiving individual case management;
  - d) attending counselling;
  - e) receiving assistance with personal issues which are influencing progress;
  - f) receiving mentoring;
- or
- g) a combination of the above and a reduction in programme load.

### Intervention contracts/documentation

Students deemed at risk are required to complete and sign an Intervention Contract that stipulates the steps agreed with the tutor to give them the appropriate level of academic support.

The individual Academic Tutor is required to record the details of any student deemed 'at risk' and placed on an intervention contract. Summary data of students on intervention contracts form part of the educational metrics reported to the Teaching, Learning & Assessment Committee.

## 9. Student Support Service and Student Support Officer

### Overview of student support service:

The health and wellbeing of our students is a key priority of the Open Training College. Our Student Support Service and our professional, clinical partner, *Spectrum Life*, provide dedicated support to our students in relation to a range of topics including self-care, wellbeing, managing anxiety, supporting sleep, financial concerns, parenting, mindfulness (please note this list is not exhaustive).

*As a student, you may be referred to the Student Support Officer by your Individual Academic Tutor or you may also self-refer yourself directly to the Student Support Officer. Similarly, a student may also be referred to Spectrum Life by the Student Support Officer or may self-refer directly. An account name and password for Spectrum Life is issued to all students who may access the site and its associated supports directly. OTC will receive anonymised usage reports from Spectrum Life but these will not identify any individual students and OTC will not share any data held on the student with Spectrum Life, nor will Spectrum Life share any identifiable personal data with OTC.*

No obligation is placed on any student to share information about their use of our clinical partner's services with the College.

Our Student Support Service consists of a range of supports and resources, including:

- ✓ A dedicated student support officer
- ✓ Initial transition support for Year 1 students during the first 8 weeks of starting their studies
- ✓ 6 wellbeing seminars per academic year on a range of topics including dealing with procrastination, self-care, managing stress. These seminars are open to all students and staff
- ✓ Ongoing individual support where required
- ✓ A dedicated self-care resource on the Learning Centre (MyOTC)
- ✓ Free 24/7 in the moment support from qualified counsellors and therapists. This is provided in a variety of formats – live chat, SMS, WhatsApp, Call Back and freephone services
- ✓ Referral to qualified counsellors and therapists for up to 6 sessions free of charge to the student
- ✓ Multilingual counselling supports
- ✓ Access to clinically approved health and wellbeing content and resources online through Spectrum Life. This digital resource covers a range of resources – health, well-being, parenting, finances, sleep, nutrition, exercise – and is delivered through a number of formats including podcasts and videos
- ✓ Access to a directory of resources and helplines nationwide via Spectrum Life

Role descriptor for Student Support Officer:

- ✓ Initial transition support for Year 1 students during their first 8 weeks of study. This would include weekly emails on tips, suggestions, encouragements, links to videos and/or other resources as appropriate
- ✓ Ongoing individual support as required across the study body
- ✓ Initial tutor training to identify when a tutor should refer a student to the student support service
- ✓ Ongoing tutor support as required and appropriate
- ✓ Liaise with Spectrum Life as required
- ✓ Monitor and respond to messages via a dedicated student support email
- ✓ Develop and deliver 6 wellbeing seminars across the academic year – showcasing key topics such as procrastination, self-care and managing stress – these would be open to all staff and students
- ✓ Student referral to relevant helplines and resources in the Spectrum Life platform where relevant and appropriate
- ✓ Update the news forum and resources in the self-care area of the Learning Centre as appropriate
- ✓ Maintain appropriate records, in line with GDPR requirements
- ✓ Maintain regular contact and engage in update meetings with the Programme Director

## STUDENT FEES POLICY AND PROTOCOLS

### OPEN TRAINING COLLEGE

#### 1. Purpose

The purpose of this policy is to ensure that students are adequately informed about the charging and payment of student fees and to ensure that fee protocols are applied in a consistent and correct manner. The *Student Fees Protocol* will be made available to perspective and existing students to ensure that they are aware of their obligations and commitments

#### 2. Scope

This policy and protocols apply to all students registered with College.

#### 3. Policy Statement

The fees policy and protocols set out the student's fee liability, payment schedules, payment supports and sanctions for late payment or non-payment of student fees and if the student subsequently withdraws or defers from the Programme. Students will be advised of their fee liability during the application process and College registration process. Each student is advised to familiarise themselves personally with their fee liability prior to registration.

#### 4. Related Documentation

Student Fees Protocol: (Refer to schedule of programme costs published each year and available on the College website and in programme literature).

##### Commitment to paying fees

As part of the application/re-registration process at the beginning of each academic year, students are asked to complete an application/re-registration form in which they commit to paying their fees for the full academic year. The application/re-registration process commits the student to paying fees on time. The signature on the form commits a student to pay the total amount of fees for that year, even if they decide to withdraw from the programme without completing all the modules.

Where an agency is making a contribution towards annual student fees, students are still responsible for the payment of all fees.

##### Fees instalments option

Students have a choice of paying fees all at once at the start of the academic year or through instalments during the academic year. Instalment deadline dates are as follows:

1. February 1st
2. April 1st
3. June 1st

Fees must be paid directly to the College through the online IMS (Information Management System). If, for an unusual reason, payment cannot be made in this way, it is possible they may be paid by cheque, postal order, bank draft or by credit card (this method will incur an additional admin. fee). In those cases, all payments should be made out to the Open Training College (send fees for the attention of *Fees Administrator, Open Training College, Prospect Hall, Willowfield Park, Goatstown, Dublin 14*). Do not send cash to the College. It is advisable to make use of Registered Post when sending fees or assignments to the College.

Where an agency is making a contribution towards annual student fees, students are still responsible for the payment of all fees. Students are instructed to pay all personal instalments prior to any payments expected from their agency. Students should contact the Administration Team if they are unclear about any aspect of fees instalments.

#### Sanctions for Late fees:

If a student is paying by instalments and has missed a deadline by more than 2 weeks, it will be necessary for the Open Training College to withdraw all student supports. This means that student supports such as access to My Learning Centre (MyOTC), and distribution of assessment feedback, will not be available to the student as long as there are outstanding fees. The College will email a message (1st reminder) to each student confirming that supports have been withdrawn until payment is received and total fees are up-to-date. The message will include a revised deadline date by which full payment of outstanding fees is expected.

If a student is still in arrears for a period of 2 weeks after the revised deadline date, the College will email a letter (2nd reminder) containing a withdrawal form and will request the immediate return of a completed withdrawal form from the student, along with payment of any outstanding fees.

If the College does not receive payment or the completed withdrawal form after a further 2 weeks from the reminder date, the College will post a letter (3rd & final reminder) to the student explaining that the College must accept that the student has withdrawn from the programme and they will not be put forward for registration with QQI. A student who has already withdrawn is prohibited from returning to study with the Open Training College if there are any outstanding fees.

### Student Appeal

The student can appeal in writing to the Programme Director within 2 weeks of receiving the 3rd and final reminder.

### Support for Students

The College will offer short-term support to any student who is the victim of extenuating circumstances and who can evidence documents to support their unusual and extreme situation. The student and College must agree on repayment terms submitted in writing by the student to the College. Academic student supports will remain withdrawn until all the relevant documents have been reviewed fully and a decision has been made by the Programme Director/Corporate Services Manager. The student will be notified of the decision immediately. Any further appeal from this stage will go through the normal College appeal/complaint channels, to the relevant sub-committee of the Academic Council (i.e., the Registration and Admissions committee), in the first instance, with the Academic Council itself being the next and ultimate level of appeal.

All outstanding fees owed, due to extenuating circumstances during the academic year, must be paid by June 15th.

The College continues to offer the greatest of flexibility to all students regarding payment of fees. The various instalment plans relative to each programme are explained each year to all learners attending Applicants' Day. If student circumstances change after this, it is the responsibility of the student to communicate with the Administration department.

### Agency Support

A portion of the programme fees may be paid by the participant's agency. Individual fee arrangements are agreed between the applicant and their agency prior to the commencement of the programme. Therefore, invoices are issued to the student. Negotiation with agencies in relation to fees will not be undertaken by the College in any circumstances. Where there is a delay/issue in the College receiving agency fees, students are still expected to pay their contributions on the required dates on the instalment plan, which will be prior to the instalment date for agency fees. Students are then expected to liaise with their agency to expedite the payment of said fees.

Fees are non-refundable.

In the case of students who withdraw from their programme of study, fees that have been paid in advance will be fully credited to the student's account if the student returns within 12 months of the withdrawal date. 50% credit will apply to students returning within 24 months of the withdrawal date. Students returning after 24 months are liable for full fees applicable at that time.

### Tax Relief on Fees

For programmes of one year or more, tax relief is available at the lower rate. Tax relief is available for the portion of fees paid by the student. In order to claim tax relief for tuition fees you will need to do the following:

Go to [www.revenue.ie](http://www.revenue.ie) and type 'IT 31' into the search box.

1. Download and print off form IT 31 Tax Relief for Tuition Fees form.
2. Complete the form and send it with the receipts to your regional Revenue office.
3. If requested by the revenue service, contact the College office to request a specific tax receipt for the total amount of your fee payments.

(Details are also available on the [www.revenue.ie](http://www.revenue.ie) website)

### Miscellaneous Fees/Costs

Miscellaneous costs that may be incurred during the programme of your studies include:

#### Programme Material

Students receive access to all materials online as part of the programme fee.

Students are not permitted to copy materials or pass them to third parties without the express written consent of the College. The Open Training College retains the copyright in all programme materials.

#### Purchasing Hardcopy Material

Hard copies of programme material can be purchased (refer to schedule of costs published each year and are available on the College website). Each module will be mailed to the student's residence as the module is released online. Please contact the Administration department if you wish to purchase hardcopy learning materials. The deadline for ordering your complete set of hardcopy modules occurs in September each year.

#### Bridging Fee

A fee is charged for applicants who participate in the Bridging process.

#### Re-registration Fee

Students who withdraw will be required to pay a re-registration fee on returning to their studies. Students who are spreading completion of their programme over additional academic periods (only



by prior agreement made at application stage) will not incur a re-registration fee during the already agreed additional period.

#### Late Re-Registration Fee

Students who fail to complete the re-registration process within the specified timeframe will incur a late re-registration fee. Failure to submit a complete re-registration form will warrant the return of the form to the student, which may delay the process and result in a late fee being charged due to a missed deadline.

#### Repeat Exams

Students who avail of a re-sit examination for whatever reason will be required to pay an administration fee.

#### Repeat Module Fee (pro rata based upon programme fees)

Where students are required to repeat a module due to failure of that module in the previous academic period a repeat module fee will apply per module. Repeat module fees cover the student's attendance at the workshop, learning materials, MyOTC access, tutorial support, formative and summative assessment.

#### Formal Appeals

The College charges a fee in relation to appeals. A refund will be issued in the case of a successful appeal.

#### Exemptions

Students who are granted an exemption from a module or modules, pay their fees for the year on a pro-rata basis based on the number of modules they must complete in full.

*All fees are communicated to students on the commencement of each academic year via the IMS.*

*Increase in Fees: All fees are reviewed annually and may be subject to increases.*

Policy Title:		Fees Policy
OTC Policy No		1710
Version		3.0
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: 2023
Approving Authority:		College Directorate (CEC)
Document Owner/Contact:		Corporate Services Manager
Supporting documents, procedures & forms of this policy:		Programme Withdrawal Form Programme Schedule of Costs
Audience:		Staff and Student access
Reference(s)		QA Review of Administration Function (Current Version)

## 7.2 Equality Policy

### EQUALITY POLICY OPEN TRAINING COLLEGE

#### 1. Introduction

College is committed to equality of opportunity for all staff and students irrespective of gender, civil status, family status, sexual orientation, religious belief, age, disability, nationality or ethnic or national origin, or membership of the travelling community.

The concept of equality is central to the shared values and ethos of the Open Training College. The principles and practice of equality are intrinsic to the way we conduct our business and working relationships and the shared values we hold.

#### 2. Purpose

The purpose of this policy is to promote equality of opportunity for all staff and students of the Open Training College by ensuring that all administrative, academic and other practices operate on the basis of the appropriate merits, qualifications, abilities and potential of individuals, and do not discriminate against any individual on the grounds of gender, marital status, family status, age, disability, race, sexual orientation, religious beliefs or membership of the travelling community.

The Open Training College also operates in accordance with the St. Michael's House *Dignity at Work* and *Equal Opportunities* policies, which have been designed to ensure compliance with the Employment Equality Acts (1998-2015).

#### 3. Scope

This policy and associated procedures apply to all individuals at Open Training College including all students, core and associate academic staff and stakeholder engaged with the OTC.

#### 4. Policy Statement

Open Training College is committed to the development, maintenance and support of a policy of equal opportunity for staff, students and prospective staff and students. The OTC has and will continue to develop policies, procedures and practices that comply with the Equality Employment Acts 1998-2015 and the Equal Status Acts 2000-2015. OTC is committed to the eradication of unfair

and discriminatory practices, direct and indirect, however and whenever they occur, and ensures that concepts of diversity and equality of opportunity are enshrined in its values and objectives.

#### Equality in the Workplace

The aim of the policy is to promote equality of opportunity for the OTC staff. The College ensures that, through its recruitment and selection policy and procedures, it provides equality of opportunities for employment so that the workforce reflects the diversity of the community it serves. In addition, the College is committed to the achievement of equality of opportunity for all staff in career development, training, promotion and re-grading.

The College monitors and reviews employment policies and practices to ensure that they do not, directly or indirectly, discriminate unfairly against individual members of staff or particular groups of staff.

A copy of this policy and related policies are included in the QA Document (QuAD), OTC Staff handbook and the SMH Human Resources Policies and Procedures documentation. Attention to this information is drawn to at all induction programmes for new staff. This policy should be read in conjunction with the Recruitment Policy and CPD Policy.

#### Equality in Student Life

OTC recognises and implements the philosophy that equality of treatment in the College educational environment is a fundamental right. To this end College endeavours to devise and implement procedures which will ensure that no student or potential student will receive less favourable treatment than any other because of age (subject to Colleges regulations in regard to minimum age of entry), nationality or ethnic or national origin, gender, civil status, family status, disability, religious belief, sexual orientation, or membership of the traveller community.

The objectives of this policy are:

- To ensure that all staff are aware of their responsibilities as tutors, assessors, administrators, managers, and representatives of the College under the provisions of national legislation and the policies of the College.
- To ensure that all applicants to the College are treated fairly and in accordance with published policies and procedures and have equality of access to programme and services.
- To ensure that the College affords all students an equal opportunity to develop their full potential; the policies, procedures and practices of the College in relation to teaching, learning

and assessment will seek to ensure equality of opportunity for all students and, as far as is practicable, practices will conform with the published procedures of the College.

## 5. Roles and Responsibilities

The College Director has ultimate executive responsibility for the effective development and implementation of academic policies. The Head of Quality & Academic Affairs has overall delegated responsibility for coordinating the day to day operation of the policies and the development, maintenance and monitoring of supporting procedures. Programme Directors and Tutors are responsible for pursuing the implementation of these policies in relation to the activities of their programmes.

## 6. Definitions

Equality as understood in this policy is defined as: 'treating people fairly, regardless of any irrelevant attributes they may possess, such as skin colour, background or lifestyle'. It means that people will not suffer unfairly, or benefit unduly, just because they happen to belong to a certain group, ethnic group or sex, or because they happen to possess certain personal attributes.

*(Employment Equality Acts 1998 and 2004)*

Policy Title:		Equality Policy
OTC Policy No		1702
Version		4.0
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: 2023
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		Recruitment Policy CPD Policy Student Supports Policy Support for students with Disabilities and Specific Learning difficulties Academic Integrity Policy Complaints Policy and Procedures Dignity at Work Policy (SMH) Equal Opportunities policy (SMH)
Audience:		Public – accessible to anyone
Reference(s)		Equality Employment Acts 1998-2015 Equal Status Act 2000-2015

## 7.3 Complaints Policy and Procedure

### COMPLAINTS POLICY OPEN TRAINING COLLEGE

#### 1. Introduction

The Open Training College prides itself on the quality and standards of the programmes and services it delivers, and on its relationship with each individual student. As part of Quality Assurance procedures students are regularly asked for their feedback on all aspects of programme and service delivery, which informs the Programme Boards, and subsequently amendments and improvements to programmes and services. The allocation of a personal tutor to all students also provides a safe environment in which students can air any grievances they may have and discuss alternative supports that will work towards resolving their situation at a local level.

However, it is recognised that not all such complaints will be resolved satisfactorily at this level, thus this policy and related procedures are presented to provide students with the opportunity to take any unresolved complaints to the management of the College for further consideration. It is the policy of the College to take all valid complaints seriously and to strive for a speedy, equitable, timely and courteous solution.

#### 2. Purpose

The purpose of this policy is to provide students and staff with a clear understanding of the students right to air a grievance and / or make an informal or formal complaint.

#### 3. Scope

This policy and the associated procedures apply to all registered students of OTC.

#### 4. Policy Statement

The OTC (the 'College') is committed to ensuring that every student has the opportunity to have an excellent College experience. In order to achieve this all members of staff aspire to a high level of competency, fairness and professionalism. There may be circumstances where College systems, processes, human error or sub-standard performance on a specific occasion result in a student having a genuine grievance. It is the policy of the College to provide resolution mechanisms to address issues that may arise. However, should the student proceed to making a complaint the OTC has adopted complaints procedures and developed guidelines on how to make an informal or formal complaint that are outlined in the Student Handbook.

In making a complaint the complainant can expect:

- Fairness: taking into account any relevant or appropriate evidence, factors or circumstances
- Listening: in a courteous and professional manner
- Responsiveness: respond in a timely and sensitive way
- Feedback: keep the complainant informed of how the complaint is being processed
- Learning: use the information generated to help us improve our service
- Confidentiality: any individual named in a grievance will be provided with the details of the grievance and allowed to respond

The student has the right to seek advice from or to be accompanied by a nominated person or a member of College staff at any stage in the procedure.

All complaints that highlight gaps in College policy and procedures will be reviewed and utilised to develop policy and procedure for introduction in the following academic year. Policy and procedures relating to all College regulations are communicated to students annually through the Student Handbook and on the College website.

## **5. Roles and Responsibilities**

The Programme Director will acknowledge receipt of the complaint within 5 days.

The College Director has ultimate executive responsibility for the effective development and implementation of academic policies. The Head of Quality & Academic Affairs has overall delegated responsibility for coordinating the day to day operation of the policies and the development, maintenance and monitoring of supporting procedures. Programme Directors and Tutors are responsible for pursuing the implementation of these policies in relation to the activities of their programmes.

A formal complaint must be made in writing to the Programme Director. This can be sent via letter, e-mail or fax.

## **6. Sanctions**

A student will not be penalised in any way for lodging a grievance in good faith regardless of whether or not then grievance is upheld. However, where a grievance is found to be malicious in nature actions may be taken. No College staff named in a grievance procedure will suffer any unnecessary penalty for being involved in a grievance procedure.

## 7. Definition

### Formal Complaint

A formal complaint is any expression of dissatisfaction with service or treatment received while participating in any Open Training College programme, which impacts negatively on the success or wellbeing of the student in question, and which requires the involvement of College management to resolve. Formal complaints relate to matters that cannot be addressed through another procedure, e.g. the appeals procedure in relation to assessment or plagiarism.

Policy Title:		Complaints Policy
OTC Policy No		1703
Version		3.0
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: 2023
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs
Supporting documents, procedures & forms of this policy:		<ol style="list-style-type: none"><li>1. Student Complaint Procedure - Guidelines on how to make a complaint</li><li>2. SMH Complaints and Compliments Policy</li></ol>
Audience:		Public Access
Reference(s)		Student Handbook



### 7.3.1 Student Complaint Procedures

#### Guidelines on how to make a complaint

Unless the student feels unable to do so, raise the complaint/grievance with the tutor or directly with person/people concerned. Meetings and discussions between parties directly involved are examples of informal problem-solving mechanisms that are highly recommended. Students who have complaint/grievances are expected to meet with their tutor and / or the person/persons directly involved to describe (1) the grievance and (2) to the resolution or remedy requested. Both parties are expected to seek a solution that is equitable and satisfactory to all parties.

Where these discussions do not result in a successful resolution, either party may then seek the assistance of the Programme Director. The Programme Director's role is to call meetings between the parties involved, facilitate and inform the discussion as appropriate and move toward a resolution. Any agreed resolution should be noted by the Programme Director and circulated to all parties.

In the event that the informal process is unsuccessful the grievance may be escalated to the Formal Stage. This will be commenced by the submission of a formal letter of complaint to the Programme Director seeking assistance with the complaint. This complaint will be responded to within 5 working days. Should this not be possible for reasons beyond the Programme Director's control all parties will be informed of the expected delay.

#### Informal Complaint

To make an informal complaint students can raise an issue with their tutor through the tutorial process using telephone or e-mail communication, or face-to-face with a tutor at a workshop. The tutor will discuss the situation with the student and attempt to generate positive solutions in order to resolve the issue. In the event that a resolution cannot be satisfactorily met the formal complaints procedure, outlined below is available to all students.

#### What constitutes a formal complaint?

A formal complaint is any expression of dissatisfaction with service or treatment received while participating in any Open Training College programme, which impacts negatively on the success or wellbeing of the student in question, and which requires the involvement of College management to resolve. Formal complaints relate to matters that cannot be addressed through another procedure, e.g. the appeals procedure in relation to assessment or plagiarism.

Who can make a formal complaint?

Any student on any programme of the College can make a formal complaint, in the event that the issue being raised cannot be resolved satisfactorily at a local level.

How to make a formal complaint

A formal complaint must be made in writing to the Programme Director. This can be sent via letter, e-mail or fax. The Programme Director will acknowledge receipt of the complaint within 5 days.

How will formal complaints be handled?

The nature of the complaint will determine how it is dealt with. The nature of the complaint and appropriate action(s) will be determined by the Programme Director.

In the case that a complaint represents a situation involving (against) an OTC staff member and involves HR issues then the relevant HR policy and procedure will apply.

In the event that a complaint involves an academic matter (other than assessment) then the complaint may be reviewed by the appropriate sub-committee of the Academic Council (e.g., Registration and Admissions Committee, Teaching, Learning & Assessment Committee).

In the event that the complaint refers to another aspect of College business the Programme Director will review all relevant information, policy and procedures and make a decision.

The Programme Director will communicate with the complainant regarding the avenue and action(s) being taken to address his/her complaint.

Appeals Process

If the student is dissatisfied with the response to the complaint or its handling s/he can appeal the decision to the Academic Council. The Director will review all relevant information and documentation, may meet with the complainant and/or other parties and seek external advice (if required and respecting any matters of confidentiality). The decision of the Academic Council will be communicated to the complainant in writing and is final.

The College recognises rights under the Freedom of Information Act.

## 7.4 Procedures for the Provision of Supports to Students with Disabilities and Specific Learning Difficulties

The Open Training College operates the principle of inclusive access to learning materials and opportunities for all students. This is achieved through the *Supported Open Learning Model* and the College's Virtual Learning environment *MyOTC*, which facilitates the presentation of learning materials in a variety of formats and provides multiple opportunities for students to dialogue with staff and collaborate with other students.

However, it is recognised that some students who present to the College with specific learning support requirements (e.g. medical condition, specific learning difficulty, physical disability, mental health issue etc.) may require additional individual consideration and accommodations to provide them with equal opportunity to succeed on their chosen programme.

The following procedure outlines the process, which will be undertaken by the College to identify and implement appropriate and reasonable supports for such students.

### 7.4.1 Procedure for Verifying and Designing Individualised Learner Supports

1. Learning/medical support requirement is disclosed/discovered
  - Initial discussion with tutor/member of academic programme team (interview, in the case of applicants)
2. Verification of support requirement by nominated health professional
  - Existing report with regard to Third Level academic study
  - OR
  - OTC verification form completed by appropriate health professional
3. Learner supports agreed and implemented
  - Learner Support meeting
  - Learner Support Plan
  - Regular review of supports

#### 1. Disclosure/discovery of a learning or medical support requirement

At the application stage, all applicants are requested to disclose details of any learning or medical support requirements they have and wish to make the College aware of, in their initial application form. The application form states that any student who discloses any requirement at this stage will

receive advice and guidance from a member of the academic programme team. The applicant is also directed to information on the College website about learner supports available.

Students will also have the opportunity to disclose any support requirement at any stage of their studies with the College through the tutorial process, which facilitates ongoing individual communication between tutor and student. Any student who discloses in this manner will be directed to the following procedure. This also applies to any student who develops/discovers a support requirement which they did not have or were not aware of at the time of application.

All information relating to a medical/disability diagnosis provided by applicants/students will be treated sensitively and as confidential information.

## 2. Verification of support requirement

Following disclosure/discovery by the student, verification of the indicated support requirement will need to be provided by an appropriate professional. This verification can be done through the provision of an existing evaluation report conducted with regard to Third Level academic study; where an appropriate evaluation has not been carried out to date, the student will be required to supply a completed report/form from an appropriate nominated professional from the list below.

Indicator	Accepted medical consultant/specialist report
Visual Impairment/Blindness	Ophthalmologist OR Ophthalmic surgeon
Hearing Impairment/Deafness	Professionally qualified Audiologist
Physical Disability	Orthopaedic OR other relevant Consultant such as a Rheumatologist or Paediatrician
Neurological Condition (incl. Brain injury, speech & language disabilities)	Neurological Condition: Neurologist OR other relevant consultant  Speech & language disabilities: Speech and Language Therapist
General learning disability	Appropriately qualified Psychiatrist, Psychologist, OR Neurologist
Specific learning difficulty: Dyslexia Dyscalculia Dyspraxia ADD/ADHD Autism	Appropriately qualified Psychiatrist, Psychologist, OR Neurologist AND Occupational Therapist (in the case of Dyspraxia) who is a member of their respective professional or regulatory body

Mental Illness: Anxiety Disorders Mood Disorders Eating Disorders Impulse Control & Addiction Disorders Personality Disorders	Psychiatrist
Significant Ongoing Illness	Epilepsy: Neurologist Diabetes Type 1: Endocrinologist Cystic Fibrosis: Consultant Respiratory Physician Gastroenterology Conditions: Gastroenterologist Others: Relevant consultant in area of condition or consultant registrar/Registrar

### 3. Support meeting

Following satisfactory verification of a support requirement, (and offer and acceptance of a place on the programme in the case of applicants) a support meeting will be arranged between the student and a member of the College academic team. The purpose of this meeting is to discuss the learner's requirements in detail and to ensure the College can provide adequate supports to learners to allow them equal opportunity to succeed on their programme of study. General supports available for learners are outlined below, and are communicated to learners on the College website and in the Student Handbook; these supports will be individually tailored and matched to the learner's needs as reasonable and appropriate. At this stage, and where available, the applicant/student will be asked to supply an academic reference from their most recent school or college placement, outlining supports they have previously received and their impact.

Following this meeting a *Learner Support Plan* will be devised for the individual. This plan constitutes the formal agreement between the College and learner and will have specified review dates (at least following first module, mid-year and end of year) attached to the plan to ensure the continued relevancy and appropriateness of the supports being provided.

#### 7.4.2. Supports for Students with a Physical/Sensory Disability

- Venue checks to ensure accessibility and appropriate facilities
- Physical modifications to the training and examination environment e.g. seating arrangements, sound amplification etc.
- Learning materials provided in accessible, modifiable electronic formats
- Learning materials developed using multimedia, including ScreenR and Articulate

- Additional time allocated to complete assessments
- Alternative assessment formats, e.g. Viva Voce
- Support of a scribe to complete examinations
- Access to open source assistive technology software, e.g. Screen Reader, Browse Aloud

#### 7.4.3 Supports for Students with a Specific Learning Difficulty, e.g. Dyslexia, Dyscalculia, Dysgraphia

- Alternative assessment formats, e.g. Viva Voce
- Support of a scribe to complete examinations
- Additional time allocated to complete assessments
- Spelling and/or grammar waiver for assessments
- Extended individual tutorial support
- Provision of lecture materials

### 7.5 Procedures to Monitor, Review and Improve the Effectiveness of Resources and Support Services

#### 7.5.1 Teaching, Learning & Assessment Committee

The Teaching, Learning & Assessment Committee monitors the implementation of learner supports and is responsible for the ongoing review and enhancement of such supports. This committee will also continually monitor the effectiveness of teaching systems and learning resources available from the College, and make recommendations for the enhancement of these, to ensure a service to students, which is consistent with current best practice.

### 7.6 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- MyOTC (Online platform-Moodle) Induction
- Academic Tutor support
- Additional supports (Assistive Technology / Reasonable accommodation etc.)
- Online library
- IT support
- E-learning consultation
- Learning & Development in Higher Education (LDHE) module

- Online facilitators
- Intervention support strategies
- Learner analytics
- Equality policy
- Complaints & Appeals
- Freedom of Information
- Monitoring, Review & Improvement of Resources & Support Services

Blended Learning: This section meets “*Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes*” (QQI, 2018), in relation to the following:

- i. The provider’s arrangements for the validation of online programmes will focus on some additional issues such as: design and development mechanisms for approving and updating learning resources; arrangements for student support and guidance; and the availability and accessibility of appropriate learning resources.
- ii. Specialist, reliable and accessible computer hardware and software applications are required for designing, developing and delivering online learning.
- iii. There is a planned approach to staff guidance of online learners on any open education resources referenced including any intended or unintended endorsement of such resources.
- iv. The infrastructure and resources required to support good quality blended learning are understood, planned, and routinely monitored and evaluated. These arrangements should take into account that, while online, learners are likely to be remote from the provider and from teachers and/or assessors. There is an institutional approach to these matters.
- v. Any blended learning elements of provision have had the reliability of their delivery systems tested and signed off in advance, with confirmation that appropriate technical support and contingency plans are in place.
- vi. Intellectual property rights and software licensing issues are addressed in the development and delivery of online learning.
- vii. The delivery system for each online section/unit of study is fit-for-purpose.
- viii. Curriculum content and student support that accommodates enhancement or updating, for example, in response to feedback or other quality assurance mechanisms. All online content is subject to approval and ongoing quality assurance. Resource planning at programme level includes a budget for the updating of content to ensure it remains current.
- ix. Open education resources referenced by the provider are subject to quality evaluation.
- x. All materials and media (for example audio-visual, printed or digitised assets) used to deliver online learning are subject to informed peer comment at one or more draft stages and allow for the incorporation of feedback into subsequent and final versions of the learning resources.
- xi. Learners are supported to make informed choices about participating in a blended learning programme and to develop the necessary independent study skills to successfully progress towards becoming an autonomous learner. The level and nature of support available to learners is clear.
- xii. Processes to ensure the delivery of any study materials direct to learners remotely through, for example, online methods or correspondence, are secure and reliable, and there is a means of confirming its safe receipt.

xiii. Deliberate steps taken to assist every learner to understand their responsibility to engage with the learning opportunities provided and to shape their own learning experience.

xiv. Learner support for monitoring their own programmes. Every learner undertaking online learning is supported in monitoring their own progression and achievement through the provision of regular opportunities to test their knowledge and understanding, reflect on feedback and engage in dialogue with staff and/or their peers.

xv. Appropriate interventions and mechanisms to identify learners who may be struggling with online remote learning. Learners are encouraged to complete their programme. Progress is monitored, and learners are provided with prompt and helpful comments on their progress in relation to learning guidelines and goals.

xvi. Equality of opportunity.

xvii. Arrangements that make reasonable effort to ensure blended learning experiences are accessible to all learners, including learners with disabilities.

### Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• Students are clearly informed about the e-assessment.</li></ul>
<ul style="list-style-type: none"><li>• Students/prospective students are informed about requirements concerning equipment, e-learning and digital skills, pre-knowledge and prerequisite subjects, and attendance.</li></ul>
<ul style="list-style-type: none"><li>• Learning resources:<ul style="list-style-type: none"><li>– The VLE supports a variety of methods and tools.</li><li>– The technical infrastructure ensures the accessibility of the e-learning programme by students with special educational needs.</li><li>– The institution defines the electronic security measures that guarantee standards of quality and information integrity and validity.</li><li>– The VLE is based on non-proprietary web standards and is constantly updated to reflect technological changes.</li><li>– The institution provides students with an adequate e-library and virtual labs.</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Student support:<ul style="list-style-type: none"><li>– The institution has procedures in place that cover student support, including tutoring, pedagogical, technological, and administrative elements.</li><li>– Student support is offered according to the student's profile and their specific needs.</li><li>– The student support reflects characteristics of e-learning.</li><li>– Support for the development of learning, as well as digital skills (students are guided towards reflection, developing time management skills, etc.), is provided.</li><li>– Students receive guidelines/training in using e-learning resources (VLE, e-library, etc.).</li><li>– Hours of support are transparent and suit the needs of students; for instance, periods of peak demand (evenings, weekends, holidays, etc.) are considered.</li></ul></li></ul>



## SECTION 8: INFORMATION AND DATA MANAGEMENT

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Supporting Documents:

1. Freedom of Information Acts 1997, 2003 and 2014
2. Data Protection Acts of 1988, 2003 and 2018.
3. General Data Protection Regulation (GDPR- Regulation (EU) 2016/679)

### 8.1 Information Systems

#### 8.1.1 IMS

The key system for information collection and storage within the College is the Information Management System (IMS), which has been specifically designed and tailored to meet the needs of the College. Each new student registered with the College is assigned a unique student number on the system, which remains with them for the duration of their studies with the College. Access to the system is strictly limited to internal College staff, with varying levels of access for teaching and administration staff. Amendments to information held on the system may only be made by authorised personnel of the Administration Department following receipt of written confirmation of the required changes.

#### 8.1.2 Survey Monkey

All staff, student, graduate and other stakeholder surveys are administered using Survey Monkey online surveying tools ([www.surveymonkey.com](http://www.surveymonkey.com)). This system allows for the easy dissemination of surveys through e-mail or online channels. Data gathered is stored online in a private account, accessible only by authorised College staff. The system also facilitates basic analysis of the data or exporting of the data to other computer applications for more advanced analysis. Participation in these surveys is on a voluntary basis and the identities of respondents are protected in all publications of survey results.

#### 8.1.3 Assessment Broadsheets

Broadsheets of assessment results are completed for each academic year and uploaded to QQI's QBS for certification of students' academic achievements. These electronic broadsheet files are

stored indefinitely in the secure filing system of the college, accessible only to internal College staff and may only be amended by authorised personnel of the Administration Department. Any amendments required to broadsheets following their ratification by Examination Board will be notified, in writing by the Head of Quality & Academic Affairs, to the External Examiner(s) and QQI.

## 8.2 Learner Information Systems

### 8.2.1 Personal Data

Personal identifying information on all students is gathered and maintained for the purpose of providing an individually tailored service to each student, and for registering students for certification with accrediting bodies.

This information is collected for each individual student as part of the application process, and is updated each year through the re-registration process. All personal student information collected through these processes (i.e. name(s), addresses, email, contact telephone numbers, PPSN, gender, nationality, country of birth, occupational status.) is inputted into the College Information Management System (IMS), updated annually, and maintained indefinitely. A student will be facilitated to register a change in their personal details at any stage of their studies. To facilitate a name change students are required to submit suitable identification with the desired name (i.e. birth certificate/marriage certificate). This documentation will be forwarded to the relevant accrediting body and maintained on file by the College.

At the application/registration stage, students are also informed of the College's obligation to share this information with QQI/Other relevant bodies, in a case where the Protection of Enrolled Learners (PEL) arrangements are invoked. Students are informed of any changes within 14 days of such change.

Additional hardcopy documentation gathered in the application process is maintained for the period of registration of the individual student. This can include:

- Application form
- Photographs
- Copy of ID (driver's licence/ passport)
- Copy of visa (International students)
- Previous educational transcripts

- Volunteer declaration form
- Academic reference (Advanced Entry students)
- CV (Advanced Entry students)
- English proficiency evidence (International students)
- Interview record form

The tutorial support function generates significant records regarding individual students' progress with their studies. The College is committed to ensuring that sufficient data is gathered and stored to ensure the ongoing provision of a high standard of service and support to students, while respecting individual student needs for confidentiality.

The following records are maintained for the period of student registration on a programme to ensure continuity in the provision of tutorial supports, to facilitate any transition in tutors and to ensure consistency in the application of College policy and procedures:

- Individual student tutorial records;
- Assignment extension applications;
- Medical certificates;
- Records of all online activity of students, including assessment activities completed online.

Tutorial information which may be called upon after student graduation is maintained by the College indefinitely. This information may be relevant to students who progress to further education or who appeal assessment results to the accrediting bodies, for example. The following records are maintained indefinitely by the College:

- All formal written correspondence between tutors and students;
- All original documentation relating to additional supports or assessment accommodations implemented (e.g. for reasons of disability/medical condition/specific learning difficulty);
- Records of assessment appeals and outcomes;
- Records of disciplinary procedures and outcomes (including any plagiarism investigations).

### 8.2.2 Academic Performance and Achievement

Details of programmes, modules and assessments completed by students are recorded by the College and maintained indefinitely, to facilitate the certification of students' work through the accrediting bodies as well as facilitating access, transfer and progression for students.

All marks achieved by students in assessments are recorded and maintained in secure Excel files, on the College IMS and on the QBS, which are updated on completion of each module. Internal Broadsheets are produced and these are finalised and signed on conclusion of the Examination Board meeting. Following the meeting the agreed marks are signed off by the Academic Manager on the QBS for issuing of certificates. Electronic copies of the broadsheets are maintained on computer file indefinitely, to facilitate the provision of transcripts and reprints of Diploma Supplements.

For each year of their studies with the College, each student is assigned a file, which is maintained by their Tutor and in which the following are stored:

- All work submitted by the student for assessment;
- Completed rubric for each assessment;
- Copy of written feedback given to student on assignments;
- Copies of appropriate documentation regarding assessment supports and/or accommodations implemented;
- Records of assessment appeals and outcomes.

In addition to this hardcopy record all assignments (excluding appendices) submitted through Turnitin.com are maintained indefinitely as electronic files, and rubrics, with feedback to students, are filed and maintained indefinitely on the College's secure IT system.

On conclusion of the Appeals Process timeframe, hardcopies of all ratified assessment scripts and related materials will be destroyed (using a certified document destruction contractor) within 4 weeks. Students are advised to keep a copy of all work, which they submit to the College for assessment, as this cannot be returned.

Where a student has delayed completion of their studies, the following system applies to the storage of students' work:

- Students' work that has been assessed and ratified by the Examination Board will be destroyed within 4 weeks of the meeting, as the corresponding credits will have been awarded to the student by this time.
- Assignments and examinations, which have been completed but not ratified by the Examination Board, will be considered invalid after a two-year period.
- The work of any student, who wishes to return to the Open Training College more than two years following their withdrawal, will be reviewed individually by the Programme Director, and the student may be required to attend a viva voce and/or resubmit work. This is to ensure that

the student's knowledge and skills are sufficiently current and relevant for them to continue with their studies.

### 8.2.3 Student Feedback

Student satisfaction with and feedback on the programmes and services of the Open Training College is garnered through a series of module and end of year surveys administered online, with each individual student. In these surveys, students are invited to give their feedback on the module and programme content and delivery, the tutorial and other learning supports, and the subsidiary support services offered by the College.

This feedback is collected by e-mail invitation to each individual student. Responses to all surveys are treated as confidential and identifying information of respondents is not contained in any published material. However in the case of inappropriate use of the surveys individual responses may be altered or removed, as deemed appropriate by the College. The College also reserves the right to track responses to the individual user to be followed up as appropriate.

Inappropriate use of the surveys includes the identification of any staff member or student by using their name in a response, and the use of language that may be considered defamatory, obscene, threatening or offensive. Students are provided with appropriate usage guidelines before commencing any survey.

## 8.3 Management Information Systems

As is detailed in this document the College has a well-functioning quality assurance management system that produces ongoing evaluative information about results and processes. Management and College staff can then use this information to respond, develop policies and procedures and take actions that contribute to strategic/operational management and continuous improvement, which is at the core of our quality assurance system.

The management process assisted by the information generated by the QA system includes sequential planning and management activities such as strategic management and objectives, the planning of operations and resources, implementation and monitoring, and finally, the evaluation of results and process performance. The strategy process produces the strategic objectives for the planning period. The operations of the internal processes are aligned with budgeting and human

resources planning. The achievement of results is regularly monitored and ensured to achieve the desired objectives during the planning year. Finally, the achievement of objectives is evaluated and reported to stakeholders.

## 8.4 Information for Further Planning

All of the data gathered by the College, as indicated throughout this Quality Assurance Document provides important information to the College about the success of its endeavours, areas requiring improvement and opportunities for further developments. All data which is considered to be a critical quality indicator is carefully considered by the Academic Council and/or the appropriate subcommittee of the Council, and forms the basis upon which recommendations are made to amend, develop and improve programmes and services. Data, which are considered to be critical quality indicators, include:

- Student registration and re-registration numbers
- Withdrawal numbers
- Programme and stage completion rates
- Assessment results
- Staff and student feedback
- Survey response rates
- Quality assurance recommendations and follow-up

## 8.5 Completion Rates

Completion rates are recorded in the first instance on the cover page for the External Examiner's report. The information given will show, in relation to the specific programme, the number of students who:

a. Started; b. Withdrew; c. Passed or failed; and d. Completed (and relative percentages).

Additional information will also be presented regarding the percentage of students achieving particular grades. This data will then be analysed in the annual QA report for programmes, in conjunction with Student end-of-year feedback and Programme Board improvement plans.

Completion statistics can then be used to allow benchmarking against other internal and external (sectoral, discipline area, national, international) cognate programmes.

## 8.6 Records Maintenance and Retention

### 8.6.1 General Data Protection Regulation Policy

## GENERAL DATA PROTECTION REGULATION (GDPR) POLICY OPEN TRAINING COLLEGE

### 1. Introduction

The EU General Data Protection Regulation (GDPR), effective May 2018 confers rights on individuals as well as responsibilities on organisations processing personal data. Personal data, both automated and manual are data relating to a living individual who is or can be identified, either from the data or from the data in conjunction with other information.

### 2. Purpose

To outline how the OTC complies with its legal obligations in respect of data protection.

### 3. Scope

This policy applies to all students, prospective students, staff, stakeholders and suppliers of the Open Training College (OTC) whose data is stored on College systems or in handwritten or hard-copy filed formats.

There are 6 legal bases on which data may be processed:

- (a) Consent: the individual has given clear consent for you to process their personal data for a specific purpose.
- (b) Contract: the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.
- (c) Legal obligation: the processing is necessary for you to comply with the law (not including contractual obligations).
- (d) Vital interests: the processing is necessary to protect someone's life.
- (e) Public task: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
- (f) Legitimate interests: the processing is necessary for your legitimate interests or the legitimate interests of a third party, unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)

In relation to sharing student data for certification purposes, such as with Quality and Qualifications Ireland (QQI), the College will rely on the basis of the contract which has been undertaken with the student, so that this contract may be completed. For an instance such as Protection of Enrolled Learners (PEL), if this were invoked, College would rely on 'legal obligation'.

#### 4. Policy Statement

OTC has existing arrangements in place with respect to data protection, under the Data Protection Acts of 1988 and 2003. These arrangements are hereby supplemented with regard to the Data Protection Act, 2018 and the General Data Protection Regulation (GDPR- [Regulation \(EU\) 2016/679](#)).

OTC will ensure that the following core principles of the GDPR are adhered to:

1. Lawfulness, Fairness, Transparency; 2. Purpose limitation; 3. Data minimisation; 4. Accuracy; 5. Storage limitation; 6. Integrity and confidentiality; 7. Accountability.

Specifically, OTC will strengthen its response to data protection responsibilities by:

- (1) Revising all forms and methods of data collection to ensure that data subjects are informed in advance of all possible and specific uses of information, so that the subject is aware of the limited, and necessary cases where their data will be shared; such as with QQI for certification purposes.
- (2) In the case of specific permissions (where the basis for data processing is not covered by contract completion or legal obligation): Ensuring that data subjects are informed of an opt-out option at any time, having opted in, and that a clear route to activation of this option is provided to all subjects.
- (3) Minimising data storage, so that unwarranted storage is deleted, within the following parameters:

Area	Maximum Storage Time
Student Results	Indefinite – the College is required to retain data relating to student results, so that such information is available to students at any given future date, in order that they may verify their results, particularly in relation to progressing to other programmes.



Financial Records	7 years – to comply with Revenue and SMH (St. Michael’s House) policies.
Student Assessments and Feedback	5 weeks from ratification of results by the relevant Examination Board. This allows for the appeal window to have closed.
Other data: Communication with and information stored relating to any of the data subjects outlined in (3.) Scope, above. For example, emails, written notes and letters to/from the data subject.	According to the current OTC GDPR Action Plan and in any case, no more than 7 years.
Student e-mail accounts	6 months after graduation.

- (4) Keeping all stored data safe and secure, with appropriate back-up arrangements.
- (5) In the case of specific permissions (where the basis for data processing is not covered by contract completion or legal obligation): Using all data only for the purposes which are agreed by the informed consent of the data subject. Written consent to such usage is also to be stored securely and in the case of students seeking QQI awards, specific consent will be stored on the pro forma consent forms supplied.
- (6) Adding additional security for “Special Categories of Data”. These will be stored with additional password protection, with access only to nominated staff members, such as the Programme Director or relevant Programme Administrator.
- (7) Complying with any and all Subjects Access Requests (SARs) within the statutory timeframe allowed.
- (8) Notifying the designated organisational Data Protection Officer (DPO) and Data Protection Commissioner of any personal data security breaches within 72 hours of such a breach occurring.

#### Data Protection Practice / Accountability Requirements

##### *Data Protection by Design and by Default:*

Privacy by Design is an essential requirement that involves minimising privacy risks to individuals. It is the consideration of data protection implications at the start or re-design of any product, service, system, IT application or process that involves the processing of personal data. It fosters a

culture of embedding privacy by design into operations and ensuring proactivity instead of reactivity.

Privacy by Default promotes that, where possible, having regard to business implications and the rights of the data subject, the strictest data protection settings are applied automatically to any project.

The College has an obligation under GDPR to consider Data Privacy throughout all processing activities. This includes implementing appropriate technical and organisational measures to minimise the risk to Personal Data. This is of particular importance when considering new processing activities or setting up new procedures or systems that involve Personal Data. GDPR imposes a 'privacy by design' requirement emphasising the need to implement appropriate technical and organisational measures during the design stages of a process and throughout the lifecycle of the relevant data processing to ensure that privacy and protection of data is not an after-thought. The College when engaged in projects, new courses, services or systems development of any sort (including change to existing practices) through the relevant local project and change management processes must comply with the terms of this Policy and any specific guidelines and requirements set by the Data Protection Officer or ICT Policies in furtherance of these principles.

#### Data Protection Impact Assessment (DPIA)

When the College undertakes a processing activity which would be likely to have a privacy impact upon students or staff, they should consider if a Data Protection Impact Assessment is required. A Data Protection Impact Assessment (DPIA) is a tool, required by GDPR, which can help the College to identify the most effective way to comply with its Data Protection obligations as well as meeting individuals' expectation of privacy by facilitating the identification and remediation of risks in the early stages of a project. It should also identify measures which would help to reduce risks. Therefore, DPIA's are an integral part of taking a Privacy by Design approach to processing of Personal Data.

When the Processing of Personal Data may result in a high risk to the rights and freedoms of a Data Subject, the College is required to conduct a DPIA and then consult with the Data Protection Officer. Where the requirement for a DPIA has not been established, or where there is any confusion as to the applicability of Data Protection requirements, a referral must be made to the DPO and the Privacy by Design principles.

#### Record of Processing Activity and Data Inventories

The College as a Data Controller is required under GDPR to maintain a record of processing activities (ROPA) under its responsibility. That record contains details of why the Personal Data is being processed, the types of individuals about which information is held, who the Personal Data is shared with and when such Data is transferred to countries outside the EU.

New activities involving the use of Personal Data that is not covered by one of the existing records of processing activities require consultation with the Data Protection Officer prior to the commencement of the activity.

#### Data Inventories

The College has created a Data Inventory / Data Processing Register Template as part of the GDPR compliance program. This details all business activities that involve the processing of personal data, the basis for doing so, retention periods for this personal data, what the personal data is used for, and whether this personal data is transferred to a third party.

#### Maintenance of Data Processing Inventories:

The College must maintain a written records of processing activity under its responsibility on a system accessible to the Data Protection Officer. The Data Protection Officer can review these records periodically and will update same accordingly. The Data Protection Officer will provide Processing Activity records to a Supervisory Authority (Office of the Data Protection Commissioner) on request.

#### Transfer and Sharing of Data

##### Sharing with a Third Party or External Processor

As a general rule, Personal Data should not be shared with or passed on to third parties, particularly if it involves Special Categories of Personal Data but there are certain circumstances when it is permissible e.g.

- The College may disclose student's Personal Data and Sensitive Personal Data (Special Category Personal Data) to external agencies to which it has obligations or a legitimate reason. Examples are listed in Appendix 1.
  - The Data Subject consents to the sharing.
  - The third party is operating as a Data Processor and meets the requirements of GDPR.
- Where a third party is engaged for processing activities there must be a written contract or

equivalent in place which shall clearly set out respective parties responsibilities and must ensure compliance with relevant European and local Member State Data Protection requirements/legislation. The Data Protection Officer should be consulted where a new contract that involves the sharing or processing of personal data is being considered.

#### Transfer of Personal Data outside the EEA

Transfers of Personal Data to third countries are prohibited without certain safeguards. This means the College must not transfer Personal Data to a third country unless there are adequate safeguards in place which will protect the rights and freedoms of the Data Subject. It is important to note that this covers Personal Data stored in the cloud as infrastructure may be in part located outside of the EU/EEA.

The College must not transfer Personal Data to a third party outside of the EU/EEA regardless of whether the College is acting as a Data Controller or Data Processor unless certain conditions are met.

Prior to any Personal Data transfer outside the EU/EEA, the Chief Operations Officer, (on the recommendation of the Data Protection Officer) must approve the transfer of such information and the Data Protection Officer will record the determination in writing.

#### Third Parties Relationships and Data Sharing Agreements

Where the College engage a third party for processing activities, the Data Processor must protect Personal Data through sufficient technical and organisational security measures and take all reasonable compliance steps. When engaging a third party for Personal Data processing, School and Functional Areas must enter into a written contract, or equivalent. This contract known as a Data Sharing Agreement and must:

- clearly set out respective parties responsibilities
- ensure compliance with relevant European and local Member State Data Protection requirements/legislation.

and must give due consideration to the following items:

- Management of Data Processors
- Selection of Data Processors
- Contract Requirements

- Sub-contracted Data Processors
- Monitoring and Reporting
- Data Transfers
- Appropriate Safeguards
- Derogations for specific situations
- Once off transfer of Personal Data
- Data Sharing Agreements
- Review of data sharing arrangements
- Data transfer methods
- Email
- Cloud storage and cloud applications
- Telephone / mobile phone
- Sending the information by post
- Hand delivery / collection
- Data Breach Notification

#### Data Subjects' Rights

Data Subjects have the following rights under Data Protection Law, subject to certain exemptions, in relation to their personal data:

Right	Explanation
Information	The right to be informed about the data processing the University does.
Access	The right to receive a copy of and/or access the personal data that the University holds about you.
Portability	You have the right to request that the University provides some elements of your personal data in a commonly used machine readable format in order to provide it to other organisations.

Right	Explanation
Erasure	The right to erasure of personal data where there is no legitimate reason for the University to continue to process your personal data.
Rectification	The right to request that any inaccurate or incomplete data that is held about you is corrected.
Object to processing	You can object to the processing of your personal data by the University in certain circumstances including direct marketing material.
Restriction of processing concerning the data subject	<p>You can request the restriction of processing of personal data in specific situations where:</p> <ul style="list-style-type: none"> <li>i. You contest the accuracy of the personal data</li> <li>ii. You oppose the erasure of the personal data and request restriction instead</li> <li>iii. Where the University no longer needs the data but are required by you for the establishment, exercise or defence of legal claims</li> </ul>
Withdraw Consent	If you have provided consent for the processing of any of your data, you have the right (in certain circumstances) to withdraw that consent at any time which will not affect the lawfulness of the processing before your consent was withdrawn. This can be done by contacting the department who obtained that consent or the University's Data Protection Office (contact details below).
The right to complain to the Data Protection Commissioner	<p>You have the right to make a complaint in respect of our compliance with Data Protection Law to the Office of the Data Protection Commissioner.</p>

In order to exercise any of the above rights, please contact a representative of the Data Protection Officer using the contact details in Section 8 below.

## 5. Roles and Responsibilities

The College Director has ultimate executive responsibility for the effective development and implementation of academic policies. The Head of Quality & Academic Affairs has overall delegated responsibility for coordinating the day-to-day operation of the policies and the development, maintenance and monitoring of supporting procedures. All staff members are responsible for pursuing the implementation of these policies in relation to data storage activities with which they are involved as part of their daily duties.

Further specific responsibilities are outlined in the Procedures attached to this policy.

## 6. Definitions

*Data* means automated and manual data. Automated data means any information on computer, or information recorded with the intention that it be processed by computer. Manual data means information that is recorded as part of a relevant filing system or with the intention that the data form part of a system.

*Data Controller* means a body that, either alone or with others, controls the contents and use of personal data.

*Data Processor* means a person who processes personal data on behalf of a data controller but does not include an employee of a data controller who processes such data in the programme of his employment.

*Data Subject* means an individual who is the subject of personal data.

*Data Protection Officer (DPO)* means the individual who is identified and designated by the organisation as having ultimate responsibility for data protection within the organisation; including the duty to report any data breach to the Data Protection Commissioner.

*Personal Data* means data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or is likely to come into, the possession of the data controller.

*Processing* means performing any operation or set of operations on the information or data, whether or not by automatic means, including:

- Obtaining, recording or keeping the information, or
- Collecting, recording organising, storing, altering or adapting the information or data,
- Retrieving, consulting or using the information or data
- Disclosing the information or data by transmitting, disseminating or otherwise making them available, or
- Aligning, combining, blocking, erasing or destroying the information or data.

*Relevant Filing System* means any set of information relating to individuals to the extent that, while not computerised, is structured, either by reference to individuals or by reference to criteria relating to individuals, in such a way that specific information relating to a particular individual is readily accessible.

*Special Categories of Data (formerly Sensitive Personal Data)* means personal data which relate to specific categories defined as:

- The racial or ethnic origin, the political opinions or the religious or philosophical beliefs of the data subject
- Trade union membership
- The physical or mental health or sexual life of the data subject
- The commission or alleged commission of any offence by the data subject or
- Any proceedings for an offence committed or alleged to have been committed by the data subject, the disposal of such proceedings or the sentence of any court in such proceedings.

*Subject Access Request (SAR)* means a request, made by an identified data subject, for provision of data held by an organisation on that data subject. All data requested must be supplied to the data subject within 30 calendar days and there cannot be a charge for fulfilling this obligation on the first such request from a data subject. Second and subsequent requests may attract a charge.

## **7. Related Documentation**

This policy should be read in conjunction with *GDPR policy Procedures*.

## **8. Contacts**

The Head of Quality & Academic Affairs/Corporate Services Manager.



## Appendix 1

Below are some examples of when the OTC will release data about you to third parties (i.e. outside the OTC) where we have a legitimate reason in connection with your studies or with your explicit consent.

The OTC may share your relevant personal data with bodies including the following:

- Data Processors (sub-contractors used by OTC in order to carry out a function for the University) e.g. Wholeschool, MIT Education Solutions
- Software providers or service providers performing administrative functions on behalf of OTC (e.g. SMH IT services)
- Quality and Qualifications Ireland (QQI)
- Department of Social Protection to verify employment status and eligibility for allowances
- Revenue Commissioners
- Other funding bodies
- Professional and regulatory bodies where programmes are accredited by such bodies
- Work placement / Internship providers
- Research funding bodies
- Other higher education institutions, partners or research organisations to which a student transfers or pursues an exchange programme or where a student's programme is being run collaboratively
- External examiners
- Direct mail agencies/printing companies to facilitate the delivery of mailshots Sponsors funding student prizes and awards
- Plagiarism detection service providers to ensure academic standards
- Learning Support Service Providers
- Potential employers/recruitment companies for verification of qualifications
- Irish Survey of Student Engagement (ISSE)
- Photographers, videographers and media personnel to facilitate the marketing, promotion and documentation of activities in the College
- Irish Naturalisation and Immigration Service
- Insurance companies for Accident/Incident Report Forms for accidents occurring within the College. Insurance companies for claims made under Student Personal Accident Policy College legal advisor
- An Garda Síochána to assist in the prevention or detection of crime
- Auditors
- Realex (Payment Service Provider)
- Other HEIs for Student Fee Declaration Form
- Redaction service providers

This is not an exhaustive list and any other disclosures to third parties not listed here are made only where there is legitimate reason to do so and in accordance with the law.

Policy Title:		General Data Protection Regulation (GDPR)
OTC Policy No		1808
Version		1.3
Date approved: June 2021	Date policy will take effect: June 2021	Date of Next Review: Annual
Approving Authority:		Academic Council
Document Owner/Contact:		Head of Quality & Academic Affairs Corporate Services Manager
Supporting documents, procedures & forms of this policy:		<ul style="list-style-type: none"> <li>▪ Procedure for Data Protection: Open Training College</li> <li>▪ GDPR Audit</li> <li>▪ OTC GDPR Action Plan</li> </ul>
Audience:		Public – accessible to anyone
Reference(s)		<ul style="list-style-type: none"> <li>▪ EU General Data Protection Regulation, 2018</li> <li>▪ (<a href="#">Regulation (EU) 2016/679</a>)</li> <li>▪ Data Protection Act, 1988</li> <li>▪ Data Protection (Amendment) Act, 2003</li> <li>▪ Data Protection Act, 2018</li> </ul>

## 8.6.2 Procedure for Data Protection

Procedure Outline / Method(s) used to carry out this procedure	Responsibility of	Evidence generated by this procedure to ensure its effectiveness
1. Revision of forms/IMS terms and conditions	Head of Quality & Academic Affairs, Programme Administrator, Corporate Services Manager, Head of E-learning	Updated forms to be stored on the shared drive. Specific use of data to be outlined at point of data collection.  Terms and conditions attached to student registration to be agreed by data subject at time of registration on the College's Information Management System (IMS).
2. Opt-out	As above.	In the case of specific permissions (where the basis for data processing is not covered by contract completion or legal obligation): Opt-out at time of data collection or any future stage to be specified on all above collection modes. Default opt-out point of contact is:  <a href="mailto:enquiries@opentrainingcollege.com">enquiries@opentrainingcollege.com</a>
3. Retention/Deletion	Programme Directors and Managers (College Executive Committee) executive committee. Teaching, Learning & Assessment Committee. Collaborative Partners.	Retention periods to be specified in GDPR Action Plan. Current periods to be published in Student Handbooks and on OTC and Collaborative Partner websites.  Deletion schedule to be agreed by CSM and HQ&AA in conjunction with

	Corporate Services Manager, Head of Quality & Academic Affairs, CIT Support St. Michael's House.	College Executive Committee; to take place twice annually in January and July.  Physical deletion, timing and amount by agreement with St. Michael's House CIT Services, for soft data. Hard copy data to be deleted under current arrangements for professional and confidential shredding service.
4. Storage and Security	Head of Quality & Academic Affairs, Programme Administrators, Corporate Services Manager, Head of E-learning	All soft data to be stored on shared drive and IMS. Movement of data on secured, password protected and encrypted memory sticks. Back-up per St. Michael's House IT systems procedures. Particular arrangements for "Special Categories" at (5.) below.
5. Special Categories of Data <i>Relevant:</i> 1. Medical certificates 2. Additional support reports	Programme Directors, Designated Programme Administrator	Programme Directors to store sensitive information on students in a separate, password protected folder on the shared drive. Information relevant to workshops/assignments to be shared with designated programme administrators only. Hard copies of sensitive information are stored in a code-protected room (or temporarily in locked filing cabinet).

6. Subject Access Requests	Designated Administrator	All information relating to data stored on the relevant subject to be sent in hard copy to the subject making the access request, within 30 calendar days of such a request. If subject requests soft copy provision this may be supplied, as an alternative but only if this request comes from the subject. Hard copies to be sent by registered mail.
7. Breaches	Data Protection Officer (DPO) – St. Michael's House	Any data breach discovered to be reported immediately to the designated SMH Data Protection Officer (DPO). The DPO must inform the Data Protection Commissioner of any such breaches within 72 hours.

PEL and GDPR: All students are informed in the Terms and Conditions accepted at the time of registration that in the unlikely event of PEL procedures being initiated, their details may be shared with QQI and any other Colleges/Bodies which may act to “finish out” relevant programmes, as follows:

- Registration details
- Programme work to date
- Results achieved to date
- Copies of Assessments; Assignments/Examinations
- Any records of extension applications, appeals, repeats, resubmissions or disciplinary action

## 8.7 Data Protection and Freedom of Information

### Data Protection

In accordance with its function the Open Training College (OTC) is required to collect, use and keep personal data and information for a variety of purposes about its staff, students and other

individuals who come in contact with the College. The purposes of processing data about staff, students and other individuals with whom OTC has dealings include the organisation and administration of programmes, evaluation activities, consultancy/project work, the recruitment and payment of staff, compliance with statutory obligations and compliance with legal obligations to funding bodies and government, etc.

Data Protection is the safeguarding of the privacy rights of individuals in relation to the processing of personal data. The Data Protection Act 1988, the Data Protection (Amendment) Act 2003 and the Data Protection Act 2018 (the Data Protection Acts) confer rights on individuals as well as responsibilities on those persons processing personal data. Personal data, both automated and manual, are data relating to a living individual who is or can be identified, either from the data or from the data in conjunction with other information that is in, or is likely to come into, the possession of the Data Controller.

This safeguarding has now been strengthened by the introduction of the GDPR in May 2018 (policy at 8.6.1, above).

#### Freedom of Information

The OTC recognises its responsibility under the Freedom of Information Acts 1997, 2003 and 2014, and the right of students to gain access to information held on them by the College, and will comply with any reasonable requests made under the Acts.

## 8.8 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- The Information Management System (IMS)
- Survey tools
- Policy and procedures for Data Protection & the General Data Protection Regulation (GDPR)
- Special categories of data
- Subject Access Requests (SARs)
- Assessment, feedback and rubrics
- Management Information Systems (MIS)

Blended Learning: This section meets “*Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes*” (QQI, 2018), in relation to the following:

- i. Tracking learner progress and achievement, marking and returning assessments, and providing feedback to learners and assessors are fit-for-purpose in an online learning context.
- ii. Clarity in any additional registration arrangements deemed necessary by the provider.
- iii. Policies, regulations and processes (including administration) are fit-for-purpose in the context of blended learning.
- iv. Arrangements for assuring compliance with any legal or regulatory obligations are appropriate to the blended learning and online learning context.
- v. Clear parameters on data protection including the General Data Protection Regulation (GDPR).
- vi. Mandatory training includes child protection, intellectual property and copyright, and protection for enrolled learners.
- vii. A planned approach to the procurement of services (e.g. cloud services), hardware and software to support online learning and a clear policy on a common platform for approval of exceptions.
- viii. Contingency arrangements in the event of platform, hardware or software failures.
- ix. A student record system designed or adapted to support blended learning programmes and learners and their quality assurance.
- x. There are nominated academic/professional moderators who understand and have the authority to intervene in, for example, cyber bullying that may constitute risk to learners and/or the provider.
- xi. Processes for learner records are sufficient and accurately maintained, and up-to-date learner records are available for monitoring progression and achievement.
- xii. Privacy laws on data protection are appropriate for all aspects of online provision. Learner concerns about the confidentiality of learner records are respected.
- xiii. A unique learner identity used by the provider; that protects learners and indicates their own electronic trail or digital persona.

xiv. Mechanisms that facilitate a safe, accessible and reliable blended learning environment for all learners. These mechanisms promote dignity, courtesy and respect in their use and encourage gender sensitivity amongst both learners and teachers.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• Electronic security measures are considered by the institution's policy/code of practice.</li></ul>
<ul style="list-style-type: none"><li>• Collected data is used in order to evaluate e-learning programmes (e.g. comparative analysis of course design).</li></ul>
<ul style="list-style-type: none"><li>• There is a strategy on the use and purpose of learning analytics within the institution (i.e. the aim is improving student support).</li></ul>
<ul style="list-style-type: none"><li>• The information management system includes relevant, updated, and reliable information concerning the institution and its programmes.</li></ul>
<ul style="list-style-type: none"><li>• The institution considers ethical norms and government policy with respect to data protection and the privacy of students.</li></ul>



## SECTION 9: PUBLIC INFORMATION AND COMMUNICATION

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Supporting Documents:

1. Validation reports (IER – Independent Evaluation Report)
2. External review reports
3. College Website and Brochures

### 9.1 Public Information

Procedures for the Publication of Reports and Results of Reviews

The College Quality Assurance Document and Re-validation Reports are published on the website:  
<http://www.opentrainingcollege.com>.

Quality Assurance reports are produced annually for each programme of the College, upon completion of each academic year. All other reports can be produced on a periodical basis and or, relevant to the review cycle of the particular programme or activity, or once-off reports may be produced relevant to a particular project or activity.

Annual Programme Quality Assurance Reports

These reports detail the activities of the programme in the preceding academic year, this includes details relating to the delivery of the programme; staff and student feedback on all aspects of the programme; student recruitment and retention statistics; student assessment results; External Examiner feedback; Programme Board meetings and Quality Improvement recommendations.

From the academic year 2019/20, a summary Annual Quality Report will be provided to QQI, covering the reporting period of the previous academic year.

Graduate Destinations Survey Reports

All graduates of the Open Training College are invited to participate in a survey at intervals of one, three and five years following their graduation. The purpose of these surveys is:

1. To maintain communication with the graduate population of the College;
2. To evaluate the medium to long term impact of OTC programmes on graduates' careers;
3. To remain up to date with developments in the sectors and challenges being faced by staff;
4. To identify additional training and education needs and goals of graduates;
5. To ensure continued relevance of OTC programmes in the workplace;

6. To monitor progression routes of graduates, with regard to career and educational progression; to inform graduates of opportunities arising within the College for further study;
7. To inform Quality Assurance review processes within the College including Institutional Review, Re-validation and Strategic Review and Planning.

All findings from these surveys are collated and presented in report format and made available on request.

#### College End of Year Evaluation Report

Upon completion of each academic year all current students of the College are invited to give their feedback on all aspects of programmes and services, as experienced by them. This feedback is categorised into eight areas, which are: Overall College Experience, Open Learning Materials, Student Supports and Tutorials, Online Learning and Activities, Assessment & Feedback, Professional Development, College Administration and Progression. All findings from these surveys are collated and presented in report format and available to all students through MyOTC.

#### Re-validation Review Reports

The Self-Evaluation Report, Peer Review Panel Report and Programme Improvement Plan arising from the completion of Re-validation will be published in full on the College Website.

#### Institutional Review Reports

The Self-Evaluation Report, Peer Review Panel Report and Quality Improvement Plan arising from the completion of Institutional Review will be published in full on the College Website.

#### Project Evaluation Reports

The College will produce reports as appropriate and relevant regarding ad hoc projects and pilot programmes when completed.

## 9.2 Learner Information

#### Procedures for the Provision of Information to Learners

All information which is published, on programmes offered by the OTC include:

- Programme and Award Title
- Accrediting Body
- Level of the award on NQF, and associated credits
- Programme content
- Student profile

- Application process and Entry requirements
- Teaching, learning and assessment procedures used
- Student Support structures
- Access, transfer and progression arrangements
- Information on the Recognition of Prior Learning (RPL)
- All relevant fees

Enrolled learners will be notified in writing in accordance with section 67 of the Qualifications and Quality Assurance Education and Training Act (2012) of any changes to information within 14 days of the College becoming aware of any change.

All information and any changes to information will be made available to students, and other interested stakeholders in the following ways:

#### College Website

The Open Training College website ([www.opentrainingcollege.com](http://www.opentrainingcollege.com)) is the primary vehicle for the provision of information about the programmes and services of the College to potential students and other interested stakeholders. The website presents detailed information about the background to the College, its staff, mission, aims and values. Any visitor to the website may view details of the programmes and services offered by the College, and be guided through the steps to apply to a programme, with appropriate direction to support and guidance from College staff as necessary.

#### Social Networking Sites

The College has the facilities to disseminate information and updates through relevant and appropriate social networking sites Facebook ([www.facebook.com](http://www.facebook.com)) and Twitter ([www.twitter.com](http://www.twitter.com)).

#### College Newsletter

A quarterly newsletter is e-mailed to all College contacts available through the database, this includes current and past students and staff, contacts in employer agencies and relevant professional bodies and associations. The purpose of this newsletter is to maintain contact with all stakeholders and provide updates on College activities and achievements and developments in relation to programmes and services.

#### College Brochure and Marketing Materials

An Annual College Brochure is produced by the Promotions Committee, containing all marketing materials relevant to the recruitment of new students into programmes. This brochure contains details of the teaching, learning and assessment strategies of the College, information leaflets on all programmes and relevant application documentation. This brochure is emailed or posted to all College contacts available through the database.

#### College Open Days and Information Sessions

The College will facilitate open days and information sessions as relevant and feasible, in which potential students and other interested parties can meet with College staff, receive information about the programmes and services available and query relevant opportunities available through the College. These information sessions will be facilitated in accessible venues around the country.

#### Participation in Conferences, and Educational Recruitment Fairs

The College will participate in relevant conferences and educational recruitment fairs, as appropriate and feasible, to provide information to potential students and other interested parties about the programmes and services available, and to promote the College among relevant groups.

### 9.3 Publication of Quality Assurance Evaluation Reports

#### Publication of Evaluation & Review Results

The publication of evaluation and review results is done in a three-step process as follows:

##### Step 1: Sharing evaluation results on MyOTC

Each of the online evaluations remains open for a period of at least two weeks during which time respondents can participate in the survey and amend their feedback as they wish. Immediately following closure of the survey the results are reviewed by the Quality Assurance department for appropriate usage. Previously these were shared on the MyOTC platform; best practice is being reviewed for compliance with GDPR.

##### Step 2: Review of evaluation results

As described above the feedback received through evaluation surveys is reviewed and discussed at the appropriate board or committee meeting. Recommendations for improvements are agreed at this stage, and plans made for their implementation and evaluation. Each of these boards and

committees has guidelines in place for the recording of deliberations and decisions made, and the ratification of decisions through the Academic Council.

### Step 3: The Quality Assurance Report

Upon completion of each academic year and the associated Quality Assurance cycle a Quality Assurance report is produced for each programme area under the following headings:

- Programme Overview
- Quality Assurance Policies and Procedures
- Student retention and assessment results
- Results of the QA evaluation procedures
- Report on recommendations implemented
- Recommendations to be implemented

### External Monitoring and Evaluation

External monitoring of all accredited providers is carried out by QQI through the 'Lifecycle of Engagements' framework. This monitoring addresses the following areas:

- Programme quality and attainment of awards standards through validation and re-validation processes
- Follow-up on internal and/or external quality procedures, e.g. Re-validation
- Institutional Review
- Specified quality indicators, e.g. completion rates

To facilitate baseline monitoring by QQI the College will supply the following information to QQI as and when required:

1. Findings (as agreed with QQI) arising from the application by a provider of its Quality Assurance Procedures.
2. Follow-up reports as required.
3. External examiner details and their reports.
4. Crisis notification (e.g. financial issues and capacity deficits, major impending media disclosures relating to academic quality).
5. Annual completion rates report.
6. Annual First Destination Survey Data.
7. Arrangements for the protection of learners where appropriate.
8. Other information/data as required or becomes necessary.

From the academic year 2019/20, a summary Annual Institutional Quality Report (AIQR) will be provided to QQI, covering the reporting period of the previous academic year.

## 9.4 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- Publication of Reports (incl. IERs-Independent Evaluation Reports) and Reviews
- External reviews
- College website and information to learners
- Annual QA reports
- Surveys
- AIQR

Blended Learning: This section meets “*Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes*” (QQI, 2018), in relation to the following:

- i. That a strategic approach to the use of blended learning is explicit and is shared with staff, learners and other stakeholders. A strategic plan includes appropriate investment in infrastructure and contingency arrangements to support all options for blended learning in an online context. Accountable key roles have been identified.
- ii. Arrangements for assuring compliance with any legal or regulatory obligations are appropriate to the blended learning and online learning context.
- iii. The provider has approved and published expectations for the overall quality of the blended learning provision, including expectations on the effectiveness and accessibility of learning resources and other learning materials to support online provision. The provider also has approved and published expectations for the effective delivery of teaching and learning and assessment in a blended learning context, which are available to stakeholders.
- iv. Make available benchmark or specification documents for learning resources and information specific to monitoring and evaluation of the effectiveness of learning resources and the learning environment. These are all considered as part of a programme validation and review process.
- v. The availability of appropriate information that adequately explains the online sections of the programme and assesses the suitability of a programme. This is available in advance of the programme commencing.
- vi. Clear terms and conditions: Prior to enrolment on a particular programme, the prospective learner is made aware of all terms and conditions relevant to that programme, either in the prospectus or similar material, by correspondence, or in discussion with the provider.
- vii. Requirements for access, bandwidth and any prescribed hardware or software are appropriate and viable, are communicated well in advance to the learners and all requirements are published.
- viii. There is clarity in the information provided to learners and staff about communication channels and the availability of advice and support, for example, communication must manage learner expectations of communication and availability of staff in the provider. What learners may reasonably expect is specified, for

example, expectations of staff and learners on developing any meta skills as part of engaging with the online aspects of the blended learning programme.

ix. Learners have access to:

- Descriptions of the online components of the blended learning programme, or aspect of study, to show the intended learning outcomes and teaching, learning and assessment methods of the unit or module.
- A clear schedule for the delivery of their online learning study materials, learner support (local and/or remote) and for the submission and assessment of their work. This will include learner responsibilities in this regard.
- Information on the ways in which their achievements will be judged, and the relative weighting of online and other remote parts of the programme in respect of assessment overall.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
• Students are clearly informed about the e-assessment.
• The institution gives advice on appropriate online behaviour (netiquette rules).
• The institution has a policy and procedure in place for recognition of prior learning.
• The institution publishes reliable, complete, and up-to-date information on study programmes (i.e. recognition of qualifications, learning objectives, credits, requirements, assessment methods, timelines, dates relevant for the programme).
• The institution publishes reliable, complete, and up-to-date information on institutional technical support.
• Technical requirements to enable the full and effective use of the system are clearly identified and published.
• The institution publishes information on completion rates, pass rates, and dropout rates.
• Specific e-learning criteria for external quality assurance procedures (institutional or programme evaluation) are publicly available.

## SECTION 10: OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING

Supporting Documents:

1. College Policy on Collaborative Provision Arrangements and Due Diligence on Collaboration Documentation
2. Memorandum of Agreement (MoU) and Collaborative Agreement (CA) Templates
3. National Forum for the Enhancement of Teaching and Learning publications
4. HECA Board and Sub-committee(s) minutes

### 10.1 Peer Relationships with the Broader Education and Training Community

To remain in contact with the relevant sectors, the College is involved with and/or is represented on the following bodies:

Alzheimer Society of Ireland	Irish Association for Supported Employment	National Training & Development Institute
Disability Federation of Ireland	Irish Society for Autism	Northern Ireland Union of Supported Employment
Education and Training Boards (ETBs)	Lámh Development	Nursing Homes Ireland
Solas	National Association for the Deaf	Social Care Ireland
Health Action Overseas	National Association of Housing for Visually Impaired	TURAS NUA
Health Service Executive (HSE)	National Council for the Blind of Ireland	The Wheel
Inclusion Ireland	Higher Education Colleges Association (HECA)	
Irish Association of Social Care Educators	National Federation of Voluntary Bodies	

The College has also worked with or engages with the following educational institutions:

1. TU of the Shannon (Athlone IT)



2. TUD (DIT, City Centre)
3. TUD (IT Blanchardstown)
4. Irish College of Humanities and Applied Sciences (ICHAS)
5. NUI, Galway
6. St. Patrick's College Carlow
7. St. Nicholas Montessori College Ireland (SNMCI)

A list of 220+ client agencies is contained in Appendix 5.

## 10.2 Arrangements for Collaborations

The College has a QQI approved Policy on Collaborative Provision Arrangements and associated documentation and processes. (See Appendix 1).

The College is interested in collaborative ventures for the following reasons:

- (ii) they expand the OTC's remit into cognate areas;
- (iii) expanding the OTC suite of programmes is consistent with Strategy and associated developments and the College's vision to expand its range of programme to areas cognate with health and disability;
- (iv) the potential for the development of new programme(s) has relevance to people with disabilities and their families/guardians/carers and SMH staff and this could be developed over time to offer additional supports;
- (v) the sharing of content, expertise and resources in the interest of enhancement and development of all institutions involved in any collaboration and their learners.

In a collaborative arrangement, where the OTC is the lead partner for Quality Assurance, all policy and procedures relating to programmes contained in this document will equally apply to the programmes offered. The following management structure will apply:

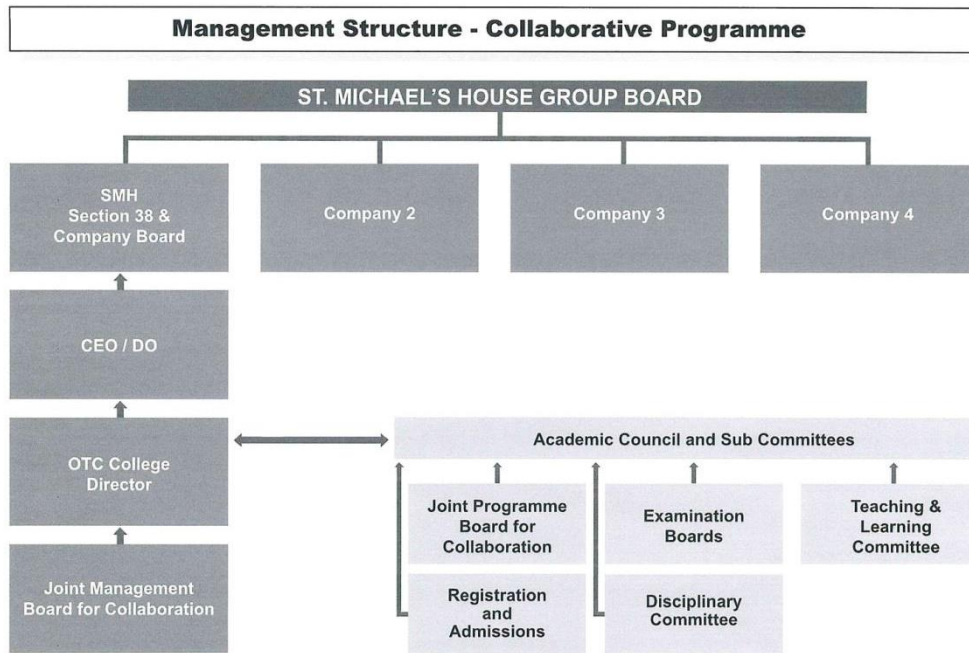


Figure 13: Management Structure – Collaborative Programme

## 10.3 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- Collaborative provisions include all Blended Learning and Online Learning (BL/OL) considerations
- External referencing to and representation on bodies such as the National Forum for the Enhancement of Teaching & Learning in Higher Education (NFETL –HE) and the Higher Education Colleges Association (HECA)
- Cross-institutional peer relationships for networking and collaboration
- Joint projects
- External stakeholder consultations and reviews

Blended Learning: This section meets “*Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes*” (QQI, 2018), in relation to the following:

- i. The use to be made of external consultants and experts in online provision, including in critical review and appraisal of draft learning resources.
- ii. Arrangements for assuring compliance with any legal or regulatory obligations are appropriate to the blended learning and online learning context.
- iii. Arrangements for collaboration or partnership as set out in the Core Statutory QA Guidelines facilitate any additional responsibilities to be specified for learners in a blended learning context.
- iv. Intellectual property rights and software licensing issues are addressed in the development and delivery of online learning.
- v. Where a provider is relying on a second provider, partner or collaborator to provide aspects of blended learning such as online learning, a number of aspects are covered by the internal QA procedures.
- vi. Formal written agreements are in place and clearly specify the respective rights and division of responsibilities, including in the case of data protection for those processing data.
- vii. Learners and staff are made aware which organisation carries legal responsibility for the delivery or support of defined sections of the blended learning provision.
- viii. (Where appropriate) information about the respective responsibilities of the provider and any third parties – such as local study centres or administrative offices - that may be involved in supporting the provider’s online learning.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: ENQA - *Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• Authors of learning materials are relevant for the subject. Learning materials are reviewed and updated periodically.</li></ul>
<ul style="list-style-type: none"><li>• Site visit<ul style="list-style-type: none"><li>– The site visit takes place at a location where most of the institution's technical infrastructure is situated.</li><li>– Interviews with stakeholders include representatives of all groups involved (i.e. teaching staff, tutors, students, technical staff, administration, alumni, employers, etc.).</li><li>– The institution provides reviewers with access to the VLE, classrooms, e-library, etc.</li></ul></li></ul>
<ul style="list-style-type: none"><li>• The criteria for the composition of expert groups includes e-learning competence/ experience.</li></ul>
<ul style="list-style-type: none"><li>• The QA agency holds trainings for all experts before the site visit. Special attention is given to characteristics of e-learning.</li></ul>

## SECTION 11: SELF-EVALUATION, MONITORING AND REVIEW

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Supporting Documents:

1. Module/Student/End of Year Evaluation Surveys
2. Additional Stakeholder Consultation for Reviews
3. Tutor feedback and Staff reviews
4. Academic Council and Sub-committee Meeting Minutes
5. External Examiner Reports
6. Quality Improvement Plans
7. Academic Affairs Annual Schedule

### 11.1 Provider-owned Internal Review, Self-evaluation and Monitoring

A summary of surveys and mechanisms used for Quality Assurance in this area is contained in Section 3.3.1 “Internal Monitoring and Evaluation” of this document.

This section provides an outline, in the following sub-sections, specifically in relation to:

- Internal Self-Monitoring;
- Self-Evaluation, Improvement and Enhancement;
- Engagement with External Quality Assurance.

The College’s culture of Quality Assurance and Enhancement is based on a principle of continual improvement, whereby all feedback from stakeholders is taken into account and enhancement secured through the relevant parts of the College’s QA System. In particular, the College has perceived enhanced outcomes in this regard through the tracking of both constructive and mainly very positive feedback from the following areas, in recent years:

- Student surveys;
- External Review and Validation expert panel commendations;
- External Examiners’ reports.

### 11.2 Internal Self-monitoring

Context of Risk

Self-monitoring in relation to OTC programmes and projects takes place within the context of the College’s Risk Policy and its associated Risk Register.

## Academic Matters

In relation to academic matters, the boards and committees under the Academic Council carry out the functions of monitoring. The Academic Council is the ultimate arbiter in these matters. It has primary responsibility for the adoption of College policies and monitors reports and minutes from the Examination Boards, Programme Boards and its other sub-committees. The Programmes boards are the main conduit of filtering feedback from the following sources:

- Module Evaluation Surveys
- Ad Hoc Student Surveys
- End of Year College Evaluation Survey
- Graduate Surveys

Through the Programme Director, who chairs the Programme Board, further feedback is reported from:

- Tutor feedback
- Student feedback
- Student representative feedback

Examination board, student results and external examiner feedback is also monitored by the Programme Board, which in turn reports any relevant matter to the following sub-committees of the Academic Council:

- Registration and Admissions Committee
- Teaching, Learning & Assessment Committee

These committees then report to the Academic Council.

## Operational and Commercial Matters

In relation to operational and commercial matters, at College level the primary responsibility for monitoring lies with the Programme Directors and Managers (College executive committee) meeting which takes place monthly. This meeting is chaired by the College Director who reports along a separate line to the academic monitoring system. Here, the reporting line goes to the parent organisation, St. Michael's House at the following points:

- Chief Operations Officer
- Chief Executive Officer
- Board of Directors

This system also ensures monitoring of compliance in relation to statutory and legal matters. Outcomes in this area are further measured against the strategic objectives of the College's parent organisation, St. Michael's House.

Operationally, within the College, the following mechanisms are employed for monitoring purposes:

- Regular meetings and reporting to line managers
- Quality Improvement Plans
- Academic Affairs Annual Schedule

Improvement plans relating to reviews which have been undertaken are monitored by the relevant programme board and through the attendance of the Head of Quality & Academic Affairs (HQ&AA) at all such board meetings. A standing agenda item is tabled until all plans have been fulfilled. The HQ&AA also monitors the annual schedule which records:

- Activity (repeated for each year and ad hoc)
- Person(s) responsible
- Status
- Evidence (where this is stored on the College's CIT systems)

Annual QA reports relating to all programmes under the remit of each programme board are used for monitoring purposes, as well as recording quality enhancement plans, which are then monitored by the relevant programme board.

### 11.3 Self-evaluation, improvement and enhancement

Self-evaluation takes place through the analysis of feedback received through the mechanisms outlined above. Improvement and enhancement can then be implemented and monitored through the College's QA system. Additional self-evaluation is undertaken in relation to:

- Programme Review/Revalidation
- Validation
- Institutional Review
- Ad Hoc Regulatory Reviews (e.g. Re-engagement – QQI)
- Reviews required by associated professional bodies (e.g. CORU)

In recent years, the following reviews have been relevant in feeding into updates of OTC's quality assurance, operations, delivery of programmes and enhancement of policies and procedures:

1. Revalidation of Social Care programmes (2015-16)
2. External evaluation of the online/blended model (2015)
3. Administration review (2016 -17)
4. QA Review (2016-17)
5. Additional QA review (2018): Blended Learning and Collaborative Provision
6. GDPR review (2017-18)
7. Applied Management and Certificate Programmes – Re/validation – (2017-18)
8. FET QA Review (2018)
9. Website Review (2017-18)

The tracking of implementation and its effectiveness is performed through the monitoring functions described at 11.2 above.

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

In Section 5.3 “National and International Effective Practice”, it has been outlined that the College interacts externally with:

- QQI
- ENQA (European Association for Quality Assurance in Higher Education)
- Irish Higher Education Quality Network (IHEQN)
- EQAVET (European Quality Assurance in Vocational Education and Training)
- IQAVET (Irish Quality Assurance in Vocational Education and Training)

The College also has strong links to and active affiliated membership and representation, where appropriate, with the following groups, in particular:

- National Human Service Agencies (200+) who have linked with the College
- Social Care Ireland and IASCE (Irish Association of Social Care Educators)
- DFI (Disability Federation of Ireland)
- National Forum for the Enhancement of Teaching and Learning in Higher Education (NFETL – HE)
- HECA (Higher Education Colleges Association) Board and Sub-committees



Moreover, with regard to particular programmes, the College has professional interaction with the following bodies:

- CORU (Regulating Health and Social Care Professionals)
- HIQA (Health Information and Quality Authority)

In undertaking reviews, such as for validation, institutional review and re-engagement, additional stakeholder consultation, surveys and benchmarking against national/international programmes and institutions is undertaken.

External examination of all QQI-approved programmes and monitoring of national statistics published by QQI and the HEA are particularly important elements of the College's commitment to the externality principle.

## 11.5 Risk Management Policy

### RISK MANAGEMENT POLICY OPEN TRAINING COLLEGE

#### 1. Introduction

Risk management is the on-going process that informs strategic development through the identification and treatment of risk so that strategic objectives are more likely to be achieved, damaging events are avoided or minimised and opportunities are maximised. Good risk management increases the probability of success, and reduces the probability of failure and uncertainty of achieving the College's objectives. The OTC is committed to establishing and maintaining a systematic approach to the identification, assessment and management of risk.

Note: prior to the QA review for Re-engagement risk management in the College was more implicit and informal than explicit and formal. This following Risk Management Policy and procedures will operate from Autumn 2018.

#### 2. Purpose

The purpose of the risk management policy is to provide guidance regarding the management of risk and to explain the College's underlying approach to risk management and to document the roles and responsibilities of SMH Board ( finance and business) , OTC Academic Council ( academic matters) and its sub-committees, the senior management team and other key parties in order to:

- support the achievement of strategic objectives;
- protect staff, students and assets;
- ensure financial sustainability; and
- to comply with the requirements of self-monitoring.

It also outlines key aspects of the risk management process, and identifies the main reporting procedures.

#### 3. Scope

3.1 This policy applies to all College academic, administrative and corporate services, and to its partner providers. In addition, where relevant other third party risk registers, will also be reviewed as part of the College's risk management process.

3.2 This policy forms part of the College's internal control and corporate governance arrangements. It explains the College's underlying approach to risk management, documents the roles and responsibilities of SMH Board, Academic Council, College Directorate, senior management, and other key parties. It also outlines key aspects of the risk management process, and identifies the main reporting procedures.

- At a College level: risks can affect either positively or negatively the College's ability to operate and/or deliver its long term aims and objectives.
- At an operational level: risks can affect the successful delivery of operational plans and hence achievement of academic and financial priorities as contained in the College's key sub-strategies.
- At a project level: risks can affect the successful delivery of the project's stated benefits by impacting the cost, time and/or quality of outputs.

#### 4. Policy Statements

##### 4.1 Underlying approach to risk management

The following key principles outline the College's approach to risk management and internal control:

- SMH Board (finance and business) , OTC Academic Council (academic matters) have responsibility for overseeing risk management within the College as a whole;
- An open and receptive approach to solving risk problems is adopted by SMH Board and Academic Council;
- The College Directorate and the College Management Team supports, advises and implements policies approved by SMH Board and Academic Council;
- Programme Directors, Head of Quality & Academic Affairs and Manager of Corporate Governance are responsible for encouraging good risk management practice within their areas.
- The College's significant risks will be identified and closely monitored on a regular basis.

The College has a responsible approach to risk management, seeking to recognise and manage its exposure to risks. In pursuit of achieving its strategic aims and academic mission the College will, therefore, accept a degree of risk, commensurate with the potential reward within defined tolerances for risk agreed by SMH Board (finance and business), OTC Academic Council (academic matters) for key areas:

Corporate and operational risk appetite: The College's general approach is to minimise its exposure, with respect to its core business and values specifically:

- Adherence to the stated College values, principles and mission;
- Prioritisation of the health and safety of staff, students and visitors to the College;
- Ensuring business continuity – that is, the continued operation of College systems and processes that support the ongoing delivery of critical business operations;
- Maintenance of the quality of academic provision; and
- Compliance with statutory requirements.

Project risk appetite: in pursuing its distinctive mission and goals the College's project risk appetite is classified as “open”. The College is committed to seizing the opportunities provided by the imagination and enthusiasm of its staff, the co-operation of partners and its support for innovation. It will do so, subject always to ensuring that the opportunities are consistent with its mission, that the potential benefits (reward and value for money) and risks are fully understood before developments are authorised, and that appropriate measures to mitigate risk are established.

Strategic risk appetite: The College's strategic risk appetite is classified as “cautious”. The College is driven to pursue its distinctive mission and goals, through seizing developed and presented opportunities, but it also has to protect its core business and values.

#### 4.2 Risk identification, assessment and management

Risk identification, assessment and management is undertaken as an integral part of strategic and operational management:

- Strategic and operational plans will include an assessment of the risks and mitigating actions associated with each objective; these will be reviewed regularly by the local management teams with the most significant risks being reported to and reviewed by the College as part of the monthly Directors meetings;
- Risks must be identified and assessed as part of the business case for all new programmes, investments/spend and projects; once approved risks must be reviewed regularly by the project group or similar governance committee.
- A College Risk Register (CRR) will be maintained by the Risk Management Function and will be prepared and reviewed at least annually. This register will contain risks which either have the potential to affect the College as a whole or be of a significantly serious degree, at both a department and College level, to merit their inclusion. Potential risks for inclusion in the CRR will be reviewed by the Programme Directors, Senior management, College Directorate, Academic

Council and SMH Board as appropriate. Final approval of the CRR is the responsibility of the SMH Board.

- The Risk Management Function will develop procedures to ensure that risk management is implemented across all decision-making functions of the College.
- College will seek to continuously improve its risk management performance by integrating risk management into its business processes, project management and other reporting arrangements.
- Programme Directors, HQ&AA and Corporate Governance are responsible for the day-to-day management of risks under their control. They will be assisted in this role by all staff as necessary and will cooperate with the Risk Management Function.
- Risks will be evaluated on both a bottom-up and top-down basis.
- Emerging risks will also be evaluated as part of the College's risk management process.
- Preparing contingency plans to ensure business continuity where there is a potential for an event to have a major impact upon the College's ability to function.
- Monitoring arrangements continually and seeking continuous improvement

#### 4. 4 Risk Management Process

The College Risk Register (CRR), which is prepared as part of an annual risk management cycle, is the primary documented output of the College's Risk Management Process. Each cycle begins with a bottom up approach to risk reporting from units across the College, identifying and documenting both current and emerging risks which may impact upon them directly as well as those which may have an impact at a wider College level.

Following on from this, the unit level risk registers are reviewed by College Directorate. It is at this point that the opportunity arises for the Directors level to take a top-down view and to add relevant high level, sector wide, risks into the draft CRR so that the final draft in each cycle is a comprehensive document intended to capture the most significant and strategic risks facing the College. A single agenda item meeting between the College Director and the CEO of SMH to review the draft CRR in the context of the College's Strategy and the sector challenges facing the College is held. Following this review College presents the draft CRR for oversight by SMH Board (finance and business) and OTC Academic Council ( academic matters) for its approval. Once approved, the CRR is published on the College's Risk Management Webpage. Updates on any significant changes in risks listed in the current CRR are given at subsequent meetings with SMH and Academic Council.

The College Directorate will maintain the overall College Risk Register. Each Programme Director and Senior Manager will maintain their own local risk register.

For each risk the details identified in related documents will be recorded and monitored in a risk register. The register will be maintained by a senior manager within each area with the authority and responsibility to collate the component risks on behalf of College and ensure procedures are in place to enable effective capture of new risks on a timely basis. The risk manager will liaise with relevant staff and use appropriate methods defined by the College Directorate as the custodian of the College Risk Register.

Risks will be assessed using a 5x5 scale for the likelihood and impact of each risk before and after mitigating actions according to the criteria shown in Appendices 3 and 4 respectively. The overall risk score will be assessed using the probability impact matrix shown in Appendix 3. These criteria are incorporated into risk register templates available from College Directorate.

The main options available to the College in dealing with the risks facing it are to:

1. *Terminate* – avoid the risk (e.g. terminating a risky activity);
2. *Transfer* – transfer the risk to a third party if cost-effective (e.g. by contracting out);
3. *Treat* – retain and control the risk;
4. *Tolerate* – exposure to the risk is tolerable without any further action.

Risks should be controlled at a management level with the resources to underwrite the impact of the risk. Such resources may include the holding of a financial or time contingency as a means of mitigating the impact should the risk occur. Where the degree of exposure increases beyond a management level's ability/delegated authority, the risk should be escalated. Appendix 3 identifies the risk scores which would require a risk to be escalated to the College Executive. Of these the top 10 will be escalated to SMH Board (finance and business), OTC Academic Council (academic matters).

#### 4.5 Risk governance

The College Directorate, Management Team, and SMH Board have key roles to play in the overall risk management framework. The specific responsibilities of the different groups are shown in Appendix 3. This also shows the frequency with which these groups review risks.

#### 4.6 Scrutiny and Assurance

Annually College will, based upon their quarterly assessment of the risk register, provide the SMH Board (finance and business), OTC Academic Council (academic matters) with an opinion on

whether the College has had an effective and mature risk management process in place for the preceding year. It should consider:

- *Leadership*: do senior management and the Executive support and promote risk management?
- *Risk Strategy and Policies*: Is there a clear risk strategy and risk policy?
- *People*: Are staff equipped and supported to manage risk well?
- *Partnerships & Resources*: Are there effective arrangements for managing risks with partners and are there appropriate supporting resources?
- *Processes*: Do the College's processes incorporate effective risk management?
- *Risk Handling*: Are risks handled well?
- *Outcomes*: Does risk management contribute to achieving outcomes?

Based on these reports the SMH Board (finance and business), OTC Academic Council (academic matters), advised by the College, must satisfy itself that key risks have been identified and are being managed in accordance with the College's policy as well as whether any revisions to the policy should be implemented. It should consider:

- Whether risk management continues to be linked to the achievement of the College's objectives;
- The appropriate risk appetite or level of exposure for the College as a whole;
- Whether risk review procedures cover fundamental reputation, governance, staff, research, teaching, operational, compliance, student experience, financial and other risks to achieving the College's objectives;
- Whether risk assessment and risk-based internal control are embedded in ongoing operations and form part of its culture;
- Changes in the nature and extent of fundamental risks and the College's ability to respond to changes in its internal and external environment since the last assessment;
- The extent and frequency of reports on internal control to SMH Board and whether this is sufficient for SMH Board to build up a cumulative assessment of the state of control and effectiveness of risk management;
- The incidence of any fundamental control failings or weaknesses identified at any point within the year and the impact that they have had or could have on financial results or the Colleges reputation;
- The effectiveness of the overall approach, compliance and policy to risk management and whether changes or improvements to processes and procedures are necessary.

## 5. Related Documentation

Risk Register template (Excel spreadsheet)

## 6. Roles and Responsibilities

Roles and Responsibilities Party	Roles & Responsibilities
SMH Board (finance and business)and OTC Academic Council ( academic matters)	<ol style="list-style-type: none"><li>1) Ultimate responsibility for finance and business risk management within the College.</li><li>2) Oversight and review of risk management activities.</li><li>3) Final approval of the College's Risk Management Policy and any amendments</li><li>4) Approval of the Annual Risk Plan.</li><li>5) Final approval of the College Risk Register.</li><li>6) Sets Risk Appetite and Risk Tolerances.</li></ol>
Academic Council	<ol style="list-style-type: none"><li>1) Ultimate responsibility for academic matters risk management within the College.</li><li>2) Oversight and review of risk management activities.</li><li>3) Approval of the College's Risk Management Policy and any amendments</li></ol>
College Directorate	<ol style="list-style-type: none"><li>1) The Directorate is responsible for leading the development and maintenance of the College's Risk Management process.</li><li>2) The Directorate will advise the Board and Council on risk management strategies and provide periodic reports and analysis of risk findings.</li></ol>
Senior Managers and Programme Directors (Academic, Administrative and Corporate)	<ol style="list-style-type: none"><li>1) Senior Managers act in an advisory role to the Directorate.</li><li>2) Responsible for the operations of the Risk Management Function and supports its continued development.</li></ol>

## 7. Definitions

Risk:

"The threat or possibility that an action or event will adversely or beneficially affect an organisation's ability to achieve its objectives".

*Higher Education Council for England (EFCE 01/28) Risk management – A guide to good practice for higher education institutions.*

Risk Management:

The planned and systematic approach to the identification, evaluation and control of risk. It is concerned with evaluating the measures an organisation has in place already to manage identified risks and then suggesting actions that the organisation should take to control these risks more effectively. For threats, the outcome of risk management is the reduced likelihood (probability) of



a risk occurring or limiting the consequences (impact) should the risk occur by implementing appropriate methods of control (risk mitigations). The opposite is the case for opportunities.

#### Risk Appetite:

“The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.”

*The Orange Book: Management of Risk – Principles and Concepts, HM Treasury, October 2004.*

#### Risk Management Function:

The Risk Management Function is the collective term for the combination of Directorate and Senior staff in respect of their risk management duties as set out in this policy. It has a standalone responsibility to monitor the risk profile and to flag developing trends for existing risks and the potential consequence of new threats/opportunities– so called “emerging risk”. The Risk Management function should have responsibility to monitor and review the performance of risk management tasks taken as a whole, and to assist management in communicating relevant risk information to a higher level in the organisation and to external parties.

Policy Title:			Risk Management Policy		
OTC Policy No			1809		
Version			2.0		
Date approved:	June 2021	Date policy will take effect:	June 2021	Date of Next Review:	+3 years
Approving Authority:			Academic Council and SMH Board		
Document Owner/Contact:			College Director		
Supporting documents, procedures & forms of this policy:			<p>Risk Register template (Excel spreadsheet)</p> <p>All appendices contained in Appendix 3 to this document.</p>		
Audience:			Public access		
Reference(s)			<p>SMH Risk Policy and Risk Register</p> <p>OTC Risk Register</p>		

## 11.6 Integration with Blended Learning and Online Learning Strategy

The most pertinent elements relating to Blended Learning (BL) and Online Learning (OL) in this section are:

- Surveys of students on modules, End-of-year, Graduate Destinations etc.
- Stakeholder consultations
- External examiner reports
- Quality Improvement Plans (QIPs)
- Internal self-monitoring
- Quality Assurance & Enhancement
- Engagement with External QA
- Affiliations, memberships and representations
- Risk management

Blended Learning: This section meets “*Topic Specific Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes*” (QQI, 2018), in relation to the following:

- i. Quality management arrangements for online learning provision and other non-face-to-face learning are supported by fit-for-purpose organisational infrastructure and processes.
- ii. This usually means there needs to be a strategy and plan, an appropriate investment of time, money and other resources to develop capacity and resources to deliver high quality blended learning that will offer learners a consistent, enjoyable and effective learning experience.
- iii. That a strategic approach to the use of blended learning is explicit and is shared with staff, learners and other stakeholders. A strategic plan includes appropriate investment in infrastructure and contingency arrangements to support all options for blended learning in an online context. Accountable key roles have been identified.
- iv. The strategies and processes for the appointment, induction, training, professional development and appraisal arrangements for teaching and support staff are appropriate and specific to blended and online learning.
- v. The infrastructure and resources required to support good quality blended learning are understood, planned, and routinely monitored and evaluated. These arrangements should take into account that, while online, learners are likely to be remote from the provider and from teachers and/or assessors. There is an institutional approach to these matters.
- vi. Arrangements for quality management in general are consistent with the Core Statutory QA Guidelines for all providers and topic- or sector-specific guidelines as appropriate.
- vii. Learners can test and monitor their progress at appropriate points. The whole learning environment for blended learning used in conjunction with the learning resources requires active engagement by the learners.
- viii. Mechanisms that monitor and/or moderate standards (both in terms of learner outcomes and teachers and/or assessors’ practice). Assessment arrangements conducted through online learning are valid, reliable, and secure and provide learners with appropriate confidential feedback on their progress.

Online Learning: Indicators, for mapping and monitoring:

(Adapted from: *ENQA - Considerations for quality assurance of e-learning provision*, 2018)

INDICATORS
<ul style="list-style-type: none"><li>• Stakeholders (especially students) are involved in the internal quality assurance system, even if they are not on campus.</li></ul>
<ul style="list-style-type: none"><li>• Student needs are considered when developing the learning model and the curricula design.</li></ul>
<ul style="list-style-type: none"><li>• E-learning programmes are reviewed, updated, and improved.</li></ul>
<ul style="list-style-type: none"><li>• Pedagogical developments are aligned with the institutional strategy.</li></ul>
<ul style="list-style-type: none"><li>• ICT and pedagogy developments are analysed and implemented when appropriate.</li></ul>
<ul style="list-style-type: none"><li>• The internal quality assurance system includes feedback to stakeholders (especially to students).</li></ul>
<ul style="list-style-type: none"><li>• External quality assurance considers the characteristics of e-learning in regular procedures, such as innovation in teaching and learning processes (institutional or programme evaluation).</li></ul>
<ul style="list-style-type: none"><li>• All relevant stakeholders are involved in developing e-learning criteria (institutional or programme evaluation).</li></ul>
<ul style="list-style-type: none"><li>• The self-assessment report makes specific reference to e-learning by describing, for example:<ul style="list-style-type: none"><li>– the institutional strategy, pedagogical model, and VLE;</li><li>– the innovation of instructional design; – the profiles and experience of teaching staff;</li><li>– the online study programme (with detailed learning outcomes, course description, and competencies of teaching staff).</li></ul></li></ul>





THE OPEN TRAINING COLLEGE (OTC)

POLICY ON COLLABORATIVE PROVISION  
ARRANGEMENTS



## Table of Contents

SECTION 1: INTRODUCTION	298
SECTION 2: SCOPE	300
SECTION 3: POLICY INTENT AND PURPOSE	301
SECTION 4: GUIDING PRINCIPLES	302
SECTION 5: KEY COLLABORATIVE OPERATING PRINCIPLES	304
SECTION 6: DESCRIPTIVE OVERVIEW OF COLLABORATIVE PROVISION	305
SECTION 7: ESTABLISHING THE CONSORTIUM FOR THE PURPOSES OF COLLABORATIVE PROVISION	307
SECTION 8: ELEMENTS OF A CONSORTIUM AGREEMENT	310
SECTION 9: PROGRAMME DEVELOPMENT & VALIDATION PROCESSES	312
SECTION 10: ON-GOING MANAGEMENT OF COLLABORATIVE PROVISION PROGRAMMES	315
SECTION 11: THE PROVISION OF INFORMATION FOR STUDENTS AND FOR THE GENERAL PUBLIC	319
SECTION 12: ADDRESSING DISPUTES, SUSPENSION OR TERMINATION OF COLLABORATIVE AGREEMENTS	320
APPENDIX 1 - SAMPLE MEMORANDUM OF UNDERSTANDING	321
APPENDIX 2 - INDICATIVE CONTENT AND FORMAT OF A SELF-EVALUATION REPORT (SER)	324
GLOSSARY OF TERMS	327

## SECTION 1: INTRODUCTION

- 1.1 This policy document specifies the quality assurance procedures of the Open Training College for collaborative provision.
- 1.2 OTC is a division of St. Michael's House, a registered charity and the largest provider of services to people with intellectual disabilities, and their families, in the greater Dublin region. OTC is an Independent College and its awards are validated by QQI. The organisation's Board of Management has overall responsibility for correct governance of all parts of the organisation including the OTC; the College Academic Council (comprising of internal and external academics) oversees academic governance on behalf of the Board.
- 1.3 OTC is interested in collaborative provision because it has the potential to enrich provision to the advantage of learners, in a way that the College could not achieve on its own. Collaborative programme provision is strategic in nature and builds on the College's mission and a shared vision and ethos with similarly empathetic institutions. The OTC is committed to the provision of quality education and positive student experience within an increasingly diversified student population. It sees collaborative provision as one element of a strategic approach to supporting greater student diversification and thus more holistic student experience within independently funded higher education colleges.
- 1.4 OTC is committed to collaborative arrangements which are characterised by mutuality and respect. It will only engage in Collaborative arrangements where it is assured that each of the partner institutions will and can play a significant and equitable part in each facet of the development and delivery of collaborative programmes.
- 1.5 The College sees collaborative provision as a means of drawing on the experience and expertise of partner colleges for the ultimate benefit of students and therefore is also committed to ensuring that any prospective consortium and its partner college is in good academic and financial standing. It is also necessary to ensure that prospective colleges are competent and sufficiently well- resourced to fulfil its obligations, as well as being legally entitled to enter into the consortium agreement. Collaboration will only be used where it is in the mutual interests of partner colleges and the overall student experience.
- 1.6 This policy draws on QQI *Policy for Collaborative Programme, Transnational Programmes and Joint Awards* (2012) and is informed by practice elsewhere within the higher education sector. It specifically focuses on collaborative provision in the context of taught programmes where



there is a single Academic Awarding Authority – in this instance Quality and Qualifications Ireland (QQI). QQI defines Collaborative Provision as follows: *“There may be collaboration in the development of the programme, in the academic monitoring of the programme, in the teaching, in the assessment, etc. or a combination of any of these”* (QQI, 2012:5)<sup>10</sup>.

- 1.7 QQI (2012) also stipulates that *“A provider is responsible for any activities conducted in its name and this responsibility extends to activities conducted by consortia involving the provider. Accordingly, a provider’s Academic Council (or an equivalent top level committee) should establish the overarching strategy for collaborative provision; approve potential collaborator providers and should be involved in the establishment of any collaborative arrangements and the associated consortium agreements”*. St. Michael’s House Board of Management will approve the overarching strategy for collaborative provision; approve potential collaborative providers; any collaborative arrangements as well as associated consortium agreements. Academic Council within OTC will ensure adherence to academic standards and governance of programmes.

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<sup>10</sup> QQI (2012) Policy for Collaborative Programmes, Transnational Programmes and Joint Awards; see <http://www.qqi.ie/Publications/Policy%20for%20Collaborative%20Programmes%20Transnational%20Programmes%20and%20Joint%20Awards.pdf> - accessed 9/01/2016

## SECTION 2: SCOPE

2.1 The OTC's collaborative provision will be limited to the development and delivery of taught programmes of Higher Education between Level 6 and Level 9 of the National Framework of Qualifications. In this instance, collaboration will be established between:

- (a) The Open Training College (OTC);
- (b) Collaborative partner College

2.2. The two named institutions may collaborate on programmes leading to QQI awards at Level 6 to 9 on the NFQ.

2.3 Should future opportunities to expand collaborative provision arise, this policy will be subject to revision and approval of the OTC Board of Management, Academic Council and QQI.

2.4 Within the context and scope specified above this policy sets out the guiding principles, and framework of responsibilities, structures and processes for the OTC for:

- the establishment, approval and governance of the partnership for collaborative provision;
- the development of collaborative provision programmes, the validation or re-validation of collaborative provision programmes and awards, and the processes associated with the authorisation to proceed;
- the on-going management of collaborative provision programmes, including delivery, assessment, monitoring, revalidation, evaluation and response, and the provision of information for students and for the general public.

## SECTION 3: POLICY INTENT AND PURPOSE

3.1 Essentially the policy will inform collaborative engagement in an ethos of quality provision, ensure the quality of programme provision with partner organisations and safeguard the reputation of the College and partners by having explicit standards which will safeguard against possible impropriety, recklessness and negligence.

The overall intent of the policy is to:

- (a) ensure clarity, transparency and consistency with regard to collaborative provision;
- (b) inform stakeholders about the College's procedures for assuring the standards and quality of collaborative provision;
- (c) act as a guide and support for College Faculty and staff;
- (d) inform prospective partners of the College's standards and requirements in developing collaborative agreements and subsequently managing collaborative provision.

The purpose of policy is to:

- (a) Set out clearly for both OTC staff and potential collaboration partners the required compliance and quality assurance processes;
- (b) Detail the processes to be followed in the development of a collaborative programme through to validation;
- (c) Ensure that all procedures deliver a consistent learning experience to those students on the collaborative programmes with those delivered by OTC alone;
- (d) Ensure compliance with QQI standards, policies and procedures on quality assurance.
- (e) Ensure the mechanisms for the operation of the <sup>11</sup>consortium are clearly considered, detailed and specified.

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<sup>11</sup> The term Consortium is used to denote the joint structure with responsibility to deliver the programme. Consortium Partner denotes the institution(s) working with OTC to deliver the collaborative programme.

## SECTION 4: GUIDING PRINCIPLES

4.1. OTC subscribes to the guiding principles for collaborative provision as promoted by the Irish Higher Education Quality Network<sup>12</sup>, which require that Institutions:

- (a) are cognisant of the strategic and policy contexts for collaborative provision;
- (b) have primary responsibility for the management and delivery of programmes of higher education for students;
- (c) have primary responsibility for the quality assurance of their provision, wherever or however, it is offered;
- (d) ensure that students enrolled on collaborative programmes receive an equivalent learning experience to other students within the institution;
- (e) give due consideration to the academic support of students, including to student representation on appropriate committees and bodies;
- (f) are committed to respecting the rights of their staff, students and partners in all of their joint ventures, recognising that collaborative programmes may involve wider ethical decisions;
- (g) develop institutional approval and quality assurance processes for collaborative programmes, which involve the conduct of appropriate due diligence, ongoing monitoring and checks;
- (h) recognise the need to have formal written agreements for all collaborative arrangements

4.2 The OTC will ensure adherence to these principles and the details of how this will be achieved will be specified in the Collaborative Agreement (CA) and the programme documentation. In summary this will include a reasoned consideration of the strategic context of the proposed collaboration with reference to needs in the relevant sectors thus outlining the strategic rationale for the development of the consortium arrangement. In all such developments the OTC will operate within the policy contexts as specified by the appropriate bodies including QQI and any other relevant regulatory or government departments.

4.3 In the Collaborative Agreement and the programme validation documentation the OTC will clearly outline its ownership and responsibility with regard to QA processes and procedures and the delivery of an excellent learning experience to students. Appropriate governance arrangements will apply relating to the operation of the consortium itself, the running of the programmes, teaching and learning, assessment, student representation, feedback and QA monitoring. The College's current QA policies and procedures will be enhanced to take account of the consortium requirements through the establishment of a Joint Programme Board and a Joint Programme

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<sup>12</sup> IHEQN *Guidelines for the Approval, Monitoring and Review of collaborative and Transnational Provision (2013)*

Development Committee (these are detailed later in this document). Overall governance will be the responsibility of the College Director, assisted by senior members of the College Management team and reporting to the Board of Directors and Academic Council. Regular reports on the consortium, its operation, progress and QA monitoring will be presented to both bodies.

- 4.4 The Joint Programme Board, reporting to the Academic Council of the OTC will have responsibility for the proper running of the programme and for ensuring standardisation of programme content, the student experience and assessment across all venues where the programmes is delivered.

## SECTION 5: KEY COLLABORATIVE OPERATING PRINCIPLES

OTC is committed to collaborative provision where each Consortium Partner plays a significant mutually agreed and equitable part in each facet of the development and delivery of the programmes.

This may be evidenced through;

- Alternating meetings between sites;
- Sharing responsibilities for key roles such as the Chair of Joint Programme Boards;
- Facilitating the engagement of each of the partner institutes in respect of quality assurance activities;
- Recognition of each Consortium Partner in all promotions and media communications in relation to its provision, in an honest, fair and accurate manner;

1.2 Quality assurance processes employed in respect of potential partners in collaborative provision will be as rigorous as the quality assurance processes operated in respect of other OTC programmes. This will also require that any partner's quality assurance processes are consistent with those of OTC.

## SECTION 6: DESCRIPTIVE OVERVIEW OF COLLABORATIVE PROVISION

6.1 Collaborative provision for the purpose of this policy refers to the engagement of the institutions named above being involved by means of formal agreement in the development, provision and monitoring of a programme of higher education and training leading to a Level 6-9 award with QQI. In that regard, this document refers to all aspects of collaborative provision, encompassing all stages in the development of a collaborative programme up to and including validation by QQI as well as its subsequent delivery and academic monitoring. The collaborative arrangements for other aspects of such collaborative agreements including student recruitment and selection and registration, provision of physical facilities, provision of support services, programme delivery (including online/blended learning provision), monitoring and assessment are also addressed.

6.2 Within the context of the scope of this particular policy it is envisaged that there are a number of distinct phases (albeit interconnected) as follows. While the stages are presented in a linear way in actuality some of the steps will run concurrently;

### Phase 1: Collaborative Consortium Preparatory Phase

- Identification of potential new programme;
- Identification of, and preliminary research on, prospective partners for a Consortium;
- Approval from the Board of St. Michael's House and Academic Council to enter into a Memorandum of Understanding;
- Establishment and signing of a Memorandum of Understanding between partners;
- Undertaking mutually agreed processes of Due Diligence and Risk Assessment;
- Establishment and signing of a detailed Consortium Agreement.

### Phase 2: Programme Proposal & Development Phase

- Programme Development (including the establishment of a (Joint) New Programme Development Committee (as per OTC QA procedures) and carrying out market research;
- Programme validation or re-validation;
- Planning of programme delivery.

### Phase 3: Programme Delivery & Monitoring Phase

- Delivery methods
- Assessment
- Monitoring
- Periodic review

- Evaluation and response
- Provision of information for students and for the general public

#### Phase 4: On-going Management of Collaborative Aspects

- Content Delivery
- Assessment
- Monitoring
- Revalidation
- Evaluation and Response
- Provision of information for students and for the general public



## SECTION 7: ESTABLISHING THE CONSORTIUM FOR THE PURPOSES OF COLLABORATIVE PROVISION

7.1 All collaborative arrangements will be negotiated, agreed and managed through the Director of OTC. The Director may delegate functions within the process as appropriate.

7.2 The distinguishing feature of a collaborative programme is that it is jointly developed between two or more institutions - in this case the two institutions (named above). New ideas for the development of collaborative provision emerge from many sources, including engagements with the relevant sectors or identifying new contexts for the delivery of existing popular modules/content. Whatever the source any new idea for collaborative provision is subject to this policy and the procedures specified. Members of staff are free to bring ideas on possible collaborations to the attention of College management for consideration but only the College Management forum (the <sup>13</sup>College Executive Committee) can make a decision to progress the proposal through the appropriate internal procedures.

7.3 When a possible new idea (collaboration) is identified proposers are required to submit an outline of the programme prior to the development of a full submission. This is submitted to the HQ&AA for initial evaluation, prior to consideration by the College Executive Committee. If the HQ&AA is of the view that the proposal requires additional information s/he will work with proposer to secure this prior to submission of the initial proposal to the Chair of the College Executive Committee. On receipt of the proposal from the HQ&AA an evaluation by relevant members of the College Executive Committee (lead by the College Director), of the proposal itself and potential collaborative partner(s) takes place.

7.4 The evaluation criteria include the proposal's alignment with OTC's strategic vision, resource availability and quality assurance demands. If agreed by College Executive Committee the proposal will be brought to St. Michael's House Executive Management by the College Director for agreement to continue with further exploration of the initiative. When agreed with Executive Management a Memorandum of Understanding (MoU) (intent to proceed) can be signed with the Colleges identified as possible partners/ collaborators in the consortium. This will include detail on the following:

- 1) The parties involved;

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<sup>13</sup> The Programme Directors and Managers Meeting is the main regular management meeting held in the College. It is chaired by the College Director or Assistant College Director (when required) and is comprised of all senior members of the College - operational and academic.

- 2) Initial aims of the collaboration;
- 3) Work to be undertaken by the parties individually and collaboratively;
- 4) Timelines for the completion of tasks;
- 5) The establishment and membership of a Co-ordinating Committee to progress the initiative;
- 6) Treatment of confidential matters and disclosure requirements;
- 7) Identification of key personnel.

An indicative Memorandum of Understanding is outlined in Appendix 1.

7.5 The signing of the MoU authorises the College to proceed to the next step - Due Diligence and Risk Assessment processes.

7.6 A Due Diligence and Risk Assessment exercise will be undertaken by the College prior to entering into a Consortium Agreement for collaborative provision. Due Diligence and Risk Assessment is the responsibility of the College Director who will undertake due diligence with the identified partner College(s), in addition to facilitating due diligence examination of OTC by the potential partner College(s) as part of their engagement with OTC. OTC will enter into a legally binding non-disclosure agreement with its prospective partners/collaborators covering any private information shared and/or acquired during this process. This agreement may be signed at the same time as the MoU.

7.7 The College Director will co-ordinate the Due Diligence and Risk Assessment exercises, assisted by a dedicated Review Committee (RC) which s/he will Chair, whose composition will vary with the nature, scope, scale and strategic significance of the proposed collaboration, and to avoid any potential conflict of interest. The Committee may co-opt additional members if it deems this necessary.

7.8 The Review Committee will formulate a comprehensive, informed, true and fair view of prospective partners, and in particular, of their capacity and ability to deliver on commitments under the proposed collaboration. It may seek advice from the College's Financial Controller, its legal advisers, the proposer of the initial idea and her/his team, and any other relevant sources.

7.9 The necessary elements of a Due Diligence and Risk Assessment exercise normally are:

- The exchange of Self-Evaluation Reports (SER) between the College and prospective collaborative partners (please see Appendix 3 for details);
- A site visit by the Review Committee;

- A robust evaluation of the academic, legal and financial standing of prospective partners by the Review Committee;
- An identification of critical risk factors by the Review Committee, and an assessment of potential exposure and related liability on the part of the College.

7.10 The SER will normally be expected to contain the following information:

- Profile and range of activities, including existing partnerships/collaborations;
- Governance, strategy, structure, culture;
- Regulatory environment and quality assurance, including outcomes of recent external reviews.
- Student services, supports and environment;
- Staffing profile;
- Financial performance, position and prospects.

Indicative content for a SER is outlined in Appendix 2.

7.11 The Due Diligence and Risk Assessment exercise must include a site visit by members of the College's Review Committee. They may be accompanied by the proposer and/or members of her/his team likely to be involved in the collaborative provision. The site visit will seek to clarify, confirm and add-to the information contained in the prospective partner SER document.

7.12 These combined elements are the basis on which the Review Committee will prepare its final report and recommendation for submission to the Board of Management and Academic Council.

7.13 The Board of Management and Academic Council will consider the proposal separately. Either entity can request additional information which will be supplied by the Review Committee. When both entities are satisfied and provide formal sign-off the initiative can proceed.

7.14 Formal sign off by the Board and AC clears the way for the signing of a formal Collaborative Agreement (CA) and the Programme Development and Validation can commence.

7.15 It will be the responsibility of the HQ&AA to keep the Academic Council informed of developments in respect of collaborative provision. It will fall within the domain of that committee to ensure that OTC's quality assurance processes are observed accordingly throughout the entire process.

7.16 The College Director as part of sign-off will be required to present regular updates to the Board of Management.

## SECTION 8: ELEMENTS OF A CONSORTIUM AGREEMENT

8.1 The formal Consortium Agreement will address the following matters:

- The members of the consortium and their role including specification on lead role;
- Day to day management of the consortium and the programme development process;
- Programme design and validation;
- On-going monitoring of programme;
- Periodic review of programme;
- Programme teaching and assessment strategies including modalities of assessment, re-checks, reviews and appeals;
- Financial arrangements;
- Governance arrangements for the consortium;
- Mechanisms for appeal or complaint by students or staff;
- Mechanisms to resolve any differences between consortium members;
- Staff recruitment and development;
- Numbers projections and recruitment
- Marketing and media management
- Liaison with QQI and any other relevant bodies (regulatory or government departments).

For further information, see Appendix 1 – “Sample Memorandum of Understanding”.

8.2 The Consortium Agreement should also provide for a review process, which will generally occur within five years of its signature. OTC will draw on its existing quality assurance processes to inform this process.

8.3 The Consortium Agreement will have Protection of Enrolled Learners policies and procedures in place, showing how it can fulfil its obligations to students, so that in the event that the collaborative programme cannot be continued, alternative arrangements are in place so that without undue delay, students already registered on that programme are enabled to transfer to a similar programme and gain a qualification equivalent to the one that the first programmes had been leading towards.

8.4 The Consortium Agreement will reflect the principles outlined above, particularly reflecting OTC's commitment in respect of student welfare.

8.5 Prospective students should be advised of the parties to the Collaborative Agreement and other relevant details including:

- The awarding body;
- Programme validation status and associated information;
- Award type, name and its placement on the National Framework of Qualifications;
- Admission requirements;
- Access information, including Recognition of Prior Learning processes;
- Recognition by regulatory, statutory and any professional bodies as appropriate;
- Programme structure and intended learning outcomes;
- Teaching and assessment strategy;
- Delivery mode.

8.6 The College Director is the only person authorised by the Board to sign off the Consortium Agreement.

8.7 QQI validation of the collaborative programme is conditional on the commencement of the Consortium Agreement.

## SECTION 9: PROGRAMME DEVELOPMENT & VALIDATION PROCESSES

9.1 Processes will vary where OTC is either a lead partner or a subsidiary partner. It is envisaged that within a Collaborative Programme arrangement relating to programmes validated and awarded by QQI (such as currently), the lead partner will have responsibility for managing the Consortium's validation programme. The following sections address issues relating to validation processes, where OTC is the lead partner, as envisaged in the current case. Where OTC is a subsidiary partner in a consortium, it will commit to supporting the validation processes of the Lead Partner.

9.2 Under current OTC QA procedures the development of any new programmes requires the setting up of a New Programme Development Committee (NPDC) under the auspices of the AC. For the development of a collaborative programme this committee will be a Joint Committee (JNPDC) including appropriate representatives of all the consortium partners. This committee will be chaired by the OTC HQ&AA and will oversee all aspects of the development and validation of a new programme or revalidation of an existing programme for a new context. This will include ensuring that joint policy, procedures and criteria are developed specific to the proposed programme but which are in accordance with policy and legislative requirements and consistent with the formally stated policies and procedures of OTC and agreed in advance of programme development with partner providers in a proposed consortium. All components of a new programme development as specific in the relevant QQI documentation will be addressed.

9.3 The exact membership of the JNPDC will be determined by the nature and purpose of the new programme proposed, with the advice of and in consultation with the HQ&AA and the equivalent post-holder in the partner College/s. To support the development process, external expert(s) may be appointed to provide guidance and direction at critical stages in a programme's development. The role of the programme development team is to manage the creation of a relevant, high-quality curriculum (on the basis of independent research and consultation with appropriate academic, professional and/or industry experts and bodies) and to identify suitably experienced and qualified staff for the programme.

9.4 The Chair of the JNPDC will be responsible for ensuring regular meetings are held and ensuring that minutes of all meetings are maintained and available for review by any relevant group or staff member. The HQ&AA will be responsible for updating the Academic Council of OTC on progress. The College Director will be responsible for providing regular update reports to St. Michael's House Executive Management and the Board.

- 9.5 Particular attention must be given to the development of the programme assessment strategy, with specific reference to *Assessment and Standards (QQI, 2013)*, and its application to the programme and QQI's policy on Collaborative Provision. In addition, the validation document must reflect the appropriate QQI awards standards and NFQ level indicators.
- 9.6 The development of a programme to be offered should specifically address the quality of:
- a) The student and learning experience, including induction and assessment;
  - b) The delivery, management and resourcing of each element of the programme, identifying specifically the blended learning technologies being applied for each module and/or stage.
- 9.7 For all programmes, the learning outcomes of the programmes and its constituent modules must be clearly articulated with a demonstrable alignment of assessment criteria with the intended learning outcomes.
- 9.8 The Validation document will include all of the aspects of the current "Policies and criteria for the validation of programmes of education and training" (QQI, 2016a) and the "Programme Validation Manual (2016) for Programmes of HET and Apprenticeships (FET and HET) – Pilot Version (Ed. 2.1)" (QQI, 2016b).
- 9.9 After finalising by the JNPDC the HQ&AA submits the Validation document to Academic Council for final approval.
- 9.10 The Academic Council will consider the final document against the same criteria as outlined above (elements of a validation document), notably considering the precise implications for physical and human resources, as well as existing support facilities.
- 9.11 Once approved by AC, the programme documentation is submitted to QQI for validation.
- 9.12 Once the validation panel visit and hearing has been completed, the HQ&AA will bring the report of the QQI Validation Panel to AC for review and consideration. The HQ&AA will take responsibility for the formal response and address any conditions/ recommendations to the Validation Panel report, based as appropriate input from all Consortium Partners and their respective Academic Councils.
- 9.13 Once the formal approval processes have been completed with QQI, the conduct of Programme Review and any Revalidations shall, generally be in accordance with OTC programme review procedures. However, the review processes will have to take account of the context of collaboration and specific issues or matters arising. The collaboration will also

be reviewed as part of any Institutional review process that arises. The lead partner, OTC and the OTC HQ&AA will be responsible for instituting this process, including the management of relations with the Consortium Partner(s).



## SECTION 10: ON-GOING MANAGEMENT OF COLLABORATIVE PROVISION PROGRAMMES

10.1 Following validation the Joint New Programme Development Committee will be dissolved and a Joint Programme Board (JPB) established with the OTC HQ&AA as chair. Day to day responsibilities of the consortium are as follows:

### 10.2 Roles & Responsibility for Collaborative Provision Management & Delivery

- The Board of Management is responsible for the governance and implementation of Consortium Agreements at a strategic level.
- The College Director is responsible for the day to day implementation and operation of the consortium.
- The Academic Council is responsible for overseeing the application of the College's Quality Assurance including collaborative provision.
- The Head of Quality & Academic Affairs, in co-operation with his/her counterparts in the partner institutions, is responsible for the on-going management of all academic aspects of collaborative programmes.
- The HQ&AA is accountable to both the College Director and Academic Council regarding issues, concerns and requirements relating to academic matters of the collaboration.
- The HQ&AA is responsible for liaison between the Academic Council and partner Colleges regarding collaborative provision.

### 10.3 Ongoing Collaborative Programme Management

The arrangements for delivery, assessment, monitoring, review, evaluation and response, and for the provision of information for students and for the general public, that apply to individual provision by OTC, as set out in the College's QA Document, apply to all programmes under collaborative provision.

Any specific, bespoke arrangements that apply will be set out in the Consortium Agreement and/or in the Programme Document. Any such arrangements must strengthen quality assurance.

A Project Manager/Programme Director will have day today responsibility for the programme.

#### 10.4 Programme Boards

A Joint Programme Board, with representation from all partners, will be established comprising all lecturers involved in delivering the programme and ex officio the HQ&AA.

In OTC, it will also include at least one student representative from each year of the programme (with gender balance where possible).

The Joint Programme Board is responsible for monitoring the delivery and development of programmes, and for advising the HQ&AA in this regard.

The specific role, responsibility, authority and operations of Joint Programme Boards are as set out in the College's general QA Document.

#### 10.5 Joint Management Board

A Joint Management Board will be established to oversee and manage the operation of the collaboration, including identifying and addressing Programme Board concerns and issues relating to programme direction and development. It will seek to support academic relationship building and knowledge sharing across the partner institutions, to coordinate delivery and assessment of collaborative programmes, and to identify and address matters of common concern for lecturing staff and students.

Membership will normally comprise OTC's HQ&AA (or nominee), the equivalent executive manager in the partner institutions, the local Programme Director, two representatives nominated by each partner, and, where possible, a student representative from each partner institution.

OTC HQ&AA and the equivalent executive manager in the partner institutions will liaise to convene the meetings of the Joint Management Board. One of them will also act as Chair of the meeting.

The Joint Management Board will meet formally at least twice in each academic year.

The Joint Programme Board Chair will report back to the College Executive Committee on the deliberations, views and recommendations of the Joint Management Board.

The HQ&AA will report to the Academic Council and Director in this regard.

#### 10.6 Academic Collegiality and Liaison

OTC recognises the value and importance of academic liaison at programme lecturer level across partner institutions to support relationship building and knowledge sharing, to coordinate delivery, assessment and development at module level, and to strengthen alignment of academic standards. It will actively encourage programme lecturers to engage in this practice and will support such collegial engagement.

OTC recognises the value and importance of lecturing staff exchange across partner institutions to strengthen alignment of collaborative programme delivery, relationship building, knowledge sharing, co-ordination of effort and assurance of academic standards. It will actively seek to promote this practice and to formally incorporate it into Consortium Agreements.

The Chair of the Joint Programme Board in each partner institution should maintain frequent contact and liaison with the designated Programme Director/Co-ordinator in each partner institution.

#### 10.7 Assessment, External Examiner Arrangements and Examination Boards

It is a requirement of OTC that processes for assessing students are fair and consistent, and comply with QQI standards for the relevant award on the National Framework of Qualifications.

Procedures for access, transfer and progression will also be implemented in accordance with national policy.

The Teaching and Learning strategy for collaborative provision programmes will be specified in the Programme documentation and the means of assessment and assessment standards will be approved within the validation process.

These processes will be subject to annual review within the Joint Programme Board.

External Examiners and the Examination Board (EB) are core elements of Quality Assurance in OTC. The role and responsibilities of each, and related procedures, are set out in the QA Document of OTC. OTC will apply these procedures to all programmes that it delivers leading to QQI awards.

The External Examiners will be appointed by the OTC as Lead Partner, in consultation with the partner institutions, in the normal manner.

Practical arrangements in this regard will be provided for in the Programme Document.

## 10.8 Monitoring, Review, Evaluation and Response Mechanisms

Consortium Agreements and the collaborative provision arising therefrom will be reviewed annually by the Board of Management in the context of strategy implementation and by the Academic Council in the context of the College's QA Policies.

The HQ&AA will report annually to the Director on progress and developments under the Consortium Agreements for which they are responsible.

At Joint Programme Board level, collaborative programmes are subject to the agreed mechanisms for monitoring, review, evaluation and response specified in OTC's QA Document (Policies and Procedures).

Key routine feedback mechanisms that will be utilised will normally include student feedback and annual external examiner reports.

The feedback will be considered by the Joint Programme Board with a view to taking any necessary follow-up actions. Any specific, additional bespoke arrangements that apply will be set out in the Consortium Agreement and/or in the Programme Document.

The Joint Programme Board will prepare an annual report. This will be submitted to the Academic Council through the HQ&AA. It will include an outline of academic liaison activities across partner institutions during the year.

The Joint Management Board will prepare an annual report summarising its deliberations and activities. The report will review and synthesise each partner's experiences in delivery and assessment and the outcomes of the programme. It will also highlight areas of common concern, proposed actions, and future directions which will be submitted to the Academic Council through the HQ&AA, together with the Joint Programme Board report.

Consortium Agreements and related collaborative provision will be formally considered as part of Revalidations and Institutional review.

A collaborative provision Revalidation and validation process will parallel the normal Revalidation process and include a Self- Evaluation Report (Programme Evaluation Report) followed by an independent external peer review.

## SECTION 11: THE PROVISION OF INFORMATION FOR STUDENTS AND FOR THE GENERAL PUBLIC

11.1 The College's website and student portal will be the primary means of information provision for the public and with students. Information relating to the following will be publicly available in printed form and also electronically:

Programme specification and detail;

- Profile of collaborative partner(s) and its/their roles within the Consortium;
- Detailed outline of and rationale for collaborative arrangement;
- Statement of aims and learning outcomes;
- Programme design – modules, learning outcomes, teaching and learning strategy;
- Programme Schedule - contact hours, credit weighting, examination subjects, marks per subject etc;
- Student recruitment strategies and approaches;
- The programme's accreditation/validation status; the award-type, the award name and its placement in relevant frameworks of qualifications;
- Requirements for recognition of prior learning and/or other entry requirements; recognition by regulatory, statutory or professional bodies;
- Information on the proposed programme structure and intended programme learning outcomes; the regulations that apply (including inter alia those governing assessment, appeals and complaints);
- The schedule of study periods to be spent in the individual partner provider institutions (if applicable) in addition to the information required by the 'Policies, actions and procedures for Access, Transfer and Progression for Learners' of the National Qualifications Authority of Ireland and the 2012 Act;
- PEL arrangements;
- Access, transfer and progression arrangements and opportunities for students;
- Academic staff involved with the programme from each partner institution;
- Quality Assurance policies, processes and procedures associated with the collaborative provision and clear statements of accountability;
- Learner assessment strategies and requirements.

## SECTION 12: ADDRESSING DISPUTES, SUSPENSION OR TERMINATION OF COLLABORATIVE AGREEMENTS

12.1 The OTC recognises that disputes may arise in collaborative arrangements. In the spirit of collegiate partnership, all staff members across the Partner Colleges are encouraged to address openly any contentious issues on any aspect associated with the programme in an open and transparent manner, and to seek to resolve the matter in a manner which is as equitable and as efficient as possible. In the event of any dispute arising, it shall be referred to the Directors/ CEOs of the Consortium. Should they prove unable to resolve the dispute between them, it shall be further referred to an independent arbitrator to be agreed between all partners. The decision of the arbitrator shall be final and binding upon all the parties.

12.2. All interactions associated with dispute resolution are conducted by all parties with a view to ensuring each Partner College can fulfil their legal and academic obligations to students registered on the programme.

12.3 However, the OTC also recognises that the suspension and/or termination of a collaborative provision partnership may be necessary in certain exceptional circumstances and reserves the right to suspend or terminate such agreements and arrangements. However, this would only happen in exceptional circumstances and would require the agreement of QQI.

12.4 The type of circumstances where this might be necessary might include situations where:

- the partnership has not delivered the envisaged collaborative provision;
- the partnership is not performing in accordance with the Consortium Agreement;
- there are serious concerns about the quality of provision by a partner;
- serious concerns regarding whether the interests of students are being adequately served;
- a significant deterioration in the financial circumstances of a partner;
- serious breaches of trust;
- ethical concerns emerge.

12.5 Provision for suspension and /or termination of partnerships must be provided for in the Consortium Agreement. This must include PEL arrangements for students and arrangements for other stakeholders in the event of this happening.

## APPENDIX 1.1 - SAMPLE MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING BETWEEN

XXXXXXX AND XXXXXXXX

AND

THE OPEN TRAINING COLLEGE

A Memorandum of Understanding made in xxx on xxx, between xxx, founded in xxx as an independent institution approved by xxx (hereinafter called xxx) and THE OPEN TRAINING COLLEGE.

It is hereby agreed between the parties as follows:

xxx and OTC have agreed to collaborate with each other to form a strategic and beneficial relationship to provide taught programmes of higher education and training leading to awards. The broad nature and purposes of the proposed collaboration are as follows: *[in outline, varying with the particular proposed collaboration.]*

It is understood that both parties have legal authority to enter into discussions and reach agreement regarding collaborative provision. *[Any legal or other constraints on the collaborative activity that may be engaged in by the partners should be declared.]*

The external regulatory framework within which each party operates is as follows: *[the relationship between the parties and relevant awarding bodies, quality assurance agencies, government Ministries, and/or other regulatory agencies to be outlined.]*

The following statutory, regulatory and/or professional body recognition and approval is necessary and/or desirable for the proposed collaborative provision: *[to be outlined if applicable.]*

It is the intention of both parties to enter into a separate and detailed *Consortium Agreement* which will specify the nature, terms and conditions of the proposed collaboration.

Both parties hereby agree that the Consortium Agreement will include, *inter alia*, the following information:

- Names of the consortium partners and designated addresses for communication.
- The legal capacities of the partners.

- The nature of the services to be performed by each partner in the consortium, and their rights and obligations.
  - The programmes to be offered and the award titles to which they lead.
  - The awarding body, the frameworks of qualifications and the awards standards that apply.
  - The period of the agreement.
  - Provision for the renewal and/or expansion of the scope of the agreement.
  - The legal framework for the agreement, including ownership of programmes, jurisdiction, partner liability and mutual indemnification.
  - Specification of relevant external quality assurance agencies, accreditation bodies and government bodies.
  - Intellectual property rights relevant to the collaborative provision.
  - Governance and executive management arrangements.
- 
- a) Declaration of commitment to applying the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*.
  - b) Quality Assurance for the consortium, including provision for oversight and review.
  - c) The Quality Assurance that will apply for programmes, including mode of validation, provision for oversight and review, and sourcing of documents containing the detailed information on the programme quality assurance procedures.
  - d) Declaration of commitment to serving and protecting the best interests of students and graduates.
  - e) Responsibilities of the consortium, of the partner institutions, and of awarding bodies to students.
  - f) Arrangements relating to the enrolment of students.
  - g) Certification of students' achievements, including matters pertaining to professional body recognition where relevant.
  - h) Staffing arrangements.
  - i) Procedures for resolving student and/or staff grievance.
  - j) Financial arrangements, including student fees, measurement and sharing of costs and income, reporting and audit.
  - k) The regulation of information to be provided by the consortium, the partner institutions and/or programme teams to prospective students, enrolled students, external regulatory agencies and other stakeholders.
  - l) The regulation of marketing and advertising.
  - m) Contingency arrangements for fulfilling obligations to students in the event of deficiencies in provision by partner institutions.



- n) Provision for the resolution of disputes arising in respect of the agreement, including any perceived breaches of the agreement.
- o) Provision for the suspension and/or termination of the agreement, and contingency arrangements for students and other stakeholders in this event.

The parties hereto shall appoint representatives to carry out studies of academic, financial and administrative feasibility of entering into the Consortium Agreement contemplated herein and the parties further provide that each party will be liable for their own costs and expenses during the feasibility study process.

The parties shall in good faith continue the feasibility studies contemplated under this Memorandum of Understanding which shall be valid for a period of five (5) calendar years commencing from the date hereof, and the parties may, by mutual agreement between them, extend the feasibility studies for any period beyond the stipulated period which they consider appropriate.

Either party may give three (3) months' notice in writing to the other, of their desire to terminate this Memorandum of Understanding. At the end of the three (3) months period calculated from the date of the said notice, this Memorandum of Understanding shall be terminated.

This Memorandum of Understanding shall be construed as a statement of intent and is not binding on either party. Nothing in the Memorandum of Understanding shall prejudice the right of xxx from establishing similar collaborative arrangement with institutions other than OTC and not prevent OTC from entering into similar relationship with other institutions other than xxx.

In witness whereof the parties hereto have agreed to enter in this Memorandum of Understanding on the date first above written.

<p>Signed by: _____ For and behalf of: _____ Date _____</p> <p>In the presence of: _____</p> <p>Witness Name: _____</p>	<p>Signed by: _____ For and behalf of: THE OPEN TRAINING COLLEGE _____ Date _____</p> <p>In the presence of: _____</p> <p>Witness Name: _____</p>
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_____ Date	_____ Date
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## APPENDIX 1.2 - Indicative Content and Format of a Self-Evaluation Report (SER)

A SER will normally be expected to contain the information listed below, and to include, as agreed details of the College's Strategic Plan, a listing of existing Collaborative Partners, Annual Report and Accounts or such other information as may be deemed appropriate.

### *(a) Background*

- History and development.
- Legal status.
- Location(s).
- Mission and strategic objectives.
- Organisational values and ethos.

### *(b) Profile and range of activities, including existing collaborations or partnerships*

- The nature and scope of activities, including the full range of programme provision and/or other activities.
- Profile of student enrolment, transfer, progression, retention, graduation patterns.
- Existing strategic alliances.
- The nature and scope of collaborative provision partnerships (current, active and previous), national and international.
- The nature and scope of other collaborative partnerships, including for research and community engagement.

### *(c) Governance systems, Organisational Strategy, Organisational Structure*

- I. St. Michael's House Board of Management – composition and functioning.
- II. Executive and Academic management structures.
- III. Strategic planning and management control processes.
- IV. Current strategic directions and initiatives.
- V. Stakeholder relationships, including external reporting.

### *(d) Awarding Authority*

- I. The nature of awarding authority held.

- II. Relationship with relevant awarding bodies, including the nature and standing of that awarding body.
- III. Information about the recognition of any existing collaborative awards by the awarding body and/or other issues relating to collaborative provision.
- IV. A declaration of authority to enter into collaborations, and of the authority of organisation executives in this regard.

*(e) Quality Assurance Policy*

- I. A declaration of support for the proposed collaboration from the relevant awarding authority, if this is required.
- II. Relationship with any relevant professional bodies.

*(f) Regulatory environment and quality assurance*

- I. Identification of relevant regulatory agencies and of current standing with these agencies.
- II. Quality Assurance, policies and mechanisms.
- III. Specific information about any peer review mechanisms, including the role (if any) of external examiners, with particular attention to the procedures for reviewer and external examiner identification, recruitment and appointment.
- IV. Copies of reports on the outcomes of any recent external and internal quality assurance reviews and evaluations, conducted by transnational, national or regional regulatory and/or professional bodies.
- V. Specific information on any quality assurance arrangements relating particularly to collaborative provision.

*(g) Student administration services and supports*

- The nature, scope and resourcing of student services and supports.
- Library facilities and resources.
- ICT facilities and resources.
- The nature and scope of student extra-curricular activities, including clubs and societies.
- Sporting and other facilities.
- Staffing Profile.
- Staff numbers, categories, qualifications.
- Staff development, including resourcing.

- Information about academic staff (outline CVs including publications) likely to have direct involvement in the proposed collaborative provision.

*(h) Financial performance, position and prospects*

- Most recent accounts (under the terms of the non-disclosure agreement) and the last set of published accounts.
- Formal declaration of solvency.
- Formal declaration of commitment of adequate resources to the proposed partnership.
- Tax clearance certificate.

### Appendix 1.3: GLOSSARY OF TERMS

Term	Definition
Award	A qualification conferred, granted or given by an awarding body and/or institution to record that a student has acquired a particular standard of knowledge, know-how skill and/or competence.
Awarding Body	An organisation that makes awards.
Award Standards	Award standards describe the learning, in terms of knowledge, skill and/or competence that is to be acquired by learners before an award may be made. The awards standards describe the learning required to pass.
Collaborative Provision	Two or more providers being involved by formal agreement in the provision of a programme or programmes of higher education and training leading to an award.
Consortium Agreement	A formal and legally binding inter-institutional agreement concluded and signed by two or more partners in respect of providing, procuring or arranging higher education programmes or other activities. It sets out the programme specific governing framework for the consortium's collaborative provision. The signing of a Collaborative Agreement is a pre-condition for collaborative provision.
Delegated Authority	Authority delegated to providers of education and training to make awards as per Sections 52 and 53 of the <i>Qualifications and Quality Assurance (Education and Training) Act 2012</i> .
Due Diligence	Undertaking enquiries about a prospective collaborative and/or transnational arrangement to inform a decision on whether to proceed or not.
Joint Award	A Joint Award should be understood as referring to a higher education qualification issued jointly by at least two or more higher education institutions or jointly by one or more higher education institutions and other awarding bodies, on the basis of a study programme developed and/or provided jointly by the higher education institutions.
QQI	QQI was established on 6 November 2012 under the <i>Qualifications and Quality Assurance (Education and Training) Act 2012</i> . It was established as an integrated agency replacing four bodies that previously existed (HETAC, FETAC, NQAI and

	the IUQB) and assumed, inter alia, their awarding and quality assurance responsibilities.
Proposer	The proposer is responsible for guiding a proposed partnership through the establishment and approval process, including liaison with prospective partners. Subsequently, the proposer will be responsible for bringing proposed collaborative provision programmes through the validation process.
Transnational provision	The provision of a programme of education, or part of a programme, in more than one country. It does not necessarily involve collaborative provision.
Validation	The process by which an awarding body will satisfy itself that a student may attain knowledge, know-how and skill, and/or competence, in taking a proposed programme, for the purpose of an award made by the awarding body.

## APPENDIX 2: FET – DIFFERENTIAL QA

### 1. GRADING SCHEME FOR FET ASSESSMENTS

The grading scheme used by the College in relation to Level 5 and 6 (FET) programmes is as follows:

80-100%	Distinction
65-79%	Merit
50-64%	Pass
0-49%	Unsuccessful

### 2. No Penalties for late or subsequent submissions of FET assignments

It is contrary to QQI guidelines that assessment materials which are submitted late are penalised within the marking scheme. The guidelines indicate that the work is either accepted or not subject to the provider's own procedures on compassionate considerations or extenuating circumstances. This provision will need to be revised. Please see Quality Assuring Assessment Guidelines for Providers 2013 section 3.2.3.

3. The following are derogations from the QA regarding externally moderated Examination Boards, as presented for HET programmes.

Procedure Title:	B 6.7.1 Internal Verification	Version: 1.4	Date: June 2017
Method(s) used to carry out this procedure	Who does it	Evidence generated by this procedure	
The Internal Verification report is provided to the External Authenticator, when appropriate, prior to their visit, to review the findings/outcomes.	Programme Coordinator	Checklist for the provision of information to the External Authenticator External Authenticator's pack. Minutes of the Results Approval Panel meeting	
The Internal Verification report is provided to the Results Approval Panel to review the findings/outcomes.	Programme Coordinator Academic Manager	Agenda and minutes of the Results Approval Panel meetings	

Where the same programmes are delivered, with the same assessors, within the same year (an EA visit having taken place within that year), the Internal Verification report will be provided to the internal Results Approval Panel (RAP).	Programme Coordinator Academic Manager Relevant Admin. staff	Agenda and minutes of the Results Approval Panel meetings
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------------------

Procedure Title:	B 6.7.2 External Authentication	Version: 1.4	Date: June 2017
Method(s) used to carry out this procedure	Who does it	Evidence generated by this procedure	
The External Authenticator (when appropriate) sits on the Results Approval Panel.	External Authenticator	OTC Guidelines for the Results Approval Panel meeting Records of communication with the External Authenticator (to confirm availability) Agenda and minutes of the Results Approval Panel meeting	

For FET programmes, the examination board is referred to as the Results Approval Panel. This changes in the 2018/19 academic year with the introduction of programme and examination boards.



## APPENDIX 3: RISK MANAGEMENT POLICY INFORMATION

### 3.1

Classification of risk appetite Classification	Description
Averse	Avoidance of risk and uncertainty is a key College objective
Minimalist	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward
Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.)
Hungry	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk

### 3.2

Components of the Risk Register Field	Description
Id	Unique identifier for the risk
Category	The type of risk e.g. financial, operational
Risk Description	A short description of the uncertain event and the consequences should it materialise
Owner	The senior member of the team with responsibility for managing the risk
Probability (pre mitigation)	The likelihood of the risk happening before any additional action (control) is taken (see Appendix 3)
Impact (pre mitigation)	The effect of the consequences should the risk occur before any additional action (control) is taken (see Appendix 4)
Gross Risk Level	The initial rating of the risk without any additional controls based on the Gross Risk Score
Gross Risk Score	Probability x impact score pre mitigation (see Appendix 5)
Proximity	The earliest the risk is likely to occur
Risk Causes	The events or circumstances which may trigger the risk
Mitigating Actions	The current or intended actions with target completion dates to reduce the probability and/ or impact of the risk
Probability (post mitigation)	The likelihood of the risk happening after the identified mitigating actions have been implemented (see Appendix 3)
Impact (post mitigation)	The effect of the consequences should the risk occur after the identified mitigating actions have been implemented (see Appendix 4)

Net Risk Level	The rating of the risk after the mitigating actions based on the Gross Risk Score
Net Risk Score	Probability x impact score post mitigation (see Appendix 5)
Status	Open / Closed / New
Response Category	Terminate / Transfer / Treat / Tolerate
Escalation level	The level to which the risk is escalated (including Executive and Council

### 3.3

Risk Probability Criteria Scale		Description	Criteria
Very High	Highly Likely	>75%	3 out of 4 or more frequently
High	Probable	51-75%	1 in 2 chance (50-50) to 3 out of 4
Medium	Possible	26-50%	1 in 4 chance to 1 in 2 (50-50)
Low	Remote	6-25%	1 in 20 chance to 1 in 4
Very Low	Very Remote	<5%	1 in 20 chance or less frequent

### 3.4

#### APPENDIX 4 – Risk Impact Criteria (Threat / [Opportunity])

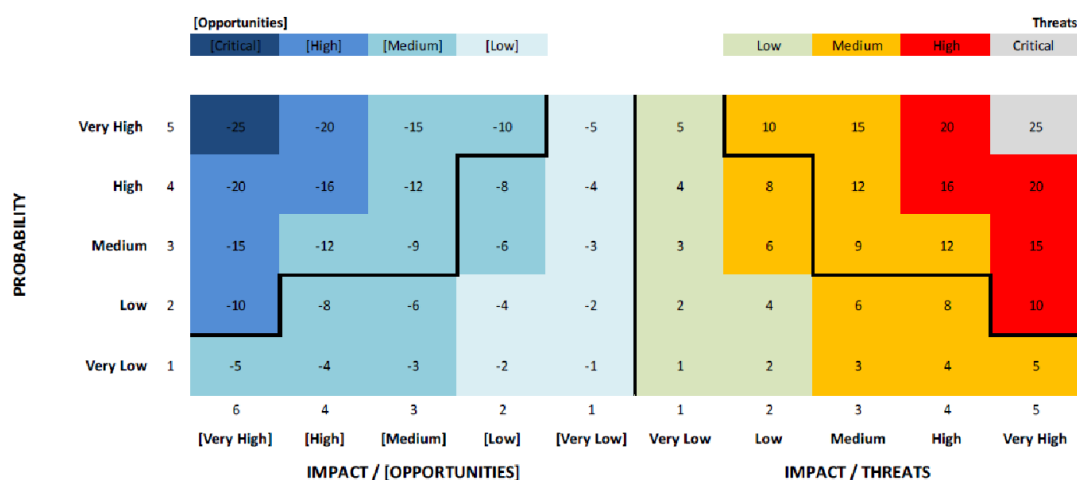
3 Descriptors relate mostly to threats unless specifically included in [ ] for opportunities; otherwise, for opportunities the descriptors should be interpreted as preventing the stated threat (e.g. bring project forward by x weeks) 4 Relates primarily to significant projects or change programmes

Criteria								
Scale	Description	Strategy and Policy	Financial	Operational Performance / Business Continuity	Student Experience	Reputation	Legal / Regulatory Compliance / Governance / Health & Safety	Programme / Projects (Time / Benefits) 4
Very High	Catastrophic	Prevents successful achievement of several strategic priorities resulting in strategy needing to be revised.	Impact on budget or additional expenditure / [income]: Capital > €50000 Revenue > €50000 recurrent	Loss of major customer / contract / partnership / bid. Inability to deliver core service resulting in stopping delivery of programmes. Interruption of critical services > 48 hours.	Severe impact affecting large numbers of students which will have a significant effect on College intake and/or retention.	Severe level of criticism / [praise] in national press. Permanent impact on student recruitment; irreparable damage to relationships with funding bodies and significant partners. > 12 months to restore level of credibility.	Major legislative breach resulting in suspension of business. Multiple major irreversible injuries or deaths of staff, students or members of public.	> 12 months Failure to deliver more than one of the major benefits
High	Major	Prevents successful achievement of one strategic priority resulting in parts of strategy needing to be revised.	Impact on budget or additional expenditure / [income]: Capital €25000 - Revenue €25000 - €50000 recurrent	Loss of mid-sized customer / contract / partnership / bid. Inability to deliver core service resulting in noticeable loss of performance affecting ability to deliver programmes. Interruption of critical services > 24 hours.	High impact affecting large number of students which will have a significant effect on overall College intake and/or retention.	College criticised / [praised] in national press. Long term impact on student recruitment, relationship with funding bodies or partners. Recoverable within 6 months.	Serious legislative breach resulting in intervention, sanctions and legal action. Major irreversible injury or death of staff, student or member of public.	6 to 12 months Failure to deliver one of the major benefits

Medium	Moderate	Restricts ability to achieve one or more strategic priorities requiring some modification to parts of strategy.	Impact on budget or additional expenditure / [income]: Capital €50000 €10k - €50k recurrent	Loss of minor customer / contract / partnership / bid. Moderate disruption to some services resulting in temporary loss of performance affecting some programmes. Interruption of critical services > 12hours.	Moderate impact affecting local programme area which will have a material impact on the College intake and/or retention.	College criticised / [praised] in local press. Medium term impact on student recruitment, relationship with funding bodies or partners. Recoverable within 1 month.	Significant legislative breach resulting in investigation. Major reversible injury to staff, student or member of public. Not life threatening.	1 to 6 months Significant reduction in more than one benefit
Low	Minor	Impacts on some aspects of one or more strategic priority but not significant enough to require modifying the strategy.	Impact on budget or additional expenditure / [income]: Capital €10k - - €50k Revenue €5k - €10k	Unhappy customer / partner. Loss of potential new customer / contract / bid. Manageable disruption to some services resulting in no loss of performance but requiring additional staff and interim working arrangements. Interruption of critical services > 6 hours.	Minor impact affecting several programmes / large group of students but which is unlikely to have a material impact on the College intake and/or retention.	Programme / discipline area criticised / [praised] in local press. Short term disruption to student recruitment, relationships with funding bodies or partners. Recoverable within 1 week.	Moderate impact leading to warning. Some minor reversible injuries.	1 to 4 weeks Significant reduction in one of the benefits
Very Low	Insignificant	Impacts on minor part of one strategic priority but not significant enough to require modifying the strategy.	Impact on budget or additional expenditure / [income]: Capital < €10k Revenue < €5k recurrent	Disruption to potential customer / contract / bid. Manageable disruption to minor services resulting in no obvious loss of performance. Interruption of critical services > 3 hour.	Minor impact affecting single programme but which is unlikely to have a material impact on the College intake and/or retention.	Negligible criticism / [praise] in specialist local press. Negligible impact on student recruitment, relationship with funding bodies or partners. Fully recoverable within 1 day.	Minor impact. No reprimand, sanction or legal action. Some superficial injuries.	< 1 week Minor reduction in one of the benefits

### 3.5

#### APPENDIX 5 - Probability Impact Matrix (and Risk Scores)



### 3.6

APPENDIX 6 - Risk Governance Body / Role	Responsibilities	Review of Risks
Academic Council and SMH Board	<p>Overall responsibility for risk management within the College, specifically:</p> <ul style="list-style-type: none"> <li>Endorses the College's Risk Management Policy;</li> <li>Determines the Collegial risk appetite;</li> <li>Provides a strategic focus to the management of risk, ensuring that the identification of risk is integrated and aligned to the key strategic objectives;</li> <li>Endorses major decisions affecting the College's risk profile or exposure;</li> <li>Satisfies itself that less significant risks are being effectively managed and controlled;</li> <li>Annually reviews the College's approach to risk management and approve changes or improvements to its process.</li> </ul>	<p>Review the most significant risks (approx. top 10)</p> <p><i>Frequency: quarterly</i></p>
College Directorate	<p>On behalf of Board and Academic Council:</p> <p>Keeps under review the integrity and effectiveness of the College's risk management framework, alerting SMH Board and Academic Council to any emerging issues.</p> <p>Produces an annual report for SMH Board and Academic Council on the adequacy and effectiveness of the College's risk management, control and governance arrangements in advance of SMH Board and Academic Council approving the audited financial statements.</p>	<p>Review the most significant risks (approx. top 10)</p> <p><i>Frequency: each meeting</i></p> <p>Reviews the full risk register annually</p>

Senior Managers and Programme Directors	<p>Senior Managers and Programme Directors have responsibility for implementing the Risk Management Policy, specifically:</p> <ul style="list-style-type: none"> <li>To implement the policy on risk management within their remit.</li> <li>To identify, evaluate and control risks within the College, including emerging risks, and allocate responsibility for the control mechanisms.</li> <li>To ensure that the procedures are embedded within the day-to-day management of the College.</li> <li>To ensure that there is ownership of risk management and internal controls throughout the College.</li> <li>To ensure that there is adequate training and resources to ensure that the policy can be implemented.</li> <li>To report to the Directorate on significant and emerging risks during the year.</li> <li>To ensure that the process of day-to-day risk management is adequately documented, including disaster recovery plans.</li> <li>To oversee regular reviews of the College's approach to risk management and its effectiveness.</li> </ul>	As required
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### 3.7 – Risk Register template

Name Of School/Service:					Date:				Risk Owner:				
Risk ID	Risk Description	Risk Owner	Strategic KPI	Current internal Controls, (provide details of how you current manage the risk)	Assessment of Risk			Describe what further <u>actions</u> you will take to reduce the Impact/Likelihood should the risk become an issue. State who is the risk owner for each action	Last Review Date		Next Review Date	Current Status	Overall Indicato
					Impact (1-3)	Likelihood (1-3)	Score		RMC	UMTS			
U 1	Reduction in the ability to deliver core functions due to the decrease in the base funding allocation	CFO / Bursar		1. Devolved budgets for Pay and non Pay Expenditure 2. Employment Control Framework/ targets set for budget holders 3. Delegated purchasing authorities 4. Revised Travel & Expense approvals within Agresso 5. Monthly Reporting & Variance Analysis 6. Income Generating Group	2.67	2.67	7.13	UPDATED March 2012  1. Tight financial control 2. Communication strategy for cost savings awareness + continuing cost reduction programme 3. Intensify lobbying and public awareness 4. Proactive management of head count 5. Input to/ influence national strategy on 3rd level 6. Implement cost savings 7. Greater inter-institutional interactions to share costs 8. Improve procurement to reduce expenditure—greater focus internally on procurement and value for money – now part of Operational Plan 9. Delay capital projects until fully funded 10. Income generation initiatives 11. Further amendments to travel policy 12. Advising College Executive teams on need to deliver on key budgets 13. Regular reporting against budget	28/01/2010; 24/06/2010; 26/11/10; 24/06/11	11/11/2010; 09/07/11; 10/11/11			

## APPENDIX 4: FACILITIES CHECKLIST

### Health & Safety Checklist:

Venue :

Date :

Area	Satisfactory	Unsatisfactory	Action taken
1. Venue accessible			
2. Fire exits free from obstruction			
3. Fire exits functional (no locked doors)			
4. Ventilation – windows can be opened/closed			
5. Comfortable working temperature			
6. Room - clean tidy and fit for purpose			
7. Toilets accessible			
8. Adequately hygienic toilet facilities			
9. Aisles and working areas uncluttered			
10. Appropriate lighting			
11. Appropriate seating			
12. Adequate space for number of people			
13. Electric flexes stowed safely			

EQUIPMENT RETURNED:	PROJECTOR: _____  LAPTOP: _____	WIRELESS PRESENTER: _____	TROLLEY: _____  –
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Public Liability Details and H&S confirmation	Venue & Conferencing Rep	Health & Safety Representative
Yes	Name XXXXX Marino Institute of Education, Conference Centre, Griffith Avenue, Dublin 9.	Name XXXXX
Yes	Name XXXXX An Cuan, Cope Foundation, Montenotte, Cork	Name XXXXX
Yes	Name XXXXX Woodlands Conference Centre, Bros of Charity, Woodlands, Renmore, Co. Galway	Name XXXXX
Yes	Name XXXXX Walkway's, Unit 7C, Riverview Business Park, Nangor Road, Dublin 12	Name XXXXX
Yes	Name XXXXX Conference Room, Sunbeam House Services, Cedar Estate, Killarney Road, Bray	Name XXXXX
Yes	Nua Healthcare Services, Johns Lane, Naas, Co. Kildare	Name XXXXX




## APPENDIX 5: LIST OF CLIENT AGENCIES

- 24 Hour Care Service Ltd
- Ability West
- Acquired Brain Injury Ireland
- Action South Kildare
- Advocates for Personal Potential
- Alzheimer Society of Ireland
- An Cuan
- Ann Sullivan Centre
- Anne Le Roy Centre
- Ardaoibhinn Centre
- Aoibhneas Women's Refuge
- Aspire
- Assisi Ltd
- Autism Spectrum Disorder Initiatives (ASDI)
- Ballyboden CHSE
- Ballyfermot Local Employment Scheme
- Ballymun Home Support Services Ltd.
- Beechpark Autism/ASD Services
- Bray Lakers
- Bray Local Employment Scheme
- Brothers of Charity Services Ireland
- Camphill Communities
- Cara Cheshire House
- CARI Foundation
- Carlow Access Movement
- Carlow Area Supported Employment
- Carlow Centre for Independent Living
- Carmona Services
- Carriglea Cairde Services (formerly Sisters of the Bon Sauveur)
- CASA - Caring and Sharing Association
- Catherine McAuley School
- Cavan Partnership
- Cavan/Monaghan Disability Services
- Central Remedial Clinic
- Cheeverstown House
- Cheshire Homes
- Children's Sunshine Home
- Childvision
- City of Cork Adult Guidance Service
- Clann Mor
- Clare Care
- Co-Action, West Cork
- Connect Employment
- Contact Care
- Cope Foundation
- Cork Association for Autism
- Cork City Adult Guidance Service
- CPL Healthcare
- Cregg House Services
- Curragh Lawn Nursing Home
- Damien House Services
- Dara Residential Services
- Daughters of Charity of St Vincent de Paul
- Department of Family Affairs
- Deaf Hear
- Delta Centre
- Disability Action
- Disability Employment Network
- Disability Federation of Ireland
- Disabled People of Clare
- Drogheda Women & Children Refuge
- Drumlin House Training Centre
- Dublin South Supported Employment
- Employability Service
- Enable Ireland
- Errigal Truagh Special Needs Ltd
- EVE Holdings
- Festina Lente Foundation
- First Employment Services
- Focus Ireland
- Galro Ireland
- Galway County Association
- Gheel Autism Services
- Grow Ireland
- Hawthorn Services for Intellectual Disability
- Headway Ireland
- Health Service Executive (HSE)
- Home Instead Senior Care
- Homecare Independent Living
- Inclusion Ireland
- Innovation Wexford

- Irish Association for Supported Employment
- Irish Social Firms Initiative
- Irish Society For Autism
- Irish Wheelchair Association
- Job Matters
- KARE
- Kerry Parents and Friends
- Kerry Residential Childcare Services
- Kildare Coalition Supported Employment Ltd
- Kildare Local Employment Scheme
- Kilkenny Carers Support Services Ltd
- Kilkenny/Carlow Area Supported Employment
- Knightsbridge Nursing Home
- Lámh Development
- L'Arche
- Laois Consortium of Supported Employment
- LauraLynn Children's Hospice
- Le Cheile
- Lifeline Ambulance Service
- Limerick Employment Scheme
- Limerick Youth Services
- Local Employment Services Network
- Lorrequer House
- Lough Sheever Centre
- Mayo Local Employment Scheme
- Meath Supported Employment Services
- Mencap
- Menni Employment Services
- Merchants Quay Ireland
- Midland Employment Support Agency
- Midland Health Board
- Midway Services
- Monaghan Local Employment Scheme
- Monaghan Supported Employment
- Moore Abbey
- Moorehaven
- Mount Tabor Care
- NAMHI-National Association for the Mentally Handicapped of Ireland
- National Association for the Deaf
- National Association of Housing for Visually Impaired
- National Council for Special Education
- National Council for the Blind of Ireland
- National Learning Network
- National Training & Development Institute/Rehab Care
- Navan Employment Development Project
- North Eastern Health Board Disability Services
- North Western Health Board
- Nua Healthcare Services
- Oak House Resource Centre
- Offaly Centre for Independent Living Ltd.
- Order of Malta Regional Services Drogheda Ltd
- Our Lady of Lourdes Hospital
- Parents and Friends, Carrickmacross
- Peacehaven Trust
- Peamount Healthcare
- Platinum Clubhouse
- Positive Care Ireland
- Praxis Care
- Prosper Fingal
- Prosper Meath
- Ravara
- Redwood Extended Care Facility Ltd.
- Rehabcare
- Roscommon Supported Employment Services
- Rural Community Caring Network
- SOS. Kilkenny
- Sapling School
- Schizophrenia Ireland
- School of the Holy Spirit
- Simplicitas
- Sisters of La Sagesse
- Sisters of Charity of Jesus and Mary
- Sli Eile Support Services
- Solis Trust
- South Western Area Health Board
- Spina Bifida Hydrocephalus Ireland
- Spinal Injuries Ireland
- St Aidan's Association
- St Catherine's Association

- St Christopher's Association
- St Clare's Special Needs School
- St Cronan's Association
- St Ita's, Portrane
- St John of God's Roscrea
- St Joseph's Foundation
- St Joseph's School for the Visually Impaired
- St Louise's Centre
- St Margaret's Centre
- St Mary's, Phoenix Park
- St Michael's House
- St Patrick's, Upton
- St. Paul's Hospital & Special School
- St Raphael's Celbridge
- Steadfast House
- Step Enterprises
- Stewarts Care Ltd
- Stewarts Hospital
- Sunbeam House Services
- TACA
- TEAM (Temporary Emergency Accommodation Mullingar)
- The Carers Association
- The Orchardville Society
- The Red Door School
- Three Steps Ltd
- Tipperary Training Centre
- Tralee Community Development Project
- TTM Healthcare
- TURAS
- Walk
- Western Care
- Wexford Community Workshops
- Wexford Consortium for Supported Employment
- Wicklow Supported Employment Network
- Windmill Therapeutic Training Unit
- Work Start West Cork

## APPENDIX 6: UPDATED HR POLICIES 2017
























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### Updated HR Policies 2017

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<b>Updated Dignity at Work Policy</b>  <a href="#">20091106 TL Updated Dignity at Work Policy.pdf</a>	<a href="#">Details</a>	<a href="#">Download</a>
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<b>Updated Annual Leave Policy</b>  <a href="#">Updated Annual Leave Policy.pdf</a>	<a href="#">Details</a> <a href="#">Download</a>
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<b>New Sick Leave Fact Sheet for Line Managers</b>  <a href="#">New SMH SICK LEAVE GUIDE SHEET for Line Managers.pdf</a>	<a href="#">Details</a> <a href="#">Download</a>
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<b>Employee Health &amp; Wellbeing Policy</b>  <a href="#">20180509 Final Employee Health Wellbeing Policy.pdf</a>	<a href="#">Details</a> <a href="#">Download</a>
<b>Referral of St. Michael's House Employees to Occupational Health</b>  <a href="#">20180509 Final 4.7. Referral of SMH Staff to Occ Health.pdf</a>	<a href="#">Details</a> <a href="#">Download</a>
<b>Substance Use and/or Abuse Policy</b>  <a href="#">20180509 4.6 Substance Use and or Abuse.pdf</a>	<a href="#">Details</a> <a href="#">Download</a>
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## APPENDIX 7: SMH DISCIPLINARY POLICY

### 3.3

### Disciplinary Policy and Procedures

## 3 Dignity at Work

### 3.3 DISCIPLINARY POLICY AND PROCEDURES

#### Pre-procedure stage - Informal Counselling

Counselling is an informal method of dealing with shortcomings in an employee's attendance, work or conduct without invoking the disciplinary procedure. The objective of the counselling interview is to alert the employee to his/her shortcomings and to decide what measures should be taken to bring about the required improvements.

The following principles apply when conducting counselling interviews:

- The employee shall be given precise details of the specific aspects of his or her attendance, work or conduct that require improvement.
- The employee shall be given an opportunity to respond to complaints and careful consideration shall be given to any explanations given.
- Having made the employee aware of deficiencies in his/her attendance, work or conduct, the immediate Line Manager shall identify any measures that can be taken to assist the employee and formulate an action plan for achieving the required improvements.
- Details of the counselling interview and any followup action agreed shall be recorded and retained by the Line Manager and a copy issued to the employee.

#### Procedural Stages - Formal

Where a staff member's conduct, attendance or work does not meet the required standards despite informal counselling, the matter will be dealt with under the formal disciplinary procedure. Guidelines on conducting a disciplinary hearing are set out at the end of this policy.

#### The stages of the disciplinary procedure are as follows:

##### **Stage 1 Oral Warning**

A staff member whose work/conduct/attendance falls below the required standards, will normally be issued with a formal oral warning by his/her immediate Line Manager for a period of **six** months. A disciplinary meeting should be convened, at which the Service Manager may attend in the capacity of witness and to ensure procedural fairness prevails. The immediate manager shall advise the staff member of the precise nature of the complaint, the improvements required and the timescale for improvement. He/she will be advised that the warning constitutes the first stage of the disciplinary procedure and failure to improve may result in further disciplinary action under Stage 2 of the disciplinary procedure. A record of the warning will be kept on the staff member's personnel file and will be disregarded for disciplinary purposes after **six** months, subject to satisfactory improvement during this period.

**Stage 2 Written Warning**

If the employee fails to make the necessary improvements or if the poor attendance/work/conduct is more serious than that which would mean an oral warning, he/she will normally be issued with a formal written warning by his/her Line Manager's immediate superior (usually a Service Manager) which will be valid for a period of **nine** months. During the disciplinary meeting the Line Manager will present the case and the Service Manager, acting as Chairperson will determine if disciplinary action is necessary and if so, if a written warning is appropriate. The written warning will give details of the complaint, the improvements required and the timescale for improvement.

The staff member will also be advised that failure to improve may result in the issuing of a final written warning under Stage 3 of the disciplinary procedure. The warning will be disregarded for disciplinary purposes after **nine** months, subject to satisfactory improvement during this period.

**Stage 3 Final Written Warning**

If the employee fails to make the necessary improvements, he/she will normally be issued with a final written warning by the Regional Administration Manager, valid for a period of up to twelve months (this period may be extended in exceptional circumstances). During the disciplinary meeting, the immediate Manager or Service Manager will present the case and the Administration Manager, acting as Chairperson will determine if disciplinary action is necessary and if so, if a written warning is appropriate.

The warning will give details of the complaint, the improvements required and the timescale for improvement. The employee will be advised that failure to improve may lead to dismissal or some other sanction short of dismissal under Stage 4 of the disciplinary procedure. The warning will be disregarded for disciplinary purposes after the specified period, subject to satisfactory improvement during this period.

**Stage 4 Dismissal or action short of dismissal**

Failure to meet the required standards of work, conduct or attendance following the issuing of a final written warning may result in a decision to dismiss by the Regional Director. Alternatively, the Regional Director may decide to impose a disciplinary sanction short of dismissal. During the disciplinary meeting the Service Manager and/or Administration Manager will present the case and the Regional Director, acting as Chairperson, will determine what disciplinary sanction is appropriate e.g. dismissal or a sanction short of dismissal.

## 3 Dignity at Work

### **Serious Misconduct**

The following are some examples of offences for which the progressive stages of the disciplinary procedure would not apply and which may result in dismissal without notice. (This list is not exhaustive)

- Theft.
- Deliberate damage to property.
- Fraud or deliberate falsification of documents.
- Gross negligence or dereliction of duties.
- Gross insubordination.
- Incapacity to perform duties due to being under the influence of alcohol, unprescribed drugs or misuse of prescribed medication.
- Serious breach of health and safety rules.
- Serious abuse of telephone, e-mail and other facilities.
- Serious breaches of confidentiality.
- Serious bullying, sexual harassment or harassment against a member of staff.
- Violent behaviour towards a member of staff, client or member of the public.
- Sexual assault.
- Downloading/disseminating pornographic material from the Internet.
- Circulation of offensive, obscene or indecent e-mails.
- Immoral, indecent or abusive conduct.
- Professional Misconduct.
- Striking or threatening to strike or injure a client or another staff member/person.
- Refusal to carry out reasonable instruction.
- Leaving your place of work without authorisation.

### **In all cases of alleged serious misconduct, a full investigation will be carried out to establish the facts in accordance with the following principles:**

- The investigation will be conducted thoroughly and objectively and with due respect for the rights of the employee to natural justice, including the presumption of innocence.
- The investigation will be governed by clear terms of reference.
- Every effort will be made to carry out the investigation without undue delay and to adhere to the agreed timescales. However, the timescales may be extended in exceptional circumstances e.g. due to unavailability of key witnesses or the need for further investigation.
- The employee will be advised of the right to be accompanied by a Union Representative or work colleague throughout the investigation.



- It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness.

The employee may be suspended with pay pending the outcome of the investigation. Suspension with pay is a precautionary measure and not a disciplinary sanction. Suspension will only be imposed after careful consideration and alternative measures, such as reassigning the employee to suitable alternative duties, pending the outcome of the investigation.

On completion of the investigation, the investigator(s) will submit a written report of their findings and recommendations to senior management and the employee. If the outcome of the investigation is that there is a reasonable belief that the employee is guilty of the alleged misconduct, a disciplinary hearing may be convened under Stage 4 of the disciplinary procedure to determine the appropriate disciplinary sanction.

### Appeals Procedure in the Case of Dismissal

An employee who wishes to appeal against a decision may do so within **seven** working days of notification of the decision. The appeal must be in writing to the relevant person stating the ground(s) on which the appeal is being made.

### To whom should the appeal be made

Appeals on sanctions other than dismissal should be made to the relevant Regional Director.

**Note:** In Shared Services the appeal should be made to the Deputy CEO.

Appeals in cases of dismissal should be made to the CEO.

An appeal hearing is not intended to repeat the investigation process, but to address specific issues which the employee feels have received insufficient consideration, such as:

- Mitigating circumstances.
- Procedural deficiencies.
- Severity of the sanction imposed.

The appeals hearing will normally be held within **ten** working days of the appeal being lodged. The Regional Director will hear all appeals within his/her region and his/her decision shall be final.

### 3 Dignity at Work

**Where an appeal against dismissal fails, the effective date of termination shall be the date on which the employee was originally dismissed.**

An employee who feels that he/she has been unfairly dismissed may refer a case under the Unfair Dismissals Acts, 1977-2001 within six months of the date of dismissal.

#### Guidelines for Managers on Conducting a Disciplinary Hearing

Decisions regarding disciplinary action will only be taken following a disciplinary hearing at which the employee is afforded an opportunity to respond to the complaints and make representations. The following guidelines apply to disciplinary hearings at all stages of the procedure:

##### **Notification Requirements**

The employee should be notified that he/she is required to attend a disciplinary hearing under the formal disciplinary procedure. The employee should be advised of:

- the reason for the hearing,
- the right to representation.

The employee should be given sufficient notice of the hearing to enable him/her to arrange for representation and prepare a response.

The following information should be confirmed in writing:

- The time and place of the hearing.
- The status of the meeting (i.e. that it is a formal disciplinary hearing under the Agency's disciplinary procedure).
- The precise nature of the complaint.
- Attach a copy of any documentation that may be relied upon at the hearing (e.g. timekeeping/attendance record).
- The right to be accompanied by a Union Representative or work colleague.

##### **Role of the employee representative**

The employee representative has an important role to play in supporting the employee and is entitled to assist the employee in presenting his/her case and make representations on his/her behalf. The employee may confer privately with his/her representative if requested.

### Conducting a Disciplinary Hearing

The purpose of the disciplinary hearing is to allow the employee to respond to the complaints before deciding whether disciplinary action is warranted. The Manager conducting the hearing must not prejudge the outcome of the meeting and is required to assess each case on its merits, prior to reaching a decision regarding disciplinary action.

The disciplinary hearing shall follow a structured format as follows:

The following agenda is provided as a guide, to be used in all formal disciplinary hearings as required at Stages 2 to 5.

STANDARD AGENDA FOR DISCIPLINARY HEARING.	
Action	Actioned by:
<b>Introduction</b> Introduce members present. Confirm that meeting is taking place under Formal Disciplinary Policy. Confirm that those present have had adequate time to prepare. Ensure that employee is aware of right to representation. Advise of format of meeting Read out allegation/complaint from copy of letter to staff member advising of meeting. Confirm acceptance and understanding of process at this stage. Hand over to Chairperson. Outline specific requirements, housekeeping etc. Invite Line Manager/ Service Manager to outline allegation.	Human Resources Representative  (Line Manager in case of informal counselling stage and at Stage 1. Service Manager/ Human Resources representative at Stage 2).
<b>Allegation</b> Outline the nature of the complaint, providing supporting evidence etc.	line Manager/Service Manager
<b>Response</b> The employee responds to the charges and presents his/her defence.	Employee/Employee representative
<b>Cross questions</b> Chairperson may facilitate cross-questioning by Line Manager and/or employee/representative.	Chairperson

### 3 Dignity at Work

Action	Actioned by
<b>Summarise</b> Seek clarification of facts and information in mitigation or aggravation of the case.	Chairperson
<b>Adjournment</b> The Chairperson may adjourn the meeting for a number of minutes/hours/days or weeks, depending on the complexity of the issue. During the adjournment, he/she considers the facts of the case and determines guilt or innocence of the allegation, based on the balance of probability. Depending on decision, Chairperson will consider the appropriate disciplinary sanction or corrective action in the form of further training and/or support. The Chairperson may be required to consult with the Regional Director or the CEO if considering the sanction of dismissal.	Chairperson
<b>Reconvene</b> Inform parties of outcome and decision, which could include: <ul style="list-style-type: none"> <li>- A formal warning (and other disciplinary sanction where appropriate).</li> <li>- No further action on the grounds that the employee has given a satisfactory explanation of events or there were strong mitigating circumstances.</li> <li>- Non-disciplinary action, e.g. arrange for the employee to receive coaching/training and set targets for improvement.</li> </ul> Agree to an appropriate time frame to review conduct/ performance and to provide support to employee.  Advise the Staff Member during the disciplinary meeting of the consequences of lack of improvement or further breach of conduct (i.e. next phase in disciplinary process). Detailed notes to be sent to Human Resources for Personnel file. Confirm in writing to employee. Copy of letter to go on file.	Chairperson/Manager Human Resources representative
Implement sanction	Line Manager/Human Resources representative

A Human Resources Representative should attend disciplinary hearings at Stages 2-4 to ensure that the procedure is followed and that natural justice prevails. He/she may assist the Chairperson in note taking and in considering the details of the case within the Disciplinary Policy.

### Disputes

All parties involved are obliged to resolve issues through exhaustive use of the disciplinary procedures. During the period in which the above procedure is being followed, no strike, lockout, walkout, sit-in, go-slow, or any other form of industrial action designed to bring pressure to bear on either party will take place, until all avenues as prescribed in this policy have been followed by other parties, and at least 14 days have elapsed following the issue of a Labour Court Recommendation, or a determination of the Employment Appeals Tribunal. Any industrial action will require that either party give the appropriate statutory notice required.

In the event of any issues arising which cannot immediately be disposed of, and which are being processed in accordance with the above procedure, normal working – under protest if necessary – will continue, pending a settlement.

### Warnings

The primary purpose of a warning is to give the employee an opportunity to make the required improvements whilst making clear the consequences of failing to do so. A warning (oral or written) should convey the following information:

- The stage of the disciplinary procedure which has been invoked.
- Details of the unsatisfactory conduct or work standards.
- Details of the improvements required.
- Measures to assist the employee (e.g. training or coaching).
- Timescale for reviewing progress.
- Duration of the warning.
- What further action will be taken if the employee does not make the necessary improvements, or if there are further instances of unsatisfactory work/conduct during this period.

A record will be kept on the employee's file of all warnings – both oral and written – issued under the disciplinary procedure.

