4.1 Policy for the Quality Assurance and Enhancement Framework

QA Area (s)	• Documented Approach to QA • Governance and Management of Quality • Programmes of Education and Training
Applies to	☐ Staff only ☐ Learners only ☒ Staff and Learners
Policy Owner	Head of Quality Assurance and Admissions

4.1.0 ESG Standard:

ESG Standard 1.1

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

4.1.1 Purpose

The purpose of this policy is to outline the principles governing the creation, maintenance and review of the quality assurance policies and procedures of the College.

4.1.2 Scope

This policy has relevance to the activities of all staff (academic, administrative, operations) and students within the College.

4.1.3 Policy

The policies and procedures within this Quality Assurance Manual (QAM), along with a set of associated documents, form the basis of the Innopharma Education Quality Assurance and Enhancement Framework (QAEF).

4.1.3.0 Definitions

a) **Strategy:** A strategy details the key objectives of the College and sets out a plan for their successful achievement.
b) **Policy:** A policy sets out a principle or an intended course of action in a given situation. Policies guide decision-making at the College on a day to day basis. Policies therefore establish the 'what to do' in those situations.

c) **Procedure:** A procedure describes the specific actions undertaken to implement a College policy. Procedures therefore guide the 'how to do', and not the 'what to do'.
d) **Standard:** A standard outlines the acceptable level of quality or attainment within a particular area of the College's operations.
e) **Resource:** A resource is a functional document that supports the implementation of the College's policies and procedures. For example, application forms, checklists or handbooks.

4.1.4 Policy Principles

The development, monitoring and review of the Quality Assurance and Enhancement Framework (QAEF) of the College will be:

i. Consultative (the opinions of students, staff and other stakeholders will be sought and appropriately considered).
ii. Undertaken based on the subsidiarity principle (functions that can be carried out efficiently by smaller or lesser bodies within the College will not be exercised by larger or greater bodies; delegation of functions to the former will be accompanied by support from the latter)[7].
iii. Based on evidence and expertise, both internal and external.
iv. Presented in usable formats, written in plain English and available to staff and the public as required[8].
v. Consistent, i.e. policies and procedures will not contradict each other.

Policies will be:

i. Accompanied by a clear statement of purpose alongside who the policy applies to, responsibility for its implementation and the approving body.
ii. Based on clear and specific criterion, designed to guide how decisions are taken.
iii. Approved by the Board of Directors (if relevant to administrative or operational domains), the Academic Council (if relevant to academic standards) or both (if relevant to both domains).
iv. Reviewed regularly on a two-year cycle to ensure they remain implementable, aligned to the legislative and regulatory context, and are fit for purpose[9].

Procedures will be:

i. Developed to assist in the implementation of a parent policy; procedures cannot be developed in isolation.
ii. Designed for efficient and effective implementation.
iii. Approved by the Director of Academic Affairs and Undergraduate Programmes (if relevant to administrative or operational domains), the Academic Council or its

[7] See Section 1.3 of Core Statutory Quality Assurance Guidelines 2016 (QQI).
[8] See Section 2.1 of Core Statutory Quality Assurance Guidelines 2016 (QQI).
[9] See Section 2.1 of Core Statutory Quality Assurance Guidelines 2016 (QQI).

delegated subcommittee (if relevant to academic standards) or both (if relevant to both domains).

iv. Regularly reviewed on a two year cycle (or more frequently as required) to ensure they do not entail unnecessary administrative requirements[10].

The College is committed to ensuring that policies and procedures within the QAEF remain effective, relevant, fit for purpose and compliant with changes to statutory, legal and accrediting body requirements. To ensure this, internal quality reviews are conducted on a cyclical basis by the Head of Quality Assurance and Admissions, with each area of the QAEF reviewed at least once in every two year cycle. Each policy within the QAEF is assigned to a policy owner, and where this is not the Head of Quality Assurance and Admissions, review of that policy and associated procedures will be undertaken in communication with the policy owner.

4.1.5 Responsibility

- The Board of Directors is ultimately responsible for the development, approval, monitoring and review of quality assurance policies and procedures of the College.
- The Academic Council is delegated responsibility by the Board of Directors for the development, approval, monitoring and review of all academic quality assurance policies and procedures.
- The Director of Academic Affairs and Undergraduate Programmes, Registrar, Head of Quality Assurance and Admissions and relevant Programme Leads and Managers have responsibility for the day to day management and implementation of the quality assurance policies and procedures within academic programmes.
- The Administrative Team have responsibility for the implementation of the quality assurance policies and procedures within all operational and administrative activities.
- Operational Workflow Groups may be established to complete projects as set out by the Academic Council, Director of Academic Affairs and Undergraduate Programmes or Registrar. The Operational Workflow Group will have responsibility for the mapping out of projects, assignment of duties and tasks to complete projects and reporting back on actions and outcomes to the Academic Council. Operational Workflow Groups will typically dissolve once the intended project has been completed. *
- All staff and students at the College have responsibility for implementation of the quality assurance policies and procedures in the course of their work and studies.
- The Head of Quality Assurance and Admissions is responsible for developing an internal quality review schedule for approval by both the Academic Council and the Board of Directors, and for executing and reporting on the outcomes of review activities to both bodies.

[10] See Section 1.3 of Core Statutory Quality Assurance Guidelines 2016 (QQI).

- All staff across the College may be involved in monitoring and reviewing policies and procedures as they relate to their roles and providing feedback on these to the Head of Quality Assurance and Admissions.

*Operational Workflow Groups (work or project teams) are delegated responsibility for the implementation of specific, time-bound tasks/projects of limited and pre-defined scope.

They are a routine aspect of line management within any division in the College. Members of an operational Workflow Group are therefore appointed in consultation with their line managers and on the basis of the following considerations:

- The relevance of the task/project to an individual's work area and professional role.
- The relevant expertise of the individual.
- The individual's workload capacity.

For example, the Director of Academic Affairs and Undergraduate Programmes may establish an operational Workflow Group to identify any revisions required to Springboard admissions forms and procedures for the College in line with new Springboard requirements. That team may consist of 2 individuals who work in the admissions team who are sufficiently familiar with the current forms and procedures and who have capacity within their current workload to complete the work within a prescribed time frame (e.g., three weeks). The team will undertake the work as required, identifying any associated actions and tasks, and reporting back to the Director of Academic Affairs and Undergraduate Programmes. The Director of Academic Affairs and Undergraduate Programmes may then direct the Workflow Group to communicate outcomes as appropriate to other staff or committees of the College, including the Academic Council if appropriate.

Within the operations of the College, Workflow Groups are in practice a function of day-to-day line management. The work undertaken within the teams is of limited scope and does not have any substantive impact on the College's governance or decision-making structures as set out in the Quality Assurance Manual.
Where a project entails cross-divisional work of a more complex or long-term nature, a committee will be established. For example, a Teaching, Learning & Assessment Committee was formally established and Workflow Group have been established to uphold academic governance. Committees are established to facilitate the operation of the shared services model set out in Section 2.3.6 of the Terms of Reference for Board of Directors within the Innopharma Education Quality Assurance Manual.
Where the work has implications pertaining to academic standards or quality, an ad hoc committee will be established by the Academic Council in accordance with its functions and responsibilities as set out in Section 2.4.4.2 of the Terms of Reference for Academic Council within the Innopharma Education Quality Assurance Manual.

4.1.6 Related Legislation, Regulation or Guidelines

- Core Statutory Quality Assurance Guidelines 2016 (QQI).

- Sector Specific (Independent/Private) Statutory Quality Assurance Guidelines 2016 (QQI).
- Assessment and Standards, Revised 2013 (QQI).
- Employment Equality Acts 1998 – 2015
- Disability Act 2005
- Data Protection Act 2018
- Code of Practice for Provision of Programmes of Education and Training to International Learners 2015 (QQI).
- Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015).

4.2 Procedure for Development of New Policies and Procedures

QA Area (s)	• Programmes of Education and Training • Governance and Management of Quality • Documented Approach to QA
Applies to	☒ Staff only ☐ Learners only ☐ Staff and Learners
Policies this Procedure relates to	Policy for the QAEF

4.2.0 Procedure

1. The need for a new policy/procedure or amendment to an existing policy/procedure is identified. This may be identified in the course of cyclical review of the Quality Assurance and Enhancement Framework or in response to other events, for example:
    - Issues raised by internal stakeholders relating to any policy and procedure.
    - A change in the regulatory environment.
    - The outcome of an internal or external Quality Assurance event.
    - Developments within the College.
2. The Head of Quality Assurance and Admissions consults with key staff members to develop a draft of the new policy/procedure, or the amendment to an existing policy/procedure, and invites consultation and feedback on the draft from staff within the College as appropriate. This step may be repeated until the draft is considered ready. The final draft is prepared using the QAEF policy or procedure template as appropriate.
3. The Head of Quality Assurance and Admissions submits the final draft to the approving body accompanied by a statement that outlines the following in relation to the new policy/procedure, or amendment to an existing policy/procedure:

- The reason for the draft's development and submission for approval.
- The consistency of the draft with the overall Quality Assurance and Enhancement Framework.
- Any regulatory considerations.
- Any resource requirements, including implications for staff training.
- Any implications for individual roles/responsibilities in the College.
- A plan for the implementation and communication of the contents of the draft that is appropriate to its scale and impact, which may be minor or major.

4. The final draft is considered by the approving body, the outcome of which may be a decision to approve, propose changes or not approve. If approved, the Head of Quality Assurance and Admissions moves forward with the implementation/communication plan as outlined in step 3. If the approving body proposes changes, these are undertaken by the Head of Quality Assurance and Admissions, and steps 2 & 3 are repeated.

4.3 Procedure for Ongoing Review of QAEF Documentation

QA Area (s)	• Programmes of Education and Training • Governance and Management of Quality • Documented Approach to QA
Applies to	☒ Staff only ☐ Learners only ☐ Staff and Learners
Policies this Procedure relates to	Policy for the QAEF

4.3.0 Procedure

1. The Head of Quality Assurance and Admissions develops an internal quality review schedule that is appropriate to the academic calendar and ensures each area within the QAEF is reviewed at least once in the coming two year period.
2. The schedule is submitted for approval by the Academic Council and the Board of Directors.
3. Provision is included in the schedule for policies and procedures to be reviewed in advance of the nominated time period as a result of any of the following:
    - Changes to relevant regulation, accreditation requirements or legislation.
    - The outcomes of external QA events (for example, QQI QA or Validation panels).

- Issues raised by staff or students in the College community in relation to a particular policy or procedure.

4. The Head of Quality Assurance and Admissions implements the review schedule, engaging staff from across the organisation (teaching, administrative, operations and learner support) as appropriate to assist in monitoring and review of policies and procedures that relate to their roles. The process of review encompasses the following:
    - Ensuring the text is up to date and aligned to the current regulatory context.
    - Analysing whether the policy or procedure is implemented as written.
    - Considering whether the policy or procedure is of ongoing relevance and use to the College.
    - Evaluating whether improvements or edits could improve the policy or procedure and its implementation.
5. If changes are proposed, these are submitted to the relevant approving body for consideration and decision following the *Policy for the QAEF* and the *Procedure for Development of New Policies and Procedures and/or Amendment to Existing Policies and Procedures*. Approval processes and approving bodies are identified in those documents.