Reengagement Panel Report

Assessment of Capacity and Approval of QA Procedures

Part 1   Details of provider

1.1   Applicant Provider

Registered Business/Trading Name:	Dublin Institute of Design
Address:	303 The Capel Building, St Mary's Abbey, Dublin 7.
Date of application:	03rd July 2020
Date of resubmission of application:	1st April 2021
Date of site visit (if applicable):	Virtual meeting via Microsoft Teams on 25th September 2020
Date of reconvene meeting (if applicable)	21st May 2021 (desk review, including conversation with DID Registrar).
Date of recommendation to the Programmes and Awards Executive Committee:	3rd December 2020 and 24th June 2021

1.2   Profile of provider

Educational Design Developments Ltd T/A Dublin Institute of Design has been in operation since 1994 and offers a wide range of full and part time courses in design related specialisms broadly following under the following departments: Fashion Design, Graphic Design, Interior Design and Web Design.

The Institute has offered two Level 7 QQI accredited degree programmes since their validation in 2015. The Institute also delivers a QQI Level 5 component award. The Institute was a FETAC provider prior to the establishment of QQI. The Institute typically issues 110 QQI awards each cycle, with the majority being Level 5 component awards.

The Institute has also been an approved provider of BTEC and City & Guilds for more than a decade. The Institute typically makes 245 awards to learners on BTEC and City & Guilds accredited programmes each cycle, with the majority being Level 6 equivalent awards.

Each cycle the Institute typically issues 330 Dublin Institute of Design awards across a range of short part time courses.

The Institute's main demographic is mature part time learners.

Part 2   Panel Membership

Name	Role of panel member	Organisation
Hugh McBride	Chair	GMIT
Anne Higgins	Report writer and Quality Assurance expert	GRETB
Dr Eric Derr	Quality Assurance expert	Carlow College, St Patrick's
Amy Ní Mhurchu	Student representative	IADT
Fiona Snow	Subject matter expert and Blended Learning expert	IADT

Part 3 Findings of the Panel 3.1

Summary Findings

On completion of the virtual site visit the Panel acknowledged that DID is a higher education provider with long-standing and significant experience in delivering high quality academic programmes of study at Levels 5 to 7 of the NFQ. It recognised that DID has the requisite capability, resources, skills and commitment to quality to do so. However, the Panel had concerns about aspects of the capacity, governance and quality assurance procedures of DID.

The Panel was not satisfied that DID had demonstrated, through its documentation and in its engagement during the panel-visit, its continuing capacity to meet all of the criteria for quality assurance necessary to deliver on its commitments. It was not satisfied that DID's capacity, governance and quality assurance procedures, as documented, were fit-for-purpose and appropriate to its existing approved scope of provision. However, the Panel was confident that DID could address the concerns and deficiencies within a six-month time-period.

Accordingly, the Panel recommended to QQI refusal of approval pending mandatory changes.

The mandatory changes required by the Panel are set out in Section 7.1.

With regard to the application for an extension of its current scope of provision to include Blended Learning provision, the Panel was not satisfied that the capacity of DID and topic-specific quality assurance procedures are fit-for-purpose and appropriate. Accordingly, the Panel recommended refusal to approve the application for this extension.

The Panel reconvened on 21st May 2021 to undertake a desk review of the evidence subsequently submitted by DID. It is the Panel's view that DID has satisfactorily addressed the proposed mandatory changes and has responded appropriately to the Panel's initial specific advice. Therefore, the Panel recommends that QQI approves DID's QA procedures.

3.2 Recommendation of the panel to Programmes and Awards Executive Committee of QQI

	Tick <u>one</u> as appropriate
Approve Dublin Institute of Design draft QA procedures	X
Refuse approval of Dublin Institute of Design draft QA procedures pending mandatory changes set out in Section 7.1 (If this recommendation is accepted by QQI, the provider may make a revised application within six months of the decision)	
Refuse to approve [the provider's – insert name] draft QA procedures	

Part 4 Evaluation of provider capacity 4.1

Legal and compliance requirements:

	Criteria	*Yes/No/ Partially*	*Comments*
4.1.1(a)	***Criterion:*** *Is the applicant an established Legal Entity who has Education and/or Training as a Principal Function?*	**Yes**	*Legal entity:* Educational Design Developments Ltd. *Trading name:* Dublin Institute of Design.
4.1.2(a)	***Criterion:*** *Is the legal entity established in the European Union and does it have a substantial presence in Ireland?*	**Yes**	The legal entity is based in Ireland.
4.1.3(a)	**Criterion:** *Are any dependencies, collaborations, obligations, parent organisations, and subsidiaries clearly specified?*	**Yes**	DID does not have any dependencies, collaborations, obligations, parent organisations, and subsidiaries.
4.1.4(a)	***Criterion:*** *Are any third-party relationships and partnerships compatible with the scope of access sought?*	**Yes**	DID does not have any third-party relationships or partnerships.
4.1.5(a)	**Criterion:** *Are the applicable regulations and legislation complied with in all jurisdictions where it operates?*	**Yes**	Dublin Institute of Design operates solely in Ireland.
4.1.6(a)	**Criterion:** *Is the applicant in good standing in the qualifications systems and education and training systems in any countries where it operates (or where its parents or subsidiaries operate) or enrols learners, or where it has arrangements with awarding bodies, quality assurance agencies, qualifications authorities, ministries of education and training, professional bodies and regulators?*	**Yes**	

Findings

The Validation Panel (hereinafter the Panel) recommend that QQI can be satisfied that Dublin Institute of Design (DID) meets legal and compliance requirements.

4.2 Resource, governance and structural requirements:

	Criteria	Yes/No/ Partially	Comments
4.2.1(a)	**Criterion:** *Does the applicant have a sufficient resource base and is it stable and in good financial standing?*	**Yes**	At the time of the virtual visit the Panel was not provided with adequate information and documentation prior to the panel meeting to confirm that this criterion had been met. The Panel reconvened on 21st May 2021 and noted the financial plan and income projections for 5 years submitted by DID. To provide further assurance, the Panel requested additional financial information which DID provided on 25th May.
4.2.2(a)	**Criterion:** *Does the applicant have a reasonable business case for sustainable provision?*	**Yes**	At the time of the virtual visit the Panel acknowledged DID's longevity as an education and training provider (established 1994). The Panel required further articulation of the business case and clarification on the financial standing of the entity. The Panel reconvened on 21st May 2021 and noted that DID provided evidence of its business case in the updated Strategic Plan.
4.2.3(a)	**Criterion:** *Are fit-for-purpose governance, management and decision making structures in place?*	**Yes**	At the time of the virtual visit the Panel considered the lack of clarity in the relationships and distinctions between academic and commercial roles as a structural concern, impacting on DID's corporate governance. The Panel reconvened on 21st May 2021 and noted that the governance, management and decision-making structures were significantly revised and clearly documented in the Quality Assurance and Enhancement Manual.

4.2.4(a)	**Criterion:** *Are there arrangements in place for providing required information to QQI?*	**Yes**	At the virtual visit the Panel was satisfied that DID has arrangements in place for communication with QQI, but the process was not adequately documented. For example, clarity was lacking about who had responsibility for communication with QQI. At the reconvened meeting on 21st May 2021, the Panel noted the clarification of communication roles in QAEP06.

Findings

The Panel is satisfied that DID fully complies with criterion 4.2.1(a), 4.2.2(a), 4.2.3 (a) and 4.2.4(a).

At the conclusion of the initial virtual site visit the Panel recommended that QQI could not be satisfied that DID met resource, governance and structural requirements.

The Panel required the following **mandatory changes** in order to recommend approval:

- Review and clearly document governance and organisational arrangements to further strengthen, assure and ensure the clear separation of responsibility, authority and accountability between academic and corporate decision-making **(Mandatory Change 1).**

- Clearly articulate the business case, the financial standing of the entity and its five-year financial plan **(Mandatory Change 2).**

- Document arrangements for communication with QQI in the QA Manual (**Mandatory Change 6(ii)**).

The Panel reconvened on 21st May 2021 to undertake a desk review of the revised Quality Assurance and Enhancement Manual and other documentation submitted by DID. The Panel noted that DID submitted the required documentation to satisfy the Panel regarding the provider's resource base and financial standing. Therefore, criteria 4.2.1(a) and 4.2.2(a) are now fully satisfied. The Panel further noted that DID submitted a revised Quality Assurance and Enhancement Manual which described a separation of decision-making structures and defined roles and responsibilities which satisfied criterion 4.2.3(a) and 4.2.4(a).

4.3 Programme development and provision requirements:

	Criteria	Yes/No/ Partially	Comments
4.3.1(a)	**Criterion:** *Does the applicant have experience and a track record in providing education and training programmes?*	Yes	DID has been in operation since 1994. The Institute had its quality assurance agreed with FETAC in March 2009. DID also delivers programmes leading to BTEC and City and Guilds awards.
4.3.2(a)	**Criterion:** *Does the applicant have a fit-for-purpose and stable complement of education and training staff?*	**Yes**	DID has a core staff employed full-time and a stable complement of teaching staff that are contracted to deliver programme modules.
4.3.3(a)	**Criterion:** *Does the applicant have the capacity to comply with the standard conditions for validation specified in Section 45(3) of the Qualifications and Quality Assurance (Education and Training) Act (2012) (the Act)?*	**Yes**	DID has the capacity to comply with s45(3) of the 2012 Act.
4.3.4(a)	**Criterion:** *Does the applicant have the fit-for-purpose premises, facilities and resources to meet the requirements of the provision proposed in place?*	**Yes** (subject to follow-up by QQI on the outstanding signed lease)	At the time of the virtual visit DID was engaged in negotiations to secure a fit-for-purpose premises. It was anticipated that a premises would be secured and facilities in place by January 2021. The Panel noted at the reconvened desk review on 21st May that the situation around the long-term lease on a premises was still unclear. A conversation with the Registrar of DID gave the Panel assurance regarding the acquisition of a suitable premises with a three-year lease and the possibility of extending that lease. The Panel requested additional

			documentation confirming the lease and the floor plan of the premises which DID provided on 25th May. The Panel is satisfied that the premises is fit-for-purpose.
			The Panel noted that the lease document submitted by DID was unsigned. Additional follow-up with QQI confirmed that DID is going through legal process and expects to have the lease signed by all parties by the end of June 2021. QQI will follow-up on the outstanding signed lease post PAEC.
4.3.5(a)	**Criterion:** *Are there access, transfer and progression arrangements that meet QQI's criteria for approval in place?*	**Yes**	At the time of the virtual visit DID did not have an access, transfer and progression policy in place. The desk review conducted by the reconvened panel on 21st May noted that DID included an Access, Transfer and Progression Policy in Section 5 of the Quality Assurance and Enhancement Manual.
4.3.6(a)	**Criterion:** *Are structures and resources to underpin fair and consistent assessment of learners in place?*	**Yes**	At the time of the virtual visit procedures for fair and consistent assessment of learners had not been adequately documented. The desk review conducted by the reconvened panel on 21st May noted that DID had revised its documentation of assessment in Section 4 of the Quality Assurance and Enhancement Manual.
4.3.7(a)	**Criterion:** *Are arrangements for the protection of enrolled learners to meet the statutory obligations in place (where applicable)?*	**Yes**	DID assured the Panel that it has insurance cover to protect enrolled learners. The Panel accepts that assurance but specifically advises DID to submit this policy to QQI (if it has not already done so). Following the desk review of documentation submitted by DID

				the Panel is satisfied that the provider is fully compliant with legislation regarding protection for learners.

Findings

The Panel is satisfied that DID fully complies with criterion 4.3.4(a), 4.3.5(a) and 4.3.6(a).

The Panel is satisfied that DID has long experience of providing education and training programmes on behalf of FETAC/QQI, BTEC and City and Guilds. The expertise and systems that it has developed in doing so were evident in the Panel's meeting with representatives from DID.

At the conclusion virtual visit however, the Panel recommended that QQI could not be satisfied that DID met programme development and provision requirements.

The Panel required the following **mandatory changes** in order to recommend approval:

- Provide details about premises and other physical infrastructure **(Mandatory Change 3).**
- Include an Access, Transfer and Progression Policy in the QA Manual **(Mandatory Change 6 (iii)).**
- Enhance documentation of procedures for the assessment of learners **(Mandatory Change 6 (v)).**

The Panel also recommended as a **specific advice** that DID submit its PEL insurance policy to QQI (if it has not already done so).

The Panel reconvened on 21st May 2021 to undertake a desk review of the revised Quality Assurance and Enhancement Manual and other documentation submitted by DID.

The Panel noted that DID is currently going through legal process to secure a 3 year lease on a suitable fit-for-purpose premises, commencing 1st September 2021. QQI will follow up with DID on the outstanding signed lease post PAEC. The Panel is satisfied with the floor plan of the proposed premises. Criterion 4.3.4(a) is satisfied subject to signing of the lease on the premises.

The Panel also noted that DID revised its Quality Assurance and Enhancement Manual to include an Access, Transfer and Progression Policy and improved documentation of procedures to ensure fair and consistent assessment of learners. These revisions satisfy criterion 4.3.5(a) and 4.3.6(a).

4.4 Overall findings in respect of provider capacity to provide sustainable education and training

Following review of the documentation submitted by DID and the virtual site visit with the provider's representatives, the Panel recommended that QQI can be satisfied DID meets legal and compliance requirements.

The provider has long experience of providing education and training programmes accredited by FETAC/QQI, BTEC and City and Guilds. DID operates its current agreements under the QA systems of the three awarding bodies. External to those agreements DID operates internal undocumented systems. The move to a governance model of management as envisaged by QQI's *Core Statutory Quality Assurance Guidelines* (2016) is significant for this provider.

The Panel found that it was partially satisfied that DID had the capacity, as described in QQI's Core Statutory QA Guidelines, to provide sustainable education and training.

The Panel recommended that QQI could not be satisfied that DID met resource, governance and structural requirements, or programme development and provision requirements, at that time.

The Panel found that mandatory changes must be addressed before it could recommend to QQI that DID met the Part 4 criteria. In summary, the mandatory changes referred to the need for a review of governance arrangements, clarity in articulation of the business case, securing a fit-for-purpose premises, developing an access, transfer and progression policy, and improving documentation of procedures for the assessment of learners.

The Panel reconvened on 21st May 2021 and conducted a desk review of the Quality Assurance and Enhancement Manual, the financial plan, income projections, audit statement, premises lease and premises floor plan. The Panel is satisfied that DID has addressed the required mandatory changes specified in Section 7.1.

Part 5 Evaluation of draft QA Procedures submitted by Dublin Institute of Design

The following is the panel's findings following evaluation of Dublin Institute of Design quality assurance procedures against QQI's Core Statutory Quality Assurance Guidelines (April 2016) and Topic Specific QA Guidelines - Blended Learning. Sections 111 of the report follows the structure and referencing of the Core QA Guidelines.

1	GOVERNANCE AND MANAGEMENT OF QUALITY

Panel Findings:

At the initial virtual meeting the Panel reviewed documentation submitted by DID on its governance structures, and the terms of reference and roles and responsibilities of the governance functions. There were positive discussions throughout the virtual site visit regarding governance and management of quality assurance at DID. The documentation reviewed by the Panel and the discussions on the day of the virtual site visit revealed inconsistencies in the proposed governance structure. The Panel was concerned about the overlap of academic and corporate roles and responsibilities. A further concern was the absence of a documented risk register. This absence was acknowledged by DID and the development of a risk register had already commenced.

The Panel acknowledged the challenge for DID in identifying members for the various functions of governance given the scale of the provider. However, it is important that DID addresses the shortcomings identified in discussions to ensure a robust governance structure to manage the quality of its education and training provision.

The Panel required the following **mandatory changes** in order to recommend approval:

- Review and clearly document governance and organisational arrangements to further strengthen, assure and ensure the clear separation of responsibility, authority and accountability between academic and corporate decision-making **(Mandatory Change 1).**
- Provide a Risk Register **(Mandatory Change 4)**.

The Panel reconvened on 21ˢᵗ May 2021 to undertake a desk review of the revised Quality Assurance and Enhancement Manual and Risk Register submitted by DID. It is the Panel's view that DID satisfactorily addressed proposed Mandatory Change 1 in Section 3 of the revised manual. Academic and corporate roles and responsibilities, accountability and responsibility are articulated. The Panel noted that a brief description of the professional background of to the Chair of the Academic Council is given in Section 3.1.2.2. As an additional **specific advice (i)**, the Panel recommends the inclusion of criteria for the role of Chair of the Academic Council when recruiting for the position.

The Panel is satisfied that proposed Mandatory Change 4 is met in the clear and concise Risk Register submitted by DID.

2   DOCUMENTED APPROACH TO QUALITY ASSURANCE

Panel Findings:

The Panel acknowledged the openness of DID representatives during the initial virtual meeting of the challenges presented by a documented approach to quality assurance. DID representatives confirmed that they knew this had to be done and that it is in their work plan.

The Panel also acknowledged the challenge it is for DID to develop a comprehensive approach to quality assurance as they currently operate to three quality assurance systems namely, QQI, BTEC and City and Guilds. DID plans, following successful re-engagement with QQI, to have all its externally validated awards made by a single awarding body, namely QQI.

The Panel required the following **mandatory changes** in order to recommend approval:

- Review and develop the QA Manual to ensure documentation of the QA Framework, policies and procedures is: comprehensive in scope; coherent and integrated in content; and consistent in style and presentation **(Mandatory Change 6).**

   The Manual should include: a comprehensive listing of policies; a mapping of roles and responsibilities; an overview of feedback and approval procedures and how they fit into the overall system **(Mandatory Change 6 (i)).**

The Panel reconvened on 21st May 2021 to undertake a desk review of the revised Quality Assurance and Enhancement Manual of DID. The Panel noted that DID significantly improved its manual in the revised version. The manual comprehensively documents the QA Framework, associated policies and procedures, and interconnections in the QA system. It is the Panel's view that DID satisfactorily addressed proposed Mandatory Change 6(i).

However, the Panel noted that responsibility for policy approval and version control was missing from the policy documentation. As a **condition (1)** to maintain quality approval the Panel recommends that responsibility for policy approval and version control are articulated in the Quality Assurance and Enhancement Manual (Part 6 of this report document).

3   PROGRAMMES OF EDUCATION AND TRAINING

Panel Findings:

DID has long experience of delivering programmes of education and training leading to certification from FETAC/QQI, BTEC and City and Guilds.

The provider has an Access Statement in its documentation but does not have an access, transfer and progression (ATP) policy and procedures 4.3). Current practice in DID recognises prior learning for access and for advanced entry to its programmes.

As part of the initial virtual meeting the Panel met with learner representatives (current and former). The learners were generally very positive and very complementary about their experience in DID. In particular, they valued the pedagogic approach taken by academic staff ('critical friends') and the close relationship and support provided, including industry and career mentoring advice. They suggested that there was scope for DID to improve on the information imparted to learners at induction. Information given at induction is not always clearly understood by the learners, potentially leading to a difference in expectations.

4	STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT

Panel Findings:

At the initial virtual meeting DID explained its staffing model namely a core staff supplemented by a heavy reliance on contracted teaching staff. The Panel engaged in lengthy discussion with representatives of DID around staffing, specifically the recruitment and management of the supply of non-core staff, and the reliance on contracted teaching staff. DID assured the Panel that it has a stable bank of industry practitioners who are contracted to teach their specialisms.

DID uses, *inter alia,* external agencies or HR advice and for supporting its student records and learner management systems.

While the provider's representatives described the recruitment, management and development of staff (core, non-core and external agencies), DID does not have a documented systematic, policy driven approach to staff recruitment, management and development.

DID representatives explained the challenge it is for management to get part-time staff to engage in professional development. DID has allocated a % of its budget to professional development. DID is committed to supporting staff to attend, and contribute to, conferences, and the involvement of staff with other industry organisations, to ensure teaching practice and curriculum are up-to-date.

The Panel requires the following **mandatory change** in order to recommend approval:

- Clearly articulate the staffing model and staffing profile, including arrangements for outsourcing support services (for e.g., Marketing, HR, IT and Pastoral Care functions) and for staff development **(Mandatory Change 5).**

The Panel reconvened on 21st May 2021 to undertake a desk review of the revised documents submitted by DID. It is the Panel's view that DID has satisfactorily addressed the proposed Mandatory Change 5 in Section 8 of the Quality Assurance and Enhancement Manual and the additional documentation on staffing received on 25th May.

5   TEACHING AND LEARNING

Panel Findings:

The Panel acknowledged the commendable teaching and learning activity being undertaken by the core staff who demonstrated critical engagement with their teaching during the initial virtual visit. DID representatives described successes in learning including a winner of the Institute of Designers in Ireland Grand Prix Award 2017, awards at the annual Frankfurt Style Awards, and recognition by the Construction Industry Federation and the International Society for Typographic designers.

There did not appear to be a documented strategic quality process which would inform and shape advances in teaching practice. The Panel was not presented with evidence of critical engagement with the core pedagogic practices of DID and how any such practices or priorities inform the plans of DID for the enhancement and development of its modes of delivery.

DID plans to formalise relationships with other providers and the National Forum for the Enhancement of Teaching & Learning.

The Panel required the following **mandatory change** in order to recommend approval:

   • Document a teaching and learning strategy that articulates DID's current position and future plans
      for inclusion in the QA Manual **(Mandatory Change 6 (iv)).**

Following the desk review carried out by the reconvened Panel on 21st May the Panel commend DID on the Learning, Teaching and Assessment strategy as described in Section 4 of the Quality Assurance and Enhancement Manual. The Panel is satisfied that Mandatory Change 6 (iv) relating to teaching and learning has been addressed, particularly in Sections 4.2 and 4.4 of the manual.

The phrase in Section 4.3 describing formative feedback as being "conducted verbally in class" was noted by the Panel as being potentially confusing to learners. As an additional **specific advice (ii),** the Panel recommends that is made clear to learners that such verbal feedback is explicitly formative, to assist learning.

The Panel commends DID on involving learners at each stage of the learning journey, in particular peer and group assessment (Section 4.3.1). However, as an additional **specific advice (iii)**, the Panel recommends that a Code of Conduct/Mutual Respect Policy be developed prior to learners commencing group/peer work or critiques.

Panel Findings:

At the initial virtual visit DID representatives described some good assessment practices, including comprehensive briefing documents and displayed an openness to provide alternative assessment methods for students with declared learning needs. However, the Panel was unclear about the consistency of assessment processes and standards, or the processes used to assure their quality. This was of particular concern due to the significant number of contracted and part-time teaching staff employed by DID. An expanded and quality-led assessment document is needed to formalise best practice.

The Panel required the following **mandatory change** in order to recommend approval:

- Enhance documentation of procedures for the assessment of learners **(Mandatory Change 6 (v)).**

Following the desk review carried out by the reconvened panel on 21st May the Panel commend DID on the Learning, Teaching and Assessment strategy as described in Section 4 of the Quality Assurance and Enhancement Manual. The Panel is satisfied that Mandatory Change 6 (v) relating to assessment has been addressed, particularly in Sections 4.4, 4.5 and 4.6 of the manual.

The Panel noted that while greater detail is given on the assessment structure in Section 4.5 of the manual it is not clear if interim assessments are scheduled. As an **additional specific advice (iv),** the Panel recommends the inclusion of formal scheduling of structured interim assessments within each module to augment and contextualise verbal formative feedback. Interim assessments can be broad in their scope and do not need to be a weighted part of final grading, but help to scaffold learner understanding of their own progress and achievement and put ongoing verbal feedback into context.

When reviewing Section 4.3.2 (Submission of Work) and Section 4.5.5.3 (Carrying a Module to the Next Stage) the Panel felt it placed an unfair burden of assessment on learners to be permitted to carry up to 15 credits between stages. As an additional **specific advice (v)**, the Panel recommends that DID review this policy area to bring a balance between the assessment burden and allowing students to progress.

Panel Findings:

It was clear to the Panel during discussions at the initial virtual meeting that DID has learner supports in place. IT supports and library resources, including a digital library and reading permission for learners to use the NCAD library, are provided for learners. The Institute's librarian provides academic support to learners.

The provider expressed a strong ethos of pastoral care for learners. DID operates a 'hands-on' approach to pastoral care and academic support for its learners. Support needs are identified and implemented informally. The Panel advises DID to document its support services for learners. The Panel noted that DID did not have an Equality, Diversity and Inclusion Policy.

The Panel required the following **mandatory changes** in order to recommend approval:

- Include an Equality, Diversity and Inclusion Policy in the QA Manual **(Mandatory Change 6 (iv)).**
- Enhance documentation of processes for pastoral care and academic support, including articulating clearly roles and responsibilities (**Mandatory Change 6 (vi)).**

The Panel reconvened on 21st May 2021 to undertake a desk review of the revised Quality Assurance and Enhancement Manual of DID. A policy on Equality, Diversity and Inclusion (QAEP10) is included in the manual. It is the Panel's view that DID has satisfactorily addressed the proposed Mandatory Change 6(iv). However, the Panel noted that the opening statement relating to the scope of the policy does not refer to the Traveller community or ethnic minorities. As an additional **specific advice (vi)**, the Panel recommends an expansion of the opening sentence to be more inclusive of Traveller and ethnic minority groups.

The Panel commend DID on the changes made to the Quality Assurance and Enhancement Manual related to Learners (Section 7). In particular, the Panel commends DID on the clear articulation of all the supports available to learners. While the Panel is satisfied that the revised Quality Assurance and Enhancement Manual addresses Mandatory Change 6(vi) it noted that Section 7 or Section 9 do not include reference to, or a policy on, the provider's responsibilities for safeguarding its learners. As a **condition (2)** to maintain quality approval, the Panel recommends the development of a Safeguarding Policy which covers the provider's safeguarding obligations to its learners.

The panel noted that Section 7 does not clarify the limits of internal support that the staff can provide to learners. As an additional **specific advice (vii)**, the panel recommends that Section 7.2.1 includes clarification on the limits of support roles within the provider's support capacity which could be articulated in Terms of Reference for the role(s).

8 INFORMATION AND DATA MANAGEMENT

Panel Findings:

The Panel was somewhat satisfied during the initial virtual meeting with the approach of DID to data management. The provider uses a third-party learner management system for much of its information and data management systems, and internal information systems. However, the documentation of these systems did not provide adequate clarity.

The Panel sought clarity on where the responsibility for data protection rested within DID. DID included a Data Protection Policy in its QA Manual. However, the policy is generic and not written for the provider's context.

The Panel considered that the Data Protection Policy should be redrafted to reflect the operational context of the provider.

The Panel required the following **mandatory change** in order to recommend approval:

• Redraft the Data Protection Policy to reflect the provider's context **(Mandatory Change 6(vii).**

The Panel is satisfied following the desk review on 21st May that the Data Protection and GDPR Policy (QAEP05) included in the Quality Assurance and Enhancement Manual reflects the provider's context and therefore satisfies Mandatory Change 6(vii).

9   PUBLIC INFORMATION AND COMMUNICATION

Panel Findings:

DID includes communications and publicity as a responsibility of governance committees e.g. a purpose of the Programme Development Committee is to ensure publicity; the Management Committee has external communications and publicity as a function; section 3.4 describes maintaining public and learner confidence through the provision of clear and accurate information. However, the Panel noted at the initial virtual meeting that DID did not have a documented systematic, policy driven approach to public information and communication.

The Panel considered this to be a deficit in the QA Manual and considered that the Manual should be amended to include policies and procedures on public information and communication when addressing its documented approach to quality assurance.

The Panel required the following **mandatory change** in order to recommend approval:

- Include a Public Information and Communication Policy in the QA Manual **(Mandatory Change 6(iii))**.

The Panel is satisfied following the desk review on 21st May that the Public Information and Communication Policy (QAEP06) is included in the Quality Assurance and Enhancement Manual and therefore satisfies Mandatory Change 6(iii).

10   OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING (incl. Apprenticeships)

Panel Findings:

DID currently has informal relationships with other education and training providers.

DID has a formal long-standing relationship with the awarding bodies BTEC and City and Guilds.

The Quality Assurance and Enhancement Manual documents the criteria of DID for the nomination and appointment of external examiners.

11	SELF-EVALUATION, MONITORING AND REVIEW

Panel Findings:

DID has procedures in place to internally monitor and review its programmes. At the initial virtual meeting the panel found that these procedures were not adequately documented. The monitoring and review reports were not published.

DID regularly monitors its programmes but did not provide annual programme monitoring reports. However, the provider acknowledged that these reports should be provided.

The Panel required the following **mandatory change** in order to recommend approval:

- Clearly articulate the formal mechanisms and processes for programme monitoring, review, response and publication, including the integration of stakeholder feedback data (for example, feedback from learners) into quality assurance and enhancement (**Mandatory Change 6 (viii)**).

The Panel reconvened on 21st May 2021 to undertake a desk review of the revised Quality Assurance and Enhancement Manual of DID. The Panel commends DID on Section 6 of the manual which articulates a systematic and coherent approach to monitoring and review, and is satisfied that Mandatory Change 6(viii) is addressed.

The Panel noted that there is no mechanism to ensure consistency of reporting on monitoring across programmes. As an additional **specific advice (viii)**, the Panel recommends that DID create an agreed report template for monitoring its programmes.

In addition the Panel noted that Section 6 does not clarify where oversight of teaching, learning and assessment standards is placed in the quality review and monitoring process. As an additional **specific advice (ix)**, the Panel recommends that DID clarifies where ultimate oversight of cross-institute teaching, learning and assessments standards sit.

Panel Findings:

DID applied to extend is scope of provision to include Blended Learning (BL). Discussions with DID representatives during the site-visit focussed on the rationale for DID seeking to move to BL, the understanding of BL by DID staff, and the implications for the practice-based design education provided by DID. The discussions raised a number of concerns for the Panel including: the robustness of the rationale for seeking to have its provision to extend to BL; the interpretation of BL and Technology Enhanced Learning; an apparent lack of insight into how core 'hands-on' practice-based art and design pedagogies are to be identified, protected and enhanced; and the learner experience of BL at DID.

With regard to the application by DID for an extension of its current scope of provision to include BL provision, the Panel is not satisfied that the capacity of DID and topic-specific quality assurance procedures are fit-for-purpose and appropriate. Accordingly, the Panel recommends refusal to approve the application for this extension.

Evaluation of draft QA Procedures - Overall panel findings

At the conclusion of the initial virtual visit the Panel was partially satisfied with DID's draft QA procedures. The Panel acknowledged the effort put in by the provider in drafting the procedures to meet QQI's requirements. The Panel was confident that the provider had the willingness and capacity to operate QQI's Statutory QA Guidelines.

However, the Panel found that significant work remained to be done on the quality assurance documentation. DID needed to follow QQI's Core Statutory QA Guidelines to ensure that the quality assurance of all named areas was addressed.

The Panel recommended to the PAEC of QQI to refuse approval of DID draft QA procedures pending mandatory changes set out in Section 7.1.

The Panel reconvened on 21st May to conduct a desk review of the revised Quality Assurance and Enhancement Manual, a Risk Register and additional information pertaining to premises and finance submitted by DID. The Panel confirms that DID has satisfactorily addressed the mandatory changes outlined in Section 7.1 within the allocated six month time period. Therefore, the Panel recommends to the PAEC of QQI to approve the QA procedures of DID.

Part 6 Conditions of QA Approval

6.1 Conditions of QA Approval

1. Articulate who has responsibility for policy approval and version control in the Quality Assurance and Enhancement Manual.
2. Develop a Safeguarding Policy which covers the provider's safeguarding obligations to its learners.

Part 7   Mandatory Changes to QA Procedures and Specific Advice

7.1   Mandatory Changes

At the conclusion of the initial virtual visit on 25th September 2020, the panel recommended to QQI refusal of approval pending DID addressing the following mandatory changes:

1. Review and clearly document governance and organisational arrangements to further strengthen, assure and ensure the clear separation of responsibility, authority and accountability between academic and corporate decision-making.
2. Clearly articulate the business case, the financial standing of the entity and its five-year financial plan.
3. Provide details about premises and other physical infrastructure.
4. Provide a Risk Register.
5. Clearly articulate the staffing model and staffing profile, including arrangements for outsourcing support services (for e.g., Marketing, HR, IT and Pastoral Care functions) and for staff development.
6. Review and develop the QA Manual to ensure documentation of the QA Framework, policies and procedures is: comprehensive in scope; coherent and integrated in content; and consistent in style and presentation. The following issues should be addressed in particular:
   (i)   Include: a comprehensive listing of policies; a mapping of roles and responsibilities; an overview of feedback and approval procedures and how they fit into the overall system.
   (ii)   Document arrangements for communication with QQI.
   (iii)   Include the following policies *inter alia* to address current gaps: Access, Transfer and Progression Policy; Equality, Diversity and Inclusion Policy; Public Information and Communication Policy.
   (iv)   Document a teaching and learning strategy that articulates DID's current position and future plans.
   (v)   Enhance documentation of procedures for the assessment of learners.
   (vi)   Enhance documentation of processes for pastoral care and academic support, including articulating clearly roles and responsibilities.
   (vii)   Redraft the Data Protection Policy to reflect the provider's context.
   (viii) Clearly articulate the formal mechanisms and processes for programme monitoring, review, response and publication, including the integration of stakeholder feedback data (for example, feedback from learners) into quality assurance and enhancement.

The Panel reconvened for a desk review on 21st May 2021 to consider revised and additional documentation submitted by DID. Following an evaluation of the evidence submitted, the Panel is **satisfied** that DID has adequately addressed all of the mandatory changes.

7.2 Specific Advice

At the conclusion of the initial virtual visit on 25th September 2020, the panel recommended as a specific advice that DID submit the PEL insurance policy to QQI (if this had not already been done).

Following the desk review on 21st May 2021 of the revised Quality Assurance and Enhancement manual submitted by DID, the Panel is satisfied that the provider is fully compliant with legislation regarding protection for learners.

The Panel also now recommends the following additional specific advices:
(i) Include criteria for the role of Chair of the Academic Council when recruiting for the position.
(ii) Clarify to learners where verbal feedback is explicitly formative, to assist learning.
(iii) Develop a Code of Conduct/Mutual Respect Policy prior to learners commencing group/peer work or critiques.
(iv) Include formal scheduling of structured interim assessments within each module to augment and contextualise verbal formative feedback.
(v) Review Section 4.3.2 and Section 4.5.5.3 to bring a balance between the assessment burden and allowing students to progress.
(vi) Expand the opening sentence of the EDI Policy to be more inclusive of Traveller and ethnic minority groups.
(vii) Clarify the limits of support roles within the provider's support which could be articulated in Terms of Reference for the role(s).
(viii) Create an agreed report template for monitoring programmes.
(ix) Clarify where ultimate oversight of cross-institute teaching, learning and assessments standards sit.

Part 8   Proposed Approved Scope of Provision for this provider

NFQ Level(s) – min and max	Award Class(es)	Discipline areas
Level 5-Level 7	Major (Fashion Design)	Arts and Humanities-Handicrafts
	Major (Graphic Design)	Arts and Humanities-Audio-visual techniques & media production
	Major (Interior Design)	Arts and Humanities-Fashion, interior and industrial design

Part 9   Approval by Chair of the Panel

This report of the panel is approved and submitted to QQI for its decision on the approval of the draft Quality Assurance Procedures of <Provider Name>.

Name: H. McBride

Date: 11.06.2021

Quality and Qualifications Ireland
Dearbhú Cáilíochta agus Cáilíochtaí Éireann

Annexe 1: Documentation provided to the Panel in the course of the Evaluation

Document	Related to
Application Form 12 August 2020	
EDU Company Register	
Income projections 2020-2025	
Insurance Policy 2019-2020	
Signature pages	
DID QAE Manual 12Aug20	
Provider awards per year-last 10 years	
Provider awards per year last 10 years 2	
Provider profile	
Validated programmes per provider	
Financial Plan and Income Projections	
Audit Statement	
Financial Statements	Submitted for reconvened virtual panel meeting (desk review) 21st May 2021
Institute Risk Register	
Staffing Overview Table	
Premises Lease	
Premises floor plan	

Annexe 2:   Provider staff met in the course of the Evaluation

Name   Role/Position

Name	Role/Position
Shane Connolly	Institute Director
Tony Quinlan	Institute Registrar
Danielle Townsend	Director of Programmes
Niamh Lynch	Head of Department Fashion Design
Aisling Tiernan	Institute Registrar (appointed since the initial virtual visit, met with the Panel on 21st May as part of the desk review)

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John McDonald	Head of Department Interior Design
Brian Hegarty	Student Services
Wendy Doyle	Department Coordinator Interior Design
Ismael Marquez	Learner
Barry Hone	Learner
Kemil Naidoo	Learner

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Appendix: Provider response to the Reengagement Panel Report

Dr. Deirdre Stritch
Quality and Qualifications Ireland (QQI),
26-27 Denzille Lane,
Dublin 2

Dublin Institute of Design
The Capel Building
Mary's Abbey
Dublin 7
Tel: 01-6790286

15 June 2021

Reference: Provider response to QQI regarding Panel Report for Reengagement

Dear Deirdre,

Following on from the virtual panel visit which took place on 21st May 2021, we would like to formally acknowledge receipt and acceptance of the Panel's Report supporting our efforts for a successful Reengagement.

We appreciate the feedback and have found this to be an enriching process, helping us to further strengthen and improve our quality assurance and enhance our policies and processes across the Institute.

With regard to this report, we take the panel's recommendations and advice on board and we will work to implement the two conditions by the end of August 2021, namely to:

1. Articulate who has responsibility for policy approval and version control in the Quality Assurance and Enhancement Manual.

2. Develop a Safeguarding Policy which covers the provider's safeguarding obligations to its learners.

We have also reviewed the report for inaccuracies but we are happy that the document is in good order.

We would like to thank you and the team again for your support throughout this process.

Best Regards,

Aisling

Aisling Tiernan
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