![QQI Quality and Qualifications Ireland / Dearbhú Cáilíochta agus Cáilíochtaí Éireann]

Reengagement Panel Report

Assessment of Capacity and Approval of QA Procedures

Part 1   Details of provider

1.1   Applicant Provider

Registered Business/Trading Name:	IICP Education and Training Ltd.
Address:	Main Building Killenarden Enterprise Park Killenarden Dublin 22 D24 TKC7
Date of Application:	31 July 2019
Date of resubmission of application:	
Date of evaluation:	
Date of site visit (if applicable):	8th of October, 2019
Date of recommendation to the Programmes and Awards Executive Committee:	6 February 2020

1.2   Profile of provider

IICP was established in 2003 to provide training and education in the fields of Counselling and Psychotherapy. The College is located in Killinarden in Tallaght, providing higher education opportunities in core health and social care disciplines within a diverse socio-economic community, and situating the College in a geographical area affected by educational and social disadvantage.

IICP's mission is to provide training and education to the wider community of professionals and volunteers working in the caring professions, which it achieves through the provision of learning opportunities that enhance personal, professional academic and intellectual development through comprehensive training and education within the context of mental health. IICP is further committed to encouraging participation in higher education and creating accessible pathways for diverse learners. The College operates its training

programmes and counselling service in collaboration with the Village Counselling Service, a charity established by IICP President, Dr. Marcella Finnerty and Pat Jennings.

Currently, IICP has over 600 enrolled learners. The College delivers a range of QQI validated programmes ranging from NFQ Level 6 to NFQ Level 9. These include an MA in Pluralistic Counselling and Psychotherapy and an MA in Integrative Child and Adolescent Psychotherapy. In 2018, IICP certified 193 learners across its QQI validated programmes. IICP runs professionally accredited (IACP) diplomas and offers a range of continuing professional development courses and workshops in addition to its QQI programmes.

The typical learner at IICP has a mature profile. Learners tend to have life experience relevant to counselling and psychotherapy, with the average age being mid-thirties. However, it should be noted that the overall age range of learners at the College ranges from early 20's to late 70's. In general, the College receives a higher proportion of applications from females (70%), but this is noted by IICP to be variable from year to year and this is typical in the fields of counselling and psychotherapy.

Part 2 Panel Membership

Name	Role of panel member	Organisation
Barbara Hannigan	Chair	Trinity College Dublin
Catherine Peck	Report Writer	Independent Education Consultant
Sinead O'Neill	Panel Member	Technological University Dublin
Denis Ryan	Panel Member	ICHAS
Achint Atri	Student Representative	Dublin City University

Part 3   Findings of the Panel

3.1   Summary Findings

The reengagement process involved a comprehensive review by the panel of IICP's Quality Assurance Manual (QAM), as well as the substantial documentation supporting its application. Following this, the panel conducted a full day site visit to IICP, during which the panel engaged in discussions with provider staff working in leadership, academic, administrative and student support roles. The panel notes a number of areas of outstanding practice at IICP arising from this process that should be acknowledged at the outset of this report.

Firstly, the panel commends IICP for its openness to discourse with the panel and demonstrated commitment to the process of reengagement. It was evident during the site visit that a commitment to quality assurance is an integral aspect of IICP's ethos and operations. IICP submitted comprehensive QA documentation in its application for reengagement that was reflective of this commitment.

The panel noted and appreciated the collegiality and responsiveness of IICP representatives to the panel, both leading up to and throughout the site visit. The panel commends IICP in relation to its ability to self-evaluate, identify gaps and engage constructively in addressing these, and to utilize the panel's external contribution as supportive peers in this process.

The panel offers multiple further commendations to IICP in relation to its provision for learners. IICP has an exceptionally favourable learner – staff ratio, and an extensive and well-integrated learner support programme. Learners are engaged in the development and maintenance of QA at IICP through an in depth and exemplary process of consultation. Programme delivery at IICP also benefits from the provider's commitment to research and empirically informed practice, and the wide engagement of IICP in the field.

Finally, the panel commends IICP for its adoption of a strategic approach to future proofing its programme delivery. The potential for uptake of blended learning delivery modes in the discipline is being resourced and explored, and a new learner management system is being introduced. IICP's approach to these innovations reflects due caution, with associated risks mitigated by phased implementation plans.

While acknowledging the evident strengths of IICP and its widely valued contribution to the sector, the panel held some concerns pertaining to inconsistencies in the QAM at the conclusion of the site visit. The QAM required greater clarity in relation to reporting versus advisory relationships, and specificity in the accountability of named decision-makers in relation to roles and responsibilities. These points were outlined in detail to the provider. As these issues were considered discrete, and in the view of the panel could be addressed quickly by the provider, IICP

was granted 6 weeks in which to submit evidence to the panel that the issues identified had been satisfactorily addressed.

Following that 6 week period, the panel reconvened to review IICP's updated submission. It was the view of the panel that the concerns raised had been comprehensively addressed by IICP, and the panel was unanimous in its decision to recommend approval of IICP's draft QA procedures.

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

	Tick <u>one</u> as appropriate
Approve IICP's draft QA procedures	X
Refuse approval of IICP's draft QA procedures **with mandatory changes** set out in Section 6.1 (If this recommendation is accepted by QQI, the provider may make a revised application within six months of the decision)	
Refuse to approve IICP's 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**	IICP's Certificate of Incorporation was submitted along with other related documentation as evidence. IICP has been in operation since 2003 and is well-established in Ireland.
4.1.2(a)	*Criterion: Is the legal entity established in the European Union and does it have a substantial presence in Ireland?*	**Yes**	Currently, IICP has 600 enrolled learners undertaking a variety of QQI validated and professionally accredited programmes.
4.1.3(a)	**Criterion:** *Are any dependencies, collaborations, obligations, parent organisations, and subsidiaries clearly specified?*	**Yes**	IICP clearly outlined that there are no collaborative provision relationships in its application.
4.1.4(a)	**Criterion:** *Are any third-party relationships and partnerships compatible with the scope of access sought?*	**Yes**	As per criterion 4.1.3(a), this is in not applicable.
4.1.5(a)	**Criterion:** *Are the applicable regulations and legislation complied with in all jurisdictions where it operates?*	**Yes**	The evidence provided in support of IICP's application is indicative of compliance with Irish/EU legislation.
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**	IICP has a track record of certification with QQI, certifying over 1000 learners to date. IICP also offers IACP accredited programmes and is well regarded within the field.

Findings

The panel is satisfied that IICP's legal and compliance requirements are fully met and satisfy criteria 4.1. IICP provided appropriate and comprehensive evidence indicating this in support of its application. The panel further notes that IICP has been in operation since 2003, and has an established track record of certification for its QQI validated programmes. It additionally delivers professionally accredited programmes (IACP).

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**	IICP has submitted appropriate evidence in support of its application, including a tax clearance certificate, auditor's letter of representation and 2018 accounts.
4.2.2(a)	**Criterion:** *Does the applicant have a reasonable business case for sustainable provision?*	**Yes**	IICP is a well-established provider with a track record of growth, stable leadership and a well-articulated strategic plan.
4.2.3(a)	**Criterion:** *Are fit-for-purpose governance, management and decision-making structures in place?*	**Yes**	The panel was initially of the view that some adjustments were required in relation to governance and management. The panel's concerns were comprehensively addressed by IICP during a 6 week interim period, and were subsequently evaluated by the panel to be fit-for-purpose.
4.2.4(a)	**Criterion:** *Are there arrangements in place for providing required information to QQI?*	**Yes**	There is evidence of effective processes being in place at IICP to provide QQI with information as required.

Findings

The panel is satisfied that IICP's resource and structural requirements are fully met, and that appropriate evidence has been provided to support IICP's application. The panel is of the view that effective governance and management structures are in place at IICP.

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**	IICP has a track record of delivery of QQI validated programmes at NFQ 6 – 9.
4.3.2(a)	**Criterion:** *Does the applicant have a fit-for-purpose and stable complement of education and training staff?*	**Yes**	IICP has a complement of long-term education and training staff who are appropriately qualified, and in many cases are actively contributing to research in their discipline.
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**	The panel is satisfied that IICP's track record of certification reflects its capacity to co-operate with and assist QQI and provide QQI with information as specified in Section 45(3) of the 2012 Qualifications and Quality Assurance (Education and Training) 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**	The panel is satisfied that IICP's premises and facilities are wholly appropriate to meet the requirements of the proposed provision.
4.3.5(a)	**Criterion:** *Are there access, transfer and progression arrangements that meet QQI's criteria for approval in place?*	**Yes**	The panel was initially of the view that IICP's RPL policies and procedures need to be reviewed to ensure their consistency with QQI's requirements. The panel's concerns were comprehensively addressed by IICP during a 6 week interim period, and were subsequently evaluated by the panel to meet QQI's criteria for approval.
4.3.6(a)	**Criterion:** *Are structures and resources to underpin fair and consistent assessment of learners in place?*	**Yes**	IICP has appropriate policies and procedures in place.

4.3.7(a)	**Criterion:** *Are arrangements for the protection of enrolled learners to meet the statutory obligations in place (where applicable)?*	Yes	IICP has arrangements in place for PEL, and its policy with regard to this is made publicly available via its website.

Findings

> The panel is satisfied that IICP's programme development and provision requirements have been met, and that this is reflected both in the evidence submitted and in the provider's track record of programme validation, programme delivery and certification.

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

> The panel is of the view that IICP is a justifiably well-regarded provider in the sector, and fulfils its mission to deliver high quality programmes of significant social value and increase access to higher education in an underserved geographic area. The panel is also satisfied that IICP has the capacity to provide sustainable education and training within its current scope of provision.
>
> IICP submitted comprehensive evidence of their capacity to provide sustainable education and training in support of their application for reengagement. This was indicative of IICP having established processes, appropriately expert staff and facilities, and an adequate resource base.
>
> Within this aspect of IICP's QA, potential vulnerabilities were identified in relation to adjustments needed to the governance and management structures as outlined in the QAM and the consistency of IICP's RPL policies and procedures with QQI requirements. These concerns were fully addressed by IICP during a 6 week interim period, and the panel has no ongoing concerns in either regard.

Part 5   Evaluation of draft QA Procedures submitted by IICP College

The following is the panel's findings following evaluation of IICP's quality assurance procedures against QQI's Core Statutory Quality Assurance Guidelines (April 2016). Sections 1-11 of the report follows the structure and referencing of the Core QA Guidelines.

1	GOVERNANCE AND MANAGEMENT OF QUALITY

Panel Findings:

QQI's 2016 Core Statutory Quality Assurance Guidelines require QA systems to ensure that corporate decision-makers within the provider do not exercise undue influence over academic decision-making. Further, a provider's quality management system must include identification of roles and positions responsible for the implementation of quality assurance policies and procedures, which are clearly described and designated.

During an initial presentation to the panel at the site visit, IICP representatives noted that individuals within the organization were retained long term. This enables IICP to facilitate continuity of care for learners and reflects the high level of commitment among the provider's staff. However, IICP representatives also noted that low staff turnover combined with the relatively small scale of the organization meant that key individuals typically held multiple roles. The panel noted in discussions with IICP representatives that vulnerability in relation to governance and management of quality is an issue being grappled with by many providers of similar size and profile within the sector.

During the site visit, the panel's discussions in relation to this dimension of QA sought to clarify the relationships between various bodies identified in IICP's QAM. For example, the Advisory Board and the President, the various academic subcommittees/panels and the Senior Management Team, and the Academic Council and the Senior Management Team. This discussion made clear that while accountability, reporting and advising relationships between these bodies were appropriate in practice, this was not always evident from the description of these relationships in the QAM. The panel and IICP representatives concurred that these descriptions therefore needed to be revised.

The panel also sought to explore how appointments were made to the Academic Council (for example, the appointment of a chairperson) and to gain greater understanding of the Academic Council's terms of reference in relation to its subcommittees. The panel's initial review of the QAM indicated that the chair of the Academic Council is elected by the membership of that body, and that the Senior Management Team plays a role in requesting Academic Council Subcommittees be established. The panel acknowledges the significance of IICP's institutional values and culture in regard to this aspect of the discussion, in that achieving consensus and ensuring all are being heard is important within the organisation. However, the emphasis on collegiality and consensus cannot be allowed to override effective governance and the clear autonomy of academic decision-making (see 6.2.2). The panel was of the view that as appointments to the Academic Council had strategic implications for overall Governance, these were within the remit of the Board of Directors (see 6.1.2 and 6.2.1). The panel was further of the view that the terms of reference

for the various subcommittees to the Academic Board, including accountabilities, could benefit from being further defined.

While the panel was confident overall that robust governance structures and effective management were operational at IICP, the panel advised that the language used throughout IICP's QAM needed to be more precise. A revision of the QAM was needed to specifically address how the directionality and intent of relationships was expressed, for example the description of the President's interactions with the Advisory Board could have been usefully rephrased to more clearly reflect that the president seeks advice and/or invites comment from the AB, but does not seek their approval on proposals for the College.

Throughout discussions with IICP during the site visit, the panel noted that in several areas of IICP's operations (for example, admissions, readiness to practice, attendance policies and learner support) decisions were considered on a case by case basis. The panel was of the view that while this was appropriate, the QAM could be strengthened through inclusion of more detail in these areas. The QAM could also usefully include any objective criteria that are used as part of a decision-making process, and these cases could be audited and tracked for consistency.

Following the six week interim period allocated, IICP submitted evidence to the panel that indicated it had comprehensively addressed all of the concerns identified above.

2 DOCUMENTED APPROACH TO QUALITY ASSURANCE

Panel Findings:

Within this dimension of QA, QQI's 2016 Core Statutory Quality Assurance Guidelines require QA systems to be fully documented and include robust documented processes for the assurance of the quality and standards of provision.

The panel was of the view that IICP's documentation is for the most part appropriately aligned to QQI's guidelines, appropriate to the provider context and had formal standing within the provider. Notably, IICP presented evidence to the panel of the provider's extensive consultation with learners on its quality assurance policies and procedures and the formats they were presented in. IICP's QA manager has responsibility for drafting the QAM. However, the consultation process engages the wider community in the generation of the documentation, facilitating a policy community across the provider. The panel further note that the documentation presented was comprehensive in scope, and reflected the provider's commitment as an organisation to quality in programme provision.

It was evident to the panel that QA procedures were reviewed cyclically, and IICP representatives confirmed during the site visit that each area has an end date for this purpose. IICP also encourages ongoing feedback from staff and learners on its processes. This facilitates adjustments if elements of the QA system are not functioning as intended. During the site visit, IICP representatives noted that it is a requirement of all staff that they bring issues with the QA system to the attention of the QA manager or the relevant decision-making body. Other forms of self-monitoring and review, including programmatic review, annual programme reviews and student feedback also provide information to IICP regarding the efficacy of its QA.

In the process of reviewing the documentation prior to the site visit, the panel noted some inconsistencies in references to roles and titles throughout the QAM (for exemplification, the President was on occasion referred to as the Dean; the distinction workplace supervisors and workplace managers was not consistently clear; some duplication of responsibility was apparent where it was ascribed to both course coordinators and the registrar). During discussion with IICP representatives on the day of the site visit, the panel took the opportunity to clarify such examples. IICP staff acknowledged that these inconsistencies needed to be addressed through careful editing of the QAM.

The panel identified addressing this as a straightforward but significant outcome of this stage of IICP's reengagement. The panel advised that where documentation was presented in a narrative style it could usefully be edited to emphasize the specific functional and operational details of the QA system .The panel also noted that following a clarification request made in advance of the site visit, IICP were able to provide substantial documentation that illuminated how particular procedures were implemented in practice. The panel felt that some detail from that response could usefully be incorporated into the documentation. Further clarity could be achieved via a careful review of how language of possibility was used throughout the documentation. Following the six week interim period allocated, IICP submitted evidence to the panel that indicated it had undertaken substantial editing to address these concerns.

3   PROGRAMMES OF EDUCATION AND TRAINING

Panel Findings:

This dimension of QA within QQI's 2016 Core Statutory Quality Assurance Guidelines encompasses the development and approval of new programmes, learner admission, progression and retention and programme monitoring and review.

IICP's policies for new programmes and programme review and revalidation are published on the provider's website. The policy for new programmes sets out the process by which new programmes at IICP, as well as substantial modifications to existing programmes, are developed and approved. IICP's approach is explicitly guided by QQI's guidelines. New programmes may be proposed by any member of staff at IICP, and presented to the Academic Council. The policy accounts for stakeholder and learner consultation, has regard to QQI's Core Validation Criteria and establishes a separation between those who develop learning material (the Programme Development Team) from those who approve it (Academic Council).

With regard to admission, progression and retention policies, during the site visit the panel sought to gain greater understanding of processes at IICP in relation to decision-making for RPL during discussions at the site visit. The panel also sought to clarify that if admissions were appealed, the appeals process would ensure that applicants could appeal to a higher authority, and that the process would exclude individuals involved in making the original decision. For example, that the registrar would handle RPL appeals but not be involved in assessing RPL applications in the first instance. Discussion of how the draft policies and procedures in this area were implemented functionally made clear that good practices in relation to decision-making and appeals are followed by IICP. The panel also engaged in discussion of progression processes at IICP with the College's representatives. This discussion encompassed student withdrawal or deferral in cases including non-payment of fees or issues related to fitness to practice. While it was again evident in discussion that IICP's operations reflect good practice, the panel again held concerns that full transparency and accountability of these processes was not always present in the College's documentation.

The panel was of the view that this area of IICP's documentation needed to be amended to ensure its adherence to QQI's guidelines and good practice principles was adequately reflected in the documented QA. Following the six week interim period allocated, the panel was satisfied that this had been accomplished by IICP.

IICP's policies relevant to programme monitoring and review are published on the provider's website. Discussion during the site visit reflected that IICP's practices are in alignment with QQI's 2016 Core Statutory Quality Assurance Guidelines in this regard, and include ample opportunity for the learner voice to be heard and considered.

| 4 | STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT |

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been addressed by IICP.

New staff members at IICP are provided with a comprehensive induction to the college ethos, the Teaching, Learning and Assessment strategy and IICP QA system. All new staff members are mentored, including those with experience, and a programme of peer observation of the teaching of skills modules at IICP assists in the consistency of approach. IICP staff can access a lecturer hub on the provider's Moodle, which contains information on teaching, learning & assessment as well as Moodle technical support.

IICP's policies for Quality Assurance of teaching staff, including recruitment and selection, induction and probation and staff development are publicly available on its website. Staff at IICP participate in performance reviews through the provider's Staff Development Dialogue framework, which is also outlined in this section of its published QA.

| 5 | TEACHING AND LEARNING |

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been addressed by IICP.

During the site visit the panel explored how the Teaching and Learning Strategy at IICP was developed, and the role that stakeholders played in contributing to this. Discussions reflected that this was a highly consultative and student centred process. Pedagogic strategies at IICP are varied and selected as appropriate to the learning outcomes of the programmes and modules taught. All programmes are taught face to face, and may utilize a mix of didactic, experiential and clinical work. Teaching strategies include small group work, small group clinical supervision and process and interpersonal process (IPR) recall, which is effectively reflective practice. IICP teaching staff spoke with the panel in detail about the provider's approaches, and it was evident that there is a deep commitment at IICP to the learner and learning experience. IICP staff also identified that module feedback was used to inform adjustments and adaptations as required across all programmes. The panel noted one item of specific advice for IICP as an outcome of discussions in this area, pertaining to the current practice of having Exam Boards granting final approval for extensions, which the panel saw as an unnecessary requirement (see 6.2.7).

This dimension of QA also encompasses off-campus learning environments, and the panel discussed learner preparation for practice and QA of clinical placements with the panel. The latter includes screening and vetting of placement providers, and includes a site visit prior to a learner being endorsed to undertake

a placement with a new placement provider. Communications with placement providers are ongoing, with site managers completing reports for IICP. Faculty see the clinical placement as an extension of the classroom. There is oversight and governance of the clinical placement for this reason. The panel has provided an item of specific advice to the provider with regard to this aspect of programme delivery, which pertains to clarifying tasks, roles and responsibilities in relation to placement management and coordination in the QAM (see 6.2.6).

The panel sought to also understand what mechanisms were in place to ensure objectivity in judgements regarding learners' readiness to practice. Discussions indicated that this was a phased process; learners undertake a self-assessment first utilizing some objective criteria, and faculty consider this in their evaluations. This was characterised by IICP representatives as a blend of self-evaluation by the learner and co-evaluation by the faculty.

This dimension of QA also requires that providers have procedures for dealing with learner appeals. IICP does have an appeals process indicated within its QAM. However, the panel has noted an item of specific advice to the provider pertaining to this (6.2.3). This pertains to the need to specifically outline that learners have the right to appeal decisions to a higher authority, and that the original decision-maker will not be involved in the adjudication of any appeal.

6 ASSESSMENT OF LEARNERS

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been addressed by IICP.

During the site visit the panel sought to understand assessment practices at IICP in more detail, and to clarify questions arising from advance review of the documentation, for example, that four attempts at any piece of assessment were allowable except where professional accreditation requirements demand otherwise. The discussion was wide ranging, and extended to adjacent policies on academic impropriety and the exclusion of some CPD programme offerings from the assessment policy. The panel noted one item of specific advice to IICP as an outcome of this discussion, which pertained to addressing issues of academic integrity/impropriety separately to issues of professional misconduct separately within the QA policies and procedures (see 6.2.5).

7 SUPPORT FOR LEARNERS

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been comprehensively addressed by IICP.

Learners at IICP are offered a comprehensive induction, commencing with an email welcome and a welcome pack to each module containing information and assessment details. The 'by your side' learner support programme runs at IICP alongside other modules, and lecturers are aware of this support for their learners. Support is provided to learners in areas including understanding rubrics and comprehending academic language. Learner support is also very closely linked to progression milestones to facilitate learner success, and may focus on skills, writing or performance competencies as required. Additional resources for self-directed learning are available and learners are sign-posted to these within modules. During the site visit IICP representatives articulated that the intended outcome of the learner support programme was to ensure that there was a consistent and continuing process of learner support and that this was articulated to IICP learners through action. Feedback from learners was noted to have been extremely positive. Notably, former students at IICP are sometimes engaged to assist in delivering aspects of the learner support programme, which has been well-received by current learners.

As noted in a commendation in Section 3.1 of this report, learners at IICP have opportunities to contribute to the provider's QA system. Formal and informal mechanisms are in place to ensure learners can make representations to the College about matters of general concern.

8 INFORMATION AND DATA MANAGEMENT

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been addressed by IICP.

During the site visit discussions with IICP representatives encompassed current systems for data management and the phasing in of a new purpose build student information system currently in testing mode. This system, to be in operation by the close of 2019, would enhance the efficiency of data management systems at the provider. IICP's transition to the new system includes a risk mitigation strategy, whereby old systems would be maintained alongside the implementation for an extended period. Discussions also encompassed informed consent procedures for recordings of clinical practice that are assessed, and how these are GDPR compliant. IICP confirmed that the informed consent forms include appropriate detail that both a client and placement provider would require, including the purpose of recordings and the cooling off period. IICP noted that all data management activities are under continual review to ensure GDPR compliance

9 PUBLIC INFORMATION AND COMMUNICATION

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been addressed by IICP.

IICP publishes QA policies and procedures, alongside a number of other documents on its website. The IICP College Public Information Policy is among these.

Comprehensive programme information, outlining entry routes and information regarding awards the programmes lead to. Learner information is also provided within a learner handbook, and in programme specific welcome packs. Details of PEL arrangements are outlined on the website.

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

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been addressed by IICP.

IICP does not engage in external partnerships or collaborative programme provision. IICP delivers two IACP accredited programmes and actively engage with professional bodies and research in the discipline.

11 SELF-EVALUATION, MONITORING AND REVIEW

Panel Findings:

The panel is satisfied that QQI's Core Statutory Quality Assurance Guidelines in relation to this dimension of QA have been addressed by IICP.

IICP has separate Programme Boards for each of its programmes, and facilitates communication between these as appropriate. Both quantitative and qualitative data, including learner feedback, learner outcomes and grade distributions are reviewed by Programme Boards. Self-monitoring and review is cyclical, and encompasses internal and external reviews as well as annual reports.

IICP's College Monitoring and Evaluation Policy is published among the policies on its website. This policy is guided by QQI's guidelines, the European Standards & Guidelines (ESG) and Irish Association for Counselling & Psychotherapy's (IACP) annual monitoring protocol. The policy encompasses ongoing monitoring activities at IICP, and outlines responsibilities and roles with regard to these. Overall responsibility at IICP for ensuring that the procedures for programme monitoring, programme review and module reviews are fit for purpose and being implemented at regular intervals rests with the Academic Council.

Evaluation of draft QA Procedures - Overall panel findings

As outlined in Section 3.1 of this report, the panel's review of IICP's draft QA procedures and site visit to the provider has led to a number of commendations on areas of demonstrated excellence. The panel is pleased to be able to recommend approval of IICP's draft QA procedures.

Part 6 Mandatory Changes to QA Procedures and Specific Advice

The following proposed mandatory changes and items of specific advice were identified at the conclusion of the site visit on 8th October, 2019 by the panel. As these issues were considered discrete, and the panel was of the view they could be addressed relatively quickly by the IICP, the panel availed of its option to defer its decision to allow the provider 6 weeks to address the issues identified.

The panel reconvened on the 12th of December to evaluate the evidence submitted by IICP that it had implemented the required changes. The panel was satisfied at that time that IICP had adequately addressed the issues set out in Sections 6.1 and 6.2 of this report.

The revised documentation was found to be clear and easy to navigate. The panel noted that although tracked changes should be removed and some typographical errors addressed prior to publication, the document was overall comprehensive yet concise. IICP's responses to the interim report from the panel were well-considered, detailed and appropriate. Moreover, the panel was of the view that IICP had demonstrated professionalism and grace in their interactions with the panel and receptivity to the panel's feedback.

6.1 Mandatory Changes

With regard to Governance and Management:

6.1.1   The current QAM needs to be amended to address inconsistencies and clearly distinguish between reporting relationships (which entail accountability) and advisory relationships (which entail provision of information only). Greater precision is needed in the language use in the QAM to facilitate clarity for all stakeholders.

6.1.2   It is within the remit of the Board of Directors to establish the Terms of Reference for, and appoint the chair of, the Academic Council. The current Terms of Reference should be amended to reflect this, and future chairs should be appointed by the Board of Directors. There must be no overlap of membership between the Board of Directors and the Academic Council to ensure academic autonomy of the latter.

6.1.3   The Terms of Reference for the subcommittees of the Academic Council must be expanded to more clearly outline their role in decision-making, accountabilities and responsibilities and to explicitly refer to the policies and procedures relevant to their function.

6.1.4   Review the QAM for inconsistencies. Clearly delineate tasks, roles and responsibilities of named decision-makers. Cross-reference between interrelated or intersecting policies and procedures. Edit for accuracy of titles and consistent use of terminology.

6.1.5   Review policies and procedures related to RPL to ensure their consistency with QQI's requirements.

6.2 Specific Advice

6.2.1   The panel encourages IICP to consider appointing an appropriately qualified external chair to the Academic Council.

6.2.2   The emphasis on decision-making by consensus in the Terms of Reference for the Academic Council should be amended to more clearly reflect that this is an aspiration, not a requirement.

6.2.3   Specify within the QAM that learners have the right to appeal decisions to a higher authority within the College, and that where an appeal is made that the original decision-maker is not involved in adjudication of the appeal.

6.2.4   Where evaluations are made or decisions taken on a case by case basis (for example, in relation to RPEL applications or in determining fitness to practice) a consistency of approach needs to be more transparently articulated in the QAM. Examples of how to do this might include stating any objective criteria that are used as part of a decision making process in the QAM, or establishing committees tasked with evaluating routine processes, such as RPL applications. This should include auditing and tracking of cases, including outcomes.

6.2.5   Address issues of academic integrity/impropriety and issues of professional misconduct separately within the QA policies and procedures.

6.2.6   Clarify tasks, roles and responsibilities in relation to placement management and coordination.

6.2.7   Reconsider the current policy of having exam boards make final approvals on extensions.

6.2.8   In relation to any policy or procedure that must be enacted within a specific, indicative time frame, make this explicit in the relevant policies, appropriate course resources, learner handbooks and public information.

Part 7   Proposed Approved Scope of Provision for this provider

NFQ Level(s) – min and max	Award Class(es)	Discipline areas
6 – 9	Major, Minor and SPA	Health and Welfare

Part 8   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 IICP.

Name: _____

Date: 17th December 2019

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

Document	Related to
Updated Organisational Chart and Reporting Relationships	Governance and Management
Outline of consultation process used in the development of the QAM	Documented Approach to QA
An example of consultation process used with students: (Correspondence with Learner Representative in MA in Pluralistic Counselling and Psychotherapy)	Learner Support & Representation
Mid-Term review of Strategic Plan 2018 - 2020	Governance and Management

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

Name	Role/Position

Name	Role/Position
Dr. Marcella Finnerty	College President
Dr. Aine O'Reilly	Senior Manager in Quality Assurance
Ms. Marisa Finnerty	Legal Counsel and Director
Ms. Caitriona Kearns	Director of Registry & Operations
Mr. David O'Regan	Head of Academic Studies
Mr. Eddie Darby	Chair of Senior Management Team

Name	Role/Position
Prof. Michael O'Rourke	Professor
Mr. Dermot O'Neill	Programme Leader
Ms. Ann Frey	Programme Leader
Ms. Gayle Doyle	Programme Leader
Ms. Frankie Brown	Assistant Programme Leader
Mr. Christy Kenneally	Senior Lecturer
Mr. Stephen Rowen	Senior Lecturer
Ms. Eileen Finnegan	Senior Lecturer
Ms. Clair Bel Maguire	Lecturer
Mr. Shay Hogan	Associate Lecturer

Ms. Diana Selak O'Reilly	Associate Lecturer
Dr. Dena Ginsberg	Assistant Manager in Registry
Ms. Pamela Patchell	Programme Coordinator
Ms. Frankie Brown	Student Support Manager
Ms. Laura Pierce	Admissions and Office Manager
Mr. Roderick Smyth	Financial Controller
Mr. Kevin Smith	Technology Manager
Mr. Jordan Buchanan	Educational Technologist
Ms. Dion O'Brien	College Administrator
Ms. Fiona Dunne	Accounts Administrator

Response Document:

Six Week Deferral

Panel Visit 08 October 2019

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INTRODUCTION

IICP College welcomes the report of the independent panel convened to consider the College's reengagement with QQI. The College would like to express its gratitude for the time and commitment given by the panel members to the review process. Their collegial and supportive feedback has enabled the College to enhance its QA procedures.

The College appreciates the panel's findings and commendations. The College accepts and supports the panel's identification and findings in respect of mandatory changes, specific advices and commendations.

The College response to the report is presented below under the following headings:
- o Areas of Outstanding Practice
- o Mandatory Changes
- o Specific Advice

IICP College is heartened to note the number of areas of outstanding practice arising from the reengagement process that the panel describe at the outset of their report.

These included:

1. "**Firstly, the panel commends IICP for its openness to discourse with the panel and demonstrated commitment to the process of reengagement. It was evident during the site visit that a commitment to quality assurance is an integral aspect of IICP's ethos and operations. IICP submitted comprehensive QA documentation in its application for reengagement that was reflective of this commitment.**

    The panel noted and appreciated the collegiality and responsiveness of IICP representatives to the panel, both leading up to and throughout the site visit. The panel commends IICP in relation to its ability to self-evaluate, identify gaps and engage constructively in addressing these, and to utilize the panel's external contribution as supportive peers in this process" (p. 3).

IICP College is encouraged by the panel's recognition of the College's openness, commitment and quality focus. The College-wide community has undertaken reengagement with a great deal of enthusiasm, curiosity and critical engagement. We have benefited considerably from the reflections, critique and dialogue by and with the panel, and would like to acknowledge the panel's contribution to our growth and development.

2. "**The panel offers multiple further commendations to IICP in relation to its provision for learners. IICP has an exceptionally favourable learner – staff ratio, and an extensive and well-integrated learner support programme. Learners are engaged in the development and maintenance of QA at IICP through an in depth and exemplary process of consultation. Programme delivery at IICP also benefits from the provider's commitment to research and empirically informed practice, and the wide engagement of IICP in the field**" (p. 3).

IICP College is particularly heartened by the Panel's commendation regarding our provision to learners. This positively confirms the achievement of our core values, in particular our commitment to supporting our learners every step of the way through their education in a welcoming and caring environment. We also welcome the recognition of our commitment to engagement in research and empirically informed practice, and the benefits that this brings to programme delivery, teaching and learning, and ultimately the learner's experience.

3. "**Finally, the panel commends IICP for its adoption of a strategic approach to future proofing its programme delivery. The potential for uptake of blended learning delivery modes in the discipline is being resourced and explored, and a new learner management system is being introduced. IICP's approach to these innovations reflects due caution, with associated risks mitigated by phased implementation plans**" (p. 3).

The College community is appreciative of this recognition of our efforts to ensure a strategic approach to future proofing our programme delivery. The development of blended learning delivery modes, and of a new learner management system, are areas of progress that we have considered, critiqued, and resourced, and we are most appreciative of the panel's insights and guidance in this regard. We will continue to move forward in these and other areas to ensure creativity and innovation are fostered in the College, but in a manner that cares for all College members, protects their interests and engages them in developments.

4. In addition, the panel noted in its overall findings in respect of provider capacity to provide sustainable education and training (section 4.4):

"**The panel is of the view that IICP is a justifiably well-regarded provider in the sector, and fulfils its mission to deliver high quality programmes of significant social value and increase access to Higher Education in an underserved geographic area**".

The College is encouraged and gratified by this recognition of the manner in which we are addressing and fulfilling our mission.

Mandatory Change 1: Inconsistencies and Reporting Relationships

6.1.1 The current QAM needs to be amended to address inconsistencies and clearly distinguish between reporting relationships (which entail accountability) and advisory relationships (which entail provision of information only). Greater precision is needed in the language use in the QAM to facilitate clarity for all stakeholders.

The College welcomes and supports Mandatory Change 1, and the greater clarity brought to its QAM by these changes.

In response, Policy *2.2 IICP College's Quality and Governance Framework; (ii) Governance* was broadened and amended in order to clearly distinguish between reporting and advisory relationships. The organisational chart was amended to ensure that relationships entailing accountability are clearly distinguishable from relationships involving information provision only.

In addition, updates were made throughout the QA manual to ensure that this clarity is consistently reproduced, in particular in the following policies:

1. *Policy 2.7 Terms of Reference of Academic Council*;
2. *Policy 2.6 Terms of Reference of Advisory Board.*

Mandatory Change 2: Appointment of the Chair of the AC

6.1.2 It is within the remit of the Board of Directors to establish the Terms of Reference for, and appoint the chair of, the Academic Council. The current Terms of Reference should be amended to reflect this, and future chairs should be appointed by the Board of Directors. There must be no overlap of membership between the Board of Directors and the Academic Council to ensure academic autonomy of the latter.

The College welcomes and supports Mandatory Change 2 and the revisions stated therein.

The following policies were amended in order to confirm that the <u>Board of Directors establish the Terms of Reference of the Academic Council</u>:

  i.   *Policy 2.7 Terms of Reference of Academic Council;*
  ii. *Policy 2.5 Terms of Reference of Board of Directors.*

The following policies were amended in order to clarify that the <u>Board of Directors appoint the Chair of the Academic Council, and any future chair of the Academic Council:</u>

  i.   *Policy 2.7 Terms of Reference of Academic Council;*
  ii. *Policy 2.5 Terms of Reference of Board of Directors.*

The following policies were amended in order to ensure that there is <u>no overlap of membership between the Board of Directors and the Academic Council</u>,

  i.   *Policy 2.2 IICP College's Quality and Governance Framework; (ii) Governance;*
  ii.   *Policy 2.7 Terms of Reference of Academic Council;*
  iii. *Policy 2.5 Terms of Reference of Board of Directors.*

Subsequent to the panel visit, IICP College progressed its intention to appoint an independent Chair of the Academic Council. The matter was considered at a meeting of the Board of Directors on 9th November 2019, and a resolution made. The College will seek the appointment of an independent chair in accordance with this resolution.

Mandatory Change 3: Academic Council Subcommittees
6.1.3 The Terms of Reference for the subcommittees of the Academic Council must be expanded to more clearly outline their role in decision-making, accountabilities and responsibilities and to explicitly refer to the policies and procedures relevant to their function (6.1.3, Panel Report, 2019).

The College welcomes and supports Mandatory Change 3, and benefits from the expansion and clarification the Terms of Reference of its Academic Council subcommittees.

The expansion of Terms of Reference was carried out in *Policy 2.10 Terms of Reference of Academic Council Boards, Subcommittees and Panels.*

Mandatory Change 4: Review the QAM for Inconsistencies

6.1.4 Review the QAM for inconsistencies. Clearly delineate tasks, roles and responsibilities of named decision-makers. Cross-reference between interrelated or intersecting policies and procedures. Edit for accuracy of titles and consistent use of terminology.

The College welcomes and supports Mandatory Change 4 and benefits greatly from the increased clarity and accuracy brought about by this change.

A review for inconsistencies was implemented throughout the QA manual in order to ensure accuracy of title and consistent use of terminology. In particular *Policy 2.2 IICP College's Quality and Governance Framework; (ii) Governance* was amended to ensure that there is a clear delineation of tasks, roles and responsibilities of named decision makers.

All policies were expanded to include a specific section explicitly stating related policies in order to cross reference between interrelated or intersecting policies and procedures.

Mandatory Change 5: RPL

6.1.5 Review policies and procedures related to RPL to ensure their consistency with QQI's requirements.

The College welcomes and supports Mandatory Change 5. In response, a full review of *Policy 1.4 Recognition of Prior Learning Policy* was carried out, and required changes made, in order to ensure its consistency with QQI's requirements. In addition, *Policy 9.4 IICP College Monitoring and Evaluation Policy* was amended to ensure that a specified role is responsible for providing tracking and monitoring data on RPL processes and outcomes to Programme Boards, and to clarify the Programme Board's responsibility for monitoring learner

performance and progression relating to recognition of prior learning applications and trends and anomalies in results.

Specific Advice

Specific Advice 1: External chair to the Academic Council

6.2.1 The panel encourages IICP to consider appointing an appropriately qualified external chair to the Academic Council.

The College welcomes and supports Specific Advice 1, and has actioned this item. Please see response to Mandatory Change 2: Appointment of the Chair of the AC.

Specific Advice 2: Terms of Reference for AC

6.2.2 The emphasis on decision-making by consensus in the Terms of Reference for the Academic Council should be amended to more clearly reflect that this is an aspiration, not a requirement.

The College welcomes and supports Specific Advice 2 and the revisions stated therein. In response, *Policy 2.7 Terms of Reference of Academic Council* was amended to clarify that the emphasis on decision-making by consensus is an aspirational one.

Specific Advice 3: Right to Appeal

6.2.3 Specify within the QAM that learners have the right to appeal decisions to a higher authority within the college, and that where an appeal is made that the original decision maker is not involved in adjudication of the appeal.

The College welcomes and supports Specific Advice 3 and the revisions stated therein. Adjustments were made to the following policies in order to clarify the right of appeal and the independence of the appeals process:

Policy 1.3. Access, Transfer and Progression Strategy and Policy ;

Policy 1.4 Recognition of Prior Learning Policy;

Policy 2.10 Terms of Reference of Academic Council Boards, Subcommittees and Panels;

Policy 2.11 Procedures for Hearings and Appeals;

Policy 3.4 Academic Impropriety Policy and Procedures;

Policy 5.2 Assessment Regulations;

Policy 5.7 Examination Results: Review, Recheck & Appeal;

Policy 7.6 Readiness to Practise;

Policy 7.7 Continuing with Clinical Placement Policy.

Specific Advice 4: Case-by-Case Decisions

6.2.4 Where evaluations are made or decisions taken on a case-by-case basis (for example in relation to RPEL applications or in determining fitness to practice) a consistency of approach needs to be more transparently articulated in the QAM. Examples of how to do this might include stating any objective criteria that are used as part of the decision making process in the QAM, or establishing committees tasked with evaluating routine processes such as RPL applications. This should include auditing and tracking of cases, including outcomes.

The College welcomes and supports Specific Advice 4 and the revisions stated therein.

In response, a number of policies were revised in order to articulate clearly a consistency of approach where decisions or evaluations are made on a case by case basis. These policies included:

Policy 1.3. Access, Transfer and Progression Strategy and Policy;

Policy 1.4 Recognition of Prior Learning Policy;

Policy 2.10 TOR of Academic Council Boards, Subcommittees, and Panels;

Policy 4.1 Policy and Procedure for Programme Deferral;

 Policy 4.2 Policy and Procedure for Programme Withdrawal;

Policy 7.6 Readiness to Practise;

Policy 7.7 Continuing with Clinical Placement Policy;

Policy 9.4 IICP College Monitoring and Evaluation Policy.

Specific Advice 5: Academic Impropriety and Issues of Professional Misconduct

6.2.5 Address issues of academic integrity/impropriety and issues of professional misconduct separately within the QA policies and procedures.

The College welcomes and supports Specific Advice 5 and the revisions stated therein.

In response, all references in Policy *3.3 Academic Integrity Policy* and *Policy 3.4 Academic Impropriety Policy and Procedures* to Professional conduct and codes were removed.

Specific Advice 6: Placement Management and Coordination

6.2.6 Clarify tasks, roles and responsibilities in relation to placement management and coordination.

The College welcomes and supports Specific Advice 6 and the clarity that this change brings to the QAM. In response, relevant policies were revised to state clearly that the Placement/Programme Coordinator is the key contact for learners related to placement, and coordinates the vetting and communication with placements and placement managers. These policies include centrally

> *Policy 7.3 Quality Assurance of Workplace Learning;*
>
> *Policy 7.4 Quality Assurance of Workplace Learning: Masters in Pluralistic Counselling and Psychotherapy*.

Specific Advice 7: Approval of Extensions

6.2.7 Reconsider the current policy of having exam boards make final approvals on extensions.

The College welcomes and supports Specific Advice 7 and the revisions stated therein.

Policy 3.7 Policy and Procedure for Mitigating Circumstances now identifies the Head of Academic Studies as holding authority and responsibility for granting an extension of greater than two weeks.

Specific Advice 8: Indicative Timeframes

6.2.8 In relation to any policy or procedure that must be enacted within a specific, indicative time frame, make this explicit in the relevant policies, appropriate course resources, learner handbooks and public information.

The College welcomes and supports Specific Advice 8 and the clarity that this change brings to the QAM. The following policies were reviewed and changed in order to ensure that Computation of Time is explicit and consistent:

a. *Policy 2.10 Terms of Reference of Academic Council Boards, Subcommittees and Panels;*

b. *Policy 2.11 Procedures for Hearings and Appeals;*

c. *Policy 3.4 Academic Impropriety Policy and Procedures;*

d. *Policy 5.7 Examination Results: Review, Recheck and Appeal;*

e. *Policy 6.5 Learner Disciplinary Policy;*

f. *Policy 6.7 Dignity and Respect;*

g. *Policy 6.8 Complaints Policy and Procedure;*

h. *Policy 7.6 Readiness to practise;*

i. *Policy 7.7 Continuing with Clinical Placement Policy and Procedure.*