**Comparative Analysis prepared by FESS for the ETBI/QQI Forum**

**Introduction**

In conducting this comparative analysis for the QQI/ETBI Forum, FESS reviewed the former suite of FET QA guidelines and the new QQI draft QA guidelines for ETBs, namely:

* FETAC Quality Assurance Guidelines for Providers Version 1.3
* FETAC Information for Learners: Guidelines for Providers
* QQI Quality Assuring Assessment: Guidelines for Providers revised 2013
* QQI Towards a Quality Assurance Framework for ETBs: Quality Assurance Guidelines (Consultative working draft)

In conducting the exercise, FESS highlighted what’s new, clarifications required and some suggestions/comments have been made.

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| **Headings** | **Comparison/differences/issues arising/clarification required/suggested actions/comments** |
| **1.Foreword** | The key message here is that Quality Assurance is at corporate level. The guidelines promote the establishment of higher order quality assurance processes. New areas/processes are as follows:   * Governance structures required to assure oversight of policy development and implementation. * Policy development to ensure transparency and consistency across the spread of the ETB provision. * Sub-contracting/procuring programme delivery – linked to collaborative provision: to ensure that for any ETB programme(s) wholly or partly delivered by another provider, there is a formal agreement setting out each party’s responsibilities. * Information management system required * Monitoring to assure that governance structures have adequate information to identify areas of potential concern and areas of excellence – link to Information Management System   ***Clarification needed:***  Programme Development: Integrating the PAA with QA system? |
| **2.Quality Assurance in FET** | ***What’s new:***   * Mention of finance in relation to QA is new   ***Comment:***   * Use of language in referring to the terms “product” and “outputs” |
| **3.Purpose of Guidelines** | No obvious change |
| **4.Principles** | ***What’s new:***   * Equality principle omitted – should this be an explicitly stated principle underpinning QA? * Consistency also not explicitly stated as a principle * Resources explicitly listed as a principle   ***Comment:***   * Should state that quality and fair/consistent system should enhance transparency |
| **5.Components of an ETB Provider’s Quality Assurance System** | **5.1 Overview**  ***What’s new:***  Previously there was no formal requirement for an information management system – the development of this is key  Self- evaluation and improvement appears to be two pronged:   1. The quality of programmes 2. Institutional QA - Does this replace the QA review cycle?   ***Comment:***  Will the PLSS complement the ETB Information management system?  Re-emphasised the role of the ETB as a provider with governance structures in place. |
| **5.2 Policies:**  ***What’s new:***  Requirement that ETBs publish their policies on their websites  ***Comment:***  Should the requirement be that they make the policies available publicly and in suitable formats?  Should the requirement be to also include procedures (ref section 30 of the Act) as this is required in the act? |
| **5.3 Procedures:**  The five headings under which the procedures will be documented are more or less the same as before.  **What’s new:**  Guidelines on procedures are much less comprehensive than the previous guidelines on procedures. |
| **5.4 Information Management System:**  ***What’s new:***  Requirement to have an Information Management System.  ***Suggestion:***  A single Information Management System might be appropriate to generate information needed for all stakeholders (e.g. SOLAS, DSP, DES, Teaching Council, QQI, CAO)  Establish a task group to identify the information needed by the stakeholders and produce a process map/flowchart to outline:   * information required per policy/procedural areas * evidence to be generated |
| **5.5 Internal Monitoring:**  ***What’s new:***  Internal monitoring is at both corporate level and centre level.  The production of an Annual Quality Report is now required.  ***Comment:***  While there was previously a requirement for internal monitoring to be completed, the reporting on this was not always a requirement. |
| **5.6 Self-Evaluation and Improvement:**  ***What’s new***  Self- evaluation and improvement appears to be two pronged: (1) The quality of programmes (2) Institutional QA - Does this replace the QA review cycle?  Self-evaluation of quality assurance now constitutes part of statutory review.  The establishment of an External Panel for the purpose(s) of Self-Evaluation.  ***Comments:***  Self-evaluation of programmes appears to be linked to re-validation.  ***Clarification needed:***  External Panel – is this in addition to or instead of the external evaluator currently appointed by the provider? Who appoints the external panel? Who pays? |
| **6.EQAVET – European Context** | ***What’s new:***  There is an expectation that QA will reflect the EQAVET framework.  ***Clarification needed:***  Will this be at QQI guidelines level as well as at provider level? |
| **7.Areas to be Quality Assured** | ***What’s new:***   * Governance including documenting governance structures * Quality Management – some elements of this existed in the initial QA agreement in provider context information Part A * Teaching and Learning is a new area. This area needs to be teased out further to explore what exactly is required. Should CPD be included? * PEFL – this time, this will apply to our sector * Collaborative provision is new….is this replacing subcontracting/procuring programme delivery? * Reference to staff induction no longer in place, otherwise it is similar to B3 * Communication is now integrated rather than a separate policy area * Communications with stakeholders is not explicitly mentioned, providers should be advised to be mindful of this * Equality is not explicitly named as an area * Computer based/e-assessment from the QAA guidelines appears to have been replaced by distance/e-learning assessment   ***Clarification needed:***  RPL – is that B10 plus the RPL in B4.3?  Should RPL also be included in Fair and consistent assessment of learners?  Learner records links to information management system?  ***Suggestion:***  Add assessment by RPL here in addition to e-learning/distance in the section on fair and consistent assessment of learners  ***Comment:***  Table headings and sub-headings not consistent with the rest of the document |
| **8.Guidelines** | **8.1 Governance**  ***What’s new:***  Governance requirements stated  ***Clarification needed:***  Will ETBs have to examine/revise their governance structures to ensure compliance with this requirement by QQI?  Is this an extension of the PAA processes?  Is there an overlap with general governance structures within ETBs? |
| **8.2 Quality Management:**  ***What’s new:***  ETB to develop a “Quality Policy” in hard/soft copy clarifying the following areas:   * Organisational Structure: * Management Responsibility * Designated Responsibility * Governance Structures * Information Systems – referred to in page 10 as Information Management   Linked to monitoring, ETBs to develop success indicators, possibly modelled on the EQAVET indicators  ***Clarification needed:***  Is this an overarching policy dealing with the 5 areas mentioned? What about the other areas? |
| **8.3 Staff Recruitment and Development**  ***Clarification needed:***  Clearer definition of who ‘programme staff’ is needed  “A mechanism needs to be in place to impart feedback to staff members on their strengths and areas requiring improvement.”   * How will this be done and who will do it? * Will a PMDS type system be required? * Is this for programme staff or for particular sections of staff involved in the provision of a programme? * Will staff induction be built into the general staff development procedure?   Should Staff Recruitment and Allocation be numbered 8.3.1 and 8.3.2 for Staff Development?  Communication with staff is included in the table on page 10 but not referenced here. |
| **8.4 Teaching and Learning:**  ***What’s new:***  Teaching and Learning policy, which requires the on-going monitoring of student learning experience  ***Clarification needed:***  Quality of teaching and quality of learning – does this link to Quality Management issue around PMDS type system  **8.4.1 Programme Profile:**  ***What’s new:***  Requirement to identify teaching and skills expertise required for the programme  ***Clarification needed:***  Is programme profile being redefined from its current definition (ref: what appears on QQI website in relation to validated programmes)?  **8.4.2 Feedback on Programme Experience**  ***What’s new:***  This appears to be linked to procedural areas across this QA model – in 4.1.1 and in 8.6.8 and also as part of the self-evaluation 8.11. This appears to be replacing the implementation of the Communications policy area and associated procedures in relation to the programmes and services  ***Suggestion:***  Should include FEIs as well as HEIs  **Learning Resources**: no detail in body of document linked to this procedure – it should probably be 8.4.3 as it is listed in the table on page 10 |
| **8.5 Access, Transfer and Progression**  ***What’s new:***  Linked to obligations in 2012 Act.  ***Clarification needed:***  Is the reference to “successfully participate in a programme” replacing the “equipped to participate” statements that were previously agreed with the sector? (later reference to “capacity to succeed” on page 15 might need to be considered in relation to this)  **8.5.1 Information for Learners:**  ***What’s new:***  RPL arrangements may need to be included in programme descriptors.  Information for international students – will information have to be available in a range of languages and/or different formats to facilitate accessibility?  New obligations of the 2012 Act:  *Section 28 on preparing and reporting on quality assurance procedures – in writing and publishing review report of QA procedures*  *Section 30 on publishing quality assurance procedures – publishing (including on the internet) and submitting to QQI*  *Section 45 on information relating to validated and non-validated programmes –* Does this refer to information that QQI require or may require? It is an offence to falsely claim that a programme has been validated by QQI.  *Section 50 on completion of programmes and attainment of standards –* It is an offence if the provider claims that a learner is entitled to an award when they are not entitled to it. Does this mean that a provider cannot claim that a learner will receive a QQI award on completion of a programme if that is not true?  *Section 56 on procedures for access, transfer and progression –* publish (including on the internet)  *Section 61 on the International Education Mark –* Only providers who are authorised to use the IEM can use it  *Section 65 on arrangements for Protection for Enrolled Learners (ref 8.8 below) –* Learners must be informed of the provider arrangements in this area  *Section 67 on Information to enrolled learners. –* lists the requirements in relation to what providers must tell learners and also must inform learners of subsequent changes within a specified timeframe. It is an offence to mislead learners.  *Section 78 on the Register of Providers. –* Providers responsibility in relation to the QQI register of providers  *Section 79 on the database of awards and programmes* – Provider obligation to inform QQI of changes affecting this  **8.5.2 Learner Entry Arrangements:**  ***What’s new:***  Requirements for people whose first language is not English (what IELTS level is required)  There appears to be additional responsibilities around providing information to learners whose first language is not English  **8.5.3 Recognition of Prior Learning:**  ***What’s new:***  RPL for entry, credit and access is similar to the previous QA agreement but now B10 appears to be absorbed into it  ***Clarification needed:***  An ETB is required to develop a statement of the arrangements it provides, if any, in respect of the recognition of prior learning for entry to programmes, for credit towards an award and for access to an award. Can providers decided to not have any RPL arrangements in place for any of the 3 – entry, credit, access?  ***Comment:***  RPL policy and procedures for access to an award(section B10 of current QA) will need to be addressed by the sector  **8.5.4 Facilitation of Diversity** – called Facilitating Diversity elsewhere  ***Clarification needed:***  Is this where aspects of B2 Equality of the old QA agreement are to be integrated?  ***Comment:***  Compliance with equality legislation appears to hinge on access to the programme and participation on the programme.  **8.5.5 Transfer and Progression:**  **What’s new:**  This is a new listed procedural area, it is the 5th procedure.  This appears to be a governance responsibility  **Clarification needed:**  Are there implications here for learners who hold deactivated awards before RPL arrangements are put in place? |
| **8.6 Programme Design, Development, Delivery, Approval and Review**  ***Comments:***  Need identification missing from earlier reference to Programme Design, Development, Delivery, Approval and Review – page 10, should be consistent with pages 15/16.  Heading is also not consistent  ***Clarification needed:***  No mention of validation/submission. Is this section replacing PAA or is it something else? Additional information needed  **8.6.1 Need Identification:**  Comment:  Link to governance reflects PAA model.  **8.6.2 Programme Design:**  ***What’s new:***  ETB now required to review planned programmes that have been developed as part of a national or regional initiative prior to submitting for validation – localising the programmes  All programmes should now include capacity to succeed statements.  ETBs must make clear to learners the IELTS level required for participation on the programme. This has an implication for the current programme development templates  ***Clarification needed:***  Are the ‘capacity to succeed’ statements similar to the equipped to participate statements from previous guidelines?  **8.6.3 Provision and maintenance of learning facilities / resources:**  ***What’s new:***  Linked to governance structure.  **8.6.4 Programme Approval:**  ***Comment:***  This appears to be replacing the PAA process of evaluation and approval.  ***Clarification needed:***  Do Providers now have to have a collaboration agreement and MoU in order to work together? Does this have implications for the ETBI-led shared programme development process?  **8.6.5 Programme Delivery:**  ***What’s new***  This is linked to the new Teaching and Learning section  ***Comment:***  Would a reference to learning outcomes be useful?  **8.6.6 Learner Records:**  ***Comment:***  Is this linked to Information Management system  **8.6.7 Premises:**  ***What’s new:***  This appears to replace the QA area on health and safety (B5.8)  ***Comment:***  Should interpretation of meeting H&S requirements be broadened to more than physical safety issues? This quality system only involves H&S concerns around the physical environment.  Should reference to premises specifically look at programmes that have H&S implications like sports, construction, etc. or in relation to SVRs?  **8.6.8 Programme Review – Revalidation:**  ***Clarification needed:***  The guidelines need to be clear:   * + - Programme review (on-going)     - Programme review/self-evaluation for re-validation? |
| **8.7 Fair and Consistent Assessment of Learners**  ***What’s new:***  Explicit requirement for “trained assessors” – previously, reference on page 7/8 of QAA guidelines to assessors being qualified practitioners and having the appropriate assessment skills.  Judgement required in relation to IV, as it requires it to be fair and consistent – does this implies a judgement on the assessment evidence?  ***Comment:***  The areas listed to be quality assured on the table on page 10 are not consistent with the areas listed on pages 17/18 of the new QA draft guidelines.  Providers must develop their QA policies and procedures in line with the QQI QAA guidelines (revised 2013) and adhere to requirements  **8.7.1 Information to Learners:**  Appears to be nothing new here  **8.7.2 Coordinated Planning of Assessment:**  Appears to be nothing new here  **8.7.3 Security of assessment related processes and material:**  ***Clarification needed:***  Only learners’ assessment records are listed in the draft QA guidelines. Should this refer to learner evidence and assessment materials also?  **8.7.4 Reasonable Accommodation:**  ***What’s new:***  It appears that reasonable accommodation will now apply to people whose first language is not English.  **8.7.5 Consistency of marking between assessors:**  ***Comment:***  Consistency of marking between assessors is not listed on page 10 of the QA draft guidelines  Further guidance in this area would be useful, considering that reference is made to the QAA guidelines and there appears to be no guidance in that document on how this policy area will be implemented.  **8.7.6 Workplace Assessment:**  ***What’s new:***  This is a new area, previously this may have been covered under assessment performed by third parties. This will probably apply to work experience supervisors reports amongst others. Such assessors must be briefed/trained in order to conduct the assessment.  There appears to be no reference to assessment performed by other third party assessors, for example, sporting bodies, first aid.  ***Comment:***  Work place assessment is not listed on page 10  **8.7.7 Assessment of Distance / e-learning based programmes:**  ***What’s new/Comment:***  This did not appear in the previous QA guidelines for providers version 1.3 but is included in the QAA guidelines for providers.  The challenge in this may be around ensuing reliability and validity of assessment.  **8.7.8 Internal Verification:**  ***What’s new:***  Internal Verification appears to have changed and appears to have a broader remit.  Ensuring consistency and validity of assessment is now part of this process  ***Clarification needed:***  Does the use of the word “inappropriate” mean that a judgement call will have to be made around the standard of evidence?  What does checking “grading inconsistency between assessors” mean? This appears to be completely new  Clarification needed on “provisional outcomes for learners – review of reports at individual and group level”  What is involved in the learner id conflict?  **8.7.9 External Authentication:**  Appears to be nothing new here  **8.7.10 Results Approval:**  ***What’s new:***  This is linked to governance structures.  Results Approval appears now to have two layers, results approval at centre level and then at ETB governance structure level. The governance structure level should ensure consistency across centres and between programmes.  Input from programme staff appears to be new  Comparative grade analysis appears to be new  **8.7.11 Feedback to Learners:**  Appears to be nothing new here  **8.7.12 Learner Appeals:**  ***What’s new:***  The requirement to communicate the information about the appeals procedure as part of the programme information may be new as this information was primarily given to learners at the point when their results were issued to the learners  ***Clarification needed:***  on difference between “*appeals and requests for re-marking*” |
| **8.8 Protection of Enrolled Learners**  ***What’s new:***  This is new for publicly funded providers including ETBs  ETBs will have to provide learners with the ETB arrangements around PEL, whatever that information is.  ***Comment:***  There are implications for ETBs with self-financing provision |
| **8.9 Collaborative Provision**  ***What’s new:***  It appears that this must be agreed in advance.  QA procedures need to be developed as to how this will happen.  ***Clarification needed:***  Will this have implications for currently validated programmes as it appears that these arrangements must be “approved as part of a validated programme”?  Will there be implications for co-delivery of certain programmes? Eg ETBs and FIT  Clarity needed in relation to the difference between collaborative provision (co-delivery of a programme) and sub-contracting of the delivery of the programme  **8.9.1 Collaboration Agreement**  New area  **8.9.2 Monitoring arrangements:**  ***Clarification needed:***  Will monitoring include monitoring the second provider? |
| **8.10 Learner Record System**  ***What’s new:***  Requirement for a comprehensive database system at ETB level.  This overlaps with the section on Information management system.  Requirement to have the administrative and IT resources for maintaining a database system.  ***Comment:***  Learner record system is not listed in the table on page 10 |
| **8.11 Self-Evaluation and Improvement of Programmes and Services**  ***What’s new:***  It appears that there is a two pronged approach:   1. Self- evaluation of programmes for the purpose of re-validation (explicitly linked to re-validation – timeframe?) 2. Self- evaluation of the effectiveness of the QA system (at least once every 7 years)   Two different self-evaluation reports, one based on the QA systems and one linked to the programmes.  Self-evaluation external panel is new; this appears to replace the external evaluator for the purposes of self-evaluation of programmes.  The “findings of the external panel will be documented and published” - this is new.  Learner involvement – now a requirement to include learners whose first language is not English and people with disabilities, if present on programme.  There appears to be an additional specified role for teachers? – “*Central to this engagement is the realisation that self-evaluation (and quality assurance in general) is part of the teachers’ role – it is not something that is additional to teaching – and it needs to be promoted and described in this way.”* Is it relevant to include this here?  ***Comment:***  There is an inconsistency in the titles for this between the title on page 10 and page 21 (Page 10 refers to this as “self-evaluation and improvement”).  Self-evaluation of programmes for the purposes of re-validation will be determined by when the programmes were published or when awards are reviewed.  Further guidelines needed for this whole area so that providers are clear on what is required in terms of process, procedures and other resources  Separate sections in the guidelines for the two separate self-evaluation processes might be useful.  ***Clarifications needed:***  Is the self-evaluation of the QA processes replacing the external monitoring process?  Is SER also published along with the external panel findings?  It is unclear who appoints the external panel (*independent* external panel) |
| **9. ETB Quality Assurance – Re-engagement with QQI** | ***Comment:***  Should this be in a preamble to the guidelines?  Is the improvement strategy separate to the SER? (and for subsequent self-evaluations as well?)  ***Clarification needed:***  Is this referring to the Self-evaluation planned for March 2015 as part of the re-engagement process?  Clarity needed on how and where documents will be published |
| **Glossary of Terms** | Redefine self-evaluation |
| **Communications & Equality** | These appear to be no longer a QA areas in their own right, are these to be integrated across all the other areas, as appropriate? |
| **Information for Learners Guidelines for Providers (FETAC document)** | Distinction between equipped to participate and capacity to succeed statements.  Will there be a new Learner charter? |