

4. Managing Quality at ICD: Self-evaluation, Monitoring, and Review.

Section 3 of ICD's QA policy defines the primary parties (e.g. internal staff, committees, students, and external stakeholders and other infrastructure) who contribute to quality assurance at ICD and their roles and responsibilities. The present section provides elaboration on QA, self-evaluation, monitoring, review, and improvement initiatives, processes, and infrastructure.

4.1 Existing Programme Review & New Programme Development

4.1.1 Policy for Reviewing Existing Programmes

This policy defines the principles, participants, and criteria for reviewing, evaluating, and enhancing existing programmes at ICD. The purpose of this policy is to:

1. Ensure annual review and evaluation of existing programmes and modules at ICD with the goal of continuously enhancing programmes, and their constituent modules, so that programmes of education (courses) continue:
 - I. To be viable financially
 - II. To be viable and fit for purpose pedagogically
 - III. To achieve optimum consistency with the ICD mission statement and current strategic plan
 - IV. To maintain consistency with the conditions of validation set by validation bodies (e.g. QQI)
 - V. To maintain consistency with validation or exemption criteria set by professional bodies (e.g. ACCA)
 - VI. To be updated and enhanced in line with regulatory and validation body (e.g. QQI) developments
 - VII. To be updated and enhanced in line with professional body (e.g. ACCA) validation or exemption criteria and their development(s)
 - VIII. To maintain consistency with evolving best practice across the higher educational sector
 - IX. To maintain consistency with the defined NFQ level and award standards of the programme
 - X. To provide a high-quality teaching, learning, and assessment experience for all enrolled learners
 - XI. To maintain consistency with the evolving ICD Teaching, Learning, and Assessment Strategy
 - XII. To provide all learners on a programme with the knowledge, skills, and competencies relevant to succeeding in completing the programme
 - XIII. To provide all learners on a programme with the knowledge, skills, and competencies required to optimise their career and academic progression and success after completing the programme
 - XIV. To provide a continuously enhancing curriculum

2. Ensure that programmes are delivered in a manner consistent with the programme as it is designed

3. Ensure that evidence is continuously gathered about programme delivery with the aim of providing information to decision makers to be used in:
 - I. Continuously enhancing existing programme designs or descriptors
 - II. Continuously enhancing existing module designs or descriptors
 - III. Continuously enhancing programme delivery
 - IV. New programme development
 - V. Assessing and deciding on which programmes to be discontinued
 - VI. Evaluating the effectiveness of learner supports to ensure continuous enhancement of same
 - VII. Evaluating the resources (human, physical, technological) available and used to deliver a programme to ensure continuous enhancement of the effectiveness of resource allocations on a programme

4. Ensure that access, transfer, and progression criteria of the programme are:
 - I. Continuously enhanced to maintain consistency with national and international policies
 - II. Transparently and effectively communicated to all existing and prospective learners
 - III. Continuously reviewed to ensure optimum completion rates for learners; a process which must incorporate analysis of statistics on learner enrolment, progression, and completion rates on each programme to locate areas for improvement
 - IV. Consistent with any professional body or regulated profession requirements (e.g. ACCA)

Key responsibilities in programme reviewing:

Key actors in the programme review process are:

1. **Academic Council (including Learner Voice & External Academic Council Member):**
Academic Council, as the most senior academic committee at ICD, holds overall responsibility for ensuring:
 - i. Annual review of all programmes takes place at ICD, through delegation to the Programme Development Subcommittee
 - ii. All programme manuals/descriptors and their module descriptors are continuously enhanced, a process that must incorporate benchmarking of the programme and module descriptor(s) against comparable programmes at the same NFQ level in the same or similar fields of learning in Ireland and beyond
 - iii. Delivery of all programmes maintains consistency with the NFQ level of the programme
 - iv. Continuous maintenance and enhancement of the number of exemptions offered by external bodies (e.g. ACCA) to ensure optimum value of the graduate qualification to the learner
 - v. Delivery of all programmes maintains consistency with programme manuals/descriptors and module descriptors as they have been approved or validated, including minor amendments since validation/revalidation
 - vi. The programme teaching, learning, and assessment strategy remains consistent with the institution-level teaching, learning, and assessment strategy
 - vii. Delivery of all programmes is continuously enhanced using a benchmarking approach to ensure consistency with best practice across the higher educational sector
 - viii. All requests or proposals for programme amendments are considered, deliberated upon, and decided upon
 - ix. All requests or proposals for major amendments to programmes or modules are decided upon in conjunction with the Programme Development Subcommittee
 - x. All decisions relating to programmes that require substantial resource allocation adjustment will be referred to the Management Team, for advice

- (e.g. business case analysis), and Governing Body, for advice (e.g. strategic fit and business case analysis) and approval, as appropriate
- xi. All programme review processes at ICD are rigorously evidence based
 - xii. All programme review processes at ICD are inclusive of all stakeholders, including learners and programme teams/boards
 - xiii. All programme review processes procure, and act meaningfully on, external feedback and guidance (e.g. external examiners, employers, guidance counsellors, alumni, peer-evaluation by external disciplinary experts, professional bodies, QQI)
 - xiv. All learners, prospective and enrolled, are fully and transparently informed about programmes of study at ICD, the NFQ level, the learner workload expectations and associated ECTS credit weighting(s), the learning outcomes, the teaching, learning, and assessment strategy and environment
 - xv. All quality assurance procedures and policies are implemented thoroughly and effectively across programmes (e.g. internal verification of assessment instruments and assessment grades)
 - xvi. All QQI programme revalidation processes, every five years, are effectively and efficiently coordinated and managed in conjunction with internal stakeholders, external stakeholders, and the validating body
 - xvii. Continuous enhancement of learner supports to ensure optimum learner experience and success
 - xviii. Ongoing analysis of learner workloads and workload management procedures and practices to ensure sufficient, but not excessive, learner workload, in keeping with the NFQ level and ECTS credit rating of the programme and the module, and to ensure assessment sequencing is being practiced effectively by programme boards

2. **Programme Development Subcommittee:**

Programmatic review (of existing programmes) at ICD is a function of the Programme Development Subcommittee, which has delegated authority from Academic Council to:

- i. Consider proposals for major modifications to the college's undergraduate and postgraduate taught programmes through rigorous evidence based analysis with the outcome recommendation to be reported to Academic

Council, who hold responsibility for ratification of all decisions made by the Programme Development Subcommittee, pending final approval by Governing Body in cases where resource allocation will be altered

- ii. Carry out an annual, rigorously evidence-based review of each, and every, programme delivered by ICD, to make recommendations to Academic Council for enhancement of programme design and delivery
- iii. Review implementation of all quality assurance procedures and policies to ensure all policies are implemented thoroughly and effectively across programmes

3. Governing Body (including Learner Voice & External Governing Body Members):

Governing Body ensures:

- i. All recommendations or requests made by Academic Council regarding programmes that require alterations to resource allocations are considered for approval or rejection following a rigorous evaluation of the business case and pedagogical case for same
- ii. Academic Council is fulfilling its functions to ensure annual programme review effectively
- iii. All programmes continue to be viable through analysis of enrolment statistics, programme resourcing, expenditure, and income, and consistency of a programme with the college mission, strategic plan, and objectives, with recommendations for adjustment made as required
- iv. Arrangements for the protection of learners are in place should the programme cease
- v. All potential risks to programme resourcing, sustainability, or delivery are considered thoroughly and mitigation plans are implemented
- vi. Continuous enhancement of learner supports to ensure optimum learner experience and success

4. Programme Boards (including Learner Representation):

The Programme Board, under the leadership of its Programme Director ensures:

- i. Programmes and constituent modules are delivered according to their programme and module descriptors/designs, as approved/validated
- ii. Programme and module delivery maintain consistency with the programme teaching, learning, and assessment strategy
- iii. Programme and module delivery implement any and all changes made to programmes by Academic Council
- iv. Programme and module delivery, including teaching, learning, and assessment strategies, and their implementation, are continuously monitored with areas for improvement reported to Academic Council via the respective Programme Director
- v. Delivery of the programme and modules within each semester and academic year are effectively planned and coordinated at the programme level under the supervision of the Programme Director
- vi. Teaching, learning, and assessment strategies are effectively and efficiently coordinated and managed by the Programme Director to ensure learner workload is sufficient, not excessive, and is appropriately and effectively sequenced, or spread, across the semester to provide learners with optimum opportunity to achieve learning outcomes effectively
- vii. Programme delivery and design incorporate learner viewpoints through inclusion of learner representation at programme board meetings
- viii. Programme teams meet at least once per semester to ensure efficient and effective programme, and module, delivery planning and coordination at the programme level
- ix. Module and programme learner workloads are planned and managed in accordance with the ECTS credit weighting of the programme, stage, and module(s)
- x. Programme and module content, including reading lists, lecture notes, and use of the Moodle Virtual Learning Environment, are consistent with the programme teaching, learning, and assessment strategy, and effectively support learners in achievement of, and demonstration of, module and programme learning outcomes
- xi. Programmes and modules ensure adequate learner supports and reasonable accommodations are effectively provided to all learners consistently

- xii. All assessment elements are consistent with the programme and module descriptor assessment strategy and specification
- xiii. All assessment elements are efficiently and effectively internally verified
- xiv. A sample of graded material from all assessment elements on all modules on all programmes is effectively internally verified (second marked) and externally reviewed by the External Examiner
- xv. All examinations are reviewed by the External Examiner and enhanced in line with External Examiner feedback
- xvi. All quality assurance procedures and policies are implemented thoroughly and effectively during programme planning, coordination, monitoring, and delivery

5. Management Team:

The Management Team ensures that:

- i. All programme resourcing (human, physical, financial, technological) is continuously reviewed to ensure continuous enhancement of programme resource allocation
- ii. Business case analysis is carried out annually on all programmes to ensure sustainable delivery of each programme and to mitigate any potential risks
- iii. Learner recruitment initiatives are effective to ensure continued viability of programmes both pedagogically and financially
- iv. Arrangements for the protection of learners are in place should the programme cease

Principles for reviewing existing programmes:

1. Continuous improvement of programme design and delivery:

- I. Annual review of programmes is carried out with the objective to identify areas for change to ensure incremental enhancement of the programme

- II. Programme and module descriptors must be annually reviewed, including course materials, reading lists, assessment strategies, and intended learning outcomes, to ensure continuous enhancement of the programme
- III. Programme and module delivery must be annually reviewed, using evidence and feedback from internal and external stakeholders, to ensure programme delivery is continuously enhanced
- IV. Programme and module descriptors must be annually reviewed to ensure they evolve in line with the institution's teaching, learning, and assessment strategy
- V. Programme and module delivery must be annually reviewed, using evidence and feedback from internal and external stakeholders, to ensure programme teaching, learning, and assessment practices are continuously enhanced
- VI. Programme and module descriptors must be annually reviewed through benchmarking against comparable programmes at other providers to ensure continuous enhancement in line with best practice
- VII. Programme and module descriptors must be annually reviewed and enhanced through comparison with evolving regulatory guidelines to ensure compliance

2. Inclusive and evidence based

- I. Internal and external stakeholder feedback must be procured, analysed, and evaluated to ensure evidence based continuous enhancement of programmes and modules, both in their design and delivery
- II. Learner feedback surveys must be carried out on every module, every delivery, every semester and this evidence must be reviewed by the module lecturer, Programme Director, Registrar, and Programme Development subcommittee, with findings reported to Academic Council to ensure programme reviewing and enhancement places learners at the centre of considerations
- III. Lecturer feedback surveys (see Appendix 4.1.1) must be carried out on every module, every delivery, every semester (the Programme Director or Head of Academic Development send the survey to each individual lecturer) and this evidence must be reviewed by the Programme Director and Programme Development Subcommittee, with findings reported to, and acted upon by, Academic Council, to ensure continuous enhancement of programmes takes account of faculty experiences and viewpoints

3. Enhancement consistent with sectoral best-practice (benchmarking):

- I. Any consideration for module/programme amendment or enhancement must include comparison of ICD's offering with the offerings of other providers
- II. Ongoing sustainability of programmes must be considered from the perspective of enrolment rates internally and externally (benchmarking)
- III. Teaching, learning, and assessment strategies must be improved in line with ongoing evolution of same across the higher educational sector
- IV. Innovations in teaching, learning, and assessment approaches across the higher educational sector must be adopted where beneficial to ensure continuous enhancement of ICD's educational offering
- V. Use of technology to enhance teaching, learning, and assessment must be continuously enhanced in-line with ongoing evolution of same across the higher educational sector
- VI. Quality assurance policies, procedures, and how they are practiced in delivering and monitoring programmes, must be continuously enhanced to ensure consistency with best practice across the higher educational sector
- VII. Pedagogical best practice across the higher educational sector continuously evolves, is not static, and this must be continuously reflected on and learned from in continuously enhancing teaching, learning and assessment policies and practices at ICD

Information Sources for Programmatic Review:

1. **Module/Programme Amendment Form:** Any member of ICD staff can bring a proposal to amend a programme or a module to the Academic Council via the Module/Programme amendment form (see section 3.8.5 of the ICD QA policy), to be submitted to the Academic Council Chair or Secretary
2. **Learner Feedback Surveys:** During every module, during every delivery, learners are invited to complete a module survey, which is analysed by the module lecturer, Programme Director, and Programme Development Committee, with findings sent to the Academic Council for consideration

3. **Lecturer Feedback Surveys:** At the end of every module delivery, each module lecturer is invited to provide feedback on the module and how it may be improved in its design, resourcing, or delivery. These surveys are analysed by the Programme Director and the Programme Development Committee with findings sent to the Academic Council for consideration
4. **Student Representative Committee (SRC):** Every year, the SRC provides feedback on how all programmes may be improved in their design and/or delivery. SRC members sit on Programme Boards, at every meeting, to ensure they actively participate in planning and reviewing programme delivery and programme design enhancements
5. **External Examiner Report:** The External Examiner(s) on each programme provide an annual report on how any aspect of teaching, learning, or assessment on a programme may be enhanced. These reports are collected by the Registrar who reports findings to the Academic Council.
6. **Registrar's Report:** Annually, the Registrar compiles a report of learner statistics (enrolment, progression, and completion rates) across all programmes and programme stages, which is presented to Academic Council for consideration in programme reviewing. The Registrar also reports to Academic Council any findings relating to ongoing monitoring of access, transfer, and progression policies, student use of, and feedback on, student support infrastructure, student appeals/complaints or disciplinary hearings
7. **Annual Programme Review Report (incorporating evidence from internal and external stakeholders):** The Programme Development Subcommittee uses evidence gathered from learner feedback surveys, SRC reports, Programme Director reports, Registrar's Report, lecturer feedback surveys, External Examiner Reports, Module/Programme Amendment Forms, and evidence gathered from external stakeholders (e.g. ACCA, employers, alumni, QQI, professional bodies, peer higher education experts, ICOS) to make recommendations to Academic Council regarding how programmes and modules may be enhanced in their description/design and/or delivery
8. **Marketing and student recruitment information** is provided by the Management Team to the Academic Council (and Governing Body) to be considered when assessing the viability of all programmes and to ensure programmes are enhanced based on prospective learner feedback, trends, and engagement
9. **Annual Reports of Academic Council and Governing Body:** which are used as guidelines documents to inform all programmatic review

Outcomes of Annual Programmatic Review:

- **Enhancement of quality assurance policy, procedures, infrastructure, and their implementation in programme reviewing and delivery:** Continuous internal monitoring and reviewing of existing programmes should give rise to beneficial, evidence-based, enhancement of quality assurance policy, recognising the goal of continuously enhancing quality assurance policy, and enhancement of policy implementation/practices, where policy is not being implemented effectively
- **Improving/changing programme and module design/descriptors**
- **Improving day-to-day operations/delivery of programmes** as deemed necessary by Academic Council, to be directed and coordinated by the Programme Director and delivered by the relevant Programme Board
- **Improving access, transfer, and progression policies and practices**, as deemed necessary by Academic Council
- **Improving the teaching, learning, and assessment strategy (and its implementation) at the programme and/or module level**
- **Improving the teaching, learning, and assessment strategy at the institution level (and its implementation)**
- **Changes to programme/module resourcing** to enhance programme/module delivery
- **Enhancement of student support infrastructure** under the oversight of Academic Council and Governing Body. This entails ongoing improvement of learner supports, resourcing, and facilities
- **Improving programme resourcing** under the oversight of Academic Council and Governing Body. This entails ongoing improvement of programme resourcing (human, physical, financial and technological), and the overall learning environment strategy and implementation
- **Improving student recruitment initiatives** to ensure continuous enhancement of the sustainability of programmes both financially and pedagogically, and to ensure transparent information about programmes is provided to enrolled and prospective learners: This is primarily the responsibility of the Management Team (under direction of the Governing Body) who engage in marketing and prospective student recruitment in conjunction with the Admissions Office and Registrar, which requires both building awareness of programme(s) and also, importantly, informing prospective students of programme learning outcomes, learner

workload type and level expectations, awards, access requirements, and progression possibilities

- **Discontinuing programmes** where they no longer serve learner (or external) educational/graduate needs

4.1.2 Policy for the Development of New Programmes

This policy defines the principles, processes, and criteria for designing and developing new programmes at ICD. This policy applies to all staff who are involved in designing new programmes where the programme is intended to lead to:

1. An award by QQI or other validating body
2. An award/exemption by a professional body

The purpose of this policy is to ensure:

- i. There is a clearly defined and standardised approach to developing new programmes
- ii. New programme development follows internal and external best practice
- iii. All new programmes meet the expected standards of quality
- iv. Minimisation of the possibility for new programmes to be submitted for validation externally and receive a rejection/refusal
- v. All new programmes are rigorously and intensively reviewed and evaluated by internal and external stakeholders before being submitted for validation/exemptions by any external body
- vi. All new programmes are developed based on a strong evidence-based rationale that is clearly and comprehensively articulated within all programme documentation
- vii. Institutional resourcing and capacity are clearly considered and analysed in all new programme development processes

Principles of New Programme Development:

- 1. Alignment with the ICD Strategic Plan**
- 2. Alignment with the ICD Teaching, Learning, and Assessment Strategy**
- 3. Consistency with regulatory requirements**
- 4. Learning Outcomes Focused**
- 5. Evidence-Based Development**
- 6. Benchmarking with other HEIs**
- 7. Alignment with NFQ & QQI standards**
- 8. Rigorous Internal & External Reviewing**
- 9. Developing Clear Access, Transfer, & Progression Guidelines**

10. **Programmes must be well managed**
11. **Business case (including cost/benefit) analysis for developing and delivering new programmes must be rigorously evidence-based**
12. **Emphasis on accreditation and exemption from professional bodies**
13. **Learner supports focused**

New Programme Development Process (NPDP) Stages:

All stages of new programme development at ICD should follow the principles of new programme development.

NPDP Stage 1: Idea Generation

Responsibility for screening all new programme ideas rests with Academic Council. Ideas for new programmes may originate from a number of **key sources of information**:

- i. **Any member of staff** who may:
 - a. Inform their respective Programme Board (who via the Programme Director reports to Academic Council)
 - b. Inform their respective Programme Director (who reports directly to Academic Council)
 - c. Inform the Head of Academic Development (who reports directly to Academic Council)
 - d. Submit a Module/Programme Amendment Form (see section 3.8.5 of the ICD QA policy) to the Academic Council Chair or Secretary
 - e. Inform the Programme Development Subcommittee at a meeting (which reports directly to Academic Council)
 - f. Submit their idea as part of their lecturer feedback survey (which are assessed by the Programme Development Committee with findings reported to Academic Council)
- ii. **Any student** who may:
 - a. Inform a Student Representative Committee member (who can report the idea to the Programme Board via the SRC member of a Programme Board, which reports to Academic Council via the Programme Director)
 - b. Inform a lecturer (who can report the idea to Academic Council via a Module/Programme Amendment Form)
 - c. Inform the Programme Director (who reports directly to Academic Council)

- d. Include their idea in a Learner Feedback Survey response (which are reviewed by the Programme Development Committee with findings reported to the Academic Council)
- iii. **The Student Representative Committee** who may
 - a. Inform a Programme Director (who reports directly to Academic Council)
 - b. Inform a Programme Board via their learner representative member of that Programme Board (which reports to Academic Council via its Programme Director)
- iv. **Programme Boards** who may inform Academic Council via their Programme Director
- v. **The Programme Development Committee** who report regularly to Academic Council on findings of its ongoing programme reviewing work, which may discover new programme development opportunities
- vi. **External consultations** are carried out annually (e.g. with employers, alumni, career guidance counsellors, professional bodies), principally by the Programme Development Committee, and these may lead to ideas for new programme development which are reported to Academic Council
- vii. **The Management Team** (e.g. as a result of market analysis and student recruitment feedback) who can submit a Module/Programme Amendment Form to Academic Council
- viii. **Governing Body** who can request that Academic Council consider a new programme idea
- ix. **Any member of the Academic Council** who can request that Academic Council members consider a new programme idea, which, if approved for further consideration, will be delegated to the Programme Development Committee
- x. **Alumni** feedback, which is gathered by the Programme Development Committee, and can be included in any reports made to the Academic Council for consideration

NPDP Stage 2: New Programme Proposal

A request to develop a new programme must be formally submitted to Academic Council via the official **Module/Programme Amendment Form**: Any member of ICD staff can bring a proposal to develop a programme using this form (see section 3.8.5 of the ICD QA policy), to be submitted to the Academic Council Chair or Secretary. When requesting that Academic Council consider a request to develop a new programme, the proposal form submission must include:

- a. A clear rationale for the proposed programme (educational case or business case): this must incorporate evidence of need for the programme
- b. Specific NFQ level for the proposed programme
- c. Specific ECTS credit weighting for the programme

- d. General overview of its thematic content
- e. Broadly defined structure for the proposed programme
- f. General overview of the teaching, learning and assessment strategy and if, or how, it differs from the ICD Teaching, Learning, & Assessment Strategy, and if so why
- g. Outline module list for the programme
- h. Programme duration (e.g. number of years)
- i. Mode of delivery (full-time or part-time)
- j. General indication on whether staffing requirements to deliver the programme are within existing resources or whether additional resources are required

NPDP Stage 3: Initial Screening by Academic Council

At an Academic Council meeting, all proposals to develop new programmes are considered according to the following criteria:

- a. Is there a clear rationale for the proposed programme?
- b. Is the specified NFQ level for the proposed programme appropriate?
- c. Is the specified ECTS credit weighting for the programme appropriate?
- d. Does the thematic content of the programme, as outlined, fit with the programme rationale?
- e. Is the broadly defined structure for the proposed programme appropriate and logical?
- f. Is the teaching, learning, and assessment strategy for the proposed programme appropriate and effective?
- g. Is the outline module list for the programme consistent with the programme rationale?
- h. Is the proposed programme duration appropriate?
- i. Is the mode of delivery (full-time or part-time) appropriate?
- j. Are the proposed resource requirements available, and if not, are the proposed additional resources feasible? [Academic Council will likely consult with the Management Team to answer this question]
- k. Is the proposed programme consistent with the college's strategic plan? [Academic Council may consult with the Management Team to answer this question]

If the outcome decision of initial screening by Academic Council is that the proposed programme is not satisfactory, the individual who submitted the proposal for the new programme will receive a

letter/email from Academic Council specifying why the proposal was not successful. They may alter their proposal and resubmit.

If the outcome of initial screening by Academic Council is satisfactory, the proposal will be further developed by the Programme Development Subcommittee, by delegation from Academic Council.

NPDP Stage 4: Basic Programme Outline Development

The Programme Development Subcommittee will be assigned the task of developing a 'Basic Programme Outline' as a result of all Academic Council initial screening approvals. This will require the Programme Development Committee to use the initial programme proposal (approved by Academic Council) as the foundation to develop a more comprehensive document that will provide:

- a. A clear rationale for the proposed programme and comprehensive evidence of need (educational case **and** business case). The initial proposal rationale must be rigorously analysed and built upon with strong evidence of need for the new programme. Outline costing analysis and an indicative programme fee learners would pay, along with target enrolment numbers, must be provided. The Management Team will likely be consulted by the Programme Development Committee to ensure business case analysis is accurate. Financial, physical, human, and technological requirements of the proposed programme must be comprehensively specified.
- b. Specific NFQ level for the proposed programme and comprehensive rationale for same
- c. Specific ECTS credit weighting for the programme and comprehensive rationale (and breakdown across stages and modules) for same
- d. Clear and detailed overview of its thematic content
- e. A clearly defined and logical structure for the proposed programme
- f. A clear teaching, learning, and assessment strategy for the programme
- g. Detailed list of modules for the programme and associated ECTS credit weightings and NFQ levels
- h. Clear rationale for the programme duration
- i. Clear rationale for and justification of mode of delivery (full-time or part-time)

- j. Clear and comprehensive comparison between the resource requirements of the programme and the resources already available at the college (including physical, technological, financial, and human resources)
- k. Detailed analysis between the proposed programme and the strategic plan of the college
- l. Specific learner profile
- m. Specific programme objectives

The outcome of this process, the Basic Programme Outline, is submitted to the Academic Council.

NPDP Stage 5: Approval or Refusal to Begin New Programme Development

At the end of stage 4, the Programme Development Subcommittee submits a Basic Programme Outline document to Academic Council for consideration as to whether to begin developing the programme fully.

The Basic Programme Outline document is first assessed by Academic Council. If Academic Council approve, they will forward the document to the Governing Body for final approval to begin developing the programme fully.

Responsibility for approval of new programme development initiatives/proposals is held by Academic Council (academic decisions) and Governing Body (corporate decisions, including academic decision approval):

1. **Academic Decisions - Academic Council:** Before any new programme development work can be carried out at ICD, officially, the Academic Council must provide approval. Criteria to be used by Academic Council when assessing a Basic Programme Outline:
 - i. Is there a clear and evidence-based rationale for the proposed programme and comprehensive evidence of need (educational case **and** business case [demand compared with resource requirements])? The Management Team will likely be consulted by the Academic Council to answer this question.
 - ii. Is there a clear rationale for the specific NFQ level for the proposed programme?
 - iii. Is there a clear rationale for the specific ECTS credit weighting for the programme and comprehensive rationale for the ECTS credits breakdown across stages and modules?

- iv. Is the thematic content of the programme worthy of development into a full programme of learning?
- v. Is there a clearly defined and logical structure for the proposed programme?
- vi. Is there a clear teaching, learning, and assessment strategy for the programme and is it consistent with the ICD Teaching, Learning and Assessment Strategy?
- vii. Is the list of modules for the programme and associated ECTS credit weightings and NFQ levels logical and worthy of development into a full programme of learning?
- viii. Is there a clear rationale for the programme duration?
- ix. Is there a clear rationale for and justification of mode of delivery (full-time or part-time)?
- x. Is there a clear and comprehensive comparison between the resource requirements of the programme and the resources already available at the college, and is it feasible to both develop and deliver this programme?
- xi. Is the proposed programme consistent with the strategic plan of the college?
- xii. Is the specific learner profile comprehensive and does it present a realistic level of demand for the programme?
- xiii. Are the specific programme objectives consistent with the NFQ level of the programme and consistent with learner/employer needs?

If Academic Council approves the Basic Programme Outline (using the above criteria), it will be sent for review by Governing Body.

- 2. **Corporate Decisions - Governing Body** will, in conjunction with the Management Team, assess:
 - i. The provisional business case for any new programme ideas
 - ii. The fit between the proposed new programme and the strategic plan of the college
 - iii. The resource requirements of the programme and the feasibility of investing said resources to both develop the new programme and deliver it

The outcomes of this process are:

- a. Rejection by Academic Council, who may recommend that:
 - i. The development of this programme should be abandoned
 - ii. The development of this programme should be continued by the Programme Development Subcommittee, with an improved Basic Programme Outline to be resubmitted to the Academic Council for analysis
- b. Approval by Academic Council but rejection by Governing Body who may recommend that:
 - i. The development of this programme should be abandoned
 - ii. The development of this programme should be continued by the Programme Development Subcommittee, with an improved Basic Programme Outline to be resubmitted to Academic Council and Governing Body for analysis
- c. Approval by Academic Council and Governing Body. If the Basic Programme Outline is approved, then the Academic Council will delegate responsibility to the Programme Development Subcommittee to undertake Full New Programme Development

NPDP Stage 6: Full New Programme Development

By delegated authority from the Academic Council, the Programme Development Subcommittee shall, at NPDP Stage 6, continue the development of a new programme from the Basic Programme Outline (which will have been approved by Academic Council and Governing Body at NPDP Stage 5) to a Full New Programme Manual, with the objective of submitting the programme for validation (e.g. by QQI) *only* when the programme has been fully, rigorously, and satisfactorily reviewed internally and externally. Full New Programme Development will require application of the Principles of New Programme Development:

- 1. Alignment with the ICD Strategic Plan:** the full programme manual will clearly and comprehensively specify how the programme is consistent with the ICD Strategic Plan, including the ICD Mission, Vision, Values, and Objectives
- 2. Alignment with the ICD Teaching, Learning, and Assessment Strategy:** the full programme manual will comprehensively detail the teaching, learning, and assessment strategy at the programme level and for all component modules on the

programme, with specific reference to the ICD Teaching, Learning, and Assessment Strategy. The programme teaching, learning, and assessment strategy must be clearly articulated and directly supporting a “written curriculum [that] is well structured and fit-for-purpose” (QQI 2017a section 17.5). This requires that:

- i.** “The programme is suitably structured and coherently oriented towards the achievement by learners of its intended learning outcomes. The programme (including any stages and modules) [must be] integrated in all its dimensions” (ibid)
- ii.** “The programme provides choice to enrolled learners so that they may align their learning opportunities towards their individual educational and training needs” (ibid)
- iii.** “The curriculum is comprehensively and systematically documented” (ibid)
- iv.** Any programme containing practice placement or work-based learning must be “provided with the same rigour and attentiveness as other elements” (ibid)
- v.** Detailed specification of the learning environment of the programme which must be clearly consistent with the needs of the programme’s learners (physical, social, cultural, and intellectual environment), including the virtual and physical learning environment. This include resources and support systems that are consistent with the needs of the learners and the intended programme learning outcomes. This must include specification of how “learners can interact with, and are supported by, others in the programme’s learning environments including peer learners, teachers, and where applicable supervisors, practitioners and mentors” (QQI 2017a section 17.8)
- vi.** “The programme provides authentic learning opportunities to enable learners to achieve the intended programme learning outcomes” (QQI 2017a section 17.9)
- vii.** “The programme enables enrolled learners to attain (if reasonably diligent) the minimum intended programme learning outcomes reliably and efficiently (in terms of overall learner effort and a reasonably balanced workload)” (ibid)

- viii. “Individualised guidance, support and timely formative feedback is regularly provided to enrolled learners as they progress within the programme” (ibid)
 - ix. The programme documentation clearly and comprehensively articulates how programme delivery will ensure all assessment is undertaken consistently with QQI assessment guidelines (e.g. QQI 2013b) and with ICD QA policy on assessment (including internal verification of assessment instruments and second marking procedures [including external moderation of assessment results]), as approved by QQI
 - x. The programme documentation clearly and comprehensively specifies the programme assessment strategy and module assessment strategies for constituent modules (QQI 2017a section 17.10). This must include sample assessment instruments and marking schemes/rubrics for each award stage to provide evidence for review by external stakeholders (e.g. QQI validation panel) and to provide specific guidelines for programme staff if/when the programme is delivered
- 3. Consistency with regulatory requirements:** the full programme manual will comprehensively detail and demonstrate that the new programme complies with all regulatory requirements including, but not limited to:
- i. QQI (2017a) Policies and Criteria for Validation of Programmes
 - ii. Given the diversity of the ICD student population, all new programmes will clearly specify initiatives to enhance new learner (first year) experiences and educational opportunities aimed towards optimising progression rates (QQI 2017b: Quality within Higher Education 2017: A Summary Report)
 - iii. The award title chosen will be clearly and comprehensively demonstrated and rationalised to be consistent with the guidelines for same from QQI (2017c unit 3.1) Policy and Criteria for Making Awards and QQI (2017a) Policies and Criteria for Validation of Programmes

- iv. The programme title will accurately and clearly inform prospective learners and other stakeholders of the content of the programme and will be consistent with the title of the QQI award sought (QQI 2017a).
The programme title must:
 - a) Reflect the core intended programme learning outcomes and ensure consistency “with the standards and purposes of the QQI awards to which it leads, the award title(s) and their class(es)” (QQI 2017a section 17.4)
 - b) Be “learner focused and meaningful to the learners” (ibid)
 - c) Have “long-lasting significance” (ibid)
- v. All quality assurance procedures comply with ICD QA Policy and the evolving policies on quality assurance in higher education as specified by QQI

- 4. **Learning Outcomes Focused:** Ensuring that all programmes are written using minimum intended programme learning outcomes (MIPLOs) and minimum intended module learning outcomes (MIMLOs) and that these outcomes (knowledge, skills and competencies) are expressed clearly within the programme documentation and that these learning outcomes/expectations are clearly articulated to learners before enrolling on the programme (QQI 2017a). Learning outcomes must be consistent with the relevant QQI award sought
- 5. **Evidence-Based Development:** Following QQI (2017a section 17.3), “the programme concept, implementation strategy, and its interpretation of QQI awards standards [must be] well informed and soundly based (considering social, cultural, educational, professional, and employment objectives).” This requires ensuring that all programmes are developed based on strong and clear evidence of need, which is gathered through ongoing research on education and skills needs, consultations and feedback from “learners, graduates, teachers, lecturers, education and training institutions, employers, statutory bodies, regulatory bodies, the international scientific and academic communities, professional bodies and equivalent associations, trades unions, and social and community representatives” (ibid). The

interpretation of the awards standards for the programme must be comprehensively informed and researched including the programme and module learning outcomes to ensure compliance with QQI (2017a section 17.3) criteria that:

- i. There is a satisfactory, evidence based, and comprehensively articulated rationale for providing the programme
 - ii. There is satisfactory, evidence based, and comprehensively articulated support for the introduction of the programme from external stakeholders
 - iii. There is satisfactory and comprehensively articulated evidence of learner demand for the programme
 - iv. There is satisfactory and comprehensively articulated evidence of employment opportunities for graduates where relevant
 - v. There is satisfactory and comprehensively articulated evidence that the programme meets genuine education and training needs

6. **Benchmarking with other HEIs:** All new programme development must carry out rigorous analysis of existing programmes at other HEIs and detailed comparison against the proposed programme to ensure there is clear evidence of need for the programme and also to identify and craft uniqueness in the proposed new programme. This is to ensure compliance with the QQI (2017a section 17.3) criterion that the comparison between the proposed programme and comparable programmes (in Ireland and beyond) must be comprehensively articulated.

7. **Alignment with NFQ & QQI standards:** Ensuring all programmes align with the relevant QQI awards standards and intended level of the NFQ. This requires that:
 - i. The level of effort required to achieve the programme learning outcomes is expressed in terms of ECTS Credits with clearly articulated learner effort defined in terms of hours. The credit allocated “to the programme [must be] consistent with the difference between the entry standard and minimum intended programme learning outcomes” (QQI 2017a section 17.5)
 - ii. The level of effort required to achieve the module learning outcomes is expressed in terms of ECTS Credits with clearly articulated learner effort defined in terms of hours. The credit “allocated to each module

[must be] consistent with the difference between the module entry standard and minimum intended module learning outcomes” (ibid).

- iii. “The programme duration (expressed in terms of time from initial enrolment to completion) and its fulltime equivalent contact time (expressed in hours) are consistent with the difference between the minimum entry standard and award standards and with the [ECTS] credit allocation” (ibid).

8. Rigorous Internal & External Reviewing: Ensuring all proposed programmes are reviewed internally (by the Academic Council and Governing Body) and externally through independent external panels before being submitted for official external validation/approval (e.g. QQI), provided the evidence supports validation application

9. Developing Clear Access, Transfer, & Progression Guidelines: Ensuring all proposed programmes comply with QQI’s (2015b) *Policy Restatement: Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training*. The programme documentation must specify:

- i. Guidelines and systems to ensure “programme information for learners is provided in plain language...[specifying] what the programme expects of learners and what learners can expect of the programme and that there are procedures to ensure its availability in a range of accessible formats” (QQI 2017b section 17.4).
- ii. Where programmes are designed for native English speakers, the level of English proficiency required to enter the programme must be clearly articulated and “must be greater or equal to B2+ in the Common European Framework of Reference for Languages (CEFR) in order to enable learners to reach the required standard for the QQI award” (QQI 2017a section 17.4).
- iii. “The learning (knowledge, skill and competence) that target learners are expected to have achieved before they are enrolled in the programme and any other assumptions about enrolled learners (QQI 2017a section 17.4).
- iv. Comprehensive and “suitable procedures and criteria for the recognition of prior learning for the purposes of access and, where

appropriate, for advanced entry to the programme and for exemptions” (QQI 2017a section 17.4).

10. Programmes must be well managed: Programme development and programme delivery must be well managed. This requires continuous internal monitoring of new programmes in development and new programme development infrastructure through the usage of internally gathered evidence and also externally procured guidance and feedback on educational/graduate needs in the 21st century (e.g. through interfacing with external stakeholders such as the business community, and bodies such as QQI and ACCA). The programme documentation must comprehensively and clearly articulate:

- i.** The mechanisms that will be used to “keep the programme updated in consultation with internal and external stakeholders” (QQI 2017a section 17.3) using programme reviewing and quality assurance and enhancement policies, procedures, and infrastructure at ICD.
- ii.** The programmes specific “governance, quality assurance, learner assessment, and access, transfer and progression procedures that functionally interface with” ICD’s institutional QA policy (as approved by QQI) and procedures (QQI 2017a section 17.12)
- iii.** “Any proposed incremental changes to [ICD’s] QA procedures required by the programme or programme-specific QA procedures” (ibid) as a result of this new programme
- iv.** Explicit and programme-specific staff requirements and any changes to existing available staffing resources required by the programme
- v.** Programme-specific criteria for selecting suitable physical or technological resources and detailing of same
- vi.** Arrangements for continually monitoring enrolment, progression, and completion rates and any other sources of information that may provide insight into the quality and standards achieved in programme design and delivery and opportunities for quality enhancement
- vii.** Clear and comprehensive documentation for how the programme will be operated and managed
- viii.** Procedures for interfacing with QQI certification

- ix. Any potential risks presented by the programme, its development, or delivery, including plans to manage, monitor, and mitigate risk(s)

11. Business case (including cost/benefit) analysis for developing and delivering new programmes must be rigorously evidence based (including clear definition of resource [physical, financial, human, technological] requirements of programmes and clear evidence of need) to ensure feasibility of new programmes before submitting programmes to a validating body (e.g. QQI). All new programme development processes must ensure “there are sufficient qualified and capable programme staff available” (QQI 2017a section 17.6) and “sufficient physical resources to implement the programme as planned” (QQI 2017a section 17.7). Programme documentation must clearly and comprehensively articulate:

- i. The specification of the programme’s staffing requirements including a rigorous comparison between staffing requirements to deliver the programme successfully (e.g. professional and educational qualifications and experience) and staff already in place. Where staff are not already in post, specific plans to rectify this gap must be comprehensively articulated (ibid)
- ii. Staff/learner ratio requirements
- iii. “Arrangements for the performance of the programme’s staff to be managed to ensure continuing capability to fulfil their roles...[including] staff development opportunities...Being qualified in a discipline does not necessarily mean that a person is currently competent in that discipline. Therefore, performance management and development of professional and vocational staff needs to focus on professional/vocational competence as well as pedagogical competence” (ibid). Programme documentation must clearly articulate that “there are arrangements for programme staff performance to be reviewed and there are mechanisms for encouraging development and for addressing underperformance” (ibid).
- iv. “The specification of the programme’s physical resources requirements...[including] suitable premises and accommodation...[and] information technology and resources

(including educational technology and any virtual learning environments...)...technical support...administrative support” which are already in place, and any physical or technological resources, which will need to be procured/improved to deliver a programme successfully (ibid).

- v. A five year plan for the programme which addresses the planned intake for the first five years and the total costs and income over the five years based on the planned intake (ibid).

12. Emphasis on accreditation and exemption from professional bodies: during the earliest stages of new programme development, professional body accreditation/exemptions must be sought, given the value these provide to graduates. To comply with QQI (2017a section 17.3) all new programmes that will be professionally or vocationally oriented, or that are intended to lead to professional body accreditation or exemption(s), will provide clearly articulated documentation and systematic procedures to ensure employers, practitioners, and professional bodies (e.g. ACCA) are consulted during the development of new programmes and the ongoing reviewing of already validated programmes.

13. Learner supports focused: The programme documentation must clearly and comprehensively articulate policy, procedures, and infrastructure that are required to ensure “learners enrolled on the programme are well informed, guided and cared for” (QQI 2017a section 17.11). This requires that programme documentation clearly and comprehensively specifies:

- i. Policies and procedures that are in place “to ensure that each enrolled learner is fully informed in a timely manner about the programme including the schedule of activities and assessments” (ibid)
- ii. All available learner supports and how learners will be informed about these supports
- iii. Complaints and appeals procedures
- iv. Learning pathways within the programme (e.g. elective modules)

- v. Progression routes (career and academic) available upon completion of the programme
- vi. Reasonable accommodations and related policies and procedures that are available to accommodate learners with differing learning needs, disabilities, or extenuating circumstances
- vii. How the programme complies with the QQI's (2015a) *Code of Practice for the Provision of Programmes of Education and Training to International Learners*, including specific induction arrangements, learning skills training, information technology skills training, English language training and supports
- viii. Policies, procedures, and systems in place to ensure learners will be well cared for and safe while participating in the programme (including any work-based learning policies and supports)

NPDP Stage 7: Review of Full Programme Documentation Internally

Academic Council will review the programme documentation in its entirety, using the ICD Principles of New Programme Development (as specified at NPDP Stage 6) as the criteria for assessment. If Academic Council rejects the programme documentation, it may:

1. Recommend that further development of the programme is abandoned
2. Recommend that the Programme Development Subcommittee change the programme and its documentation, pending a further application to Academic Council for review at a later date

If Academic Council approves the programme documentation, it will recommend that it is reviewed by Governing Body. Governing Body will review the programme documentation using the ICD Principles of New Programme Development (detailed at NPDP Stage 6) as criteria for assessment. Governing Body may:

1. Reject the programme and recommend that its development is abandoned
2. Reject the programme and recommend that Academic Council direct the Programme Development Subcommittee to make specific changes to enhance the programme and its documentation (a repeat of NPDP Stage 6)

for a further application to Academic Council (a repeat of NPDP Stage 7). If Academic Council approved the improved programme, it must, again, be reviewed by Governing Body

3. Approve the programme

If Academic Council and Governing Body approve the full programme documentation, the programme enters NPDP Stage 8.

NPDP Stage 8: External Review of the Programme by a Mock Panel

Academic Council will direct the Programme Development Subcommittee to recruit a suitably qualified team to carry out a 'mock' review of the programme, following QQI procedures for programme validation. Selected members of the mock programme validation review panel must satisfy the following criteria:

1. A mock panel will consist of no less than three external members and cannot contain any internal ICD staff
2. At least one member of the mock panel must be experienced in the area of quality assurance
3. At least one member of the mock panel must be an experienced academic in the same field or discipline (e.g. accounting, business, marketing) as the proposed programme
4. At least one member of the mock panel must be a practitioner in the same field or discipline as the proposed programme
5. At least one member of the mock panel must have experience as a member of QQI external validation panels

The mock panel will be advised to follow QQI guidelines for the validation of new programmes.

The mock panel will visit ICD and the panel visit will be approached in the same manner as an official QQI validation panel site visit.

The outcome of the panel will be reported to ICD and will contain requirements/recommendations as to how the programme can be improved. This report will be forwarded to Academic Council who will decide whether the programme should be either:

1. Abandoned
2. Improved in line with recommendations of the mock external panel (NPDP Stage 9). If this is deemed, by Academic Council, to require substantial resources, it will require approval from Governing Body

NPDP Stage 9: Enhancing Programme and Programme Documentation as Recommended by Mock Panel

This stage is a repeat of NPDP Stage 6 but takes specific direction from the findings/recommendations of the mock panel.

The outcome of this stage will be an enhanced programme and programme documentation, which will be required to be resubmitted to Academic Council and Governing Body for approval, as per NPDP Stage 7. Depending on the level (i.e. amount) of change and the nature of the change to the programme and programme documentation, Academic Council and/or Governing Body may require a repeat (second) mock external panel review of the programme (a repeat of NPDP Stage 8).

Once the programme has been satisfactorily and rigorously internally and externally reviewed, and Academic Council and Governing Body are satisfied that the programme is ready for submission to QQI for validation, the programme enters NPDP Stage 10.

NPDP Stage 10: Validation Application

By delegation from Academic Council, the Programme Development Subcommittee will send the programme proposal/validation application to QQI for validation assessment.

4.2 Staff Recruitment & Performance Development to Enhance Teaching at ICD

4.2.1 Recruiting Staff & Staff Induction

Staff recruitment for academic (e.g. lecturer) and administrative roles is primarily the responsibility of the Management Team, who report to Governing Body. The Human Resource management function at ICD are primarily the responsibility of the Managing Director and HR Consultant.

During all recruitment processes for academic teaching positions, ICD uses the specific requirements (e.g. qualifications staff must have) for modules, which are detailed in the module descriptors and programme manuals (e.g. potential candidates' qualification levels (according to the NFQ), disciplinary expertise (e.g. subject areas), and prior experience requirements). These requirements are used to assess all recruitment processes for teaching staff.

Staff Induction

While all new and existing ICD staff will participate in all initiatives to enhance teaching and continuous professional development, specified in section 4.2.2 (and its subsections) of the ICD QA policy, all new academic staff will participate in a formal structured induction. This induction will take place every semester when new lecturing staff are recruited. While it is recognised that a lecturer who is new to ICD may have prior lecturing experience, all lecturers who are new to ICD will be required to participate in a formal ICD induction. During the first semester teaching at ICD, all new staff will attend two induction days (one at the beginning of the semester; one in the middle of the semester). The objectives of the staff induction are:

- To support and inform staff who are new to teaching in higher education and/or new to teaching at ICD
- To develop staff knowledge, understanding, and skills in providing a learner-centred higher education where higher education students are required to display and demonstrate independent learning and critical thinking skills in learning and assessment
- To develop staff knowledge, skills and competencies in identifying and appraising the suitability of alternative teaching, learning, and assessment strategies for use in modules
- To inform and train staff regarding ICD's Teaching, Learning & Assessment Strategy
- To inform staff about the ECTS credits system and its importance in defining learner workloads for modules and assessments

- To enhance staff members' critical understanding of some of the basic principles and practices in higher education teaching, learning and assessment
- To inform staff about the importance of the relationship between modules and their respective programme(s) in both the planning, delivery, and assessment of modules
- To inform staff about how to plan effective and valid teaching and learning plans for modules
- To inform staff about the key staff at ICD and their role (e.g. Programme Directors, Admin staff, the Registrar)
- To inform staff about the governance system at ICD and how constituent committees and subcommittees operate
- To inform staff about the standard academic calendar for each year, key dates in module delivery and assessment, and how to interpret their staff timetable
- To inform staff about meetings they will be invited to attend and how they should prepare for these meetings
- To inform staff about training initiatives and continuous professional development opportunities and initiatives provided at ICD and externally
- To inform staff about internal verification of assessment instruments, second marking, and the importance and nature of the relationship between module first markers and second markers
- To inform staff about External Examination and the important role that External Examiners play in maintaining and enhancing assessment validity, reliability, consistency, and transparency
- To inform staff about academic integrity and plagiarism prevention and detection initiatives at ICD (e.g. how to use Urkund to prevent and detect plagiarism)
- To inform and train staff about how to use the ICD Moodle virtual learning environment to optimise their approach to technology enhanced teaching, learning, and assessment
- To inform staff about how the ICD library resource centre can be used by both staff and students to optimise the effectiveness of teaching, learning, and assessment
- To train staff about how to comply with GDPR in their role at ICD
- To train staff about important systems at ICD (e.g. ICD email)
- To train staff about the importance of formative and summative assessment feedback for learners and how best to approach formative and summative feedback
- To train staff about teaching, learning, and assessment in culturally diverse environments
- To train staff about communication in culturally diverse environments
- To enhance staff skills in development of engaging and diverse assessments

- To inform staff about the NFQ and how the NFQ level of a module is an essential defining factor in how module lecturers design and deliver their teaching, learning, and assessment strategies to maintain consistency
- To inform staff about QA procedures and how to interpret them (e.g. plagiarism policy, late assignments policy, policy on extenuating circumstances and reasonable accommodations)
- To enhance staff skills in managing both individual and team-based assessments
- To train staff in how to interpret and use MIMLOs (Minimum Intended Module Learning Outcomes) when designing and delivering their module teaching, learning, and assessment strategies and component elements
- To inform staff about the importance of students as partners in higher education and how to ensure teaching, learning, and assessment strategies are optimally collaborative and authentic, providing at least as many learning opportunities as they do assessments of learning
- To inform staff about the important role that gathering feedback from students plays in enabling evidence-based improvement of teaching, learning, and assessment strategies
- To enhance staff skills in using innovative teaching methods (e.g. flipped classroom)

QA documentation, PowerPoint presentations, strategies, guidelines and templates on all areas covered in the Staff Induction are provided for staff through the Moodle Staff Document Store.

4.2.2 Continuous Professional Development to Enhance Teaching Quality

ICD is committed to continually improving teaching and learning across its programmes. To this end, the college engages in regular reviews of individual and team performance in a manner which is consistent with the collegial and professional values of our academic staff.

The National Forum for the Enhancement of Teaching and Learning in Higher Education (2016) describe acknowledgement within the higher educational sector that there is a spectrum of activities under the overall umbrella of professional development Table 4.2.2 adapts the guidelines of the National Forum for the Enhancement of Teaching and Learning in Higher Education (2016), specifically the 'Typology of accredited and non-accredited professional development activities', by specifying initiatives at ICD Business School regarding the continuous performance management and professional development of academic staff.

Table 4.2.2: Typology of Accredited & Non-accredited Professional Development Activities at ICD

Source: Adapted from National Forum for the Enhancement of Teaching and Learning in Higher Education (2016 p. 2)

1. Collaborative Non-accredited (non-formal)	2. Unstructured Non-accredited (non-formal)	3. Structured Non-accredited (informal)	4. Accredited (formal)
Learning from these activities comes from their collaborative nature – in this case professional development is not a commodity to be consumed, it is developed through the collaborative process	These activities are independently led by the individual. Engagement is driven by the individual's needs/interests. Individuals source the materials themselves	These are externally organised activities (by an institution, network, disciplinary membership body). They are typically facilitated and have identified learning objectives	Accredited programmes of study (ECT credits)
Examples (provided by National Forum for the Enhancement of Teaching and Learning in Higher Education 2016 p.2)			
Conversations with colleagues Sharing research at a conference Peer review of teaching	Reading articles Following social media Watching video tutorials Keeping a reflective teaching journal/portfolio Preparing an article for publication	Workshops Seminars MOOCs Summer Schools	Professional Certificate, Graduate Diploma, Masters, PhD in: - Teaching & Learning - eLearning - Leadership in Education - Education Policy - Etc.
ICD initiatives regarding each type of professional development activity			
Collaborative processes at ICD that enable staff professional development: 1. Programme Board Meetings 2. Internal Verification of assessment instruments 3. Second marking	Initiatives at ICD to encourage and facilitate 'unstructured' professional development activities: 1. Staff access to online journal repositories (e.g. JStor) 2. Annual Award for Excellence in Research & Scholarship	Initiatives at ICD that encourage and facilitate 'structured' professional development activities: 1. ICD Teaching, Learning & Assessment Annual Seminar 2. External body seminars and training/workshops facilitated/arranged by ICD	Initiatives at ICD that encourage and facilitate Accredited professional development activities: 1. ICD supports for staff to continue accredited study * for more information see section 4.2.2.4

4. External verification of assessment instruments	3. Annual Award for Excellence in Teaching	3. ICD supports for staff to engage with external bodies	
5. External examiner review of grades	4. Moodle Document Store for Staff	* for more information see section 4.2.2.3	
6. Research conference funding and supports	* for more information see section 4.2.2.2		
7. ICD training workshops			
8. Annual staff development meeting			
9. Learner feedback surveys			
10. Staff induction			
* for more information see section 4.2.2.1			

4.2.2.1 Collaborative processes at ICD that enable staff professional development

Programme Board Meetings

Held every semester, Programme Board meetings provide a forum for all academic staff involved in a programme to:

- Collaboratively discuss best practice in teaching, learning and assessment at the module and programme level
- Meet student representatives to hear the student perspective on how the teaching, learning, and assessment strategies and environment can be developed and improved
- Reflect on experiences in module delivery to collaboratively plan, with colleagues and student representatives, how teaching and assessment can be enhanced
- Receive (and provide) feedback and advice from/to colleagues and student representation on how teaching and assessment can be enhanced

- Collaboratively discuss and deliberate on strategies for enhancing academic standards among students and faculty
- Consider and make recommendations (to Academic Council via the Programme Director) regarding enhancement of the curriculum
- Discuss quality assurance policies and how they are applied in practice in teaching and assessment
- Collaboratively discuss how to continuously enhance programme-level learner workload management

Internal Verification of Assessment Instruments

Internal verification of assessment instruments (e.g. assignment briefs/guidelines and examination papers and solutions/marking rubrics) entails a first marker (e.g. the module lecturer who sets the assessment) and a second marker (a colleague [lecturer or programme director]) collaborating to share their combined pool of expertise and experience to:

- Ensure all assessment elements follow the module and programme assessment strategy
- Assist the first marker in enhancing their assessment strategy to create assessments that contribute optimally towards providing learners with a learning experience (assessment for learning) and opportunity to demonstrate achievement of learning outcomes
- Provide a mechanism where first and second markers can learn from one another's assessment strategies in a context of collaborative professional development
- Ensure assessment instrument workloads are within (not substantially below or above) the module assessment strategy and ECTS credit weighting of the module

Second Marking

Second marking provides a collaborative and constructive process where first and second markers can share their experience and knowledge to ensure that:

- The first and second marker are continuously enhancing their assessment skills to ensure the validity, reliability, transparency and consistency of marking/grading processes and outcomes at both the module and programme level

- Any deficiencies in grading approaches are identified and strategies for improvement are collaboratively decided

External Examiner Verification of Assessment Instruments

All examinations are reviewed by an External Examiner. The External Examiner provides feedback and requirements for how internal examiners (lecturers) can:

- Improve examination papers to ensure the assessment instrument is at the correct NFQ level
- Enhance solutions/marking rubrics such that they are accurate, valid, fair, consistent and transparent
- Enhance consistency of the assessment instrument with assessments external to ICD (the NFQ level)
- Ensure examination papers and questions are clear to the learner who will attempt the paper
- Enhance their examination paper style (specifically and generally) to ensure it provides learners with optimum opportunity to demonstrate achievement of the module learning outcomes being assessed

External Examiner Review of Grades

External Examiners review a sample of all graded assessments to provide feedback to internal examiners (lecturers) on how the internal examiner can:

- Enhance the transparency of their grading procedures
- Enhance the consistency of their grading procedures and make any required changes to ensure grades are consistent
- Enhance the validity and reliability of grading procedures
- Enhance their grading procedures to ensure consistency with the NFQ level of the assessment

Research Conference Funding and Supports

By application to the Managing Director and/or the Head of Academic Development, all staff can avail of:

- Financial assistance (e.g. travel expenses) to attend conferences
- Non-financial assistance to attend conferences (e.g. timetabling changes to accommodate conferences during lecturing times)

ICD Training Workshops

Training workshops are provided for all staff every year internally at ICD to ensure:

- Staff are continuously enhancing their skills in using innovative teaching methods (e.g. flipped classroom)
- Staff are continuously enhancing their skills in using teaching and learning technologies (e.g. Moodle)
- Staff are continuously enhancing their skills in using assessment related technologies (e.g. Moodle quizzes, Urkund plagiarism detection software)
- Staff are continuously enhancing their knowledge of quality assurance at ICD and in higher education generally

Annual Staff Development Meeting

QQI (2017a) requires that, to fulfil the criteria to offer programmes leading to a QQI award, a provider HEI must ensure they make systematic and clear:

- “Arrangements for the performance of the programme’s staff to be managed to ensure continuing capability to fulfil their roles...[including] staff development opportunities...Being qualified in a discipline does not necessarily mean that a person is currently competent in that discipline. Therefore, performance management and development of professional and vocational staff needs to focus on professional/vocational competence as well as pedagogical competence” (ibid). Programme documentation, provider QA policies, and provider management must clearly articulate and have systems in place to ensure that “there are

arrangements for programme staff performance to be reviewed and there are mechanisms for encouraging development and for addressing underperformance” (ibid).

To conform to QQI guidelines, annually, all staff at ICD will attend a scheduled individual Staff Development Review Meeting. The individual Staff Development Review Meeting shall be attended by the staff member (reviewee) and one other member of staff (reviewer). The reviewer will be selected by the reviewee from a panel of reviewers. The panel of reviewers will be appointed annually by Academic Council. Reviewees will be notified of who the members of the panel of reviewers are in advance of the reviewee’s annual Staff Development Review Meeting. The reviewee then selects their chosen reviewer from the panel of reviewers. The Staff Development Review Meeting will:

- Be attended by the individual staff member (reviewee) and their chosen reviewer
- Provide a forum at which the individual staff member can have a constructive conversation about their ongoing:
 - teaching skills development
 - assessment skills development
 - technology-enhanced teaching and assessment skills development
 - research activity and how to develop this area
 - development of involvement with communities of practice (e.g. academic associations and/or professional bodies)
- Provide a forum at which the individual staff member can seek financial and non-financial supports from the college with the objective of assisting the staff member to enhance their:
 - knowledge, skills, competencies and activities in teaching, research and assessment
 - ongoing learning and professional development
- Provide a forum at which the individual staff member can receive constructive feedback on how they can continue and enhance their professional development activities (accredited and non-accredited)

The outcome of the Staff Development Review Meeting will include a list of reviewee objectives that will be:

- A mutually agreed (between the reviewer and reviewee) list of objectives for the reviewee’s development over the forthcoming year
- Consulted in future Staff Development Review Meetings (for the specific reviewee) to monitor progress

After the Staff Development Review Meetings cycle concludes each year, each member of the panel of reviewers will compile a brief, non-personalised summary of collective needs and issues highlighted by the process, pertaining to staff development and performance management at the college generally. This report shall be forwarded by each member of the panel of reviewers to the Head of Academic Development who shall compile an overall non-personalised summary of the reports of the panel of reviewers, which will be:

- Reported to Academic Council for consideration, with a specific focus on how the college can enhance its staff performance management and development system and enhance its staff development supports. Academic Council will consult the Management Team and report to the Governing Body regarding any recommended changes to resourcing.
- Reported to the Management Team who will identify and implement improvements to staff training, performance management and development infrastructure at the college and report to Governing Body regarding same

Learner Feedback Surveys are carried out towards the end of every module delivery at ICD. Every module lecturer is required to analyse the learner feedback surveys which provide feedback on how the lecturer may improve:

- Their teaching approach/style including pace
- Their assessment strategy/style
- Their interaction with and supports/feedback provided to students

Learner feedback surveys are also analysed by the Programme Director, the Registrar, and the Programme Development Subcommittee (as part of annual programmatic review) to ensure the feedback data provided by learners is considered and acted upon to enhance teaching, learning, assessment, and the learning environment at ICD at the module, programme, and institution levels. Outcomes of this analysis are reported to the Academic Council by the Programme Development Committee. Academic Council deliberates on the findings and makes recommendations for enhancement of ICD's educational provision (e.g. teaching, learning, and assessment strategies and their implementation), including staff development and performance management initiatives.

Staff Induction

Please see section 4.2.1 of the ICD QA policy for information about new staff induction.

4.2.2.2 Initiatives at ICD to encourage and facilitate unstructured professional development activities

Staff access to online journal repositories (e.g. JStor)

ICD staff can access all of the ICD Library resources, including journal repositories (e.g. JStor) to access materials for use in teaching, assessment, or faculty research activities. These resources provide a support/resource for staff who may be preparing an article for publication in a journal or at a conference. Any staff member who is attending a conference can apply for financial (e.g. registration fees; travel expenses) or non-financial (e.g. timetabling amendments) supports by applying to the Managing Director or the Head of Academic Development.

Annual Award for Excellence in Research & Scholarship

From 2020 onwards ICD will present one staff member per year with the ICD Annual Award for Excellence in Research & Scholarship. The criteria for this award include:

1. Staff may nominate themselves or a colleague(s) by sending a two page summary of why the staff member should be considered for the award
2. The deadline for each annual award nominations period is before 30 June of each calendar year
3. Nomination letters should be sent to the Head of Academic Development
4. The award winner will be selected by a panel of three or more academic staff (none of whom may be nominees for an award)
5. The award winner will satisfy one or more of the following criteria:
 - a) A high-quality journal article published by the nominee (in the previous 18 months up to the deadline)
 - b) A high-quality research conference/seminar paper presented by the nominee (in the previous 18 months up to the deadline)
 - c) The nominee secures research funding (in the previous 18 months up to the deadline)
 - d) The nominee completes an accredited qualification in the previous 18 months (e.g. a masters or PhD)

Annual Award for Excellence in Teaching

From 2020 onwards ICD will present one staff member per year with the ICD Annual Award for Excellence in Teaching. The criteria for this award include:

1. Staff may nominate themselves or a colleague(s) by sending a two page summary of why the staff member should be considered for the award
2. The deadline for each annual award nominations period is before 30 June of each calendar year
3. Nomination letters should be sent to the Head of Academic Development
4. The award winner will be selected by a panel of three or more academic staff (none of whom may be nominees for an award)
5. The award winner will satisfy one or more of the following criteria:
 - a) Innovation in (or distinctive approaches to) teaching
 - b) Innovation in (or distinctive approaches to) assessment
 - c) Innovation in (or distinctive approaches to) technology enhanced teaching
 - d) Innovation in (or distinctive approaches to) technology enhanced assessment
 - e) Excellence in assessment and feedback to learners
 - f) Teaching support excellence
 - g) Excellent new lecturer (who has been recruited in the previous 18 months up to the deadline for nomination submissions)

The Moodle Document Store for Staff provides staff continuous access to materials relating to quality assurance, teaching, learning and assessment strategies, and tutorials in how to use ICD systems such as Moodle, the ICD library resources, and Urkund plagiarism detection/prevention software.

4.2.2.3 Initiatives at ICD that encourage and facilitate structured professional development activities

ICD Teaching, Learning & Assessment Annual Seminar

Starting in 2020, an annual ICD seminar will take place, to be ordinarily scheduled during July, August or September. The goal of the seminar will be to enable internal and external colleagues to share, discuss, and reflect on best practice in higher education, with the goal of developing all attendees' skills and knowledge. The criteria of this seminar series include:

1. ICD staff and external colleagues will be invited to present papers and/or reflections on:
 - a) Teaching and learning
 - b) Assessment
 - c) Technology enhanced teaching and learning
 - d) Technology enhanced assessment
 - e) Academic integrity and plagiarism
 - f) Diversity in the classroom
 - g) Innovative approaches to teaching and learning
 - h) Innovative approaches to assessment
 - i) Distinctive approaches to team assessments
 - j) Quality assurance in education
 - k) Authentic assessment
2. The submissions to present will be assessed by a panel to select the final list of presentations to be delivered
3. All submissions to present must be available to visit ICD to deliver their presentation on the assigned date
4. The seminar will take place at ICD

External body seminars and training/workshops facilitated/arranged by ICD

The goal of this initiative is to ensure ICD staff engage with external bodies to continuously develop our knowledge, skills, and competencies as educators. The criteria for this initiative are as follows:

1. No less than twice per academic year an external body will be invited to visit ICD to train, deliver a seminar to, or coordinate a workshop with, ICD staff
2. The topics of these seminars will include:
 - a) Teaching, learning, and assessment strategies in higher education
 - b) Technology enhanced teaching
 - c) Technology enhanced assessment
 - d) Culturally diverse higher education settings
 - e) Innovative approaches to teaching
 - f) Innovative approaches to assessment
 - g) Quality assurance in higher education
 - h) Learner-centred higher education
3. The external bodies will include recognised higher education bodies or professional bodies (e.g. ICOS, QQI, National Forum, Pearson, ACCA, Urkund)

ICD Supports for Staff to Engage with External Bodies: Communities of Practice

ICD promotes and facilitates all academic staff developing and maintaining relationships with communities of practice in their respective fields. This includes reviewing, and approving as appropriate, any financial or non-financial assistance, which is provided to academic staff to ensure they are encouraged to attend conferences, engage in research seminars, and membership of academic and professional associations and bodies. All staff are encouraged to liaise with the Managing Director or Head of Academic Development and submit requests for financial and/or non-assistance pertaining to developing or maintaining relationships with communities of practice (academic [e.g. membership of an academic research association] or professional [e.g. membership of ACCA]).

ICD Supports for Staff to Engage with External Bodies: the National Forum

All staff are strongly encouraged to attend, at least once per calendar year, a National Forum event (see teachingandlearning.ie/new-events/national-seminar-series/). The National Forum for the Enhancement of Teaching and Learning in Higher Education provides a national seminar series with the objective of enhancing teaching, learning, assessment, student engagement, and student success across educational disciplines in Ireland. While many of these are provided for free, by application to the Managing Director or the Head of Academic Development, any ICD staff member can apply for:

- Financial assistance to attend (e.g. travel expenses) a National Forum event
- Non-financial assistance to attend (e.g. timetable adjustments) a National Forum event

4.2.2.4 Initiatives at ICD that encourage and facilitate Accredited professional development activities

ICD supports for staff to continue accredited study

All ICD staff, academic and non-academic, are encouraged to continue their studies according to the following policy:

1. All staff at ICD should contact the Managing Director or the Head of Academic Development to apply for financial (e.g. course fees) or non-financial (e.g. timetabling or working hours amendments) assistance to register on an accredited programme of study
2. Accredited programmes of study of all types will be considered on a case by case basis
3. Accredited programmes of study may be discipline specific
4. Accredited programmes of study may include teaching and learning qualifications

4.2.3 Staff Access to QA Policy

The quality assurance policy and all other key quality assurance documents and internal reports are available to staff via the internal staff-accessible Moodle document store for staff.

4.2.4 Ensuring Availability of Staff

Lecturer Availability for Module Allocations

As a small college, ICD takes a specific, ongoing, and proactive approach to ensuring adequate staffing availability to ensure timely and high-quality delivery of all programmes. The college Registrar confirms availability with all contract teaching staff prior to the commencement of each academic year.

Contingency Measures to Cater for Situations where a Tutor/Lecturer is not Available:

ICD has two contingency measures in place to cater for situation where a lecturer or tutor may be unavailable for any reason:

- Strategically, the Managing Director monitors staffing needs and staffing availability to ensure that there is a minimum of at least two academic staff who are competent to deliver each specific module. This is also essential for the purposes of second marking procedures.
- Classes are typically rescheduled in the event of leave or absence. ICD has a policy of not cancelling classes. Postponed classes can also occur for various other reasons such as adverse weather conditions and weather alerts. ICD will always consult with any student cohorts affected to ensure that they are included in any decision making around moving class slots

Staff attendance at meetings:

ICD regularly has staff meetings (e.g. Academic Council, Programme Boards, Exam Boards), which are integral to ongoing review, improvement, and delivery of all programmes.

4.3 Policy on Quality in Assessment: Designing Assessment Instruments and Moderating Assessment Instruments and Results

The present section of the QA policy defines mechanisms used and principles to be followed to ensure quality in assessment. Greater detail on assessment policy at ICD is provided in section 5.2 and its subsections.

This policy applies to:

All assessment designers: All assessment instruments at ICD are typically devised by the relevant module lecturer. The strategy to be followed, by assessment designers (e.g. the module lecturer), in assessment brief (or exam paper) design at ICD is to ensure that assessment briefs (across the module as a whole) enable learners to demonstrate (provide evidence for) learning outcome achievement. Instructions provided to learners in assessment guidelines should use command verbs and general instructions that define learners' required tasks in a way that encourages learners to show high levels of achievement of the learning outcomes at the higher-grade levels, rather than simply encouraging a 'pass.'

All assessment designers and all assessment processes must follow the Principles of Assessment at ICD.

Principles of Assessment (POAs) at ICD:

All examiners and all staff involved in designing and moderating assessments have a duty to follow these principles of assessment, which are designed with reference to QQI (2013b) *Assessment and Standards* policy:

POA1 Assessment instruments must be fair. This requires that:

- i. **Assessment must be inclusive** recognising that "different people can have different learning needs, styles and approaches" (QQI 2013b section 2.1.1).
- ii. **Multi-modal assessment is used:** Ideally, various assessment instrument types should be utilised across modules and programmes (e.g. verbal presentations, role play, examinations, Moodle quizzes, peer evaluated assessments, group assessments, individual assessments, written reports, research based assessments, reflective learning logs) in order to help learners with differing learning needs, styles, and approaches.

- iii. **Reasonable accommodations should be made for learners with special learning needs or extenuating circumstances.** In order to achieve an inclusive educational platform, alternative arrangements should be made by assessment designers (e.g. module lecturers) to accommodate different learning needs. Any such alternative arrangements should be agreed between the module lecturer (examiner), the second marker (internal verifier), and the Programme Director. Students are encouraged to contact lecturers at any time to discuss any specific learning needs they may have that may qualify them for alternative assessment arrangements. ICD follows QQI (2013b section 2.2.10), which states that “some learners with disabilities may be unable to demonstrate their achievement of the intended learning outcomes through conventional assessment tasks...reasonable accommodations will therefore need to be made to deal with issues that would otherwise prevent such learners from demonstrating their achievement.” These reasonable accommodations are defined by QQI (ibid) as follows: “adapting the assessment approach, not with diluting the standard of learning to be attained, interfering with or amending the intended learning outcomes. Assessments which involve reasonable accommodations should be consistent with those which do not.”

POA2 Assessment instruments must be consistent. This requires that:

- i. **Learners should be assessed using the same assessment instruments wherever practical**
- ii. **Assessment instruments should be continuously improved in order to enhance assessment.**

“Consistency...does not require that particular outcomes must always be assessed in the same way from cohort to cohort, or from programme to programme” (QQI 2013b section 2.2.3). Ongoing module and programme reviewing facilitates changing and updating assessment instruments where beneficial, with key responsibility in this regard being shared Programme Boards and Academic Council. These updates to assessment instruments follow QQI (2013b section 2.2.3) guidance that “consistency should never be used to justify stagnation...necessary change and evolution should be seen as compatible with consistency.” While updating assessment instruments between each module delivery is encouraged as part of module and programme review and development, within a specific module delivery instance, it is recommended that all learners should complete the same assessment instruments, wherever practical. The objective is to ensure that all learners have equal opportunity and platform to demonstrate learning outcome achievement.

- iii. **Comparable performance levels should be reflected in comparable grades** (QQI 2013b section 2.2.3): “Consistency should apply within a programme, an institution, within a discipline or professional field. It should also apply between institutions, and be applicable nationally, across borders (where appropriate), across time and across the whole population of learners” (QQI 2013b section 2.2.3).
- iv. **Assessment instruments and grades must be consistent with the NFQ level of the module:** Consistency extends to ensuring that assessments are devised to capture learning outcome demonstration evidence at the correct National Framework for Qualifications level of the award (e.g. Level 8, Level 9). Internal and external verification of assessment instruments and grades must be carried out efficiently and effectively to ensure consistency.

POA3 Assessors must “have the necessary competence” and expertise to set and grade assessments (QQI 2013b section 2.1.1). The Programme Director and Registrar hold the responsibility to ensure that:

- i. **Assessors are competent.** The key competence in this regard is the assessor’s competence to devise and grade assessments that enable learners to demonstrate the module and programme level learning outcomes.
- ii. **Assessors have subject-area expertise:** “Assessors should only be requested to assess learning outcomes which they are competent to assess” (QQI 2013b section 2.2.7).

Assessors themselves have a duty to ensure they “have a deep understanding of the programme assessment strategy, as well as the module assessment strategies for the modules directly involving them” (ibid).

POA4 Assessors must declare any “conflict of interest (actual or potential, real or apparent) if he or she were to act as an assessor in a particular situation [and] should neither act nor be required to act as an assessor in that situation” (QQI 2013b section 2.1.1)

POA5 Assessment instrument design, setting and grading must be objective and transparent. This requires:

- i. **Assessment instruments must be internally verified:** Assessment setting policy requires internal verification of assessment briefs and examinations.
- ii. **Final examination papers (and questions) must also be externally reviewed** by the External Examiner, before being approved.
- iii. **All final examinations must be anonymously marked** (i.e. the student name is not contained on the exam script)
- iv. **A sample of each graded assessment must be internally verified (second marked)**
- v. **External Examiners are given an opportunity to review grades:** A sample of all graded assessments is also subject to approval by the External Examiner.
- vi. **Exam Board approval of all final grades:** All grades are subject to approval by the Examination Board.

POA6 Assessment of learning must be transparent: This requires that

- i. **Learners must be informed about how and why they are assessed** (QQI 2013b). The intended programme and module learning outcomes must be plainly written and communicated at the start of the programme to the learners and to all those involved with teaching and assessment (QQI 2013b).
- ii. **Module descriptors and assessment information and guidelines must be provided to learners at the start of the programme/module:** At ICD, all modules have a Moodle page for all students enrolled on that module, which the lecturer must ensure contains the module descriptor and details of the assessment instruments for the module.

POA7 Assessments must be devised to incorporate formative and summative feedback mechanisms. Learners should receive feedback in a timely manner and have the opportunity to seek feedback, for assessment grading rechecks and reviews, by request.

POA8 Learners must be made aware of (and follow) assessment and examination regulations. It is the responsibility of the student to make themselves aware of these regulations. It is ICD's responsibility to ensure that:

- i. ICD staff communicate these regulations to the students in a variety of ways.
- ii. Students receive a copy of the examination and assessment regulations as part of their registration, in the student handbook, as part of the mandatory induction module, and via the ICD Moodle system.
- iii. Students are reminded of these regulations. In keeping with QQI's (2013b section 2.1.1) guidance that "they should be reminded of these...assessment regulations on a regular basis," ICD must also recirculate the regulations in the weeks before all end of semester examinations. ICD must also print excerpts from these regulations, as appropriate, and place them in public view in communal areas such as corridors, for learners' information.
- iv. Exam invigilators are continuously trained and updated, under the supervision of the Registrar, to ensure they are aware of examination regulations. Exam invigilators communicate specific regulations to students at exam venues as appropriate.

POA9 Assessment strategies across modules on a programme must be coordinated. Programme Directors must use Programme Board meetings at the start of every semester:

- i. **To coordinate assessment sequencing:** To plan (with the lecturers/assessors) the schedule, nature, and sequence of assessments to ensure that "programmes and their constituent modules...include sufficient (but not excessive), timely, diverse and fit-for-purpose assessment tasks that: encourage effective learning...and measure progress towards the attainment of the intended programme learning outcomes" (QQI 2013b section 2.2.5).
- ii. **To ensure assessment instruments follow the assessment strategy and assessment instruments described in the module descriptor** first and foremost because "effective assessment is consistent with, supportive of, and derived from the intended programme and module learning outcomes" (QQI 2013b section 2.1.1).
- iii. **To ensure assessment designers design authentic assessments that are learning outcomes focused:** All module assessment instrument design should be carried out with due consideration for the role of the module, and its assessment instruments, in achievement of enabling learners to achieve (and demonstrate achievement of) programme-level learning

outcomes. This takes account of the QQI (2013b section 2.1.1) assessment standards theme that “the provider should ensure that there are learning opportunities for the programme’s intended learning outcomes (except those which are satisfied by prior learning)”

- iv. **To ensure assessment designers take account of external accreditation requirements** (e.g. ACCA exemptions resulting from an ICD student successfully completing a specific assessment in a specific module on a specific programme [as continuously monitored by ACCA])
- v. **To ensure that learner assessment workload is sufficient but not excessive:** The number of assessment elements in a module should follow the module descriptor as should the breakdown of the marks/percentage of grade apportioned to each assessment element. This can sometimes entail a lecturer recommending the updating of a module descriptor to improve its assessment strategy as part of programmatic review, and where required, consultation with relevant external quality assurance and accreditation bodies such as QQI and/or ACCA, who provide validation and/or accreditation across ICD’s programmes. Any module descriptor changes are subject to approval by Academic Council. The first point of contact for a lecturer in this regard is the Programme Director, with additional assistance available from the Head of Academic Development and the Registrar.

POA10 Learners should be involved in the periodic review of assessment procedures (QQI 2013b).

“Learners can be involved in the design of some assessment tasks and criteria, where this would not lead to any conflicts of interest” (QQI 2013b). Where practical, this requires that:

- i. **Learners should be included in assessment decision-making and planning.** At ICD, lecturers and assessment setters, where practical, should consult with students on modules to ensure they are aware of the assessment strategy and also to include students in decision-making (e.g. lecturers consult students regarding sequencing of assessment submission date schedules across the programme to ensure students are satisfied with assessment planning and sequencing and to ensure students are included in work-load planning). Student representation on Programme Boards must be included in assessment sequencing discussions.
- ii. **Student feedback on assessment must be reviewed and acted upon to improve assessment of learning:** Academic Council analyses student feedback on programmes through receiving reports/findings of the student feedback surveys and this must be used to improve

assessment. Academic Council will communicate student-informed assessment planning guidelines to all assessors via quality assurance policy updates and via guidance to Programme Directors. Qualitative lecturer feedback surveys are also carried out by Programme Directors who report findings to the Academic Council. These feedback surveys enable lecturers to inform Programme Directors of how modules, including their assessment strategies, may be improved. This lecturer feedback mechanism also enables lecturers to relay feedback from students on assessment strategies, as received over the course of (and as a result of) specific module deliveries.

ICD has established procedures in place for the internal and external moderation and verification of assessment instruments (briefs), results, and student attainment. These are detailed in the subsections below.

4.3.1 Internal Moderation:

Purpose of internal moderation/verification

Internal moderation of assessment instruments and assessment grades is a policy requirement at ICD. The process is coordinated by Programme Directors, the college Registrar, and the college's administrative staff and requires the reviewing of lecturer's assessment methods and decisions to ensure that they are reliable, consistent, fair, and in keeping with their module's intended learning outcomes.

Internal verification sampling and reporting:

A sample of work from each module is used as evidence during this process. The college's administrative staff will also check sample scripts and broadsheets for calculation errors and other mistakes. At this stage, it will also be checked that lecturers are providing sufficiently detailed and appropriate feedback to learners. After confirming the accuracy of assessment results, and identifying errors and taking corrective action, an internal verification report will then be prepared by the relevant Programme Director and college Registrar and made available to all external examiners, programme team members and Academic Council.

External Examiner assessment of internally verified samples:

Following internal verification, samples of each assessment task – accompanied by module descriptors and marking rubrics - will be provided to a panel of suitably qualified external examiners who will independently assess the fairness and consistency with which marks have been awarded to learners, as well as the intrinsic validity of the programme's assessment strategy. In addition to formally reporting their findings and recommendations to ICD, external examiners will also be invited to provide advice and guidance to the programme team and to comment on the design of the programme, its assessment strategy, and its constituent modules and syllabi. Greater detail on External Examiner assessment at ICD is provided in section 4.4 (and its subsections) of the ICD QA policy.

Policy on Second Marking (Internal Verification) at ICD:

By default, the second marker for all modules is the Programme Director (of the programme on which the module runs). In specific cases, the Programme Director may nominate an alternative second marker for specific modules (e.g. due to areas of expertise). The purpose of internal verification is to ensure:

- Assessment briefs and grades are at the correct NFQ award level (e.g. Level 8, Level 9) and award classification (e.g. first class honours)
- Assessment briefs enable and encourage learners to achieve, and demonstrate (provide evidence for) achievement of, module learning outcomes
- Grades/grading are/is fair and consistent

Process of second marking (internal verification):

Second marking (internal verification) at ICD takes two forms:

Stage 1: Internal verification of assessment briefs (review of draft assessment tasks) (using Form 101 [see Appendix 4.3.1a] and referring to this policy)

Stage 2: Internal verification (second marking) of assessment grades (using Form 102 [see Appendix 4.3.1b] and referring to this policy)

Stage 1:

- Internal verification of assessment briefs requires the first marker (e.g. lecturer) to provide a draft of all assessment briefs (e.g. coursework briefs AND final examination papers) to the assigned internal verifier (second marker) for the module. Grading/marking schemes/rubrics must also be provided for all assessment elements
- The second marker (internal verifier) reviews the briefs and feeds back to the first marker (e.g. lecturer) using Form 101

- Form 101 must be completed and stored securely by the first marker to provide documentary evidence of stage completion
- After internal verification of assessment briefs, final exam papers (only) also require External Examiner approval
- Internal verification (and External Examiner approval of final exam papers) must be confirmed by the first marker before all assessment briefs are released to students

Notes on Stage 1:

QQI Assessments and Standards (Revised 2013b) Guidelines:

[available here

https://www.qqi.ie/Publications/Publications/Assessment_and_Standards%20Revised%202013.pdf]

Extract from section 2.2.5 of above guidelines:

“Assessment tasks and criteria, arrangements, model answers and grading schemes are reviewed internally (and externally where appropriate) prior to use.

It is good practice for all assessment tasks to be reviewed internally where possible, and otherwise externally.

High-stake assessment tasks (e.g. examination papers), model responses and grading schemes should normally be reviewed independently of their authors, including by the external examiners.”

Extract from section 4.6.1 of above guidelines:

“Internal review of draft assessment tasks:

A criterion-referenced grading scheme should be produced for each assessment task.

Draft summative assessment tasks (such as draft examination papers and continuous assessment work and, where used, alternative assessment for the purpose of recognising prior learning etc.) and grading schemes for all stages of assessment should be internally reviewed”

Stage 2:

- Must be completed after grading an assessment element (e.g. all assignments)
- This can be completed at the end of the module (i.e. when all assessment elements have been graded)
- Requires the first marker (e.g. module lecturer) to submit a sample of graded assessments (e.g. coursework AND final examinations) to the second marker (internal verifier)
- The second marker will review the sample to ensure marking is fair, consistent, and at the correct level
- The second marker should focus on whether grades are at the correct level in terms of grade classification (e.g. Level 8, First Class Honours [70%+]; OR Level 8 2.1 [60-69%]). The second marker should NOT advise grade changes within bands (e.g. increasing a grade from 61% to 63% or vice versa). The second marker may advise a grade band change (e.g. changing a grade from 60s to 50s) but such changes must happen across the entire cohort [individual grade changes are strongly discouraged in the absence of entire cohort grade changes].
- Must be completed before graded assessments are sampled for assessment by the External Examiner
- Form 102 must be completed and submitted with the assessment sample pack to be made available for assessment by the External Examiner
- The sample pack reviewed by the second marker (internal verifier) should be identical to the sample pack reviewed by the External Examiner (excepting special circumstances)

Notes on Stage 2:

QQI Assessments and Standards (Revised 2013b) Guidelines:

[available here

https://www.qqi.ie/Publications/Publications/Assessment_and_Standards%20Revised%202013.pdf]

Extract from section 2.2.8 of above guidelines:

“Student assessment procedures are expected to not, where possible, rely on the judgements of single examiners”

Extract from section 2.2.12 of above guidelines:

“Student assessment procedures are expected to be subject to administrative verification checks to ensure the accuracy of the procedures”

Extract from section 2.2.13 of above guidelines:

“Records are maintained to facilitate monitoring and reviews”

4.3.2 Security in Assessment

The Registrar ensures:

- i. Security in assessment procedures are followed and updated as appropriate.
- ii. All examination scripts are stored in a secure, locked location, that is controlled by the Registrar.
- iii. Records are stored securely. Assessment results are permanently archived and protected by the Registrar. The Registrar has overall responsibility for maintaining records relating to learner assessments, as per QQI (2013b) guidelines. Records relating to summative assessment results are permanently and securely retained, whether an award has been recommended or not.

As per QQI (2013b) guidelines, all assessments at ICD must be handled confidentially. All staff involved in the assessment process must ensure that they

- i. Do not share learner results/grades with parties other than the student themselves.
- ii. Share grades only with specific persons also involved in the assessment process. Sharing of learner grades internally among staff is standard process as a part of second marking (internal verification), examination board meetings (where grades are approved), and other administrative tasks related to collecting and distributing grades (to students). External Examiners are informed of grades as part of external assessment and examination board meetings.
- iii. Ensure that they clarify with students whether they are providing provisional or official grades to students: The Moodle system provides a facility for staff to distribute **provisional grades** to students individually, confidentially, where appropriate, but **official grades** are distributed to students by the Registrar.

Unseen examinations: Unseen examinations are created by individual lecturers pending approval of the second marker and the External Examiner, with this process coordinated by the Registrar and Programme Director. Internal sharing of unseen examination papers and solutions must involve password protecting digital documents.

The Registrar and Administrative office staff (under the supervision of the Registrar) coordinate the secure printing and distribution of unseen examination papers. A key duty of examination invigilators is to ensure that unseen exam papers are not seen by any student until the examination begins, at which time all exam candidates are instructed to begin to read their exam paper at the same time, to ensure all students have equal opportunity to attempt the assessment instrument to demonstrate their learning outcome achievement.

Recording assessment attempts: Assessment attempts submitted by learners must be recorded in one of the following ways:

- All attendees at examinations or in-class tests (e.g. paper exams, or presentations) must sign an attendance sheet and display their student card to verify their identity
- Where practical, students will submit copies of assessment submissions via Moodle
- Physical (e.g. paper) copies of assessment attempts are, where practical, submitted directly to either:
 - o The lecturer/assessor, who records submissions
 - o Or the administration office who securely store submissions and take students' signatures as records of submission

4.3.3 The Conduct of Assessment and Examinations

Assessments and examinations at ICD are subject to the policies located in section 5.2, and subsections, section 4.3, and subsections, and section 4.4, and subsections, of the ICD QA Policy. The conduct of examinations is supervised and coordinated by the Registrar in conjunction with the administration office at ICD and examination invigilators.

4.3.3.1 Programme-level Management of Assessment

As per QQI (2013b) guidelines, the Registrar and Administrative office staff (under the supervision of the Registrar) coordinate examinations in the following ways:

- the secure printing and distribution of examination papers
- coordinating, preparing, and resourcing venues for assessments
- organising and training invigilators
- collecting scripts from venues and recording their collection (in coordination with invigilators)
- coordinating grading processes
- maintaining records of attendance at examinations (and in classes/lectures)
- make all reasonable arrangements for learners requiring special accommodation (in examinations and throughout their learning experience at ICD)
- securely transfer scripts to assessors who must count and sign for all assessments in the company of an administrative staff member, on receipt and return of assessments to the administration staff who ensure the exam scripts are stored securely. This includes all examinations being graded on ICD premises only

The Registrar and respective Programme Director(s) for each programme carry out the following functions, as described by QQI (2013b section 4.6) *Assessment and Standards* guidelines:

- **Ensure that assessment procedures accord with QQI (2013b) *Assessment and Standards* guidelines and foundations/principles** through coordinating assessments across each programme in conjunction with respective lecturers/assessors. This includes planning assessments, ensuring effectiveness of assessments, sequencing of assessments, and assessment work-load analysis. The effectiveness of assessments refers to the effectiveness of the assessment to facilitate learners to demonstrate achievement of module and

programme learning outcomes in a manner that allocates, to learners, a sufficient and appropriate workload. The effectiveness of assessments is a direct output from how accurately assessment requirements are designed to test specific module and programme learning outcomes through criterion-referenced assessments of specific learning outcomes. Effective assessment supports are also provided to students through ongoing formative feedback on learners' assessment planning and attempts, along with summative assessment feedback, with assessments being seen as assessment of learning (summative) and assessment for learning (formative). Please see section 4.3 of ICD's QA document for greater detail on the principles of assessment at ICD.

- **Ensure that programme boards and assessors discharge their assessment functions professionally.** A programme board at ICD contains the Programme Director and the teaching staff on that programme. Programme board meetings take place every semester to plan delivery of the programme and to plan assessments (including sequencing and work-load management) and to discuss any issues pertaining to the programme. The Registrar liaises with the Programme Director and lecturers as appropriate to provide supervisory coordination at the programme level (e.g. coordinating activities across stages of programmes and across programmes, including matters such as timetabling and resourcing). Programme Boards report to the Programme Development Committee and the Academic Council, with primary responsibility for reporting allocated to the Programme Director(s).
- **Monitor programme assessment findings, making national and international comparisons and diagnosing problems, followed by taking appropriate remedial action to address the causes of the problems (and not just the symptoms) and confirming that the actions have had their intended effect.** Monitoring assessment findings entails receiving quantitative (student grades; student feedback surveys) and qualitative data (student feedback surveys; lecturer feedback surveys) on student performance in assessments and the overall effectiveness of assessment instruments, and the overall effectiveness of teaching and learning supports and strategies at ICD. Feedback on assessment findings and effectiveness (of assessments and their supports) is also reported at Examination Board meetings and at Academic Council.
- **Prepare the information required by boards of examiners.** At ICD, the Registrar coordinates the preparation and distribution of information required by examination board meetings, in conjunction with the Programme Director(s), lecturers/assessors, and External Examiners.

4.3.4 Exam board meetings and future practice

Examination Board meetings are an essential quality assurance mechanism. Examination Boards at ICD and the overall grade and award classifications system follows best practice guidelines, as defined by QQI (2013b) *Assessment and Standards Guidelines*.

To ensure that exam boards can effectively carry out their duties, the following policy requirements apply:

1. **Internal verification must be completed before the Exam Board.** In advance of Examination Board meetings, all second marking (internal verification) should be completed between the first and second marker for every module, under the coordination of the Programme Director(s) and the Registrar.
2. **All grades must be sent to the Registrar:** The Registrar is sent all grades (and related information) by all lecturers (first markers) in advance of the Examination Board.
3. **A sample of the completed assessments is provided to the External Examiner(s)** for their perusal, as distributed by the Registrar, in advance of, or at, the Examination Board meeting.

Deliberations at Exam Board meetings must follow these principles:

- i. **All grades must be discussed:** At the Exam Board meeting, Programme Directors and module lecturers (assessors) discuss grades achieved for learners in respective modules on respective programmes in conjunction with External Examiners. The Registrar is the Chair and coordinator of exam board meetings. All assessors on a programme are invited to discuss and deliberate on all grades for all students on all modules presented at the Examination Board and will make decisions, as required, regarding final grades and award classifications as necessary. Exam Boards must act with authority to make deliberative decisions regarding summative assessments (e.g. grades and award classifications) regarding all learners presented at the board meeting
- ii. **Differing opinions on proposed outcomes should be settled using votes to achieve majority consensus** on decisions, but unanimity is not required.
- iii. **External Examiner views must be included and considered meaningfully:** ICD places high priority on the views of External Examiners, as independent members of the

board, and will take feedback and advice from the External Examiner as a key decision maker regarding grades, award classifications, assessment strategies, conduct of exam boards, the teaching and learning environment at ICD, and quality assurance policies and infrastructure. However, decisions made at the Examination Board meeting must be made by consensus (the consensus of all members of the Examination Board meeting). This can require a vote on specific items/decisions. In the event of an irresolvable disagreement between the examination board members (e.g. internal assessors on a programme) and the External Examiner, the examination board members' consensus decision is final, as per QQI (2013b section 4.8.7) guidelines. Such disagreements must be recorded in the minutes of the meeting.

- iv. **Exam Boards must respect first markers and first markers must respect the consensus of the Exam Board:** ICD Examination Boards place a high regard on the input of the specific assessor (i.e. first marker [module lecturer]) as the most knowledgeable exam board member in a specific case of a module grade or assessment element grade. Exam Board attendees are advised strongly to respect first markers, allowing the presentation of their knowledge of assessment submissions, grades, or other information relating to a specific grade they have provided for deliberation. First markers should not be in any way discounted or disregarded in discussions of grades, as a matter of professionalism and to ensure the most knowledgeable exam board member (in a specific case) is provided an equal platform to provide a rationale for a grade. First markers are to be consulted (provided they are present). However, first markers must also hear the deliberations of the other Exam Board members respectfully and be open to accepting votes on any grades.
- v. **Grading decisions must be fair, objective, confidential, transparent, and consistent:** The key objective of decisions made at the Examination Board meetings is to ensure fairness, objectivity, confidentiality, transparency and consistency as per QQI's (2013b section 2.2.3) guidance that "consistency extends to the use of assessment findings in decision-making...it includes decisions by boards of examiners concerning awards, grades and (if applicable) entitlement to credit or access, transfer or progression."

External Examiners' Role at Exam Boards

External Examiners will visit the college at the time of examination board meetings and/or at any such times as may be determined by the college in consultation with external examiners. Where an External

Examiner cannot attend, they must inform the college Registrar and make necessary arrangements to ensure they assess relevant materials. A schedule of outputs and meetings will be agreed between the college and external examiner(s) for each academic year. External Examiners are invited to make recommendations regarding modules, programmes, grades, assessment instruments, and on any other matters they see fit. Where External Examiners identify any significant issues with the grading practices in a particular module, they are encouraged to share this information at the exam board (and in their full report). External Examiners are invited to propose adjustments to grades for a group of students as a whole, as they see fit, and are requested to share this information with internal examiners before or at the Examination Board Meeting.

Signing of Broadsheet(s) by Assessors Indicates Final Approval of Grading Decisions

All assessors (internal and External Examiners) sign respective broadsheets after all deliberations and decisions relating to said broadsheet are concluded. Signing the broadsheet records approval of grades and decisions relating to these grades. However, if disagreements occur at the Examination Board meeting, it should be recorded in the minutes of the meeting.

Exam Board minutes must be taken and stored securely to ensure confidentiality

The meeting will have assigned minute takers and the outcomes of the examination board meeting are reported to and discussed by the Academic Council as appropriate. The proceedings and deliberations of Examination Board meetings is strictly confidential, excepting legitimate reporting requirements (QQI 2013b section 4.8.3).

How Exam Board Meetings Inform Continuous Quality Enhancement

Academic Council ensures that Examination Board meetings contribute to quality assurance through reporting outcomes of the meeting to the Academic Council (via the Registrar's Report) to include analysis of progression, failure, and completion rates and more specific analysis of beneficial changes

that should be considered, whether this relates to assessment strategies, programme delivery strategies, or any other quality assurance infrastructure or policy that may need to be updated or changed to improve the overall teaching, learning, and assessment environment, most specifically for learners' learning outcome achievement and learner welfare.

4.4 ICD's External Examination Policy

The purpose of this policy is to ensure ICD appoints appropriately qualified panels of external examiners to provide impartial, independent advice and informed comment on every aspect of the college's assessment practices, programme design, and academic standards. This policy details the college's external examination policies, criteria for appointments, nomination process, the external examiner's role and scope of responsibility, the reporting process, and procedures for terminating examinerships.

- External examiners can be nominated by the college Registrar but must be approved by the Academic Council.
- The college will ensure that all appointed external examiners are suitably qualified and have the disciplinary knowledge, experience, and authority necessary to fulfil the responsibilities of the role
- The external examining process will always be managed by ICD in a spirit of openness and transparency.
- To ensure the independence of appointees, and to avoid conflicts of interest, ICD will not appoint external examiners who have recent or past relationships with the college. Where potential conflicts of interest do arise, these must be resolved before any appointment is made.
- The college will appoint a team of external examiners that meets the needs of each programme in terms of specialisation.
- The college's Academic Council will be responsible for outlining the competences required of external examiners, evaluating the suitability of proposed appointees, and approving appointments.
- In keeping with precept 1.6 of QQI's 'Effective Practice Guidelines for External Examining' (2015), all external examiners' terms of appointment should be sufficiently long to allow them to assess trends, and sufficiently short to provide diversity and maintain the required level of independence. ICD follows the QQI-stated norm of a three-year term of appointment. In exceptional cases External Examiner tenure may be extended from 3 up to a maximum of 5 years in total, but only by agreement of the Academic Council, and with a specific rationale.
- All appointed external examiners will sign a formal agreement with the college which outlines the expectations and responsibilities of both the provider and the examiner.
- The college must clearly communicate and agree the purview, or scope of operation, of the external examiner from the outset of any new appointment. Further to this, external

examiners must always be permitted to offer any additional comment that is not already covered in this scope of operation.

- The college Registrar is responsible for communicating examination schedules, reporting processes, and time-frames to appointed external examiners.
- External examiners will visit the college at the time of examination board meetings and/or at any such times as may be determined by the college in consultation with external examiners.
- All members of academic staff must be made fully aware of the purpose and nature of the external examination process. Where new staff members are hired, a unit on external examining must be included in their induction training.
- It is essential that external examiners be provided with all of the information required for the effective performance of their functions, and that any additional request for information be responded to fully and in a timely fashion.
- External examiners will be provided with drafts of examinations and major assessments—including solutions and marking rubrics - twice per annum.
- All assessments or examinations submitted to the external examiner(s) must be accompanied by module and programme assessment strategies, marking schemes/rubrics, and any other pertinent documentation. Where this information is not fully furnished by a lecturer, it is the responsibility of the college Registrar and relevant Programme Director to address this.
- External Examiners report to the Registrar and are expected to attend and deliberate at Examination Board meetings
- The results of all external examiners' reports must be fully and seriously considered by the college, and communicated to all lecturers by its Academic Council and Registrar. Due consideration must be given to all of the comments, proposed adjustments, and other matters recommended by external examiners.
- The Academic Council will ensure that key recommendations made by external examiners are systematically addressed and integrated into the college's quality assurance processes.
- The Academic Council is responsible for implementing any changes in programme design or assessment strategy recommended by the external examiners' report, notifying external examiners of any recommendations followed, and revising the college's external examination policy when necessary. Actions arising from examiners' reports must be recorded and communicated as appropriate.
- External examiner's reports must be securely retained by the college.

4.4.1 Guidelines for the nomination of External Examiners

Examiner Attributes/Criteria for Appointment:

- External examiners must have academic qualifications and/or professional qualifications/experience appropriate to the programme/modules being examined.
- External Examiners must have at least five years of relevant academic or professional experience.
- Ideally, they should have several years' experience of lecturing, assessing student work, setting exams, and moderating results at appropriate NFQ levels.
- If the candidate has no external examining experience, they will be expected to have several years' worth of internal examining or other relevant experience.
- It is desirable that External Examiners have several years' worth of experience in programme design.
- The candidate must have no close past relationship with ICD either as a member of staff, student, examiner, or partner. They must also have no personal relationship with any current or past member of ICD's staff.
- There should be no reciprocal external examining relationship between the candidate's employing faculty/school/department and ICD.
- An external examiner must be able to devote sufficient time to their duties, and so must not hold more than two concurrent external examinerships with other institutions.

The Nomination Process

- Overall responsibility for the identification and nomination of external examiners rests with the college Registrar, working with academic staff.
- The college may periodically seek recommendations for nominations from the Academic Council.
- The Registrar and college Director may also nominate persons to act as external examiners.
- The Registrar will engage with any proposed examiner to seek their consent and provide information about the external examiner's role and scope of responsibility.
- At this stage, the Registrar and nominee are responsible for identifying/declaring any conflict of interest with the college.

- The Registrar must further confirm that the nominee meets all of the criteria for appointment specified in the college's QA framework.
- The Academic Council has overall responsibility for approving the appointment of persons to act as external examiners.
- Where the nomination/approval process does not align with the schedule of Academic Council meetings, an extraordinary committee will be convened for the purpose of approval.
- Where it is determined that a nominee does not meet the college's criteria for appointment, the Academic Council can reject an appointment and request further information through the Registrar.
- Following the approval of a nomination by the Academic Council, the Registrar's will issue a letter of appointment to the external examiner. This will be accompanied by an acceptance form - to be signed by the nominee – as well as a document outlining the role of the external examiner, their scope of responsibility, reporting relationships, termination of contract procedures, and a conflict of interest declaration.
- Appointed External Examiners will be asked to take part in an induction process in which matters such as the college's mission, external examining policy, overall programme structures, assessment strategies, and grading system will be explained.

4.4.2 The External Examiner's Role

- The primary role of external examiners at ICD is one of quality assurance, the confirmation of standards, the moderation of marking, and the appraisal of assessment methods.
- External examiners are appointed, more generally, to provide impartial, independent advice and informed comment on every aspect of the college's assessment practices.
- External examiners will visit the college at the time of examination board meetings and/or at any such times as may be determined by the college in consultation with the external examiner. Where an examiner cannot attend, they must inform the college Registrar and make necessary arrangements to ensure they assess relevant materials. A schedule of outputs and meetings will be agreed between the college and external examiner(s) for each academic year.
- External examiners are encouraged to evaluate and provide feedback on the fit between assessment methods, module design, and intended learning outcomes.
- ICD will send drafts examination papers and major assessments – including solutions and marking rubrics – to examiners twice per year. External Examiners will then review these and provide feedback as they see fit.
- External Examiners are asked to pay particular attention to the reliability and validity of each programme's assessment procedures.
- External Examiners will be expected to make comparisons between learners' attainments on ICD's programmes and that of similar programmes on the NFQ.
- External Examiners should be confident that expected learning outcomes have been articulated precisely for each module and assessment, and that students' relative achievement of these has been clearly documented and fairly and consistently judged.
- External Examiners may comment on individual student, module, or programme performance as they deem necessary.
- External Examiners may request to meet with individual learners and lecturers.
- External Examiners may suggest adjustments to any grades proposed by the internal examiner.
- At the award stage, external examiners are responsible for ensuring that learners have attained the standard that is certified by their qualification in the context of the National Framework of Qualifications.
- External Examiners may be asked to consider so-called 'borderline cases', and where necessary, to arbitrate between first and second markers on individual grades/proposed adjustments to grades.

- External Examiners will be provided with module and stage broadsheets and asked to review the proposed results for each. Where they identify any significant issues with the grading practices in a particular module, they are encouraged to share this information at the exam board (and in their full report).
- External Examiners may propose adjustments to the grades for a group of students as a whole, but shall consult with the internal examiner and Registrar in advance of the meeting of the exam board. While all dissenting opinions must be respected, efforts should be made to achieve consensus in relation to such proposed amendments.
- The external examiner shall sign the broadsheet of results for each programme, indicating their approval.

4.4.3 Information provided to External Examiners

- Appointed External Examiners will be asked to take part in an induction process in which matters such as the college's mission, external examining policy, overall programme structures, assessment strategies, and grading system will be explained.
- External Examiners will be sent draft examination papers and major assessments – including solutions and marking rubrics – for review, twice per year.
- It is essential that external examiners be provided with all of the information required for the performance of their functions. Any request for additional information must be dealt with in a timely and transparent manner by ICD's Registrar and administrative staff.
- External Examiners should ensure that all assessments are accompanied by contextualising documents such as assessment briefs, module outlines, marking schemes/ rubrics, model answers, and any other pertinent information.
- For each module, External Examiners will be provided with a representative sample of student work (e.g. assessments or exam scripts) across grade bands. However, at any time the External Examiner can request to see all of the student work for any module and to select their own sample.
- External examiners must be provided with broadsheets for each module
- For assessment tasks that have been completed in Moodle, the External Examiner has a right to request access to the module from ICD (where they feel that sufficient documentation has not been provided).
- External Examiners will be provided with a copy of the programme manual, most recent validation report, and teaching and learning strategy for each programme.

4.4.4 External Examiner Reporting

- External examiners are responsible for reporting any significant proposed adjustment to the Registrar in advance of the exam board meeting.
- External Examiners are encouraged to provide verbal feedback on any matter they deem relevant at examination boards. Examiners may also request to meet with, and provide feedback to, individual lecturers and programme directors as they see fit.
- The external examiner(s) shall submit a full report, to be sent electronically to the college Registrar, within four weeks of the visit to ICD. The report will be completed on the approved ICD *pro forma*.
- The external examiner(s) may submit a separate written report to the Registrar on such matters as they deem appropriate, and may request that such reports are treated confidentially.
- On the completion of their term of appointment, External Examiners are invited to submit a final report to the college Registrar.
- The college reserves the right to withhold any External Examiner's fees and associated expenses subject to the completion of the final report.

The external examiners' report will be expected to address the following:

- A full outline of the evidence considered by External Examiners, including assessment materials, programme documents, and meetings with academic staff, learners, and others. Where information requested was not provided, or not provided in a timely manner, this should be indicated.
- External Examiners will indicate whether or not they believe that the threshold standards set for each module/award are appropriate.
- An evaluation of the appropriateness of each programme/module's minimum intended learning outcomes, having regard to the relevant award standards on the NFAQ.
- The External Examiners' perspectives on the actual attainment of learners.
- External Examiner's general opinion on the quality of the programme, citing strengths, weaknesses, and areas for improvement.
- The quality and appropriateness of assessment instruments, including grading schemes/marketing rubrics (and their consistency across modules).

- External Examiner's evaluation of the fairness and consistency with which learners have been assessed (both in relation to other students on the same programme, and in other higher education institutions nationally)
- Appropriate national and international comparisons and benchmarking.
- External Examiners are encouraged to identify areas of good practice.
- Where appropriate, External Examiners should indicate whether or not any professional body requirements for a module/award have been met (such as in relation to ACCA exemptions).
- Commentary on the college's external examination processes – including the conduct of exam boards - and any recommendations for improvement.
- Where applicable, External Examiners should provide commentary on the college's efforts to respond to any recommendations made in previous years' reports.
- Feedback on the integration of Moodle (the college's learning environment) into modules and assessments.
- Commentary on the adequacy of curriculum, course materials, reading lists, and resourcing
- Any other matters or substantial concerns that examiners see fit to include.

4.4.5 External Examiner Conflicts of Interest

- The external examiner must declare any circumstances which may constitute a conflict of interest with the college in their role as external examiner.
- Where undeclared conflicts of interest are discovered, ICD reserves the right to dismiss the examiner.
- External examiners cannot be dismissed without the approval of the college's Academic Council. This process must be initiated by the college Registrar, who is responsible for notifying the examiner of same.

4.4.6 Termination of External Examiner Contract

- Should it prove necessary to terminate a contract of employment with an external examiner, the college Registrar must recommend termination to the Academic Council for approval. This recommendation must be accompanied by a detailed account of the reasons for the proposed termination.
- The Registrar is responsible for notifying external examiners, in writing, of an approved contract termination.

Appendix 4.1.1 Lecturer Feedback Survey

Dear Colleague

I would be very grateful if you might take a few minutes to respond to the below questions list (with qualitative answers) for each of the modules you deliver on this programme [INSERT PROGRAMME NAME]

1. Please indicate the name of the module, year/stage, programme name, and semester and year when most recently delivered?
 2. What went particularly well in the module?
 3. How might the module be improved with regard to the following categories:
 - a. Does the module descriptor need to be updated or changed? If so, how?
 - b. Does the module assessment strategy need to be updated or changed? If so, how?
 - c. Does the resourcing of the module need to be changed or improved? If so, how?
 4. How may ICD and/or the Programme Director help you to improve the module or its delivery, if applicable?
 5. Do you have any other feedback regarding the module, the programme, or ICD in general that you wish for the Programme Director to consider?
-

Appendix 4.3.1a Form101 Internal Verification of assignment briefs and examination papers

This form can be typed or completed by hand (hand-written) depending on first marker preference. Where there are multiple assessment elements for a module, then multiple forms must be used (one for each assessment element [e.g. one form for the final exam brief [worth 50%], and a separate form for a coursework assignment(s) brief(s) [worth 50%]).

Section X (checklist): To be completed by the first marker (e.g. module lecturer):

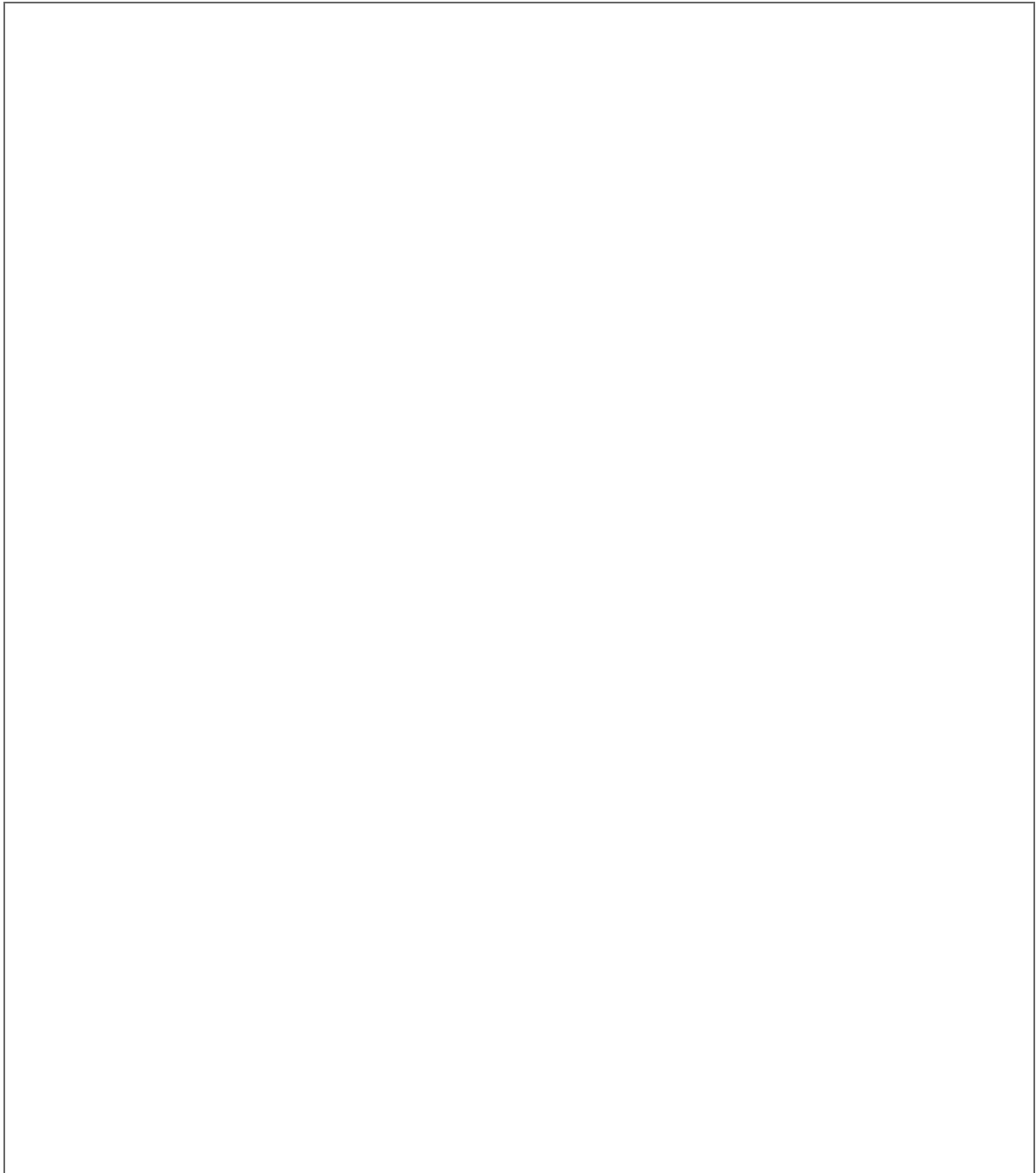
Before submitting this form and related paperwork to the Second Marker (Internal Verifier), the first marker (module lecturer) must ensure that the answers to these three questions is yes:

Questions to be answered by the First Marker	
Is the module descriptor included with this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the assessment brief (e.g. coursework assignment guidelines OR exam paper) included with this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the marking scheme provided (e.g. solutions to assignments OR exam solutions OR marking scheme OR marking rubric)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section A: To be completed by the first marker (e.g. module lecturer)

Questions to be answered by the First Marker	
Programme Name:	
Module Name:	
Academic Year: (e.g. 2018-19)	
Semester:	First <input type="checkbox"/> Second <input type="checkbox"/> Repeats <input type="checkbox"/>
Type of assessment:	Final Exam <input type="checkbox"/> Coursework <input type="checkbox"/>
Allocation of marks as a percentage of overall module grade (e.g. 50%):	

Name/title of assignment:	
*e.g. assignment 1 of 2: Presentation of Different Management Styles	
Details of Module Learning Outcomes being assessed in this assignment/exam	
Just list the relevant learning outcomes here (follow the module descriptor)	
*E.g. Module Learning Outcome 1 to critically evaluate the.....in a company	
Etc	



Section B: To be completed by the Second Marker (Internal Verifier):

**Questions to be answered by the
Second Marker (Internal Verifier)****Is the Programme and Module title
provided?**

Yes

No

**Is the submission date achievable
in relation to the issue date of the
assignment? (Yes/No):**

Yes

No

**Comment on above where
applicable:**

For Pearson HNC/HND	
<p><u>programmes-only:</u></p> <p>Is the vocational scenario appropriate, sufficient and current?:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comment on above where applicable:</p>	

<p>Does the assignment present students with appropriate opportunity for demonstrating achievement of all relevant module learning outcomes (as identified by the first marker)? (Yes/No):</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Comment on above where applicable:</p>	

<p>Is the language and presentation of the assignment appropriate? (Yes/No):</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Comment on above where applicable:</p>	

<p>Is the assignment brief consistent with the NFQ level of the module? (Yes/No):</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Comment on above where applicable:</p>	

Action required or recommended:	
Required Actions (these are actions that the Second Marker [Internal Verifier] requires to be completed before the Second Marker is willing to approve [sign-off on] the assignment brief/examination paper):	

Recommended Actions (these are actions that the Second Marker [Internal Verifier] suggests but are NOT a requirement to be completed before the Second Marker is willing to approve [sign-off on] the assignment brief or examination paper):

Section C: to be completed by the first marker:

Action taken (by the first marker as a result of recommendations or requirements provided by the Second Marker [Internal Verifier]):

*Please note that if the first marker and second marker cannot come to an agreement they should contact the Programme Director to discuss

Section D: To be completed by the First Marker after feedback from Second Marker and agreement on the final draft of the assignment brief or exam paper (pending External Examiner approval for examinations only):

First Marker (print name):			
First Marker signature:		Date	

Section E: To be completed by the second marker after agreement on the final draft of the assignment brief or exam paper (pending External Examiner approval for examinations only):

Second Marker (Internal Verifier) (print name):			
Second Marker (Internal Verifier) signature:		Date	



Please note that, as normal, examination papers must be submitted to the Registrar (before each semester deadline, as communicated by the Registrar) who will forward them to the External Examiner for approval and feed back to the relevant lecturer the External Examiner's response.

Appendix 4.3.1b Form 102 Internal Verification of assessment grades

***Please see Policy on Second Marking (Internal Verification at ICD)**

This form can be typed or completed by hand (hand-written) depending on first marker preference. Where there are multiple assessment elements for a module, then multiple forms must be used (one for each assessment element [e.g. one form for the final exam sample [worth 50%], and a separate form for a coursework sample [worth 50%]).

Section X (checklist): To be completed by the first marker (e.g. module lecturer):

Before submitting this form and related paperwork to the Second Marker (Internal Verifier), the first marker (module lecturer) must ensure that the answers to these five questions is yes:

Questions to be answered by the First Marker	
<p>Is the module descriptor included with this form?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is the assessment brief (e.g. coursework assignment guidelines OR exam paper) included with this form?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

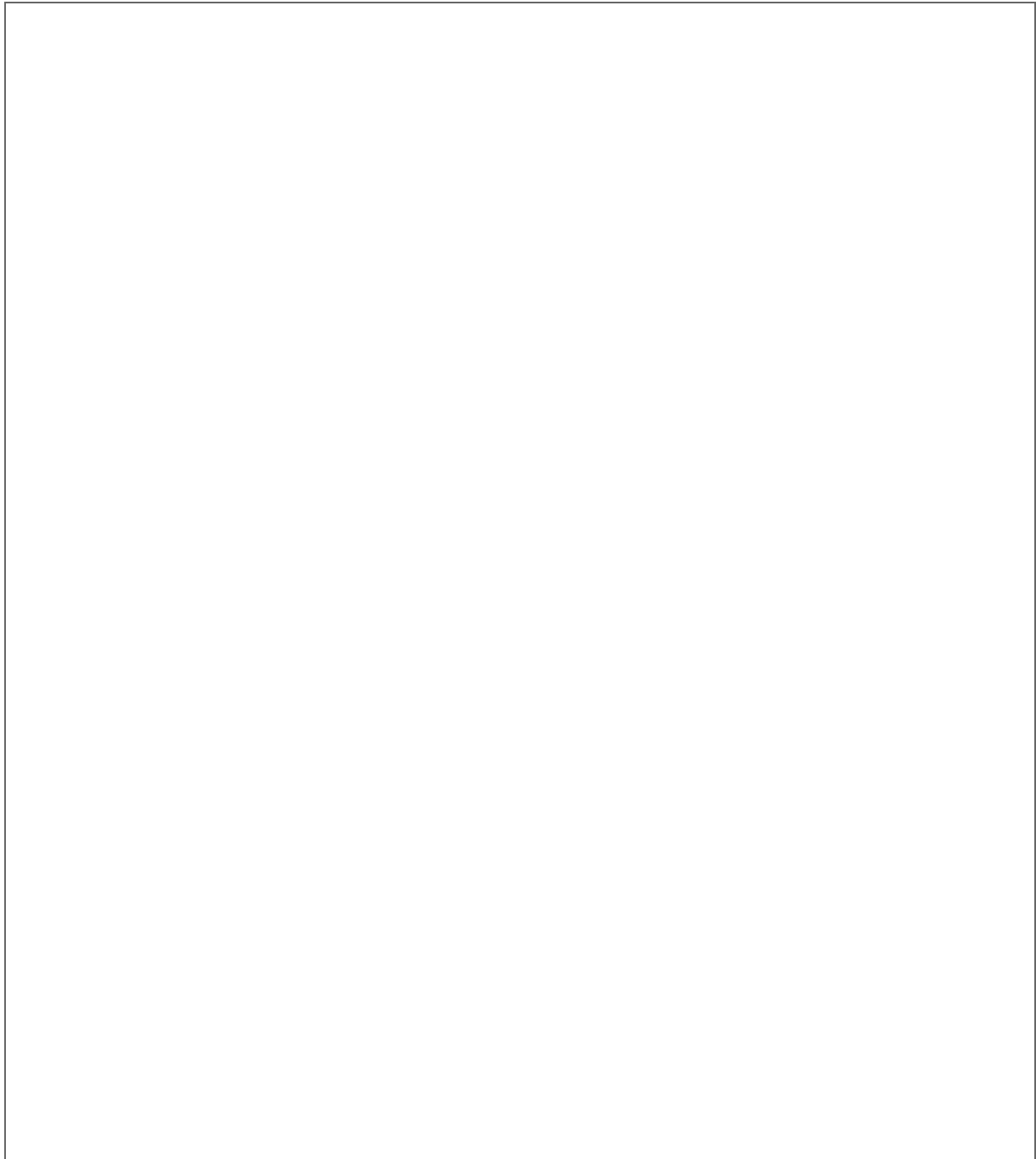
<p>Is the marking scheme provided (e.g. solutions to assignments OR exam solutions OR marking scheme OR marking rubric)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is an adequate sample* provided with this form?</p> <p>*An adequate sample is defined as either:</p> <ul style="list-style-type: none"> • Three graded pieces (high grade, low grade, middle grade) or more • All graded pieces where the total number of pieces is less than three (e.g. two students sitting the assessment) 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is a list of all grades included with this form? (e.g. spreadsheet of all grades)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Section A: To be completed by the first marker (e.g. module lecturer)

Questions to be answered by the First Marker

Programme Name:	
Module Name:	
Academic Year: (e.g. 2018-19)	
Semester:	First <input type="checkbox"/> Second <input type="checkbox"/> Repeats <input type="checkbox"/>
Type of assessment:	Final Exam <input type="checkbox"/> Coursework <input type="checkbox"/>
Allocation of marks as a percentage of overall module grade (e.g. 50%):	
Details of sampled material to be input below:	
Student:	Grade:
Student:	Grade:

First marker comment on overall performance of cohort:	
*Comment here:	



Section B: To be completed by the Second Marker (Internal Verifier):

**Questions to be answered by the Second
Marker (Internal Verifier)**

Is grading across the sample fair and consistent? (Yes/No):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment on above where applicable:	
Is grading consistent with the learners' level of achievement of Minimum Intended Learning Outcomes of the Module (MIMLOs)? (Yes/No):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment on above where applicable:	

Is grading consistent with the NFQ level of the module? (Yes/No):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment on above where applicable:	

<p>Do you agree with all grades? (Yes/No):</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Comment on above where applicable:</p> <p>*Note to second markers:</p> <p>The second marker should focus on whether grades are at the correct level in terms of grade classification (e.g. Level 8, First Class Honours [70%+]; OR Level 8 2.1 [60-69%]). The second marker should NOT advise grade changes within bands (e.g. increasing a grade from 61% to 63% or vice versa). The second marker may advise a grade band change (e.g. changing a grade from 60s to 50s) but such changes must happen across the entire cohort [individual grade changes are strongly discouraged in the absence of entire cohort grade changes].</p>	
<p>Action required or recommended:</p>	

Required Actions (these are actions that the Second Marker [Internal Verifier] requires to be completed before the Second Marker is willing to approve [sign-off on] the grades):

Recommended Actions (these are actions that the Second Marker [Internal Verifier] suggests but are NOT a requirement to be completed before the Second Marker is willing to approve [sign-off on] the grades):



Section C: to be completed by the first marker:

Action taken (by the first marker as a result of recommendations or requirements provided by the Second Marker [Internal Verifier]):

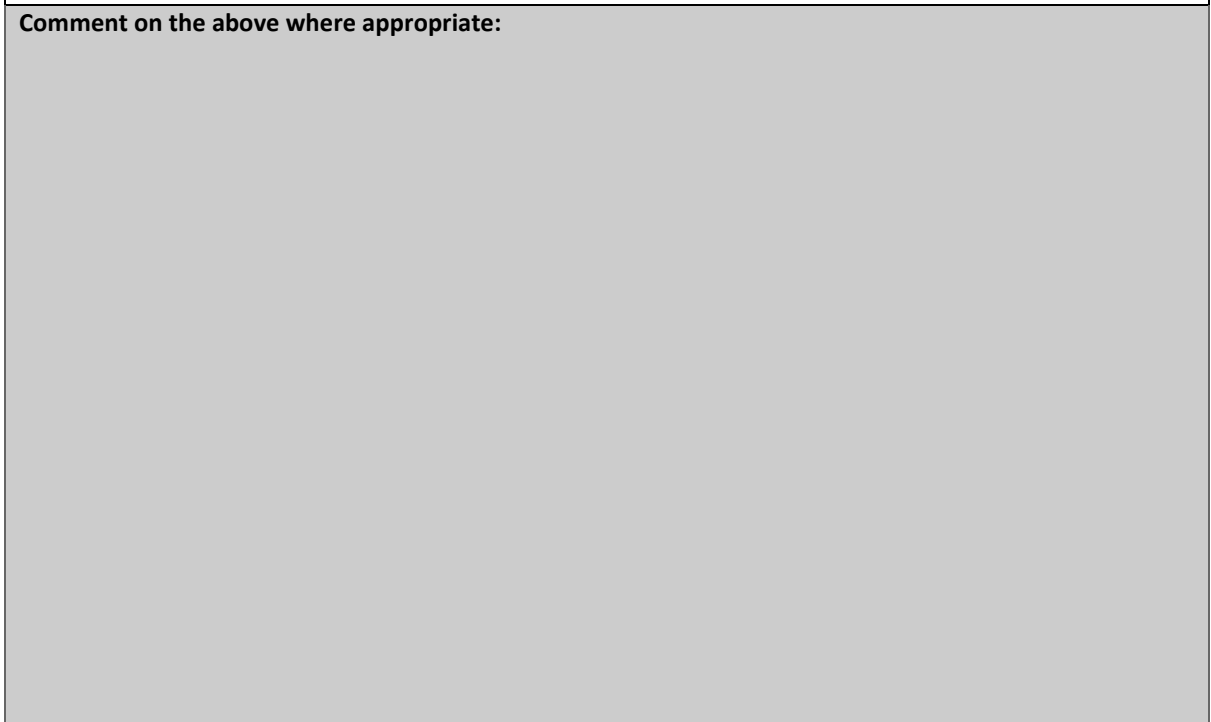
***Please note that if the first marker and second marker cannot come to an agreement they should contact the Programme Director to discuss the possibility of a third marker assessing the sample**



Section D: To be completed by the First Marker after feedback from Second Marker:



Comment on the above where appropriate:



First Marker (print name):			
First Marker signature:		Date	

Section E: To be completed by Second Marker (Internal Verifier) when grades are agreed:

<p>Second Marker (internal verifier) agrees that these grades are ready for External Examiner Assessment: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Comment on the above where appropriate:</p>

Second Marker (Internal Verifier) (print name):	
--	--

Second Marker (Internal Verifier) signature:		Date	

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