**Establishment as a Listed Awarding Body**

**Gap Analysis Tool and Action Plan to support the development/enhancement of Quality Assurance Procedures.**

**For Awarding Body Use Only**

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| **Version History** | **Date** |
| Version 1.0 | August 2024 |
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**Part 1 Awarding Body Details**

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| --- | --- |
| **1.1 Awarding Body** | |
| Name: |  |
| Person completing this gap analysis:  (Name and job title) |  |
| Contact phone: |  |
| Contact email address: |  |
| Date: |  |

**Gap Analysis – why?**

*The key QQI documents for this exercise are:*

* *Core Statutory Quality Assurance Guidelines, 2016*
* *Statutory Quality Assurance Guidelines developed by QQI for Listed Awarding Bodies engaging with QQI on a voluntary basis, 2024*
* *Core Policies and Criteria for the Establishment of Listed Awarding Bodies (LABs), 2024*
* *Core Policies and Criteria for the Inclusion of Awards within the Framework, 2024*
* *Relevant topic specific quality assurance guidelines.*
* *Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training, 2015 restatement*

*When starting the gap analysis exercise, it is important to remember the purpose of the exercise,*

*QQI is keen to ensure that the awarding body has:*

1. *undertaken a genuine assessment of its current quality assurance policies and procedures based on its expertise and experience and identified potential areas of vulnerability – institutional or programmatic, which could impact on the quality of provision.*
2. *amended its QA policies and procedures to address identified vulnerabilities and to disseminate good practice.*

*When evaluating the awarding body’s application, QQI will look for evidence that the quality assurance policies and procedures demonstrate:*

* ***Good governance*** *– oversight of all areas of significant decision making. This should include informed externality/ independence/ devil’s advocate view to bring fresh thinking and to avoid group think*
* ***Separation of commercial and academic*** *decision making*
* ***Clear terms of reference*** *for the various roles and committees responsible for governance*
* ***Clarity*** *(ideally depicted graphically) in the organisation and functioning of ~~how~~ the various QA committees and roles ~~and activities connect and interact~~*
* ***QA methodology*** *that determines:*
  + *what learners think of qualifications, associated programmes and services across the range of levels and various modes of delivery*
  + *what other stakeholders (employers, associate providers, professional bodies, external examiners / authenticators) think of qualifications, programmes and outcomes*
  + *how comparable qualifications and associated programmes compare and contrast (benchmarking)*
  + *what’s working and what isn’t – institutional and programmatic*
  + *if resources - human, financial and physical, are adequate for the scope of provision.*
* ***Clarity and accessibility*** *to QA policies and procedure*
  + *for staff*
  + *for learners*

*An honest and meaningful self-assessment is an indicator of a commitment to quality improvement. Providers are encouraged to engage in this gap analysis exercise, not for compliance with a QQI requirement, but with the aim of emerging with an improved quality assurance system, capable of supporting their qualifications, associated programmes and services in the years ahead.*

*Providers can submit this Gap Analysis as part of their application to be established as a Listed Awarding Body and demonstrate their in-depth consideration of the QQI QA guidelines.*

**Gap Analysis – what is it?**

*Providers are asked to undertake a gap analysis exercise in two broad areas:*

1. *Organisational capacity with reference to QQI criteria (Part 2 below)*
2. *Quality Assurance procedures with reference to relevant QQI core, sectoral and topic specific guidelines for quality assurance (Part 3 below).*

**Part 2 Gap Analysis against criteria relating to the capacity of your organisation to provide quality education and training to learners**

*This section does not reflect formal criteria as part of the QA guidelines, but it is logical to consider some of these issues at this point. These will be considered in more detail as part of the due diligence process, or as part of the application to be established as a Listed Awarding Body.*

*Your self-check against the criteria is to help you to:*

1. *Identify any gaps in your current QA system and decide what work needs to be undertaken before you are ready to apply to QQI for QA approval*
2. *Improve governance and quality assurance systems as part of your institution’s process of continuous improvement which will last well beyond the QQI approval process.*

*You may need to undertake the gap analysis exercise a number of times. With each exercise you should be moving closer to addressing the relevant criteria and compiling the relevant information to support your application. The panel may use these or similar questions for the same purpose.*

*The questions are not exhaustive but are intended to prompt consideration of what the criteria will mean in practice.*

**2.1 Legal, compliance and governance criteria:**

Specific legal, compliance and governance issues will be considered in more detail as part of a due diligence assessment for those LABs that are not exempt. However, there are some overarching legal, compliance and governance issues that will likely need to be included in the QA procedures. The prompts below are drawn from QA guidelines but also the policy and criteria to be established as a LAB.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Gap-analysis question*** | ***Evidence available? If so, where?*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| 1. *Is it clear where ultimate responsibility for decision making lies in the organisation in respect of qualifications and programmes of education and training?* |  |  |  |  |
| 1. *How are corporate and academic governance issues kept separate when deciding on resource and other financially impactful issues relating to validated or new programmes?* |  |  |  |  |
| 1. *Where the awarding body is primarily established or operating in another jurisdiction, are they in good standing with the relevant regulatory bodies?* |  |  |  |  |
| 1. *Are all collaborations /partnerships and associated provider arrangements that are currently in place, fully known and subject to governance?* |  |  |  |  |
| 1. *Is there a formal system for the approval, monitoring, and review of associated providers? Is there a procedure for discontinuance of associated providers if required ~~when indicated~~?* |  |  |  |  |
| 1. *Is it clear, in all cases, what the legal obligations arising from participation in a collaborative arrangement are, e.g. health & safety, child protection, information, GDPR?* |  |  |  |  |
| 1. *Where is a decision taken on whether to propose a new qualification for inclusion in the NFQ? How is a cost benefit analysis included in the process?* |  |  |  |  |
| 1. *How would you demonstrate that the organisation meets legal obligations relating to access, transfer and progression? Do you have ATP procedures in place?* |  |  |  |  |
| 1. *What are your processes for ensuring the suitability of premises, facilities and resources for education and training provision?* |  |  |  |  |

**Part 3 Gap Analysis between current /draft QA Procedures and QQI Core QA Guidelines**

***What Guidelines?:*** *QQI’s Core Statutory Quality Assurance Guidelines, 2016?)*

*QQI Topic Specific Guidelines are available for any awarding body and their associated providers who currently use or plan to use the relevant learning methodologies for some or all programmes i.e.*

[*Blended and Fully Online Learning*](https://www.qqi.ie/sites/default/files/2023-12/statutory-quality-assurance-guidelines-for-providers-of-blended-and-fully-online-programmes-2023_1.pdf)

[*Apprenticeships*](http://www.qqi.ie/Publications/Publications/Apprenticeship%20Programmes%20QAG%20Topic-Specific.pdf)

[*Research Degree Programmes*](http://www.qqi.ie/Publications/Publications/Research%20Degree%20Programmes%20QA%20Guidelines.pdf)

*Relevant providers are required to ‘have regard’ to these guidelines when writing their own procedures for quality assuring their programmes of education and training. However, the guidelines are not intended:*

* *to prescribe how awarding bodies are to carry out their work or run their organisations*
* *as a ‘how to’ manual for providers on the establishment of QA procedures.*

*Rather, it is up to providers to establish an internal quality system appropriate to their individual context which incorporates both operational procedures and a system of review to monitor the effectiveness of those procedures.*

*Listed Awarding Bodies using associated providers must ensure that associated providers have appropriate QA procedures in place and that these have regard to the relevant QQI guidelines.*

*A panel acting on behalf of QQI will evaluate QA procedures using the guidelines as a reference but not as criteria. It is important that the panel will be able to see that the guidelines have been used and applied in a manner appropriate to the specific context of the applicant awarding body.*

*When conducting a gap analysis between your current or draft QA procedures and the relevant QA Guidelines, you should use the questions set out below for each of the main guideline sections. The answers should help you identify your state of readiness and also what work needs to be done before you submit an application to be established as a Listed Awarding Body, which will include the submission of QA procedures.*

*The QA policies and procedures* ***should be developed and written as they are to be used within your organisation*** *not just for the purpose of getting approval from QQI. Your QA system should be structured and documented in the manner that best suits your organisation. It does not have to follow the QQI Guidelines naming or sequence, but it should be possible to do a mapping exercise and identify the same purposes in your procedures as in the Guidelines.*

*You can use the gap analysis exercise to check that the QA policies and procedures to be submitted are not only documented but are fit for purpose. When you are asked ‘****Is it clear how****..’ a particular aspect of the awarding body’s role is to be carried out and quality assured, you should read your QA policies and procedures as if you are a new staff member charged with carrying out quality assurance or in the role of an external panel member and assess whether or not the documents are sufficiently clear and comprehensive to be understood and implemented.*

*The following broad questions should remain as a benchmark each time you review your QA documentation:*

*Do your quality assurance policies clarify the following?*

* *Your organisation’s understandings of its obligations as a Listed Awarding Body with regulated powers to make awards within the National Framework of Qualifications*
* *The commitments your organisation makes to learners, to QQI and to other stakeholders and how they will be met*
* *What learners can expect of your organisation.*

*Do your quality assurance procedures make clear?*

* *How your organisation’s policies can be implemented*
* *What are the various actors, timelines, information flows, forms, records and evidence related to each procedure*
* *How your organisation will monitor and review the quality of its programmes and services*
* *How the information gained from monitoring and review will be made available for decision making and governance*
* *The various roles, responsibilities and inter-relationships between individuals and committees that make up your quality assurance and governance systems*
* *The information flows within your quality assurance system.*

*Note: the sections below are from the QQI* ***Core*** *Quality Assurance Guidelines. Where appropriate, references to sector or topic-specific guidelines will be indicated.*

**Core Guidelines 1 GOVERNANCE AND MANAGEMENT OF QUALITY**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Have you prepared an infographic showing how your operational and governance structures and processes interrelate? e.g. does it show the process of programme development from initial idea to final approval prior to submission for validation?* |  |  |  |  |
| 1. *Are there clear terms of reference /role descriptions for all committees /individuals represented on the infographic?* |  |  |  |  |
| 1. *Are the resources provided for governance / quality assurance proportionate to the details set out in terms of reference and responsibilities?* |  |  |  |  |
| 1. *Do the terms of reference include regular consideration of reports on programme quality, for example, enrolment, learner feedback, staff feedback, outcomes, resources, development* |  |  |  |  |
| 1. *If your organisation’s size and scale is such that it cannot support internal committees for governance, are there alternative arrangements in place to provide (i) informed, independent oversight of significant decisions and (ii) constructive analysis of information gained through internal and external monitoring and review?* |  |  |  |  |
| 1. *Is it clear where and with whom responsibility for the quality assurance system lies within the organisation? Does this role have clear support from senior management / owners of the organisation, for example, is there a budget and/or specific job specification for QA activities?* |  |  |  |  |
| 1. *How are decisions affecting the conduct of programmes and services recorded and communicated to those who need to implement them?* |  |  |  |  |
| 1. *How are risks to quality assurance and educational offerings identified and addressed?* |  |  |  |  |
| 1. *Are there potential situations where commercial and academic considerations might conflict? How does the organisation ensure that decisions relating to education and training are made independently of commercial considerations?* |  |  |  |  |
| 1. *Is there systematic oversight of assessment outcomes and trends in the awarding body? How would this result in changes, where deemed necessary?* |  |  |  |  |
| 1. *If blended learning is currently operating or planned for within your organisation, is there an organisational level strategy for blended learning? (Ref 3.1 BLGs)* |  |  |  |  |
| 1. *With reference to the above does your organisation have the expertise and resources available to deliver blended learning programmes in a quality assured manner? (Sections 4 BLGs)* |  |  |  |  |
| 1. *If you have current or planned apprenticeship programmes, are the necessary governance structures in place to manage the collaborative arrangements? Ref Sections 3 and 4 Apprenticeship Guidelines (AGs)* |  |  |  |  |
| 1. *Is it clear in the documentation how ongoing monitoring of quality assurance will be carried out i.e. by whom, how often, what method, what indicators would be sought, how will the outcomes be recorded?* |  |  |  |  |
| 1. *Is it clear in the documentation how internal evaluations / reviews of programme validation or effectiveness of QA will be carried out i.e. by whom, how often, what method, what indicators would be sought, how recorded?* |  |  |  |  |
| 1. *Is it clear how the findings from ongoing monitoring and reviews will be reported to relevant governance structures and how they will be followed up, where required?* |  |  |  |  |
| 1. *Is it clear how staff are made aware of the quality assurance system and of their role and responsibilities within it?* |  |  |  |  |
| 1. *Is it clear how learners are made aware of the quality assurance system and of their role, responsibilities and entitlements within it?* |  |  |  |  |

**Core Guidelines 2 DOCUMENTED APPROACH TO QUALITY ASSURANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| 1. *Where/how can your documented quality assurance system be accessed? Is it available to all who need to access it in a manner appropriate to their needs e.g. how does a learner know how to make a grade appeal? How does a staff member know how to process a grade appeal?* |  |  |  |  |
| 1. *Do learner and staff handbooks provide or link to the policies and procedures ~~with~~ most relevant to these stakeholders?* |  |  |  |  |
| 1. *Have the quality assurance procedures been updated to reflect all relevant QQI Guidelines, e.g. if you have a blended learning programme, have you updated your procedures with reference to the Blended Learning Guidelines?* |  |  |  |  |
| 1. *Does the QA system address the additional responsibilities for oversight of contracted or collaborative provision?* |  |  |  |  |
| 1. *Has senior management agreed that your organisation’s quality assurance procedures, once approved by QQI, will be published on your website?* |  |  |  |  |
| 1. *Is it clear how QA procedures and processes can be amended to reflect experience and changing contexts? Who has responsibility and oversight of this?* |  |  |  |  |
| 1. *Does your quality assurance system for QQI validated programmes of education and training integrate with the management of other quality / legislative / regulatory responsibilities you have e.g. Health & Safety, Employment, Child Protection, Finance, Human Resources, other awarding or accrediting bodies?* |  |  |  |  |

**Core Guidelines 3 PROGRAMMES OF EDUCATION AND TRAINING**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Do you have clear procedures in place for programme development, approval and review?* |  |  |  |  |
| 1. *Do the documented procedures make clear that your programmes will:*  * *be written using learning outcomes* * *be developed based on evidenced need* * *align with the relevant award standards* * *be subject to internal evaluation and approval prior to submission for validation* * *comply with requirements of* [*Access, Transfer & Progression*](http://www.qqi.ie/Publications/Publications/Access%20Transfer%20and%20Progression%20-%20QQI%20Policy%20Restatement%202015.pdf) * *be subject to ongoing monitoring and periodic review?* |  |  |  |  |
| 1. *If the learners enrolled on any of your programmes spend a significant amount of time on work placement, is the selection, monitoring and support of workplace provision and assessment covered within your procedures?* |  |  |  |  |
| 1. *Are data on learner enrolment, retention, completion and progression monitored and reported to relevant governance structures? How is this information captured and stored?* |  |  |  |  |
| 1. *Are the resources required for programmes – human, financial, physical, ICT etc - regularly monitored and reported to relevant governance structures?* |  |  |  |  |
| 1. *What qualitative and quantitative indicators for quality do you use for your programmes i.e. when reviewing a programme, what measures do you use to evaluate its success or otherwise?* |  |  |  |  |
| 1. *Do you benchmark programme indicators against comparable providers/awarding bodies?* |  |  |  |  |
| 1. *Is the process for amending programmes based on monitoring / review clear and documented?* |  |  |  |  |
| 1. *Is information about programmes subject to internal approval prior to publication?* |  |  |  |  |
| 1. *Is recognition of prior non-certified learning (RPL) offered to learners? If so, where is this process documented and how is it monitored for consistency?* |  |  |  |  |
| 1. *How does your assessment strategy inform programme development?* |  |  |  |  |

**Core Guidelines 4 STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Are there clear selection criteria and development processes in place to ensure that new and current staff will have the experience, qualifications and expertise appropriate to the scope of provision?* |  |  |  |  |
| 1. *Is it clear how programme needs are incorporated into recruitment processes?* |  |  |  |  |
| 1. *Is it clear how staff development needs are identified and addressed?* |  |  |  |  |
| 1. *Do staff have structured and clear mechanisms to give feedback and suggestions for programme improvements?* |  |  |  |  |
| 1. *If you are engaging self-employed/part-time tutors, who may also work with other providers/awarding bodies, what arrangements/contingencies are in place to ensure:*  * *the availability of tutors when required?* * *the involvement of tutors in programme team meetings and in programme development and review processes?* * *that tutors are informed of issues relating to their programme areas?* * *that staff development needs are addressed?* |  |  |  |  |
| 1. *For blended learning programmes, what provisions are made to ensure that staff properly inducted and trained for their role in on-line learning?* |  |  |  |  |
| 1. *Is it clear how staff management and development is quality assured where the staff are employees of collaborating providers or associated providers?* |  |  |  |  |
| 1. *Are staff facilitated to engage with a community of practice in their field(s) of learning?* |  |  |  |  |

**Core Guidelines 5 TEACHING AND LEARNING**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Is there a policy on teaching and learning, appropriate to your programmes, which underpins programme development and delivery?* |  |  |  |  |
| 1. *Is the quality of the learning experience monitored on an on-going basis?*   *~~?~~ How is learner feedback gathered and collated?*  *How is the information gained from learner feedback mechanisms used in subsequent programme development and review?* |  |  |  |  |
| 1. *How do you recognise and measure good quality learning experiences?* |  |  |  |  |
| 1. *Are Work Placements and Work Based Learning experiences monitored? How do you ensure that effective teaching and learning is taking place?* |  |  |  |  |
| 1. *Are the diverse needs of learners identified and facilitated? Give examples of diversity that you can and cannot facilitate.* |  |  |  |  |
| 1. *How are staff supported to improve their teaching and assessment skills?* |  |  |  |  |
| 1. *Are there criteria for checking the suitability of potential venues as effective teaching and learning environments?* |  |  |  |  |
| 1. *How will learners know how to make a complaint should they need to? Is the procedure for handling complaints documented and approved?* |  |  |  |  |

**Core Guidelines 6 ASSESSMENT OF LEARNERS**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Do you conduct a risk analysis of assessment to identify and address vulnerabilities?* |  |  |  |  |
| 1. *Are the systems to promote security in assessment – materials, processes, learner work and records, in place and monitored for effectiveness?* |  |  |  |  |
| 1. *Are there policies in place for informing and governing the conduct of assessment – from programme development through to learner appeals?* |  |  |  |  |
| 1. *Are the outcomes of assessment, formative and summative, used to inform learners’ progress?* |  |  |  |  |
| 1. *How do you know how your award outcomes and other programme data compare with those of other providers operating in the same area, nationally or internationally?* |  |  |  |  |
| 1. *How is the learning from results approval panel / exam board meetings used to inform and improve future practice?* |  |  |  |  |
| 1. *How does your assessment strategy inform programme development?* |  |  |  |  |
| 1. *Are there approval processes for new assessment instruments?* |  |  |  |  |
| 1. *How is assessment of skills quality assured when carried out in an ‘on the job’ setting?* |  |  |  |  |
| 1. *Has consideration been given to quality assuring assessment in a blended learning programme?* |  |  |  |  |
| 1. *How would you deal with cases of plagiarism, alleged or admitted?* |  |  |  |  |
| 1. *Is there a policy on handling disagreements between external examiners / authenticators and lecturers / tutors?* |  |  |  |  |

**Core Guidelines 7 SUPPORTS FOR LEARNERS**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Is it clear what supports are available to learners and how they are evaluated? (Ref 7.1. Core Guidelines, 5.1 Blended Learning Guidelines, Section 5 Apprenticeship Guidelines)* |  |  |  |  |
| 1. *Are there particular supports available to international learners?* |  |  |  |  |
| 1. *Are there particular supports available to learners with disabilities?* |  |  |  |  |
| 1. *Is there a role with overall responsibility for co-ordinating learner supports and monitoring their effectiveness?* |  |  |  |  |
| 1. *Are learner representatives encouraged / facilitated to be involved in quality assurance processes?* |  |  |  |  |
| 1. *Are questions regarding the availability and adequacy of supports included in learner satisfaction surveys?* |  |  |  |  |

**Core Guidelines 8 INFORMATION AND DATA MANAGEMENT**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Does your information management system provide reports relevant to programme reviews and evaluation and for external monitoring by QQI?* |  |  |  |  |
| 1. *Do the terms of reference of the governance committees at various levels specify what information / reports / indicators need to be supplied for their consideration?* |  |  |  |  |
| 1. *Are there appropriate arrangements in place to ensure the security and sustainability of information management systems?* |  |  |  |  |
| 1. *Is there data protection policy and procedures in place to ensure that data is managed securely and that data relating to learner assessment is accurate and complete.* |  |  |  |  |
| 1. *How do information systems support the ongoing operation of quality assurance and monitoring? Are there tracking systems? Who has access?* |  |  |  |  |

**Core Guidelines 9 PUBLIC INFORMATION AND COMMUNICATION**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Is there a policy governing what information is published about validated programmes? (Ref Section 9.1, 9.2 CGLs)* |  |  |  |  |
| 1. *Is programme information approved for accuracy prior to publication in hard copy or on websites?* |  |  |  |  |
| 1. *Is there a commitment to and practice of publishing quality assurance evaluation reports which the awarding body has carried out?* |  |  |  |  |

**Core Guidelines 10 OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *If you are collaborating in any way with another provider in the delivery of a programme, is it clear which provider has the validated programme and, therefore, responsibility for quality assurance?* |  |  |  |  |
| 1. *If you the owner of a validated programme which requires the collaboration of another provider, are there documented agreements in place setting out respective responsibilities in respect of delivery, assessment and quality assurance?* |  |  |  |  |
| 1. *Are there arrangements in place for consultation with employers and other stakeholders in respect of programme outcomes and content during programme development?* |  |  |  |  |
| 1. *Are there arrangements in place for consultation with other providers in respect of transfer and progression opportunities during programme development?* |  |  |  |  |
| 1. *Have you established criteria and processes for appointing persons of appropriate expertise to act in the role of independent authenticator / evaluator as required?* |  |  |  |  |

**Core Guidelines 11 SELF-EVALUATION, MONITORING AND REVIEW**

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| 1. *Are the purpose(s), responsibilities, processes, outcomes and oversight of monitoring documented and communicated?* |  |  |  |  |
| 1. *Is it clear how the results of monitoring are used to maintain and improve the quality of programmes and services?* |  |  |  |  |
| 1. *How has self-evaluation been incorporated within your organisation, as an essential element of all QQI related quality assurance activities? Is there a documented process for self-evaluation?* |  |  |  |  |
| 1. *Are you satisfied that your self-evaluation processes are genuinely critical and improvement focused?* |  |  |  |  |

**Part 4 Gap Analysis between current / draft QA Procedures and QQI Sector Specific LAB guidelines**

***What Guidelines?:*** *QQI’s* Sector Specific Quality Assurance Guidelines for Listed Awarding Bodies.

*Listed Awarding Bodies are required to ‘have regard’ to these guidelines when writing their policies and procedures for quality assuring their programmes of education and training. However, the guidelines are not intended:*

* *to prescribe how awarding bodies are to carry out their work or run their organisations*
* *as a ‘how to’ manual for providers on the establishment of QA procedures.*

*Listed Awarding Bodies using associated providers must ensure that associated providers have appropriate QA procedures in place and that these have regard to the relevant QQI guidelines.*

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| ***Governance and Management*** |  |  |  |  |
| *4.1 Is attaining and maintaining LAB status a strategic commitment for the organisation with appropriate financial commitment?* |  |  |  |  |
| *4.2 Is the National Framework of Qualifications and its associated policies embedded into programme design with specific reference to:*   * *use of learning outcomes* * *use of grid level indicators for selecting an NFQ level* * *use of award type descriptors for selecting an award type?* |  |  |  |  |
| *4.3 Is there a system for developing specific award standards, aligned with NFQ policy, for each award proposed for inclusion in the NFQ?* |  |  |  |  |
| *4.4 Are there access, transfer and progression procedures in place? Do these procedures make reference to RPL? Is there a system for ensuring ATP arrangements are agreed and articulated for each programme?* |  |  |  |  |
| *4.5 Is there a system for ensuring that associated providers have ATP procedures in place, and have articulated ATP arrangements for each programme?* |  |  |  |  |
| *4.6 Is there a system in place to ensure that associated providers comply with all directions from QQI?* |  |  |  |  |
| *4.7 Is there a robust system in place for the approval, monitoring and review of associated providers? Do you have a procedure for discontinuing associated providers?* |  |  |  |  |
| *4.8 How do you monitor the resources required for the delivery of awards on the NFQ? How to do you monitor the availability of resources in associated providers?* |  |  |  |  |
| *4.9 Have you devised a system for notifying QQI of adverse events or any other relevant issues?* |  |  |  |  |

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| ***Inclusion of Awards in the Framework*** |  |  |  |  |
| *4.10 Is there an internal system in place for the consideration of proposed NFQ awards before submission to QQI?* |  |  |  |  |
| *4.11 Is there a system in place for monitoring and reviewing awards?* |  |  |  |  |
| *4.12 Is there systems in place for credit accumulation in line with agreed policies?* |  |  |  |  |
| *4.13 Is there a system in place for assessing the need for and suitability of awards? Does this system include a range of relevant internal and external stakeholders?* |  |  |  |  |
| *4.14 Are there internal and external examination policies and procedures in place?* |  |  |  |  |
| *4.15 Is there a system in place to ensure that assessment procedures are appropriate for the assessment of the documented learning outcomes, and is appropriate for the volume of credit and NFQ level associated with the award?* |  |  |  |  |

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| ***Academic Integrity, Assessment & Learner Achievement*** |  |  |  |  |
| *4.16 Is there a documented approach to ensure academic integrity? Does this take consideration of relevant guidelines? Are there procedures in place to deal with academic integrity?* |  |  |  |  |
| *4.17 Are there procedures in place to deal with academic misconduct? Are you monitoring academic misconduct and providing support and training to staff and students?* |  |  |  |  |
| *4.18 Are there procedures in place to ensure fair and consistent assessment of learners? Does this cover associated providers?* |  |  |  |  |
| *4.19 Is there a system in place to ensure that only learners who have achieved the intended learning outcomes receive the award?* |  |  |  |  |

| ***Gap-analysis question*** | ***Process already in place? Summarise*** | ***Action Required? Describe*** | ***Who Responsible*** | ***By When*** |
| --- | --- | --- | --- | --- |
| ***Certification*** |  |  |  |  |
| *4.19 Is there a system in place to ensure the accurate certification of awards?* |  |  |  |  |
| *4.20 Is there a system in place to maintain learner and awards records?* |  |  |  |  |
| *4.21 Is there a system in place to limit fraudulent reproduction of certificates? Is there a procedure to notify QQI of any ~~such~~ incidences of fraudulent certificates?* |  |  |  |  |
| *4.22 Is there a system in place to communicate with key stakeholders about official certificates and confirmation of awards issued?* |  |  |  |  |