



QUALITY ASSURANCE MANUAL

2021-22

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Preamble

American College Dublin ([ACD](#)) was established in 1993 as a non-profit educational trust by Lynn University, Boca Raton, Florida. In January 2009 ACD became a constituent college of Irish American University, which is composed of American College Dublin and American College Delaware.

The College's commitment to quality education encompasses all aspects of the academic, personal, and professional development of its learners and staff, with particular emphasis on excellence, competence, knowledge and communication skills. The College's objective is to provide quality international education for learners from all over the world, by combining the excellent traditions of the American and Irish educational systems.

The College is currently running the following [QQI](#) degree programmes:

- Bachelor of Arts (Hons) in International Business (level 8)
- Master of Business in International Business (level 9)
- Bachelor of Arts (Hons) in Liberal Arts (level 8)

In addition to the above programmes the College offers, under its accreditation with the Middle States Commission on Higher Education (MSCHE), the following degree programmes:

- Bachelor of Fine Arts in Creative Writing
- Master of Fine Arts in Creative Writing
- Master of Fine Arts in Creative Writing Practice
- Bachelor of Fine Arts in Performing Arts
- Associate of Fine Arts in Musical Theatre
- Bachelor of Fine Arts in Musical Theatre
- Bachelor of Arts in Event Management
- Bachelor of Arts in Hospitality Management
- Master of Fine Arts in Performance
- Master of Business Administration
- Master of Business Administration in Oil and Gas Management

Introduction

Quality assurance as part of an academic accreditation process started in American College Dublin in 2003 in the context of the institution's self-study report submitted to HETAC (now QQI) in January 2002. Following the review the first Quality Assurance Manual was submitted to HETAC in November 2004 and granted approval in April 2005. The Quality Assurance Committee was subsequently established in October 2005 to oversee the maintenance and update of the Quality Assurance Manual (QAM) and procedures, and to monitor the implementation of quality assurance policies. It was decided from the outset that the quality assurance policies and procedures would be designed and developed so that they provided default guidelines for the entire institution, including its non-HETAC (and, subsequently, non-QQI) programmes and commitments, thus avoiding duplication of process, with any relevant deviations noted in the QAM as it evolved.

In February 2009 the Quality Assurance Committee was reconstituted with enlarged membership. The Committee met twice yearly to discuss updates and improvements to the QAM, to ensure that it reflects the institutional effectiveness and functioning of the College, and helps maintain the quality of education the College provides. In September 2010 the functions of the Quality Assurance Committee were incorporated into the working of the Academic Council.

Following a consultation process with HETAC, the College undertook a review of its quality assurance procedures and offered a new QAM, subsequently agreed with HETAC in November 2010 after an exhaustive internal process of research and consultation with external quality assurance peers. The resulting QAM provided a comprehensive description of the procedures that underlie the College's practice and allow that practice to be monitored and enhanced on an ongoing basis.

In the following year the QAM underwent further revisions as part of the College institutional review and the Quality Improvement Plan, completed in June 2011. The version of the QAM which emerged incorporated the recommendations made by HETAC as part of the institutional review to improve the quality assurance procedures and their implementation by the College, and incremental revisions of the document in keeping with changing circumstances and developments in the institution. In 2016 the College underwent a programmatic review processes with HETAC's successor organization, QQI. The revisions arising out of this programmatic review also informed the development of the QAM in the following years.

The procedures for internal quality assurance established by the College and developed up to the introduction of the present revised version of QAM followed the structure of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (Helsinki 2009, 3rd edition, pages 16–19). This document identified 'seven elements' of internal quality assurance within higher education institutions, including the following:

Standard 1: *Policy and procedures for quality assurance*

Standard 2: *Approval, monitoring and periodic review of programmes and awards*

Standard 3: *Assessment of learners*

Standard 4: *Quality assurance of teaching staff*

Standard 5: *Learning resources and learner support*

Standard 6: *Information systems*

Standard 7: *Public information*

In 2016 the College began a process of pursuing a revision of this structure and associated content of its quality assurance policy and procedures. This revision was envisaged as more of a root-and-branch reassessment and recasting of the procedures that had been revised on an annual basis incrementally since 2011. It was thought that the completion of the 2016 programmatic review provided a useful starting point from which to explore a fundamental review and reworking of the QA procedures, which would also allow the review to tie in with the institution's QQI re-engagement process and an alignment with [new guidelines](#) on quality assurance procedures, issued by QQI in April 2016. Following the evaluation of the institution's QA procedures by an external panel in May 2020 for the purpose of reengagement, they were substantially revised again in the 2020-21 QA Manual.

The QQI quality assurance policy and guidelines were informed by the requirements of the [Qualifications and Quality Assurance \(Education and Training\) Act, 2012](#). The act's third part, sections 27 to 42, deals specifically with quality assurance. Section 27 sets out the general principles for the implementation of quality assurance policies and procedures among providers (under these guidelines, ACD is defined as a relevant provider); section 28 establishes the obligation for providers to submit approved quality assurance procedures; section 29 deals with established universities (not applicable to ACD); section 30 establishes the obligation for providers to submit quality assurance policies and procedures to QQI for approval, and to maintain them appropriately once approved; section 31 allows for the right of QQI to decline approval of submitted quality assurance measures; section 32 relates to designated awarding bodies (not applicable to ACD); section 33 relates to linked providers (not applicable to ACD); section 34 outlines the procedures for regular review of the provider's quality assurance procedures once approved; section 35 authorises QQI to establish directions arising out of the review of the provider's quality assurance procedures; section 36 allows for QQI to withdraw approval of a provider's quality assurance procedures; section 37 relates to review of procedures between designated awarding bodies and linked providers; section 38 relates to directions to designated awarding bodies (not applicable to ACD); section 39 relates to the withdrawal by designated awarding body of approval of quality assurance procedures (not applicable to ACD); sections 40 and 41 concern the National University of Ireland (not applicable to ACD), and section 42 allows for QQI to conduct periodic reviews of a provider's quality assurance policies.

The College's quality assurance policies were developed out of these statutory provisions and the European revision of 2009 guidelines in the publication [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG\)](#) (Brussels, 2015), pages 11 to 16. The 2015 publication suggested a 10-part structure for quality assurance, which the College initially used as the basis for its revision of the QA Manual. However, in the course of 2017–18 the College decided to adopt the 11-part structure suggested in QQI's 2016 QA core guidelines, in acknowledgement of the 2012 Act's stipulation in section 28 that the provider's quality assurance policies should exhibit due regard to QQI's guidelines. Accordingly, the new revision of the College's quality assurance manual has the following structure for its QA policies and procedures:

Standard 1: *Governance and management of quality*

- Standard 2: *Documented approach to quality assurance*
- Standard 3: *Programmes of education and training*
- Standard 4: *Staff recruitment, management and development*
- Standard 5: *Teaching and learning*
- Standard 6: *Assessment of learners*
- Standard 7: *Supports for learners*
- Standard 8: *Information and data management*
- Standard 9: *Public information and communication*
- Standard 10: *Other parties involved in education and training*
- Standard 11: *Self-evaluation, monitoring and review*

The extent to which the above standards for quality assurance meet the regulator's guidelines and enhance the educational and administrative operations of American College Dublin is discussed in detail in the following chapters of the present document.

1. Governance and management of quality

1.0 Overview

The chief policy of American College Dublin is to ensure a high level of quality in all areas of its operation, including institutional mission, objectives, planning and assessment, programme content and development, learner assessment, learner retention, progression and completion, learner relations, learner-lecturer relations, staff management, administrative procedures, and facilities management. In each of these areas the College has established procedures for quality of delivery and processes to allow for institutional assessment of the outcomes of those procedures. In this way the College seeks to monitor and ensure quality for its chief stakeholders: its academic, administrative, and technical staff, its learners and the community.

Quality assurance can only be implemented on the basis of sufficient and balanced governance and management structure and an associated system of planning. American College Dublin is committed to the development of the quality of its operations and procedures, implicitly in the day-to-day running of the institution, and explicitly by the monitoring of its procedures through the Academic Council, which regularly publishes the updated policies, rules, and procedures to reflect and enhance the quality of the institution's operations. The chief working document that reflects these rules and procedures is the present document, the Quality Assurance Manual, available in hardcopy in the College Library and electronically on the College's [website](#). The Manual is continually updated following the feedback from all of its stakeholders, by updates as necessary during the academic year, and following the annual review which takes place at the end of each academic year.

1.1. The institution's mission, vision and the strategic plan

A) Context

The overarching institutional statement of purpose and intent is the mission, and its corollary planning document, the Strategic Plan.

B) Policy

- i. The institution researches and produces a revised mission and vision statement and a new strategic plan every five years.
- ii. The Strategic Plan is reviewed annually to gauge progress on its objectives and make such adjustments as may be necessary to the plan and implementation of it.

C) Responsibility

- i. The Office of the President, working with the Academic Council, is responsible for researching and producing the new mission and vision and the new Strategic Plan.
- ii. The Board of Trustees is responsible for adopting the final version of the new mission and Strategic Plan.
- iii. The Academic Council is responsible for undertaking and documenting the annual review of the plan.

D) Process

- i. The mission and vision are assessed and revised at least once every five years, as part of the review of the current strategic plan at the end of the five-year cycle and the preparation of the strategic plan for the next cycle.
- ii. The Strategic Plan sets out the institutional objectives and initiatives designed to meet and facilitate the achievement of the institution's mission and vision.
- iii. The planning and outcomes assessment processes are driven by the Academic Council, which oversees the quality of these processes by way of an annual assessment (each August/September) of progress on each of the strategic goals and initiatives from the previous year, including the recommendations for their pursuit over the coming year. This evaluation may lead to amendments of the strategic plan, and, if necessary (though less commonly), of the institution's mission and vision.
- iv. Each new quinquennial version of the mission, vision and the strategic plan, and any amendments provided in a new edition of the strategic plan inside the five-year period, must be approved and adopted by the Board of Trustees.
- v. The mission and vision of American College Dublin are as follows:
 1. Mission
To offer the best characteristics of Irish and American higher education in an intimate environment underpinned by the holistic liberal arts model of learning, enabling learners to realize their potential and participate successfully in the world.
 2. Vision
American College Dublin will provide a high-quality undergraduate and postgraduate education: one that is rigorous, stimulating and valuable. The institution will emphasize the core values of academic excellence, innovation, ethical integrity and multiculturalism. The institutional ethos and programmes of study will inculcate and reflect the best of the Irish and American higher education traditions, engaging the learner in an educational experience that is active, participative and challenging. American College Dublin will uphold the highest standards of ethical conduct in all its activities, including support for academic freedom, appropriate disclosure of information to the institution's stakeholders, equality of access and opportunity. The College will strive to instil a passion for education that advances the development of the individual's talents and a process of lifelong learning.

| QA documentation | Status |
|--|--------|
| a/ Current Strategic Plan | |
| b/ Annual review of the Strategic Plan | |

1.2. Organizational structures

A) Context

It is necessary for an institution to have an orderly and efficient organization structure in for the optimal pursuit of its education goals.

B) Policy

- i. American College Dublin has established organizational structures for ensuring that its mission and subsidiary strategic goals are appropriately pursued.
- ii. The structures and the activities they facilitate all serve quality assurance; this is equally the case, whether in explicit quality assurance processes (such as this document), or in implicit quality assurance processes which may not carry the phrase ‘quality assurance’, yet in their evaluating and enhancement activities contribute fundamentally to the maintenance and improvement of quality in the institution.

C) Responsibility

- i. Overall responsibility for the approval of organizational structures rests with the Office of the President.
- ii. The Academic Council is responsible for the academic structures within the institution.

D) Process

- i. Organizational structures are reviewed regularly by the Office of the President and Academic Council.
- ii. Changes that require immediate effect are notified by the QA Officer to the Academic Committee, with final approval of the changes to the QA Manual or otherwise provided by the Academic Council.

1.2.1 Governing body*Board of Trustees***A) Context**

An institution requires a governing body, including a board that is removed from operational matters yet provides overall advice and guidance to the leadership, particularly the Office of the President.

B) Policy

- i. The governing body is led by the Board of Trustees.
- ii. The **Board of Trustees** is appointed to control and manage the strategic affairs of the College.
- iii. The Board is composed of distinguished individuals who serve the College as volunteers and who are dedicated to the College’s successful accomplishment of its mission. The Board is a self-perpetuating governing body in that it alone is responsible for election of its new members.
- iv. The President of the institution reports to the Board of Trustees. The Board of Trustees regularly evaluates the President through an annual evaluation, completed by the directors, all trustees themselves, who liaise with the trustees in completing the evaluation, sharing it with the Chair and with the President.
- v. The Board self-evaluates itself.
- vi. The Board is independent of the President and all other constituencies of the institution, enabling it to maintain autonomous oversight over policy and strategic direction, even as it remains at an appropriate remove from the day-to-day operations of the institution.

C) Responsibility

- i. Membership

1. A chair, elected by the members of the Board, the current Trustees, including the directors and the company members, the President.
2. The members of the Board of Trustees receive no compensation for their service as Trustees to American College Dublin.

D) Process

- i. Terms of reference
 1. Oversight and evaluation of the President; providing the President with advice and counsel regarding the operation and development of the institution.
 2. General oversight of the governance of the institution and the senior management and academic staff, who provide the Board once a year with a written (and orally presented) report on their respective areas of responsibility; the members of the Board ask questions and discuss the reports as appropriate.
 3. General oversight and provision to the Office of the President and Academic Council of recommendations on institutional policy development, academic quality and strategic direction.
 4. Review, approval or otherwise, and provision of appropriate recommendations regarding the institution's financial position, integrity and annual accounts.
 5. Review, approval or otherwise, and provision of appropriate recommendations regarding the institution's Risk Register.
- ii. Meetings
 1. At least two meetings a year, including an Annual General Meeting, which must include a quorum of directors and the company secretary.
 2. The Board of Trustees records the discussions and decisions of its meetings in minutes, which are distributed to all members of the Board, along with designated areas of responsibility for follow-up as required, and are reviewed for further action if necessary at the next meeting under matters arising.
 3. The members of the Board of Trustees receive no compensation for their service as Trustees to American College Dublin.

Office of the President

A) Context

The institution is led by the President, who is also its Chief Executive Officer, reporting to the Board of Trustees, and who meets regularly with the institutional leadership.

B) Policy

- i. President leads the institution's administrative and academic team.
- ii. The Along with regular attendance at Board of Trustee meetings, the President chairs the Office of the President, in which he is informed on a regular, usually daily, basis by the members of the office on the operations and strategic direction of the institution.

- iii. The President chairs the Senior Management Committee, the body which coordinates the main operational functions of the institution, and is an ex officio member of the Academic Council.
- iv. The budgetary and financial functions of the Business Office are reported through the Director of Administration to the President on a daily basis.
- v. The Strategic Plan is informed by President’s input at the drafting stages and is reviewed and approved by him before being submitted to the Board of Trustees for approval.
- vi. When the President is required to be absent from Dublin for attendance at conferences, meetings and the like, all matters are reported to the Vice President, who in turn reports these responsibilities directly to the President.

C) Responsibility

- i. Membership
 - 1. President.
 - 2. Vice President.
 - 3. Director of Administration.
 - 4. Business Office Manager.
 - 5. Financial Advisor.

D) Process

- i. Terms of reference
 - 1. Strategic planning and oversight.
 - 2. Executive management and decision making.
 - 3. Budgetary and financial decision making and oversight.
- ii. Meetings
 - 1. At least three times a week, except during institutional recesses.
 - 2. The meetings of the Office of the President are not minuted unless a formal note is deemed necessary.

| QA documentation | Status |
|--|--------|
| a/ Minutes of Board of Trustees meetings | |
| b/ Board evaluations of President | |
| c/ Board self-evaluations | |

1.2.2 Senior Management Committee

A) Context

The institution’s operations which are not directly connected with academic planning and delivery, require a unit that is responsible for ensuring their efficient functioning and ongoing enhancement.

B) Policy

- i. The College’s operational management is directed by the Senior Management Committee.

C) Responsibility

- i. Membership
 - 1. President (Chair).

2. Vice President.
3. Director of Administration.
4. Academic Dean.
5. Registrar.
6. Director of Student Life and Advisement.
7. Director of Admissions.
8. Business Office Manager.

D) Process

- i. Terms of reference
 1. To ensure the efficient performance of the College in all its operations.
 2. To ensure that the physical resources of the College are properly maintained.
 3. To make recommendations on the allocation of resources, human, financial and physical (including HR disciplinary and grievance appeals).
 4. To review the facilities report.
 5. To review the ICT report.
 6. To review the past year’s expenditure and budgetary documents and projections for the year ahead for these resources each summer
 7. To maintain a Risk Register, reviewed for resource, legal, reputational and academic (based on findings provided by the Academic Committee and Academic Council) risk at least once a semester, and to recommend and action appropriate follow-up; also, to report the Risk Register to the Board of Trustees at its annual reporting meeting.
- ii. Meetings
 1. Usually once a month or whenever otherwise necessary, except during institutional recesses.
 2. In the case of the Chair’s absence the meetings are chaired by his or her nominee.
 3. The required quorum is four members.
 4. Each member presents matters of relevance to the Committee. After the matters presented are discussed a decision is taken on such actions as are deemed necessary.
 5. Each meeting is recorded in minutes, which are subsequently circulated to all those on the committee; decisions requiring action along with those responsible are so noted in the minutes and are revisited for follow-up under matters arising at the next meeting.
 6. A file with the minutes of all meetings that have taken place is held in the Vice President’s Office.

| QA documentation | Status |
|---|--------|
| a/ Minutes of meetings | |
| b/ Follow-up on decisions for action as appropriate by minuted reporting back at next meeting | |

1.2.3 Academic Council

A) Context

The academic activities of the institution are its core and a body to serve as the senior committee for approving policy and monitoring is necessary.

B) Policy

- i. The Academic Council is responsible for overseeing and ratifying matters related to academic planning, quality assurance and standards.
- ii. The Academic Council is the governing body for the academic affairs of the institution.

C) Responsibility

- i. Membership.
 1. Vice President (Chair).
 2. Academic Dean.
 3. Director of Administration.
 4. Registrar.
 5. Quality Assurance Officer
 6. Director of Student Life and Advisement.
 7. Director of Admissions.
 8. Business Office Manager.
 9. Heads of Programme.
 10. Faculty.

D) Process

- i. Terms of reference
 1. Overseeing and approving or modifying as appropriate the planning and management of the institution's academic affairs and management.
 2. Monitoring compliance with and ensuring the update and maintenance of institutional assessment and quality assurance procedures and the Quality Assurance Manual, under the direction of the Quality Assurance Officer.
 3. Following approval of the updated version of the QA Manual, directing that the new version be published on the institutional website.
 4. Reviewing on an annual basis the strategic plan, progress on strategic initiatives, and providing amendments as required.
 5. Reviewing and discussing the findings of the Annual Internal Programmatic Review, and making decisions on acceptance of the findings or further action as appropriate.
 6. Reviewing annual reports from the Academic Committee, Admissions, ICT, and Student Life, and considering recommendations for implementation arising out of them.
 7. Monitoring and implementing necessary measures to maintain accreditation and regulatory compliance.
 8. Monitoring the overall adequacy of facilities and resources for delivery of the institution's educational programmes and making recommendations as appropriate to the SMC for action as appropriate.
 9. Establishing standing committees (the Academic Committee, the Internal Learner Learning Assessment Board and the External Peer Review Board), and working groups and ad hoc committees for

special tasks as they arise (these committees, which are formed and meet as required, rather than on an ongoing and scheduled basis, currently include the QQI Re-engagement Steering Committee), and monitoring the progress of the same.

10. Considering and ratifying as appropriate recommendations from the Academic Committee regarding academic policies and academic standards concerning teaching, learning and assessment, learner admission and progression, staff development, and academic resources.
11. Final approval of new programmes and amendments to existing programmes, of academic regulations, faculty appointments, academic quality and standards.
12. Responsibility, subject to appropriate consultation with MSCHE, QQI, and other regulatory bodies, for considering and ratifying the academic regulations of the institution.
13. Making recommendations as appropriate for the selection, admission, retention and dismissal of students.
14. Making recommendations to the president for the award of scholarships, prizes and other awards.
15. Making general arrangements for tutorial and other academic counselling.
16. Reporting by the Director of Student Life on meetings with members of the Student Union and on issues raised by class representatives through the Student Union.
17. Assisting in implementing any actions that may be directed by the president on any of the aforesaid issues.

ii. Meetings

1. At least two times each year. A report on the Council's findings and decisions is circulated to the Board of Trustees.
2. In the case of the Chair's absence the meetings are chaired by his or her nominee.
3. The required quorum is four members.
4. Decisions, if formally required, are taken according to a majority vote. A formal count is only taken in cases of a close division; in the event of an even division the chair has the casting vote. If a member of the meeting wishes to have his or her dissent from a decision recorded, it will be so noted in the minutes.
5. Before each meeting an agenda is prepared by the chair and circulated to all members of the council. At the meeting each item is introduced by the chair and offered for discussion. Any resolutions arising are recorded in the minutes. Standing items on the agenda include 'any other business' and academic committee reports. The latter normally includes a summary of the findings of the Academic Committee since the last Council meeting, and particularly the findings of the Annual Internal Programmatic Review, along with discussion and approval as appropriate of recommendations made by the Academic Committee.
6. At each meeting the minutes of the previous meeting are circulated among those in attendance. If there are amendments to the minutes, these are either advised informally in advance and noted at the meeting, or raised formally at the meeting and discussed and amended

accordingly. Items that have not been notified to the chair in advance may, at the discretion of the chair, be introduced at the conclusion of the meeting.

7. Minutes are taken for each meeting and circulated to all those on the council; decisions requiring action along with those responsible are so noted in the minutes and are revisited for follow-up under matters arising at the next meeting. A file with the minutes of all past meetings is held in the office of the Vice President and Academic Dean.
8. The Academic Council may establish standing committees, working groups or ad hoc committees as it thinks proper to assist the Council in the discharge of its duties. At present the standing committees of the Academic Council include the Academic Committee, the Internal Student Learning Assessment Board and the External Peer Review Board. Working groups and ad hoc committees, which are formed and meet as required, rather than on an ongoing and scheduled basis, currently include the QQI Re-engagement Steering Committee.

| QA documentation | Status |
|--|--------|
| a/ Maintenance of minutes of meetings | |
| b/ Review of Quality Assurance processes and approval of new QAM | |
| b/ Strategic Plan annual review and quinquennial review | |
| c/ Follow-up on decisions for action by minuted reporting back at next meeting | |

1.2.4 Academic Committee

A) Context

The governing academic body focuses on overall academic policy, practice and monitoring; day to day academic operations are the responsibility of the subsidiary academic unit.

B) Policy

- i. The Academic Committee is responsible for the day-to-day planning, management, and the operational oversight of the degree programmes offered by the institution.

C) Responsibility

- i. Membership
 1. Registrar (Chair).
 2. Quality Assurance Officer
 3. Heads of Programme.
 4. Faculty.
 5. Student representatives.

D) Policy

- i. Terms of reference
 1. To assess and implement recommendations by the QA Officer for immediate changes in QA procedures, with amendment as required and ratification by the Academic Council in the annual review of the QA Manual.

2. To review and make decisions as appropriate on matters of student assessment and progression, including action to address academically at-risk learners.
 3. To prepare the annual internal programmatic review assessing the programmes and student performance and making recommendations for improvement for the consideration of the Academic Council, the report to include grade and attendance data points for the two academic semesters, reducing them to cumulative statistical information on grade profiles, progression, attendance, retention and completion for each programme and providing a narrative discussion of this information and feedback by external examiners in the annual external examination form and consequent recommendations for the improvement of curriculum content (as part of the annual programmatic review, all syllabi are reviewed, modified as required, and approved for the next academic year), academic developments in programme fields, suggestions from the external community (internship placements are particularly useful for generating this information), pedagogy, support services, budgetary allocations and educational effectiveness.
 4. To review on an ongoing basis the operation of the academic programmes and consider proposals for their enhancement.
 5. To consider proposals for new programmes, conducting research and development, analysing findings and making recommendations for action to the Academic Council.
 6. To monitor the implementation of academic policy, maintenance of standards, and administration of the programmes, including staffing (reviewed in the meeting preceding each new semester), teaching, academic counselling and internship placement (where relevant), review and discuss Admissions Committee access and transfer policy and make amendments as appropriate for action.
 7. To review the changing requirements for admission to undergraduate and graduate programmes; this feedback provides material justifying alteration to existing modules or introduction of entirely new modules.
 8. To review matters concerning student life and take actions as appropriate.
 9. To monitor and implement improvements in academic discipline procedures for appropriateness, effectiveness and security.
 10. To hear reports from student representatives regarding curriculum development and delivery and student life and frame appropriate responses.
- ii. Meetings
1. The Academic Committee meets twice each semester; and additionally whenever necessary.
 2. In the case of the Chair's absence the meetings are chaired by his or her nominee.
 3. The required quorum is four members.
 4. Before each meeting an agenda is prepared by the chair and circulated among all members of the Committee. Standing items on the agenda are 'matters arising' and 'any other business.'
 5. Each meeting is recorded in minutes, which are subsequently circulated to all those on the committee; decisions requiring action along with those responsible are so noted in the minutes and are revisited for follow-up

under matters arising at the next meeting. A file with the minutes of all meetings that have taken place is held in the office of the chair.

6. The Academic Committee has two standing committees that report to it: the Internal Learner Learning Assessment Board and the External Peer Review Board.
7. The Academic Committee reports on the main findings of its meetings to the next meeting of the Academic Council; at the end of each academic year the Academic Committee presents its annual findings, both in the form of the annual internal programmatic review to the Academic Council and in a general presentation and discussion.

| A documentation | Status |
|--|---------------|
| a/ Maintenance of minutes of meetings | |
| b/ Follow-up on decisions for action by minuted reporting at next meeting | |
| c/ External Peer Reviewer reports and College responses | |
| d/ Learner feedback forms and commentary by Academic Committee | |
| e/ Annual Internal Programmatic Review form (see below, Appendix 13.2) | |
| f/ Statistical data analysis of pass/fail rates, progression rates, completion rates | |

1.2.5 Internal Student Learning Assessment Board

A) Context

Assessment results submitted by teachers for their classes require monitoring, review and approval by an internal oversight body.

B) Policy

- i. The Internal Student Learning Assessment Board is a standing sub-committee of the Academic Committee, to which it reports its proceedings.
- ii. The Internal Student Learning Assessment Board reviews and approves the grades of the internal examiners, and monitors and makes recommendations on the transfer and progression of students.

C) Responsibility

- i. Membership
 1. Registrar (Chair).
 2. Heads of Programme.
 3. Faculty.

D) Process

- i. Terms of reference
 1. To review and approve grades from the most recent student learning assessment and final examination session, subject as required to external review.
 2. To review award levels of graduating students, subject as required to external approval.
 3. To monitor student progress and recommend interventions where appropriate.
 4. To establish and update regulations and practices for student and learning assessment and the conduct of examinations, subject to the approval of the Academic Committee.

5. To oversee the grade review process.
 6. To oversee and decide on issues relating to academic discipline.
 7. To report as necessary to the Academic Committee on its findings and operations.
- ii. Meetings
1. The board meets as soon as possible after each semester when final grades have been received by the Academic Office, and before the summer External Peer Review Board takes place; and as soon as possible after all August repeat session final grades have been received by the Academic Office, and before the fall External Peer Review Board takes place.
 2. In the case of the Chair's absence the meetings are chaired by his or her nominee.
 3. The required quorum is four members.
 4. During a meeting the Registrar reads through the grade lists for each of the modules offered. There is a discussion of all 'A,' 'F' and 'NP' grades, as well as of any borderline grades or results that warrant attention. For final awards, all firsts and borderline results are considered, together with any adjustments that might be proposed.
 5. Minutes are taken for each meeting, and a file with the minutes of all meetings that have taken place is held in the office of the Registrar.

| QA documentation | Status |
|--|--------|
| a/ Maintenance of minutes of meetings | |
| b/ Follow-up on decisions for action by minuted reporting back at next meeting | |
| c/ Note of review and sign-off on each module's grade sheet | |

1.2.6 External Peer Review Board

A) Context

Assessment results and awards are subject to external review by academic peers independent of the institution with expertise and experience in the field.

B) Policy

- i. The External Peer Review Board is a standing sub-committee of the Academic Committee, to which it reports its proceedings
- ii. Including programme external peer reviewers, it reviews and approves the grades of the internal examiners, and monitors and makes recommendations regarding the transfer and progression of students.

C) Responsibility

- i. Membership
 1. Registrar.
 2. Heads of Programme.
 3. Faculty.
 4. External examiners.

D) Process

- i. Terms of reference

1. To review and confirm grades from the most recent student assessment and final examination session.
 2. To review and confirm award levels of graduating students.
 3. To monitor learner progress and recommend interventions where appropriate.
 4. To monitor assessment processes and recommend improvements as appropriate.
 5. To report as necessary to the Academic Committee on its findings, programme delivery and development.
- ii. Meetings
1. The board meets as soon as possible after the semester-two Internal Learner Learning Assessment Board has met. The autumn meeting takes place as soon as possible after the August repeat session Internal Learner Learning Assessment Board has met.
 2. In the case of the Chair's absence the meetings are chaired by his or her nominee.
 3. The required quorum is four members, including at least one external examiner.
 4. During a meeting the Registrar reads through the grade lists for each of the modules offered. At the conclusion of the reading for each stage the broadsheets are circulated among those in attendance at the meeting for signing by the relevant internal examiners and external peer review examiners. There is a discussion of any grades or awards that are signalled for consideration by those attending the meeting. In these meetings all internal examiners are present and their views are given predominant weight, so as to protect academic freedom in the learner learning assessment process.
 5. Each meeting is recorded in minutes. A file with the minutes of all meetings that have taken place is held in the office of the Registrar. A copy of the signed grade broadsheets is held in the Academic Office.

| QA documentation | Status |
|--|--------|
| a/ Maintenance of minutes of meetings | |
| b/ Signed broadsheets and covering correspondence to QQI | |

1.2.7 Admissions Committee

A) Context

Admissions and recruitment planning and decision making take place within a framework of ongoing review and monitoring, and a committee is necessary for the structured performance of these tasks.

B) Policy

- i. The Admissions Committee reviews admissions and enrolment data, and makes recommendations regarding access and transfer policy and implementation.
- ii. The Admissions Committee considers strategies for marketing and promoting the institution's programmes of education.

C) Responsibility

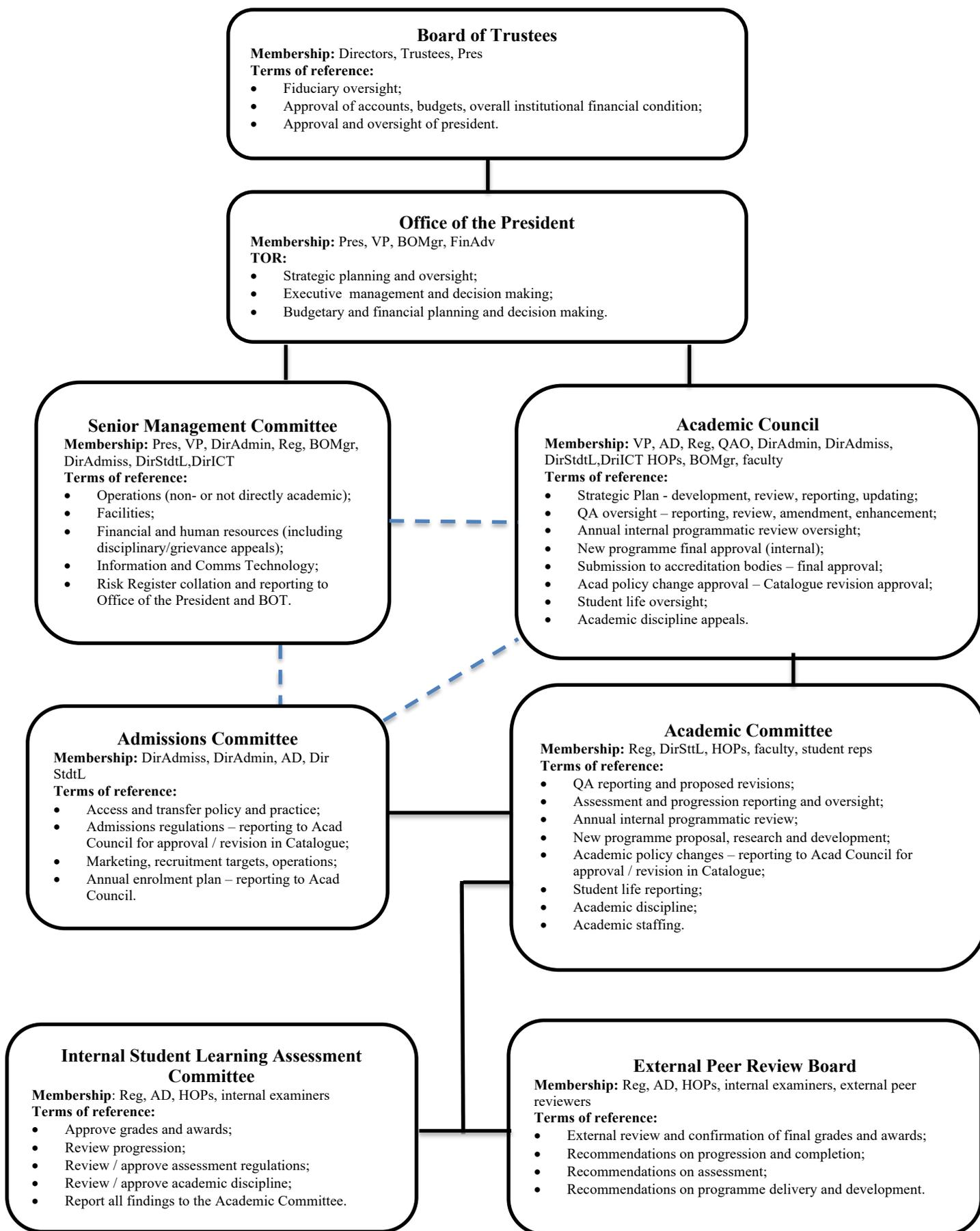
- i. Membership
 1. Director of Admissions (Chair).
 2. Director of Administration.
 3. Director of Student Life and Advisement.
 4. Student recruitment staff.

D) Process

- i. Terms of reference
 1. To review and propose amendments to access and transfer policy and practice.
 2. To review and propose amendments to admissions regulations; for entry into the Admissions Handbook as required and following approval of the changes from the Academic Council for insertion in the Catalogue and Quality Assurance Manual,
 3. Reports on and plans marketing, student recruitment, marketing and recruitment operations.
 4. To research and prepare the Annual enrolment plan, reporting it to and discussing with the Academic Council.
- ii. Meetings
 1. The Committee meets regularly, usually once a month and at least twice each semester.
 2. In the case of the Chair's absence the meetings are chaired by his or her nominee.
 3. The required quorum is three members.
 4. The Chair reports findings to the Academic Council, including the annual Enrolment Management Plan in its report to the fall meeting, and regularly discusses admissions policy and practice with the Academic Committee and the Senior Management Committee.
 5. Each meeting is recorded in minutes. A file with the minutes of all meetings that have taken place is held in the office of the Director of Admissions.

| QA documentation | Status |
|---|--------|
| a/ Maintenance of minutes of meetings and follow-up | |
| b/ Reports to Academic Council | |

1.2.8 Organizational chart



Abbreviations (alphabetical order): AD-Academic Dean; BOMgr-Business Office Manager; DirAdmin-Director of Administration; DirAdmiss-Director of Admissions; DirICT-Director of Information and Communications Technology; DirStdL-Director of Student Life; FinAdv-Financial Advisor; HOP-Head of Programme; QAO-Quality Assurance Officer; Pres-President; Reg-Registrar; VP-Vice President

1.3 Management of quality assurance

A) Context

Quality assurance takes place within an evaluation and improvement context that is fundamental to the institution's management structures and activity; the management structures must be designed to support and extend the operation of quality assurance.

B) Policy

- i. The institution's planning, educational practice and self-evaluation are guided by its mission and strategic plan.
- ii. These primary statements of institutional intention are in turn informed by a range of assessment procedures that enable the institution to assess how well it is fulfilling its mission and goals, and what actions are necessary to maintain and enhance the achievement of the broad objectives as well as those that flow from them (these actions extend from ongoing revision and adjustment of the mission and strategic plan down to the minutiae of ongoing revision and adjustment of module content, learning outcomes and learner assessment).
- iii. The managerial and administrative activities of the institution form the substance of its quality assurance arrangements. These multifarious assessment and improvement processes all contribute to the institutional aim of assuring and enhancing institutional quality, whether they are attended explicitly by the phrase 'quality assurance' or not.

C) Responsibility

- i. The Quality Assurance Officer has overall responsibility for monitoring and reporting on the effective functioning and management of quality assurance.
- ii. The Academic Council is the body to which the QA Officer reports on QA functioning and management, and approves recommendations for amendments to QA policy and practice.

D) Process

- i. The QA Officer elicits feedback on the functioning and management of QA and recommends such changes and follow-up as are necessary, to the Academic Committee for immediate changes and to the Academic Council for final approval.
- ii. Changes to QA policy and practice are, once approved by the Academic Council, inserted into the following version of the QA Manual.

1.3.1 Processes, evaluation, follow-up

A) Context

The central records of the institution's purpose and planning are the Mission and Strategic Plan. These overarching statements of institutional aspiration and direction provide the fundamental policy context within which quality assurance operates.

B) Policy

- i. The Strategic Plan has eight institutional goals, each with specific initiatives formulated to facilitate the achievement of the goal over the lifetime of the plan; goal seven of the Strategic Plan addresses quality assurance:
VII. Develop and enhance the College's quality assurance procedures.

The chief means by which the institution assesses itself is its quality assurance procedures. The College will revise and develop its quality assurance procedures and its Quality Assurance Manual on a continuous basis.

Initiatives:

1. Revise the Quality Assurance Manual and provide for its ongoing revision annually.
 2. Ensure that all faculty, staff and learners are aware of the role of quality assurance in the assessment and monitoring of institutional performance.
 3. Explore and apply the full potential of quality assurance as a means of maintaining and improving institutional effectiveness.
 4. Embed quality assurance in the fabric of the institution by publicizing the quality assurance procedures and Quality Assurance Manual to the College community.
- ii. The Quality Assurance Manual reflects the overarching institutional policies enshrined in the Mission and Strategic Plan, by recording the institution's quality assurance processes and procedures.
- iii. The structures of governance through which the Strategic Plan's objectives for quality assurance and the attendant quality assurance processes operate are set out in the sections above (1.2.1–8). The processes and their findings are subject to ongoing assessment and appropriate action and follow-up in the subsequent chapters:
1. Chapter 1 examines governance structures
 2. Chapter 2 addresses the documentation of quality assurance;
 3. Chapter 3 outlines quality assurance arrangements for the design and continuous improvement of the institution's educational programmes;
 4. Chapter 4 sets out the quality assurance process for staff recruitment and development;
 5. Chapter 5 outlines quality assurance activities in the area of teaching and learning;
 6. Chapter 6 reviews quality assurance of learner assessment;
 7. Chapter 7 sets out quality assurance processes for learner support;
 8. Chapter 8 details quality assurance measures for the management and caretaking of information and data;
 9. Chapter 9 outlines quality assurance provisions for the appropriate conveyance of public information and communication;
 10. Chapter 10 reviews quality assurance arrangements, insofar as they are relevant to American College Dublin, for working with other educational parties;
 11. Chapter 11 sets out the institution's quality assurance procedures for self-evaluation, monitoring and continuous review.
- C) Responsibility
- i. The QA Officer elicits feedback on the functioning and management of QA and recommends such changes and follow-up as are necessary, to the Academic Committee for immediate changes and to the Academic Council for final approval.
 - ii. Changes to QA policy and practice are, once approved by the Academic Council, inserted into the following version of the QA Manual.

D) Process

- i. The institution’s QA procedures are subject to an ongoing review for effectiveness as they operate on a day-to-day basis, with provision for immediate changes by the Quality Assurance Officer, notified to the Academic Committee.
- ii. QA changes and development are subjected annually to a formal evaluation for completeness, ratification of immediate changes, modification and follow-up as required by the Quality Assurance Officer annually, in the last Academic Council of the academic year.

| QA documentation | Status |
|---|--------|
| a/ Current Strategic Plan | |
| b/ Annual review of the Strategic Plan | |
| c/ Quality Assurance Manual review and report to Academic Council | |
| d/ Academic Council minutes | |

1.3.2 Resources

A) Context

A primary means by which the institution seeks to assure and enhance its quality is by continuously assessing the sufficiency of its resources to fulfil its mission and its institutional objectives.

B) Policy

- i. Goal eight of the Strategic Plan sets out the resourcing aspect of the institution’s activities:
 - VIII. Enhance the financial resources available to the institution.*
 - A sufficient financial base is essential for the effective functioning of the institution. The institution will manage its financial resources with increasing efficiency and expand the range of funding for the institution.
 - Initiatives:*
 - 1. Maintain balanced budgets and fiscally sound resource allocation.
 - 2. Examine ways to reduce unnecessary costs and pass those savings into productive areas of institutional operations.
 - 3. Increase revenue by way of enrolment expansion in the postgraduate, liberal and fine arts and business fields.
 - 4. Increase revenue from the US study abroad market.
 - 5. Pursue gifts and grant opportunities for capital growth.
 - 6. Establish endowed chairs for programmes in business and the liberal and fine arts.
 - 7. Reach out to alumni for advice on revenue generation and for contributions to the institution.
- ii. As a non-for-profit institution, ACD does not need or seek to put pressure on its educational operations in order to produce profits for directors, shareholders and other investors; educational profit is by institutional and legal definition explicitly excluded from ACD’s objectives. Nevertheless, as a small

and private institution, one that does not receive the benefit of state funding, ACD must constantly assess its financial resources and the control the costs of meeting its mission. Evaluation and planning for financially prudent decision making is one of the institution's key quality assurance processes, allowing it to plan realistically and to assess and take action to avoid financial risks.

- iii. American College Dublin has the necessary human, financial, technical, information and other material resources to achieve its mission and goals. These resource areas are interrelated by planning, budgeting, and services to learners, faculty, and staff. Ultimately all decision-making processes regarding the allocation of institutional resources are connected to the mission and strategic plan and the annual budget process.
 - iv. The College's relatively small scale makes it possible for institutional resource requirements planning and risk assessment to be achieved effectively through these activities. A localized approach, in which each cost-centre makes a case for its requirements directly to the Business Office and arrives at a feasible costing for resource allocation through a dialog with the Business Office, Senior Management Committee members and Office of the President, is appropriate and effective for an institution of ACD's size.
- C) Responsibility
- i. The budgetary process is overseen by the Business Office, reporting to the Senior Management Committee and the Office of the President.
- D) Process
- i. Weekly and monthly budgets are derived for the purposes of meeting the institution's ongoing operational requirements.
 - ii. In May the academic and administrative units are given estimated cost centre revenue estimates and required to submit to the Business Office budgetary requirements for the forthcoming financial year, beginning on 1 July. The financial requirements are accompanied as required by a narrative explaining and justifying the requested expenditures, supplemented as necessary by teleconference and face-to-face meetings between the relevant personnel in order to discuss the requests.
 - iii. The budgetary submissions are subjected to analysis by the Business Office and the Office of the President and returned to the respective cost centres for discussion and negotiation. Within this process the human, financial, technical and physical facilities as well as programmatic and institutional development resource requirements are established for the next fiscal year.
 - iv. The outcomes of these analyses and negotiations are incorporated into the final institutional annual budget in July each year.
 - v. The Strategic Plan 2015–20 is costed line-by-line for each of its five years. These costings are reviewed and revised each fall on the basis of the plan's annual evaluation by the Academic Council and the funding possibilities arising out of the annual budget projections. In this way the allocations for the pursuit of the goals and initiatives in the plan are kept up-to-date and subjected to budgetary rigour and analysis.
 - vi. Financial and budgetary parameters are established for academic programmes through the annual budget and Strategic Plan costings. Although financial viability is one of the means by which the fitness of a programme is assessed, financial decisions are not brought to bear on any of the academic content, delivery or assessment aspects of its educational programming; these fall

- within the responsibility of the Academic Council and the committees which report to it.
- vii. The annual budget is revised on a monthly basis thereafter to take account of the finalized data from each month and the changing circumstances as the financial year progresses. The Business Office oversees the preparation of weekly and monthly expenditure spreadsheets, from which current budgets for the month are finalized and ongoing expenses are paid.
 - viii. At the conclusion of each financial year the accounts are closed, and an independent audit follows within four months. The final accounts and independent audit provide empirical data which inform the predictive calculations of the current and future budgets.
 - ix. Institutional budgetary forecasts are prepared for up to five years into the future, though without the same levels of detailed inputs from individual units and, inevitably, with diminishing accuracy as the years become more distant. These projections are used to inform forward planning and to assess, in as much as is possible, the likelihood of future events or constraints emerging which might place a strain on the institution’s financial resource base.

| QA documentation | Status |
|---|--------|
| a/ Current Strategic Plan, including line-item costings | |
| b/ Annual review of the Strategic Plan | |
| c/ Annual budgetary projections and updates; regular ongoing updates, analysis and decision making based on weekly and monthly cash flows | |
| d/ Audited accounts, including review and approval by the Board | |

1.3.3 Embedding a quality culture

A) Context

The continuous assessment of the institution’s activities and the ongoing enhancement of them proceeding from that process of analysis is fundamental to what it does.

B) Policy

- i. Many of the institution’s QA processes are not freighted with the phrase ‘quality assurance’ or ‘quality’. However, they all are implicitly and substantively engaged with the pursuit of quality and its improvement. Moreover, given their explicit reference to quality assurance in day-to-day administrative and academic workings of the College (whereby, for example, matters such as external examiner arrangements or Academic Committee review of grades and progression are commonly referred to as aspects of ACD’s quality assurance processes, or in documents such as recorded minutes or in the present document), the processes that allow the institution to analyse and improve itself are understood and recognized by the College community as constituting a quality culture and a regime of quality assurance.
- ii. The quality assurance processes should be designed to be appropriate in their extent and scope to the scale of the institution. Quality assurance is supposed to be an enabling administrative paradigm and method of work, not an end in itself or the *raison d’être* for American College Dublin. QA should help, not be an obstacle or a problem. If quality assurance becomes unnecessarily burdensome, it alienates those who operate within it, and instead of an

embedded culture of collaboration and involvement there is a culture of avoidance.

- iii. The College's quality system should always be strictly framed not to create work for its own sake. It should be designed to be relevant to what the College does. The intention of the ongoing review of the QAM is, apart from establishing that the current quality assurance procedures are being followed, to ensure that all processes are relevant, necessary, and useful. If a process is found not to serve these requirements, it should be modified, reduced or dropped. The institution seeks therefore to limit the administrative overhead that attends its quality assurance regime; it notes the QQI advice that procedures should be 'integrated into the normal activities of the provider, with the minimum unnecessary administrative requirements' (Guidelines, 2016, p. 9).
 - iv. The quality culture of American College Dublin, understood as the continuous assessment and the application of that assessment of the quality of the institution's activities, should be embedded in everything that the College does.
- C) Responsibility
- i. The QA Officer elicits feedback on the functioning and management of QA and recommends such changes and follow-up as are necessary, to the Academic Committee for immediate changes and to the Academic Council for final approval.
 - ii. Changes to QA policy and practice are, once approved by the Academic Council, inserted into the following version of the QA Manual.
- D) Process
- i. The Quality Assurance Manual outlines the main procedures by which the quality culture is enabled and applied in the institution's operations.
 - ii. The QAM is referred to regularly as a guideline for procedure by all the institution's stakeholders; staff and students are referred to it for guidance on admission, learning, assessment and grade reviews.
 - iii. The QAM is published on the College's website.
 - iv. The QAM is subjected to a formal examination, revision for enhancement and re-approval by the Academic Council once every year, a process that necessitates the active participation of all those in the institution who are primarily involved in developing, superintending and implementing the quality assurance system.
 - v. Additionally, the QAM is subject to ongoing review and modification as required through the Academic Committee; changes made in this way are discussed and formally approved by the Academic Council in its annual review of the QAM.

| QA documentation | Status |
|--|---------------|
| a/ Current Quality Assurance Manual | |
| b/ Annual review of the QAM (Academic Council minutes) | |
| c/ QAM on the College website | |
| d/ Recorded minutes and reports of College meetings | |

2. Documented approach to quality assurance

2.0 Overview

All of the institution's planning and operational functions take place within a quality assurance framework. Quality assurance procedures and overarching institutional assessment and functioning are themselves subject to an ongoing monitoring process. In order to demonstrate the functioning of these processes and to provide a recorded basis from which their development and enhancement can be tracked, it is necessary to provide for an appropriate level of documentation of both the processes and their performance.

2.1 Documented policies and procedures

A) Context

In order for QA procedures to be monitored, analysed for effectiveness and improved it is necessary for them and the processes of review to be documented.

B) Policy

- i. Quality assurance procedures and compliance are the responsibility of the Academic Council, which nominates from within its number a Quality Assurance Officer, with responsibility for ensuring internal QA compliance.
- ii. The procedures are recorded in this document, the Quality Assurance Manual (QAM). The QAM is subject to external approval by QQI; as noted above in the Introduction, the current version has been informed by the 2016 QQI document, *Statutory Quality Assurance Guidelines*, which itself is based on the requirements of the Qualifications and Quality Assurance (Education and Training) Act, 2012.

C) Responsibility

- i. The QA Officer elicits feedback on the functioning and management of QA and recommends such changes and follow-up as are necessary, to the Academic Committee for immediate changes and to the Academic Council for final approval.
- ii. Changes to QA policy and practice are, once approved by the Academic Council, inserted into the following version of the QA Manual.

D) Process

- i. The QAM is reviewed internally on an ongoing basis. The key documentation to verify QA procedures is reviewed using the 'QA documentation' boxes in the QAM, whereby at the end of each academic year the document trails are checked for completeness and follow-up, and their status recorded in the QAM. The QA documentation check is conducted through a Summary Check List (see Appendix 9.4).
- ii. On the basis of the document check and other feedback from the QA processes provided by staff, faculty and learners, at the end of each academic year revisions to enhance both the quality of practice in the institution and processes to allow that practice to be monitored and documented are proposed to the Academic Council.

- iii. As part of the QQI institutional review (see chapter 11 below), the institution's quality assurance procedures and policies are subject to a comprehensive review and revalidation procedure.

| QA documentation | Status |
|--|--------|
| a/ Academic Council minutes on proposed amendments to QAM | |
| b/ Current and preceding versions of QAM | |
| c/ Correspondence and other feedback on changes and updates to quality assurance practice and the QAM | |
| d/ QAM documentation checklist reviewed, evaluated and signed off by Academic Council at the end of each academic year | |

2.2 A comprehensive system

A) Context

The pursuit of quality and its enhancement within an educational organisation only works if it operates at fundamental level, touching and guiding all aspects of what the institution does. A system that deals with the surface of things or with circumscribed areas of activity will not fulfil the requirements of the Irish higher education legislative framework. American College Dublin's quality assurance procedures date in their formal appearance to the very beginnings of the Irish high education quality assurance paradigm; they have therefore had a long period of gestation, development and improvement, and ongoing integration into all areas of the institution's operations. Moreover, given that the institution's academic and administrative procedures were of a high quality before the term 'quality assurance' entered the Irish higher education lexicon, the system which the institution operates is deeply rooted, its development stretching back over two and a half decades, and very broad, having extended over that time frame to every part of the College's activities.

B) Policy

- i. The comprehensive nature of ACD's quality assurance system is substantially described in the QAM, which sets out procedures which touch and provide a guiding framework for all aspects of the institution's governance, management of resources, planning, academic delivery and assessment, and communication both internally and externally, along with reference as appropriate to subsidiary QA documents.
- ii. The QAM provides a guideline for recording and assessing adherence to the QA procedures, and regularly enhancing them, both on an ongoing basis and in the formal review of the assurance regime that takes place at the beginning of each academic year under the auspices of the Academic Council.

C) Responsibility

- i. The QA Officer elicits feedback on the functioning and management of QA and recommends such changes and follow-up as are necessary, to the Academic Committee for immediate changes and to the Academic Council for final approval.
- ii. Changes to QA policy and practice are, once approved by the Academic Council, inserted into the following version of the QA Manual.

D) Process

- i. The QAM is reviewed internally on an ongoing basis. The key documentation to verify QA procedures is reviewed using the 'QA documentation' boxes in the QAM, whereby at the end of each academic year the document trails are checked for completeness and follow-up, and their status recorded in the QAM. The QA documentation check is conducted through a Summary Check List (see Appendix 9.4).
- ii. On the basis of the document check and other feedback from the QA processes provided by staff, faculty and learners, at the end of each academic year revisions to enhance both the quality of practice in the institution and processes to allow that practice to be monitored and documented are proposed to the Academic Council.

| QA documentation | Status |
|--|---------------|
| a/ Academic Council minutes on proposed amendments to QAM | |
| b/ Current and preceding versions of QAM | |
| c/ Correspondence and other feedback on changes and updates to quality assurance practice and the QAM | |
| d/ QAM documentation checklist reviewed, evaluated and signed off by Academic Council at the end of each academic year | |
| e/ Strategic Plan, including its annual review. | |

3. Programmes of education and training

3.0 Overview

The commitment of the institution to academic development is reflected in the work of its faculty, offices and committees, whose joint task is to ensure that programmes are well designed, regularly monitored, and periodically reviewed. At present, the institution's only location of academic programme delivery is at American College Dublin.

American College Dublin recognizes and supports the need to design and deliver programmes (in an efficient and flexible manner) that anticipate the changing needs of society and the world, in line with national and international requirements, the national qualifications framework, and stakeholder requirements. The College strives to cultivate initiative which supports the best practice in modern programme development, to keep ACD a stimulating and attractive educational institution.

The programmes provided by ACD lead to awards by the Quality and Qualifications Ireland (QQI), (in accordance with Section 25 of the *Qualifications [Education and Training] Act, 1999*, and sections 27 to 42 of the *Qualifications and Quality Assurance [Education and Training] Act, 2012*), or (in the case of MSCHE-accredited programmes) by Irish American University. The application of academic quality principles requires that the College satisfy itself and its accrediting bodies that a learner may attain knowledge, skills and competence for the purpose of an award, and to ensure that programmes offered by ACD have academic and intellectual currency and standards comparable to similar awards offered anywhere in the world.

The College's portfolio of academic programmes is constantly developing through an extensive and ongoing process of designing and validating new programmes and revising and updating the existing ones. The stages of the process involve groups and committees both from within the College and in consultation with external academics and accrediting bodies, including heads of programmes, teaching staff, Academic Dean, Academic Council and Academic Committee, and QQI.

3.1 Design and approval of new programmes and modules

3.1.1 New modules and major modifications to existing ones

A) Context

Academic programmes and their constituent parts are in constant state of change and development, reflecting new scholarship and changes in business and industry practice. Accordingly, the College has provisions for the reliable and predictable development of new modules and modifications to existing ones.

B) Policy

- i. Minor modifications to modules such as updating of reading lists, updating and refinement of content or sequencing of lessons lie within the instructor's

responsibility, and require only to be noted in the approval of new syllabi by the Academic Committee at the outset of the academic year.

- ii. Substantial changes to modules, including titles, codes, course description, substantial course content and sequencing changes, assessment modalities, must be approved by the Academic Committee and Academic Council; substantial changes to modules in QQI-accredited programmes may be submitted to QQI for approval at any time in the academic cycle, but usually and optimally will be dealt with in the context of the quinquennial QQI programmatic review.
- iii. Entirely new modules must be approved by the Academic Committee and Academic Council; new modules in QQI-accredited programmes may be submitted to QQI along with new programme schedules for approval at any time in the academic cycle, but usually and optimally will be dealt with in the context of the quinquennial QQI programmatic review.

C) Responsibility

- i. Module instructors are responsible for ensuring that module syllabi and content are delivered accurately, in accordance with approved course content, and for noting minor changes to and seeking approval of substantial changes to modules from the Academic Committee.
- ii. The Academic Committee is responsible for noting minor changes to modules, approving substantial changes, and approving new modules, on an ongoing basis and then as part of the Annual Programmatic Review.
- iii. The Academic Council is responsible for analysing and approving or rejecting all module changes and additions as submitted in the Annual Programmatic Review. For QQI programmes, QQI is responsible for approving or rejecting proposed module changes and additions.

D) Process

- i. Module instructors notify minor modifications to existing modules (updating of reading lists and stylistic revisions or correction of errors of fact that do not have an effect on the substance of the module) in the submission of syllabi to the Academic Committee of materials for the Annual Programmatic Review.
- ii. At the end of each academic year the Academic Committee conducts the Annual Programmatic Review, which considers (feedback from learners (past and present), academic developments in the field, suggestions from the external community (internship placements are particularly useful for generating this information), and the changing requirements for admission to post-graduate programmes of study—these provide the primary justification for proposals substantially to alter existing modules or introduce entirely new modules.
- iii. The Academic Committee incorporates the approved changes into the Annual Programmatic Review; this is presented to the Academic Council for review and approval or amendment as required.
- iv. For QQI programmes, following Academic Council approval, substantial changes to modules and new modules (and resultant changes to the programme schedule) may be submitted to QQI for approval on an ongoing basis if considered sufficiently pressing; normally, however, these changes will be incorporated into the quinquennial programmatic review.
- v. Following completion of these processes, new syllabi for relevant modules are entered in the College's annual in-house file of modules, together with module outlines, and the amended descriptors are inserted into the Catalogue.

| QA documentation | Status |
|--|--------|
| a/ Relevant Academic Committee documentation as noted above at 1.2.4 | |

3.1.2 New programmes and major modifications to existing ones

A) Context

An essential feature of the institution's academic development is a process for introducing new programmes and making major changes to existing ones. The institution has established QA processes for these aspects of its academic growth.

B) Policy

- i. The process of introducing new award programmes should develop through a number of stages, incorporating both internal and external activity, so as to allow fully for a wide range of evaluation of content, assessment, access, transfer, progression, deliverability, viability, congruence with mission, likely student demand, potential avenues for further study and employment.
- ii. Typically, identification of opportunities for new programme development will come through informal or formal market research and from consultation with the academic community within and outside the College, followed by programme quality assurance and associated self-evaluation processes.

C) Responsibility

- i. Relevant academic personnel, institutional staff, students and alumni, trustees and friends of the institution are responsible for producing proposals for new programmes.
- ii. The Academic Committee is responsible for overseeing the proposing, preparing, submitting and making major revisions to degree programmes. Once the new or revised programme has gone through these processes, it is passed to the Academic Council.
- iii. The Academic Council is responsible for examining the final new or modified programme proposal document and approving it or declining it and sending it back to the Academic Committee for further development or a notice of cessation.
- iv. For QQI accredited programmes, QQI is responsible for approving panels, ensuring that QQI documented policies and processes are followed, reviewing the panel report and providing final approval or otherwise in accordance with its new programme regulations; for major modifications to programmes, QQI provides oversight and final approval or otherwise, usually through changes proposed within the quinquennial QQI programmatic review, although in cases judged exceptional and sufficiently urgent major modifications may be submitted for QQI consideration outside of the five-year cycle.

D) Process

- i. A proposal to introduce a new programme is submitted, normally following an initiative put to the Academic Committee, from internal or external sources, including academic staff, admissions or administrative staff, the Board of Trustees, or various external sources.

- ii. An outline plan is presented to the Academic Committee for evaluation; the strengths and weakness of the proposal are discussed; if the Committee agrees to the outline, a feasibility is requested.
- iii. The feasibility study includes a description of the initial consultative process, an assessment of alignment with institutional mission, intellectual content and coherence, market research on need and probable demand for the programme, consultation with potential employers, evaluation of financial, human, time and other resource requirements, outline student projections for delivery of the programme, a cost-benefit analysis, and, for QQI validation proposals, an outline of the rationale for seeking QQI validation.
- iv. Submission of results of the feasibility study to the Academic Committee, input and discussion as required by the Senior Management Committee on financial parameters, followed by provision of approval to submit a proposed programme document, to include alignment with mission, needs and demand analysis, outcomes of consultations with potential employers, academic content and coherence, learning outcomes, assessment modes, alignment with the appropriate award standards, compliance with the statutory requirements of access, transfer and progression.
- v. Consideration of the proposed programme document by the Academic Committee, input as required from the Senior Management Committee on financial and resourcing matters. The programme document may be declined, conditionally approved pending amendments, or fully approved.
- vi. A fully approved programme document (either fully approved on the first submission to the Academic Committee or after resubmission following conditional approval) is submitted to the Academic Council for consideration. The Academic Council considers the recommendations of the Academic Committee and evaluates the programme as set out in the document using the same criteria as the Academic Committee has in its evaluation, along with an overall consideration of viability and review by the Senior Management Committee on resourcing. The submission may be declined, given conditional approval or full approval. If conditional approval is granted pending amendments the document is returned to the Academic Committee for further development to meet the Academic Council's requirements and resubmission to the Academic Council (there may be a number of resubmissions if necessary). If full approval is granted the submission is completed and implementation proceeds.
- vii. For QQI-accredited programmes, submission of the proposal to QQI follows the granting of full approval by the Academic Council. For such programme submissions, the institution explicitly follows the policies and procedures and produces the documentation set out in the QQI publications, *Policies and criteria for the validation of programmes of education and training* (November 2017/QP.17-V1.03) and *Programme Validation Manual for Programmes of HET and Apprenticeships* (Edition 3, 2018).

| QA documentation | Status |
|--|--------|
| a/ Maintenance of minutes of Academic Committee, Academic Council and SMC meetings | |

| | |
|---|--|
| b/ Outline plan of proposed programme | |
| c/ Programme document | |
| d/ QQI programme validation submission, if applicable | |

3.2 Learner admission, progression and recognition

A) Context

Those who wish to enter the institution's programmes of study are admitted through the admissions process; admitted students progress through their programmes as they complete the assessment requirements satisfactorily; upon completion of all of the programme's constituent learning outcomes, students receive an appropriate award in recognition of their achievement. Quality assurance arrangements on admission, progression and recognition monitor these processes for fairness, transparency, consistency, appropriateness and ongoing development and enhancement.

B) Policy

- i. American College Dublin welcomes all applicants and operates a fair and transparent admissions process. Applicants are selected on the basis of merit, ability and potential.
- ii. The College supports the application of access, transfer and progression policies as defined by Quality and Qualifications Ireland (QQI).
- iii. The admissions procedures include all activities to attract, select, admit and register new and transfer students to the College programmes.
- iv. Progression and recognition encompass all academic activities from when a student commences study in one of the College's programmes up to, as applicable, the cessation or completion of the programme, with recognition of the progression achieved by way of an accurate transcript and, as applicable, an exit award.

C) Responsibility

- i. The fair and consistent implementation of the access and transfer policies and procedures is the ultimate responsibility of the Director of Admissions, working through the Admissions Office, and supported by the Academic Office.
- ii. The fair and consistent implementation of progression and recognition arrangements is the responsibility of the Registrar, working with the Academic Dean, through the Academic Office and reporting to the Academic Committee (and the learning review boards) and Academic Council as necessary.

D) Process

- i. All applicants seeking admission to a first year of a QQI undergraduate programme apply directly to the Central Applications Office (CAO) as outlined in the CAO handbook for the year of admission.
- ii. All applicants other than those seeking admission to a first year of a QQI programme must apply directly to the American College Dublin.
- iii. For both QQI and non-QQI programmes applicants must satisfy the minimum entry requirements for the relevant programme, as stated in the admissions section of the Catalogue, and should submit the appropriate application form, available on the institution's website.
- iv. Students are advised of admission by way of a rejection or an offer letter.

1. The rejection letter provides the reasons for declining the application, and any appropriate recommendations, including how the applicant might strengthen his or her case for acceptance in a subsequent application.
 2. The offer letter includes the formal acceptance of the application, subject to the applicant accepting the terms of admission included in the letter, directions for paying fees and presenting for registration (induction) and orientation.
- v. Students may appeal admissions decisions.
1. Appeal applicants applying through CAO are advised to use the CAO appeal process.
 2. For direct applicants, applications are made directly to the Admissions Office of ACD. Applications may be rejected for one or more of the following reasons:
 - a. Failure to complete application form in time and/or inability to demonstrate proof of same;
 - b. Inability to fulfil minimum programme entry requirements;
 - c. Inadequate English language score, or failure during interview to satisfy ACD Admissions staff that English language requirements for the programme in question are met (the applicant may also be required to sit a 30 minute English language test to ascertain the applicant's attainment in grammar and writing). The applicant will be informed as soon as possible after a rejection for application on a programme, and the grounds for the rejection.
 3. Should the applicant wish to appeal, he or she may do so in writing to the Director of Admissions providing evidence, where possible, to support the application. The College will endeavour to respond to the applicant within 14 days of the formal submission of a written appeal.
 4. If the application is rejected a second time, the reasons will be communicated in writing to the applicant. The applicant will then have opportunity for a final appeal, which must be made in writing to the College President who will endeavour to convey the outcome of the appeal within 14 days of receipt of the written appeal.
- vi. Students present for registration (induction) and orientation the week before the semester begins. They are registered on the appropriate programme, given a packet and brought through the Student Handbook, including the College rules and regulations, a document for which all students are required to sign, attesting that they have read, understood and agree to the requirements of it. Health and counselling facilities are also set out in the handbook.
- vii. An orientation programme introduces students to the College, its facilities, clubs and societies. Each student is introduced to his or her programme by the programme head, including the programme's structure and content, requirements and policies.
- viii. For student progression and completion monitoring processes, see below, sections 3.2.6 and 3.3.

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.1 Applicants with recognized prior learning

A) Context

Recognition of prior learning (RPL) is a process that allows learners to gain admission to a programme of study or to gain exemptions/credit from some parts of a programme, based on demonstrated learning achieved prior to admission. The process is governed by rules and recommendations as defined by *Principles and Operational Guidelines for the Recognition of Prior Learning (RPL) in Further and Higher Education and Training*, published by the National Qualifications Authority of Ireland (June 2005). The document stresses the importance to recognize all learning achievements by supporting the development of alternative pathways to qualifications or awards, and by facilitating the recognition of prior learning.

B) Policy

- i. The institution recognizes two main types of RPL:
 1. Recognized Prior Certified Learning (RPCL)
 2. Recognized Prior Experiential Learning (RPEL)
- ii. The institution has for many years facilitated RPCL, whereas RPEL has only recently been considered as a means of attaining credit for prior learning; currently RPEL is being piloted on a limited basis for one programme, the MFA in Performance.
- iii. The maximum credit that may be granted in the MFA in Performance is 15 credits (out of a total 36 credits). No credit may be granted under RPEL (or RPCL) for the performance project and portfolio. If RPEL is extended to other programmes, it is expected that no more than 50% of any programme will be available for transfer of credit under RPEL.
- iv. Applicants may be given credit for RPCL against specific elements of a programme (such as a module or a block of modules), if their prior learning is judged to be equivalent to the learning outcomes of the proposed programme of study.
- v. Transfer students, or those with RPCL, are those who come from another accredited institution of higher education and seek exemptions for previously completed subjects at that institution.

C) Responsibility

- i. Overall responsibility for approving transfers in accordance with the policy measures set out below rests with the Registrar, working with the Academic Dean and through the Academic Office.
- ii. The Registrar refers to discipline area experts among the institution's academic staff regarding subject specific judgements as to the appropriateness of transfers of particular modules or blocks of modules.

D) Process

- i. Recognized Prior Certified Learning (RPCL)

1. Learners seeking transfers for previously completed higher education study should send original copies of their transcripts and copies of the relevant course descriptions from the institution's Catalogue to the Admissions Office when making an application.
2. Transfers by way of RPCL are considered and granted under the following conditions:
 - a. Transfers may be granted only for those subjects in which a 'C' grade or higher was awarded;
 - b. The intended learning outcomes achieved in the completed subject must be substantially the same as those achieved in the subject for which the transfer is sought. If this is not possible satisfactorily to determine from the Catalogue course description, it may be necessary for the applicant to provide a full course syllabus before the transfer can be accepted;
 - c. Transfers are accepted on the basis of completion of a notional minimum of approximately 40 classroom-contact hours and 80 hours of self-directed study per 3-credit subject;
 - d. IAU / ACD only delivers 3-credit (or multiples of 3-credit) courses; thus, it awards transfer credit only for 3-credit (or multiples of 3-credit) courses. Fractions of credits from other institutions may not be accumulated or rounded up for transfer purposes. However, fractions of suitable courses may be rounded down (for example a 4-credit Microeconomics course from another institution that matches IAU / ACD's 3-credit Microeconomics course in all other respects may be accepted for transfer credit, but only 3 credits, not 4, will be granted for transfer);
 - e. Learners must complete the last 25% of their degree at IAU in order to earn a degree from the institution; credit transfer cannot be awarded for the final 25% of studies at IAU / ACD;
 - f. As IAU does not presently provide distance or correspondence education, transfer credit for subjects delivered by these modes is not presently awarded;
 - g. Capstone courses, theses and research projects are not available for transfer credit;
 - h. Pre-requisite subjects at lower levels on a chosen programme must be completed before higher-level transfers can be approved;
 - i. Transfers are awarded on a subject by subject basis, not on a year by year basis. For example, if the learner is entitled to 10 subject exemptions, this may not necessarily mean that the learner is exempt from a full academic year as the subjects may not all be first year subjects, but could include some second year subjects. Should this be the case, then the learner is required to

complete the outstanding subjects in first year in order to progress fully to second year.

3. Exemptions from subjects taken at institutions not accredited by agencies recognized by IAU / ACD will be evaluated only after a learner has submitted a complete institutional Catalogue (an electronic link will suffice) and a course syllabus for each subject under consideration.
 4. In the case of approved transfers, only credits transfer, not grades. Transfers are indicated on the institution’s transcript by an ‘X’, which has a neutral grade point value; grades for subjects for which transfer credit is accepted have no influence on the learner’s grade point average or on the calculation of the final degree award level.
 5. Transfer students are required to submit the same documentation as other applicants: an application form, secondary school results, higher education transcripts and, if applicable, proof of English language competency.
- ii. Recognized Prior Experiential Learning (RPEL)
1. The institution currently offers credit for RPEL on only one programme, the MFA in Performance.
 2. The student applying for RPEL must present a detailed curriculum vitae and an extended portfolio detailing the evidence that the submitted prior experiential learning meets the minimum intended learning outcomes for the relevant module or modules.
 3. An interview may also be required in order for the evidence to be tested further.
 4. Candidates who wish to be considered for RPEL should contact the Academic Office, which will liaise with the relevant head of programme, for guidance on the appropriate material to be submitted.
 5. The final decision on awarding credit under RPEL is made by the Registrar, in consultation with the relevant head of programme; once the agreed amount of transferable credit is established, this is recorded on the student’s file and the transferable credit is entered on the student’s transcript.
 6. As with RPCL, only credits transfer, not grades. Transfers are indicated on the institution’s transcript by an ‘X’, which has a neutral grade point value; grades for subjects for which transfer credit is accepted have no influence on the learner’s grade point average or on the calculation of the final degree award level.

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.2 International applicants

A) Context

The institution was originally established as an international college, offering study abroad classes to students from Lynn University; the institution has catered to a large base of international students since its foundation and has long had procedures in place to support its international population.

B) Policy

- i. With regard to the admission of international learners the College strives to adhere to the Code of Practice regarding marketing, recruitment, enrolment, orientation and induction of new learners, as recommended by the *Provision of Education to International Students*, published by the Irish Higher Education Quality Network (September 2009).
- ii. In addition to satisfying academic requirements, applicants who are non-EU nationals are required to produce proof of residency in the Republic of Ireland outlining their reasons to remain in the state.

C) Responsibility

- i. The marketing of programmes to non-EU countries and admission of learners from such countries is the responsibility of the Admissions Office and the Academic Office; with discussions and resolutions of policy and practice in the Admissions Committee, Academic Committee and, on financial matters, the Senior Management Committee.

D) Process

- i. The Admissions Committee meets regularly to review applicant files; international applicants are sent an information packet with their applications once an offer of admission is made.

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.3 English language requirements

A) Context

The language of instruction at the institution is English; all students are required either to be native language speakers or to be able to furnish evidence that they are of an English language standard that allows them satisfactorily to participate in their chosen programmes of study without any linguistic impediments to meeting the programmes' minimum intended learning outcomes.

B) Policy

- i. Native or fully bi-lingual English language speakers are not required to furnish evidence of English language competency; such requirements only apply to non-native English language speakers.
- ii. Regardless of the mode of admission all English language requirements agreed at programme validation must be verified and adhered to. Where applicants do

not have a formal English language qualification, they must provide evidence of equivalent competence through other examinations, or achievement of a minimum standard in recognized tests of English.

C) Responsibility

- i. Admissions Department.

D) Process

- i. International applicants who do not have native proficiency in English satisfy the College's English language requirements by submitting the relevant score taken within the last two years in one of the following English language tests: IELTS, TOEFL, Cambridge Certificate. Applicants must submit verifiable documentation of their results.
- ii. Scores are checked against the language proficiency admissions criteria in the Admissions Handbook and the candidate is informed of his or her admissibility; those whose applications are declined on language proficiency grounds are informed of the reason for the rejection and advised that they should consider resubmitting their application when their language proficiency has reached the required standard.
- iii. Non-native English speakers who have been educated through English on an internationally recognized, accredited programme of at least one year in duration in an English speaking country may submit documentation of their participation in the programme and its language acceptance criteria in lieu of English language proficiency evaluation documentation.

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.4 Applicants with disabilities

A) Context

The institution has been a pioneer in accepting applications from students with disabilities, founded in 1993 by an institution in the US that was a leader in providing accommodations to students with learning differences and disabilities.

B) Policy

- i. Applicants with disabilities apply through the standard procedure; disclosed disabilities are assessed and the institution will endeavour to provide reasonable accommodations in all qualified cases that lies within its resources to provide.

C) Responsibility

- i. Admissions Office.

D) Process

- i. Applicants with disabilities apply via the standard procedures used by all applicants.

- ii. Applicants with disabilities applying via the CAO are encouraged to disclose their disability by writing ‘Medical Condition/Disability’ on their CAO application form.
- iii. In the case of direct applications, candidates with disabilities can explain their particular circumstances on the direct application form.
- iv. The Admissions Office assesses the disability and, in consultation with the Academic Office as necessary, provides the applicant with an assessment of the accommodations the institution can provide.
- v. The approved accommodations are entered on the student’s file and made available as appropriate.
- vi. Admitted students may disclose disabilities and request accommodations; in these cases the Academic Office assesses the request and, following such further consultations as may be necessary, informs the student of the approved accommodations that are available to him and her; once agreed by the student, these are implemented as appropriate going forward.

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.5 Fraudulent applications

A) Context

The institution does all that it reasonably can in order to ensure that the application materials it receives are genuine and fully representative of the relevant details of each applicant.

B) Policy

- i. All applicants must produce the original copies of supporting documentation, such as identification, transcripts, at the admission stage.
- ii. Applicants need also to declare any personal information that may affect their performance in the course of study.
- iii. The College reserves the right to refuse admission (or cancel registration) to any applicant (or learner) whose application details are found to be fabricated or false.

C) Responsibility

- i. Admissions Office

D) Process

- i. The Admissions Committee meets regularly to review applicant files.
- ii. Applicants who have submitted fraudulent applications are refused admission; the applicant is informed of the right to appeal against the refusal of admission on these grounds, and may do so by requesting that the materials be reviewed by the Academic Council, independently of those involved in the original decision by the Admissions Department; if the Council finds in favour of the applicant, admission is granted; if not, it is declined.
- iii. Admitted students who are found to have submitted fraudulent applications may have their registration cancelled by the Academic Committee; a student

whose registration is cancelled on these grounds is informed of the right to appeal against the decision may appeal by requesting that the relevant materials and circumstances be reviewed by the Academic Council; if the Council finds in favour of the applicant, admission is granted; if not, the student's registration is terminated.

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.6 Monitoring and action on learner progression and completion rates

A) Context

Student progression and completion rates are fundamental indicators of student, course, programme and institutional achievement; the institution has long-established robust provisions for monitoring these indicators and acting upon them, and for their ongoing development in the light of quality assurance evaluation processes.

B) Policy

- i. The institution will regularly and thoroughly examine student progression and completion rates and on the basis of those investigations take appropriate remedial action with individual students, cohorts and programmes, and use the material produced to inform the ongoing process of improvement.

C) Responsibility

- i. The Internal Student Learning Review Board is responsible for collating, reviewing and approving final grades, progression and award levels, and producing, analysing and making recommendations about the collated progression and completion data points.
- ii. The External Peer Review Board is responsible for reviewing and approving final grades (for QQI programmes this constitutes final approval), progression and award levels, and analysing and making recommendations about the collated progression and completion data points.
- iii. The Academic Committee is responsible for producing the Annual Programmatic Review, a report which includes progression and completion data analysis and appropriate responsive action recommendations.

D) Process

- i. The subcommittees of the Academic Committee, the Internal Student Learning Review Board and the External Peer Review Board, review in detail assessment results for each student at the institution each semester.
- ii. The Academic Committee, through the Annual Programmatic Review, takes these data points and reduces them to cumulative statistical information on grade profiles, progression, attendance, retention and completion for each programme, and provides a narrative review of the programmes annually and consequent recommendations for the improvement of curriculum content, pedagogy, support services, budgetary allocations and educational effectiveness.

- iii. The Academic Committee makes the Annual Programmatic Review, including progression and completion rates, available at the end of each academic year to the Academic Council, which reviews the report, discusses its recommendations and adopts it with such amendments as it considers useful.
- iv. A summary annual report on academic affairs to the Board of Trustees, both written and delivered orally with questions asked by the Board, provides for an annual assessment of design and delivery of the student learning experience by the governing body.

| QA documentation | Status |
|---|--------|
| a/ Maintenance of minutes of meetings of internal and external assessment review boards, Academic Committee, Academic Council | |
| b/ External Peer Reviewer reports and College responses | |
| c/ Student feedback forms and commentary by Academic Committee | |
| d/ Annual Internal Programmatic Review form (see Appendix 13.2 for template of form) | |
| e/ Statistical data analysis of pass/fail rates, progression rates, completion rates | |

3.3 Programme monitoring and review

A) Context

American College Dublin has established quality assurance procedures for obtaining feedback from internal and external sources for the purpose of further improving and maintaining the quality of education it provides.

B) Policy

- i. The programme monitoring and review procedures are designed to enable the College to oversee, examine and develop the quality of current and proposed programmes of study.
- ii. Programmes are routinely monitored throughout the academic year at the classroom, year cohort and overall programme level.
- iii. The Annual Programmatic Review is the principal internal documented process for programme monitoring and review; assembled by the Academic Committee, with analysis and recommendations for action, it is submitted to the Academic Council for further analysis and adoption of recommendations in the submitted or amended form.
- iv. Information obtained through the monitoring and review activities may ultimately result in modifications and improvements to delivery and assessment of programme modules. The review process thus enhances the programme academic quality and the student experience within the boundaries of the formal programme structure.
- v. External programme monitoring and review takes place through the QQI quinquennial programmatic review (for detail on this, see the following section, 3.3.1).

C) Responsibility

- i. Responsibility for the implementation of ongoing monitoring and review of programmes rests primarily with the relevant academic staff, both individual

- teachers and heads of programme, with regular reporting to the Academic Committee and approvals as required.
- ii. The Academic Committee and its sub-committees, the Internal Student Learning Review Board and the External Peer Review Board, are responsible for assembling and analysing programme data and on the basis of it preparing the Annual Programmatic Review, and submitting it to the Academic Council.
 - iii. The Academic Council is responsible for analysing the Annual Programmatic Review and, following amendments made as necessary, adopting it.
 - iv. Responsibility for ensuring that QA procedures for programmatic review are followed, here as elsewhere, rests with the Registrar, who functions as the QA Officer.

D) Process

- i. Ongoing monitoring is conducted by teachers within classes and communicated to heads of programme and the Academic Committee to ensure that minimum intended learning outcomes are being delivered and met, and, in as far as possible, exceeded.
- ii. The Academic Committee prepares the Annual Programmatic Review. The template for the exercise is provided below at appendix 13.2). The team delegated by the committee to conduct the review takes from the assessment sub-committees the grade and attendance data points for the two academic semesters and reducing them to cumulative statistical information on grade profiles, progression, attendance, retention and completion for each programme and providing a narrative discussion of this information and feedback by external examiners in the annual external examination form and consequent recommendations for the improvement of curriculum content (as part of the Annual Programmatic Review, all syllabi are reviewed, modified as required, and approved for the next academic year), pedagogy, support services, budgetary allocations and educational effectiveness.
- iii. The principal objectives of the Annual Programmatic Review are to ensure that:
 1. The programme and its modules are progressing satisfactorily, both administratively and academically.
 2. Programme and module content, teaching schemes and the practice of teaching are appropriate.
 3. Programme and module content and delivery are appropriate to facilitate the achievement of the minimum intended learning outcomes.
 4. Learner workloads are appropriate.
 5. Resources available to the programme, including human, financial, physical, ICT resources, are appropriate and sufficient.
 6. Assessment methods are appropriate to determine the achievement of learning outcomes for the different modules and are distributed appropriately throughout the semesters and academic years.
 7. Academic procedures, including entry, transfer and assignment of credit values, and graduation requirements are fit for purpose and being adequately followed.
 8. Current learner achievement, retention, progression and completion are satisfactory, as demonstrated or otherwise (in such cases indicating responsive action), in programme statistical analyses and narrative reports compiled and reviewed in Annual Programmatic Review.

9. The existing programmes are suitable to meet the current and future needs of students, employers and society.
- iv. The Annual Programmatic Review is presented to the Academic Council for discussion and amendment as required. The agreed report is adopted and such recommendations for action it makes are implemented.

| QA documentation | Status |
|--|--------|
| a/ Relevant Academic Committee documentation as noted above at 1.3.4 | |

3.3.1 External programmatic evaluation

A) Context

As a requirement of its QQI accreditation, QQI accredited programmes are subjected to an external programmatic review once every five years.

B) Policy

- i. Non-QQI awards are subject to the annual programmatic review process set out in the preceding section (section 3.3.3); they are externally evaluated as part of the general institutional review conducted by MSCHE four years, although these reviews do not focus on programme specifics.
- ii. QQI programmes are evaluated internally on an annual basis according to the annual programmatic review process set out in the preceding section (section 3.3.3).
- iii. Along with the internal annual programmatic review process, QQI awards are subject to a quinquennial external programme evaluation which follows the procedures set out in the QQI publication, *Policies and Criteria for the Validation by QQI of Programmes of Education and Training*, 2017.

C) Responsibility

- i. An accreditation steering committee is appointed by the Academic Committee to oversee the preparation of the self-study documentation required by QQI, to appoint an external evaluation panel, to provide for the site visit and to provide the response to the panel's report; the chair of the steering committee is the responsible person for delivering these items.
- ii. The Academic Council is responsible for reviewing and approving the final version of the self-study documentation and the response to the external review panel's report.
- iii. QQI is responsible for reviewing the panel's report, the institutional response, the panel's final recommendations for action, and issuing a final judgement on whether the accreditation is to be renewed for a further five years or not, along with appropriate confirmation in writing to the effect of the final judgement.

D) Process

- i. Research by the Accreditation Steering Committee on the programmes under review, based on the ongoing review criteria noted above at 3.1.2, analysed longitudinally and in greater depth than in the ongoing and annual reviews by the Academic Committee.
- ii. Feedback from learners involved in the reviewed programme.
- iii. Feedback from learners and other relevant stakeholders, including potential employers, involved in the reviewed programme.

- iv. Preparation of a Self-Evaluation Report (SER) in accordance with the QQI guidelines.
- v. Appointment of an independent external peer review group according to QQI guidelines.
- vi. Independent peer review by way of an independent paper-based consideration of the SER and a comprehensive site evaluation; peer review findings submitted in a written report.
- vii. College response to the independent peer review group's report and preparation of a response to its findings and an implementation plan; application by the College's Academic Council to QQI for revalidation or otherwise of the programmes.
- viii. Determination of the application by QQI.
- ix. Implementation of QQI recommendations following revalidation.

| QA documentation | Status |
|--|---------------|
| a/ Relevant minutes of working group, Academic Committee, Academic Council and SMC meetings | |
| b/ Research materials for programme evaluation | |
| c/ Self-Evaluation Report | |
| d/ Independent Peer Review Group Report | |
| e/ College response | |
| f/ Application by Academic Council to QQI (or SMC for non-QQI programmes) for revalidation of programmes | |
| g/ Determination by QQI on application for revalidation and response as required | |

4. Staff recruitment, management and development

4.0 Overview

American College Dublin has an outstanding record in terms of staff recruitment, management and development. Many of the institution's employees have been with the College for over a decade, and the low rate of employee turnover is testimony to the quality of ACD human resources management and development. Nevertheless, this area, the most important resource area in an education institution, is not one that the College takes for granted. Robust and appropriate procedures have been developed to assure the quality of its recruitment, management and development of its staff.

4.1 Staff recruitment and induction

A) Context

American College Dublin has developed recruitment and selection procedures which ensure that appropriately qualified teaching staff are employed to meet academic and professional requirements.

B) Policy

- i. Full-time academic staff employed in the College are recruited through advertising on the College website, recruitment websites, and other electronic media.
- ii. Part-time academic staff may be recruited by similar means, although employment agencies and professional contacts of existing academic staff are also used.
- iii. Only candidates who satisfy the minimum criteria specified are considered for appointment. In line with similar third-level institutions, the minimum qualification for a lecturing position in the College is a Master's degree in the relevant academic discipline (in certain cases, candidate with appropriate and extensive relevant practical expertise and experience may be considered for a teaching position).

C) Responsibility

- i. The prospective employee's line manager (head of programme, Academic Dean, or, for administrative appointments, Dean of Administration, department managers) is responsible for screening, interviewing and making the initial recommendation to hire or not.
- ii. Final approval of a full-time hiring decision rests with the Office of the President.

D) Process

- i. Applications are screened by the Academic Dean, head of programme or the Dean of Administration and a short list of qualified candidates is drawn up.
- ii. Those on the short list are invited to present for interview. An appropriate interview panel is constituted, chaired by the prospective employee's line manager.
- iii. Each candidate is required to provide an up-to-date professional curriculum vitae and the names of two referees.

- iv. The interview panel decides on the candidate it wishes to hire; the decision is considered by the Office of the President and confirmed or otherwise.
- v. On acceptance, a contract of employment is provided to the successful candidate. All employees are provided with an electronic copy of the Employee Handbook, which sets out policies on academic freedom, disciplinary and grievance procedures.
- vi. New appointees are provided with an induction programme, overseen by the relevant head of programme or line manager, which provides a valuable information reference and guide. The induction introduces the new employee to the institution's background, ethos and culture, its structure and organization, its development strategies and plans.
- vii. The new employee is also introduced to his/her roles and responsibilities, including codes of conduct, and for academic staff, pedagogical standards, and the teaching and assessment strategies followed by the College.
- viii. The induction also includes academic and administrative procedures and regulations, general terms and conditions of employment, and human resource policies and regulations.
- ix. During the induction period new staff also enjoy the benefit of informal mentoring both from the head of programme and senior colleagues.
- x. For part-time teaching staff, it is explained at induction that they will be given all reasonable opportunity to work with the relevant programme management staff to establish teaching times and office hours that fit conveniently with their schedules. Teachers are required to inform the Academic Office of an absence before 9 am or as soon as practicable. The institution is normally able to ensure that fulltime or other part-time staff are available to cover unforeseen absences; in the event cover cannot be arranged, all hours lost are delivered at a later date.

| QA documentation | Status |
|--|--------|
| a/ Employee files, including curriculum vitae, academic transcripts, references | |
| b/ Contract of employment and employment policies in employee and lecturer handbooks | |
| c/ Faculty development forms | |

4.2 Equal opportunities

A) Context

The institution is committed to achieving equality of opportunity for staff and learners in all aspects of its operations. Equality of opportunity is the right of all persons to receive fair, equal, and non-discriminatory consideration in access to and the processes of education and employment, as outlined in various equality and anti-discrimination legislation.

B) Policy

- i. American College Dublin believes that commitment to principles of fairness and respect for all helps create a climate that is favourable to the free and open exchange of ideas, and to the welfare of staff and learners.

- ii. The College endeavours to ensure that all of its activities are governed by principles of equality and opportunity, and that all staff and learners are encouraged to achieve their full potential.
 - iii. In its commitment to promoting equal opportunities in education and employment the College recognizes the principles of equity and social justice in conformity with equality and anti-discrimination legislation. This involves recognizing the rights of individuals and groups to be free from discrimination and harassment on the grounds of marital status, family status, sexual orientation, religion, age, disability, race, nationality or social group.
 - iv. American College Dublin affirms the right of all staff and learners to work and study in an environment that is free from harassment and bullying. The College does not tolerate discrimination, sexual harassment, harassment or victimization of learners and employees.
- C) Responsibility
- i. All staff, students and stakeholders of the institution are responsible for supporting the principles of equal opportunity and non-discrimination.
- D) Process
- i. Behaviour which is discriminatory and / or violates the principles set out in the equal opportunities policies may lead to disciplinary action and other sanctions at the discretion of the institution (for process see 7.6.1-7.6.3 below).
 - ii. The College's vision statement includes a commitment to 'uphold the highest standards of ethical conduct in all its activities, including support for academic freedom, appropriate disclosure of information to the institution's stakeholders, equality of access and opportunity.
 - iii. The institution has a conflict of interest statement for its Board of Trustees and executive management.
 - iv. American College Dublin adheres to the principles of academic freedom articulated in the joint statement from the Association of American Colleges and the American Association of University Professors, the *1940 Statement of Principles on Academic Freedom and Tenure*.
 - v. The institution undertakes to disclose information about academic policies and procedures through its annual Catalogue and its Quality Assurance Manual, both available to the College community and wider public in hardcopy and electronic formats.
 - vi. The institution accepts the spirit and letter of the *Freedom of Information Acts* (1997, 2003), whereby in the post-secondary educational sector learners and other institutional stakeholders are entitled to appropriate disclosure of information and explanation as to status, performance and progression.
 - vii. The commitments to equal opportunity and anti-discrimination are also noted in the Employee Handbook and Lecturer Handbook, the Student Handbook, and the Catalogue.

| QA documentation | Status |
|--|--------|
| a/ Current Catalogue | |
| b/ Current QAM | |
| c/ Current employee and lecturer handbooks | |

4.3 Staff communication and development

A) Context

An essential feature of an academic institution is that it provides its staff with regular communications about matters germane to their employment and means by which they might pursue continuing professional development.

B) Policy

- i. American College Dublin is committed to ensuring the calibre and competence of the teaching staff by encouraging continuing enhancement of staff development.
- ii. The small size of the institution and regular contact between all levels of management should be maximised to facilitate a constant flow of information regarding matters relevant to staff, which are also communicated through formal channels, such as committee meetings.

C) Responsibility

- i. All senior management, heads of programme and line managers are responsible for ensuring that those who report to them are adequately informed about matters relevant to their employment and work performance and for supporting reasonable access to professional development.

D) Process

- i. Each programme is overseen by a Head of Programme, who reports to the Academic Dean. Both the Head of Programme and Academic Dean communicate regularly with the other programme teaching staff to ensure the appropriate faculty are hired for teaching all classes, and that all classes are delivered as required, with alternative arrangements provided in cases of unforeseen circumstances preventing a scheduled class from running.
- ii. Programme teaching staff attend programme meetings and Academic Committee meetings, in which they are informed of developments regarding the programme, and are involved in discussions relating to quality improvement of support services, content and delivery.
- iii. All programme staff are required to be involved in programme review processes, through attendance at meetings and written course and programme appraisal submissions, both for the annual internal programmatic review and the quinquennial external programmatic review.
- iv. The College provides in service training on a regular basis. Recent activities have included workshops on information technology use in teaching, and the new policies regarding assessment and standards that have been introduced by QQI under the requirements of the National Framework of Qualifications.
- v. Staff development takes place through informal mentoring and peer skills and knowledge sharing.
- vi. Administrative staff are sent to conferences and workshops to aid professional development; attendance at these events is reviewed and approved by the College on a case-by-case basis.

| QA documentation | Status |
|-------------------------------|--------|
| a/ Contract of employment | |
| b/ Employee development forms | |

| | |
|---|--|
| c/ Faculty development forms | |
| d/ Current employee and lecturer handbooks | |
| e/ Academic Committee and SMC meeting minutes | |

4.3.1 Staff evaluation

A) Context

Regular evaluation of staff is essential both for institutional well-being and providing the staff member with feedback on job performance that allows him or her to improve the execution of workplace duties.

B) Policy

i. The institution seeks actively to evaluate staff members so as to enhance their contributions to the institution and to enhance the benefits they experience from the optimal performance of workplace duties.

C) Responsibility

- i. All senior management, heads of programme and line managers are responsible for ensuring that those who report to them are evaluated regularly and receive adequate and useful feedback on those evaluations.
- ii. Evaluations of teaching staff are maintained in the employee files, held in the Academic Office; all staff have access on request to the information in their files.

D) Process

- i. Academic competence to teach is evaluated at the recruitment stage on the basis of the candidate's prior professional experience as recorded on his or her CV, and of the testimonies of the referees.
- ii. During the initial period of employment in the College a lecturer's teaching competence is regularly assessed by performance reviews, initially after three months' employment, then after six months, and thereafter on an annual basis. The performance reviews involve learner evaluations, discussion of grading profiles and course review comments, and interactions with academic colleagues and administrative staff.
- iii. Lecturers are also encouraged to attend workshops and to undertake courses and attend conferences which help their professional development and broaden the portfolio of subjects they might be able to teach.
- iv. At the end of each academic year lecturers complete Faculty Development Forms, which record their current non-teaching academic activities and planned work and projects for the year ahead.
- v. Administrative staff are evaluated at the point of hiring, at the completion of their period of probation (six months) and thereafter once every year.

| QA documentation | Status |
|--|--------|
| a/ Contract of employment | |
| b/ Faculty development forms | |
| b/ Employee development forms | |
| c/ Current employee and lecturer handbooks | |

4.3.2 Learner evaluations

A) Context

Student evaluations provide valuable information on the performance of teachers and the ways in which academic material is delivered and assessment takes place.

B) Policy

- i. Each class has provision for an independent, anonymised student evaluation procedure, designed to elicit students' views on the delivery of the class, its academic content, and other relevant impressions.
- ii. The process is intended to produce useful and constructive feedback; the institution commits not to use the procedure for policing teachers and appropriately and proportionally to balance outlier commentaries against the greater weight of student views.
- iii. Student evaluation forms provide information which is incorporated into the Annual Programmatic Review and the quinquennial QQI Programmatic Review.

C) Responsibility

- i. The Registrar is responsible for overseeing the rolling out of online evaluation forms to students and arranging for their capture.
- ii. The Academic Dean and heads of programme are responsible for reviewing with the Registrar the evaluation forms and providing feedback to the teaching staff on their classes.

D) Process

- i. The student evaluation forms are made available to each class in the final weeks of the semester.
- ii. The completed forms are read by the relevant heads of programme, Registrar and the Academic Dean.
- iii. Once final grades have been posted the findings of the learner evaluation forms are discussed with the faculty member in question.
- iv. The final Academic Committee of the academic year discusses the main findings of the learner evaluation forms and recommends actions for the following academic year as appropriate.

| QA documentation | Status |
|---|--------|
| a/ Learner evaluation forms and covering form recording discussion with teacher and conclusions | |
| b/ Academic Committee minutes | |

5. Teaching and learning

5.0 Overview

The foundation of the institution's work is the process of teaching and learning. This is an area which requires and benefits greatly from an ongoing structural development, monitoring, evaluation and enhancement. The institution's quality assurance policies in this area are directed primarily towards advancing these activities.

5.1 Teaching and learning methods

A) Context

Teaching is a multidimensional activity that promotes quality learning through a student-centred interaction between the teacher, student and the curriculum. Teaching methods should be designed to help students to understand how to use study resources to facilitate their educational experience, and to achieve the learning outcomes of their courses and programme.

B) Policy

- i. Learning and teaching methods should facilitate students taking ownership of, and responsibility for, their own learning in partnership with the academic faculty.
- ii. The methods provide students with varied learning opportunities and experiences, and include conventional lecturers, tutoring, mentoring, case studies, e-learning, workshops, project supervision, research supervision, and learner observation.
- iii. The learning and teaching strategy of the institution is based on a set of key principles and sets of specific goals and objectives for learning, teaching and assessment; the goals of this strategy is academic achievement and progression, assessment as a learning experience, flexibility of learning and teaching methods, holistic approach to curriculum design, continuous learner support, professional development and employability.

C) Responsibility

- i. Teachers and programme heads are responsible for class and programme delivery.
- ii. Students are responsible for participating in the learning process constructively.
- iii. The Academic Committee, the Academic Council and their chairs, the Registrar and Academic Dean respectively, are responsible for overseeing the monitoring of teaching and learning and pressing for their ongoing enhancement.

D) Process

- i. Teaching and learning work on an incremental basis. As students progress from year to year the subject matter of their studies becomes increasingly complex and challenging. The focus of learning moves from acquisition of knowledge and understanding to critical analysis and application of conceptual knowledge to practical situations. In the final year in particular learners learn to critically evaluate and apply knowledge and skills through earlier years of

study. Ultimately, learners are brought to a position where they can demonstrate, through a variety of assessment processes, that they have achieved the learning outcomes of their programmes.

- ii. The e-learning management system Moodle provides lecturers and students with a virtual learning environment to complement and enrich the more traditional learning process. This makes it possible for lecturers to create new learning opportunities for learners. Adapting this technology as an integral part of teaching methodology enables lecturers to provide course material in a variety of media formats outside the classroom, thus fostering effective self-learning techniques.

| QA documentation | Status |
|---|--------|
| a/ Programme learning and assessment strategies in program document | |
| b/ Module learning and assessment strategies in each syllabus | |
| c/ Faculty Handbook | |
| d/ Academic Committee documentation as in 1.3.4, above | |

5.2 Promoting learning

A) Context

Since its foundation in 1993 American College Dublin has promoted learning developed from the American higher education model that places emphasis on flexibility, variety and creativity in the pedagogical process. ACD has been a pioneer in the Irish higher education landscape in promoting high proportions of continuous assessment, and variegated delivery and assessment methods (quizzes, presentations, multiple-choice, short papers); indeed, the College had to campaign vigorously in its early years to be permitted to use such varied forms of assessment (for example, for several years the institution was denied permission to use multiple choice questions or short answer questions in continuous assessment; these methods are now used widely in the Irish higher education system).

B) Policy

- i. The institution will promote varied methods of teaching, learning and assessment, reflecting ongoing developments in higher education.
- ii. The institution will seek and be responsive to feedback from students, including making provision for receiving and acting upon student complaints about teaching and learning.
- iii. The institution will continue to remain at the forefront of offering accommodations to students with learning differences.

C) Responsibility

- i. Teachers and programme heads are responsible for promoting and improving learning in the class and programme delivery context.
- ii. Students are responsible for participating in the learning process constructively and contributing to the promotion of learning by their participation.
- iii. The Academic Committee, the Academic Council and their chairs, the Registrar and Academic Dean respectively, are responsible for overseeing the

promotion of teaching and learning and pressing for their ongoing enhancement.

D) Process

- i. The institution regularly reviews and develops teaching methods through the workings of the Academic Committee.
- ii. Teachers are formally reviewed at least once a year through the Faculty Development Plan procedures.
- iii. The institution also provides training workshops to develop teachers' skills; in recent years these have included workshops on teaching learners with learning differences, workshops on using Moodle in the classroom, and workshops on the use of tablet computers in the classroom.
- iv. Learning and assessment methods are reviewed on an ongoing basis at the Academic Committee meetings throughout the academic year, and are subject to a comprehensive review at the end of the academic year, as part of the Annual Programmatic Review, submitted by the Academic Committee to the Academic Council. These reviews consider the use of alternative delivery and assessment modes and pedagogies, and, when approved, are implemented in the following academic year.
- v. On foot of appropriate documentation from educational psychologists or other approved individuals, normally provided at admission though which may be made available once a student has commenced a programme, these include providing students with lecture notes, recording of lectures, special tutorial assistance, extensions of time in examinations, recording of examinations, use of information technology in taking examinations, spelling and grammar waivers in examinations. Other accommodations are considered upon submission of the relevant evidence on a case-by-case basis.
- vi. Learner complaints and appeals may be made through the grade review process, or in registering a grievance through the grievance procedure (see 7.6 below; these processes, along with their appeal mechanisms, are also set out in the [Student Handbook](#)). All learners must sign a form indicating that they have read and understood the contents of the Student Handbook at registration.
- vii. The College maintains a Register of Grievances and Complaints, in which all formal submissions of this type and their outcomes are collected.
- viii. All learners are canvassed on their views about each class through the student evaluation process. Student evaluation forms are completed at the end of each semester and reviewed with the relevant teachers in order to see improvements to the learner learning experience as appropriate.
- ix. Learners are able to register suggestions and collective proposals through the Student Union and through the submissions made by classroom representatives who sit on Academic Committee meetings.

| QA documentation | Status |
|---|--------|
| a/ Learner evaluation forms and covering form recording discussion with teacher and conclusions | |
| b/ Academic Committee minutes | |
| c/ Academic Council annual review minutes | |
| d/ Student Handbook | |
| e/ Register of Complaints and Grievances | |

5.3 National and international practice

A) Context

Higher education takes place within an environment of national and international practice, in terms of staffing, students and academic subject material; all higher education institutions must engage with this environment and those who work within and around it.

B) Policy

i. The institution will remain highly engaged with national and international effective practice networks, and seek to extend this engagement as appropriate.

C) Responsibility

i. All staff.

D) Process

i. The institution is a member of [ASAPI](#) (Association of Study Abroad Providers Ireland), attending meetings and regular workshops on effective practice.

ii. The institution is a member of [AAICU](#) (Association of American International Colleges and Universities), attending meetings and regular workshops on effective practice.

i. The institution has been accredited by the Middle States Commission on Higher Education ([MSCHE](#)) since 2013. As part of this process it is required to submit programme and institutional data, which is required to achieve benchmarked levels or trigger requirements for follow-up explanations and action. Following a comprehensive self-study and on-site evaluation, the College received in June 2018 an eight-year renewal of its grant of accreditation. ACD has attended every MSCHE annual meeting since its accreditation, along with numerous best-practice workshops. The Vice President of ACD is also a peer evaluator with MSCHE, serving on site visits to other international institutions, thereby learning of best practice from fellow peer evaluators and from the sites under evaluation.

| QA documentation | Status |
|---|--------|
| a/ MSCHE statement of accreditation and related documentation | |
| b/ AAICU membership and related documentation | |
| c/ ASAPI membership and related documentation | |

5.4 Learning environments

A) Context

Higher education institutions are constrained by their environments; the way in which they manage these and create innovative and useful ways of working within them is an important part of their operational and strategic success.

B) Policy

i. The institution has always provided a range of learning environments, and will continue to review and implement innovative workplace and teaching spaces and solutions.

- ii. Although the traditional classroom remains the core place of teaching, the institution lays stress on taking opportunities to learn outside the classroom. These opportunities include a range of accompanied field trips and, for all business programmes, supervised internships. The field trips are quality assured through written approvals and the direct supervision of the accompanying faculty; the internships have detailed approval, site agreement, reporting and assessment requirements which provide assurances of the appropriateness of the learning environment.
 - iii. Within its environs, the institution is committed to providing high-quality resources to assist learners in their study.
- C) Responsibility
- i. Responsibility for the physical learning environment rests with the Director of Administration, consulting with the Academic Dean and other staff through the Senior Management Committee, Academic Committee and Academic Council.
- D) Process
- i. The physical resources of the institution include the classrooms, all of which are equipped with appropriate seating, high-speed Wi-Fi, computer and projection equipment, the Rooney Library, a student lounge, study rooms.
 - ii. The Rooney Library provides a range of books and written resources relevant to all programmes offered by the College. At the start of every academic year the Library is provided with reading lists for each of the academic programmes and modules, along with approximate class numbers. All lists are updated on an annual basis. The Library consistently strives to maintain an equitable book-to-learner ratio, either with hard copy or electronic materials. Emphasis is also placed on providing the most current and up-to-date information available, including the latest editions of all textbooks.

| QA documentation | Status |
|---|--------|
| a/ Field trip approval documentation | |
| b/ Internship documentation | |
| c/ Senior Management Committee minutes and papers | |

5.4.1 Evaluating premises, equipment and facilities

- A) Context
- An institution’s physical plant and equipment are fundamental to institutional operations and as such require regular evaluation and actions to ensure maintenance and improvement.
- B) Policy
- i. The institution makes provision for ongoing evaluation, upkeep and development of its plant and physical resources.
 - ii. The institution plans for onward maintenance, replenishment and enhancement of its plant and physical resources.
- C) Responsibility
- i. The College’s facilities are overseen by the Director of Administration, who reports on these matters to the Vice President and to the Senior Management

Committee. Requirements for these areas are made known to the Director of Administration through the Maintenance Officer, the Academic Dean and programme heads.

- ii. These requirements may be advised on a one-to-one basis (the Director of Administration meets with the Maintenance Officer regularly, and these meetings cover immediate and short term maintenance issues), or by requests or proposals made formally through the Academic Committee or the Senior Management Committee.

D) Process

- i. As part of the Director of Administration's financial responsibility, budgetary requirements for the upkeep and development of the physical plant are costed and incorporated into the annual and weekly/monthly budgets overseen by the Business Office and reported to the Office of the President.
- ii. The Director of Administration reports to the Strategic Management Committee on an ongoing basis, and presents a formal report to it annually on facilities, reviewing the year just gone and plans for the year ahead. The taking of additional educational facilities is overseen by this officer.
- iii. A report on the facilities is provided, including an assessment of suitability in terms of cost and terms of lease, legal requirements, location, and the appropriateness of the teaching and other educational spaces for the activities intended to take place within them.
- iv. The Strategic Plan, 2015–20, includes goals and initiatives that are related to the planning process for facilities, infrastructure and technology.

| QA documentation | Status |
|---|---------------|
| a/ Senior Management Committee minutes and papers | |
| b/ Facilities report | |
| c/ Strategic Plan annual review | |

6. Assessment of learners

6.0 Overview

Matters relating to the assessment of learners' performance are overseen by the lecturers, Academic Committee, the Internal Student Learning Assessment and External Peer Review Boards and by the Academic Council, whose joint task is to ensure the adherence to the [QQI assessment procedures](#) used in the College.

The broad objective of the learner assessment process in ACD is to establish the extent to which each learner has achieved the intended learning outcomes both in the modules they have undertaken and in their overall programme. Assessment can be defined as any process that appraises an individual's knowledge, understanding, abilities or skills, and competence. The College's assessment regulations govern written examinations and continuous assessment in the form of coursework assignments, projects, reports, oral presentations, reviews, internships, theses, dissertations, and such other forms of assessment as may have been approved or prescribed in any programme or course of study. Assessment procedures are based on clearly expressed intended learning outcomes.

Assessments are set by the lecturer responsible for delivering the module. They typically involve continuous assessment (term papers, reports, presentations, practical exercises, research projects) and final examinations. Draft examination papers are sent to external examiners for approval. Final examinations are conducted in strict observance of regulations, including publication of examination timetables, registration of learners, invigilation of examinations, and academic discipline during examinations. After examination papers are marked, sample scripts are sent to external examiners for approval. The final grades are then calculated, discussed, and approved by the Internal Student Learning Assessment Board. The results are finally approved at the Summer and Autumn External Peer Review Boards.

6.1 Credit values

A) Context

The institution's credit-award system is based on notional requirements of time and effort a learner is expected to expend in achieving intended learning outcomes during the course of a semester and academic year. These requirements are derived from a quantum of higher education time and effort measurement known as the 'Carnegie unit,' or 'credit hour'; this is the predominant credit measuring tool in American higher education. The values expressed by this system are not exact, but represent average, indicative quantifications of notional learner attendance, input and activities directed towards the achievement of intended learning outcomes.

B) Policy

- i. The institution's academic offerings are based on the award of 3 credits (or multiples thereof) per course.
- ii. Accordingly, each 3-credit undergraduate academic course based on classroom instruction involves approximately 35-40 hours of classroom-contact and -instruction time and 80-85 hours of out-of-class study and related

- work, to provide a total of 120 hours of notional student work (also often referred to as ‘total student participation’).
- iii. Undergraduate 3-credit performance classes in the BFA in Performing Arts and the BFA in Musical Theatre (the degrees’ studio-based courses in acting, voice, dance and movement) have the same total student participation requirement of 120 hours, but the proportions of the total are approximately the reverse of the institution’s academic courses. Instructional contact hours are roughly 80 hours and the out-of-class, self-directed study hours are roughly 40.
 - iv. Postgraduate 3-credit courses are based on a requirement of 120 hours of total student participation, but the proportions of the total are adjusted to reflect an expectation of a higher degree of self-directed learning at the master’s level: postgraduate 3-credit courses involve approximately 30 hours of classroom-contact and -instruction time and 90 hours of out-of-class study and related work.
 - v. In the case of internship modules, the class contact and out-of-class hours are combined. Thus, every 3 credits awarded for an internship placement requires a minimum of 120 hours in the placement position. An internship will have additional time requirements attached to it based on the need for researching and writing the internship report, which equates to approximately five hours for every forty hours of practical work in the internship position (thus, a 3-credit internship has a minimum total time requirement of 135 hours).
 - vi. In the case of research projects and theses, the credit values awarded are based on a required minimum learner input of 120 hours of research and writing for every 3 credits. For every 3 credits thus awarded, it is expected that the learner will spend a minimum of approximately three hours in direct, individual consultation with his or her instructional supervisor.
 - vii. The approximate time requirements derived from the institution’s credit-award system allow for rough extrapolations of time and effort required of a learner over the course of average weeks, semesters and academic years. Thus, the standard full-time undergraduate and graduate learner load of a fifteen-credit, fifteen-week semester requires a notional minimum of 40 hours of total student participation per week. A semester requires 600 hours of total learner participation and a full academic year (two fifteen-week semesters for thirty credits) requires a notional minimum of 1200 hours of total student participation.
 - viii. American College Dublin also offers courses which are accredited by QQI. The credit values for these courses are based on the European Union’s standard credit award system, the European Credit Transfer and Accumulation System (**ECTS**). Under ECTS the credits have a value which is approximately half that of the learner credit hour derived from the Carnegie unit. Thus, each of the College’s modules for which it awards three credits produces six ECTS credits; any other of the College’s credit values may be similarly calculated as ECTS credits by multiplying by two the credits which the College awards.
- C) Responsibility
- i. The Registrar is the accountable person for ensuring that institutional policy on credit values is followed.
- D) Process
- i. All syllabi, programme stages and programmes are audited for accuracy and corrected as required in the Annual Programmatic Review, the QQI

Programmatic Review, and in preparation for the MSCHE institutional review.

6.2 Assessment policy

A) Context

Students are assessed according to assessment methods that establish that intended learning outcomes have been met or not, and the degree to which this is the case.

B) Policy

- i. The institution uses published criteria, regulations and procedures that are applied fairly and consistently, and are in keeping with accepted international standards and practice.
- ii. The institution seeks to ensure that:
 1. Learners have the opportunity to demonstrate their learning achievement;
 2. Assessment opportunities support standards based on learning outcomes;
 3. Assessment opportunities promote effective learning and teaching;
 4. Type of assessment (whether diagnostic, formative, or summative) is explicitly stated;
 5. Assessment procedures are fair, valid and reliable;
 6. Assessment methods are monitored and reviewed to fit evolving requirements;
 7. Assessment requirements are explicit and accessible to learners;
 8. Assessment procedures have appropriately robust security arrangements to protect the integrity of the assessment processes.

C) Responsibility

- i. The operation and development of assessment procedures in each course is the responsibility of the teacher and the heads of programme.
- ii. Oversight and monitoring of assessment procedures is the responsibility of the Internal Student Learning Assessment Committee, which reports its findings each semester to the Academic Committee.
- iii. The External Peer Reviewers provide an annual evaluation of the functioning of the assessment procedures.
- iv. The Academic Committee is responsible for evaluating the assessment results provided by the assessment sub-committees.

D) Process

- i. The Annual Programmatic Review includes an item that takes the assessment inputs and those of the programme staff and provides an evaluation of the utility and integrity of the College's assessment procedures and recommendations for improvement as required.

| QA documentation | Status |
|--|--------|
| a/ Statement of programme assessment strategy in programme documentation | |
| b/ Statement of module assessment strategy in each module's syllabus | |
| c/ External Peer Reviewer feedback and College responses | |

6.3 Assessment objectives

A) Context

Assessment is carried out within a framework of intention and planning, designed to assess the extent to which students meet intended learning outcomes.

B) Policy

- i. The institution endorses and implements the following underlying principles for assessment practice:
 1. Assessment is an integral part of the course design process, and is constructively aligned with the programme/module intended learning outcomes;
 2. There are clear and consistent assessment criteria prepared by the examiner, which are provided to the learner at the time of assignment;
 3. Assessment is transparent, valid, secure, reliable and free from bias;
 4. The assessment framework facilitates learner learning and supports learner progression;
 5. Learners are provided with feedback on assessment that is timely, promotes learning and facilitates improvement;
 6. The management of assessment is efficient both with regard to the amount and timing of assessment and to staff and learner workload;
 7. Assessment standards are maintained consistently and appropriately to the award;
 8. Assessment standards are comparable across programmes and across other higher education institutions in the country.

C) Responsibility

- i. The operation and development of assessment objectives in each course is the responsibility of the teacher and the heads of programme.
- ii. Oversight and monitoring of assessment objectives is the responsibility of the Internal Student Learning Assessment Committee, which reports its findings each semester to the Academic Committee.
- iii. The External Peer Reviewers provide an annual evaluation of the functioning of the assessment objectives.
- iv. The Academic Committee is responsible for evaluating the assessment results provided by the assessment sub-committees.

D) Process

- i. The Annual Programmatic Review includes an item that takes the assessment inputs and those of the programme staff and provides an evaluation of the utility and integrity of the College's assessment objectives and recommendations for improvement as required.

| QA documentation | Status |
|--|--------|
| a/ Statement of programme assessment strategy in programme documentation | |
| b/ Statement of module assessment strategy in each module's syllabus | |
| c/ External Peer Reviewer feedback and College responses | |
| d/ Academic Committee minutes | |

6.4 Internal examiners

A) Context

Assessment takes place within a regime operated by the institution's internal examiners.

B) Policy

- i. Assessments are set by the lecturer responsible for delivering the module.
- ii. Assessment approaches are overseen and reviewed by the heads of programme and the Academic Committee.
- iii. For QQI programmes, all final assessments are reviewed by the relevant External Peer Reviewer.

C) Responsibility

- i. The principal responsibility for internal examination lies with the internal examiner, in almost all cases the lead teacher for the course.
- ii. The role of the Internal Examiner is to:
 1. Provide assessment questions that reflect the module content and that test fairly and with appropriate rigour the achievement of module learning outcomes as stated in the module description;
 2. Prepare assessment in line with the approved module description format;
 3. Submit on the appointed time draft examination papers and marking schemes to the Academic Office;
 4. Take account of suggestions and recommendations proposed by the External Peer Reviewer;
 5. Mark the assessment, submit the mark sheets and originals of assessments to the Academic Office on the appointed time;
 6. Receive feedback from the External Peer Reviewer and agree to revise if necessary the grades proposed to be awarded to each learner, at the latest during the Internal Student Learning Assessment Board;
 7. Attend meetings of the assessment boards to verify marks and contribute to the discussion of grades and awards.

D) Process

- i. Draft examination papers are required by the Academic Office by the end of week seven of each semester, so as to allow adequate time for the materials to be seen by the External Peer Reviewers and for such changes as are necessary.
- ii. After examination papers are marked, final grades calculated and approval of sample scripts from external examiners received, there is an Internal Student Learning Assessment Board, at which each module under examination is reviewed, with a discussion of all 'A' grades, fails and borderline cases.
- iii. In semester one, results are made available to learners as soon as practicable following the Internal Student Learning Assessment Board (these results are subject to final approval at the Summer and/or Autumn External Peer Review Board).
- iv. In semester two, results are made available to learners as soon as practicable following the Internal Student Learning Assessment Board (these results are subject to final approval by the Summer and/or Autumn External Peer Review Board).
- v. In the repeat examination session results are made available to learners as soon as practicable following the Internal Student Learning Assessment Board (these results are subject to final approval following the Autumn External Peer review Board).

| QA documentation | Status |
|---|--------|
| a/ Syllabi | |
| b/ Examination papers and marking schemes | |
| c/ Examination scripts | |
| d/ Grade sheets | |
| e/ External Peer Reviewer comments | |
| f/ Internal Learner Learning Assessment Board meeting minutes | |

6.5 External Peer Reviewers

A) Context

For QQI validated programmes, external peer reviewers are required to provide oversight and approval of final grades and awards. The External Peer Reviewer is an independent peer who is a member of the broader community of practice within the programme's field of learning, and whose accomplishments attest to his/her likelihood of having the authority necessary to fulfil the responsibility of the role.

B) Policy

- i. The role of the External Peer Reviewer is aligned with the document *Effective Practice Guidelines for External Examining, Revised February 2015*, published by the Irish state accreditation agency QQI. This document is made available to the External Peer Reviewer upon appointment by the College.
- ii. External Peer Reviewers are appointed to a particular QQI programmemodule or number of related modules. Their role is to provide independent quality assurance for the assessment process and to ensure that standards appropriate to the award level are consistent with national standards and comparable to other institutions.
- iii. The role of the External Peer Reviewer is to:
 1. Review the appropriateness of the minimum intended programme learning outcomes and other programme objectives;
 2. Probe the actual attainment by learners of actual programme learning outcomes using information agreed with and supplied by the College;
 3. Compare and contrast both the minimum intended programme learning outcomes and the actual attainment of learners with the relevant awards standards, with the National Framework of Qualifications, and with corresponding data from other programmes in the same discipline in other higher education institutions in Ireland and abroad;
 4. Determine whether or not the applied procedures for assessment are valid, reliable, fair and consistent;

5. Review the appropriateness of the programme assessment strategy and the assessment procedures, and consider subsidiary module assessment strategies;
6. Review key assessment tasks prior to their assignment in light of the programme and module assessment strategies and learners' prior learning;
7. Report findings and recommendations regarding the assessment process to the College.

C) Responsibility

- i. The Academic Committee, in consultation with the head of programme and programme staff, is responsible for recommending the appointment of an external examiner.
- ii. The External Peer Reviewer is responsible for carrying out the duties of the appointment, as set out in the QQI document cited above in 6.5 (B) i., and throughout this section.
- iii. QQI is responsible for general oversight of the external peer review process, and periodic approval through the Programmatic Review.

D) Process

- i. An External Peer Reviewer is proposed by the Academic Committee after making sure that the proposed person has no existing relationship with the College or key personnel; that there is no conflict of interest between the proposed person and the College.
- ii. If the nomination is approved the Registrar contacts the nominee with the request to serve as an External Peer Reviewer and with an explanation of the position's duties.
- iii. The criteria for appointing an External Peer Reviewer include the following:
 1. An External Peer Reviewer should be a person with considerable third-level academic experience and standing in the field for which he or she is responsible;
 2. The External Peer Reviewer should hold a qualification in the appropriate discipline that is at a higher level than the course for which he or she is responsible;
 3. An External Peer Reviewer is appointed for a maximum period of three years; he or she may be reappointed after a minimum of three years has elapsed.
- iv. The specific duties of the External Peer Reviewer are the following:
 1. To become acquainted with the recommendations regarding the duties of the External Peer Reviewer as specified by the QQI document Effective Practice Guidelines for External Examining, Revised February 2015;
 2. To read the module outlines of the modules for which the External Peer Reviewer is responsible and to be aware of their academic content and learning outcomes;
 3. To read the draft version of final examination papers and marking schemes; the External Peer Reviewer has the right to suggest amendments or alterations to the examination materials as deemed appropriate;
 4. To review a representative sample of examination scripts, including all 'A' grades, fails and borderline cases;
 5. To be available for consultation with Internal Examiners on suggested changes to module content, final examination content or grades. In matters where there is a difference of opinion between the Internal and External Peer Reviewer there should be a common effort to achieve a

mutually agreeable resolution (it should be noted: in the interests of academic freedom and institutional autonomy, the final decision on the award or award-level of a grade or degree, rests entirely with the internal examiner and the governing bodies of the institution);

6. To attend the summer and autumn Examination Boards and to approve the process and award levels of the grades and final awards under consideration;
7. To complete at the conclusion of the academic year and submit to the Academic Dean/Registrar a report on the administration and academic quality of the examinations and the comparability of the standards to other third-level institutions (see the External Peer Reviewer's Report Form in Appendix 13.1). This report is passed on to the Academic Committee. Any comments or necessary responses or actions are discussed at the final Academic Committee meeting of the academic year. The External Peer Reviewer is subsequently informed of any responses to comments.

| QA documentation | Status |
|--|--------|
| a/ External Peer Reviewer Report forms, including College responses to extern feedback | |
| b/ College-extern correspondence | |
| c/ Correspondence with regulatory bodies on extern appointments and provision of report copies | |
| d/ Academic Committee minutes | |

6.6 Continuous assessment

A) Context

All academic programmes offered by the College use some elements of continuous assessment. This form of assessment provides insight into the learners' knowledge, skills and competences in areas not normally assessed in final written examinations.

B) Policy

- i. Different forms of continuous assessment and the specific learning outcomes they address include the following:
 1. Research using primary and secondary sources, which aims at developing the learners' ability to conduct original scholarly work, to assess critically professional literature, and to present the research results in a professionally acceptable format;
 2. Literature review, which assesses the learners' ability to find relevant professional sources, both printed and in electronic format, and to evaluate critically their contents;
 3. Critical review of a published text, which should display the learners' ability to understand and evaluate professional literature in the form of a written review;
 4. Term essays and reports, which should display both the learners' familiarity and understanding of a specific field of knowledge relating to course material, and their ability to conduct independent critical research within the field covered by the course;

5. Practical project work, which aims at developing the learners' ability to apply academic knowledge to specific practical problems encountered in social experience;
 6. Oral presentations, which should display the learners' skill to share their academic knowledge with others in the context of direct social interaction and public debate;
 7. Class test and quizzes, which assess the degree of the learners' familiarity with and comprehension of specific issues relating to currently discussed course material;
 8. Internship assessments, which are based not on knowledge and skills learned at the workplace, but on the application of classroom knowledge, along with workplace comportment and attitude; all internship marks are double-marked and approved or amended as required by the internal examiner;
 9. Group work and team projects, which assess the learners' ability to work collaboratively and share responsibility in a joint endeavour (Appendix 13.6);
 10. Practical performed work, in the performing arts. Guideline rubrics for summative assessment are provided at Appendix 13.7;
 11. Practical creative written work, for creative writing. Guideline rubric: Appendix 13.8.
- ii. Other assessment instruments may be added, following approval of the next year's syllabi in the Annual Internal Programmatic Review process or the external programmatic review.
 - iii. Continuous assessment can provide formative and summative evaluation to support learning; it is essential that the provision of grades is always supported by feedback to learners on their understanding of the module material as they progress through it and in preparation, when applicable, for the final examination.
 - iv. The weighting of elements of continuous assessment varies depending on the nature of the module, and is determined at the time of module design and review by the programme team. Examiners are required to ensure that they are aware of the weightings attached to the continuous assessment elements in each module they deliver.
- C) Responsibility
- i. Internal examiners (teachers of each course) are responsible for setting continuous assessment exercises.
 - ii. Heads of programme, programme staff and the Academic Committee and its subcommittees are responsible for providing input as required on continuous assessment approaches; the Academic Committee may make a decision on the appropriateness of a continuous assessment exercise or approach if necessary.
 - iii. In modules assessed entirely by continuous assessment copies of continuous assessment projects are sent to the externs for evaluation.
 - iv. The Annual Programmatic Review is prepared by the Academic Committee and submitted to the Academic Council; as part of it syllabi, including continuous assessment requirements, are approved for the coming academic year.

D) Process

- i. Continuous assessment requirements are set out in the syllabus, approved for each new academic year in the Annual Programmatic Review and explained to students in the first class of each course.
- ii. Further detail on continuous assessment requirements and deadlines may be conveyed in subsidiary documents, such as essay lists.
- iii. Students repeating a course must not only re-sit the final examination but also submit new versions of the prescribed continuous assessment.
- iv. The internal examiner provides each student with graded and commented continuous assessment feedback.
- v. In modules assessed entirely by continuous assessment, externs evaluate samples of continuous assessment projects.

| QA documentation | Status |
|---|--------|
| a/ Academic Committee documentation as at 1.2.4 | |

6.7 Final examination regulations**A) Context**

Final examinations provide important information regarding a student's overall understanding of course content and intended learning outcomes.

B) Policy

- i. Final examinations must, in order to retain integrity of process, be conducted according to defined and implemented regulations and procedures.

C) Responsibility

- i. Overall responsibility for the conduct of final examinations rests with the Registrar.
- ii. Course leaders are responsible for setting fair and representative examination papers.
- iii. Invigilators are responsible for ensuring that candidates adhere to regulations in the examination rooms.
- iv. Candidates are responsible for participating in exams honestly and in accordance with all relevant policies and procedures.

D) Process

- i. The regulations and procedures for administering final examinations in the College include the following:
 1. All candidates are automatically entered for final examinations for those modules which have a final examination component. It is the responsibility of the candidate to register for repeat examinations;
 2. It is the responsibility of the candidate to make himself/herself aware of the dates, locations and times of examinations. Copies of examinations timetable are posted on the Intranet and are available from the Academic Office;
 3. If a candidate is absent from an examination an explanation must be submitted to the Academic Office or Registrar immediately. Such documentation as is appropriate (for example, a doctor's certificate in the case of an illness) must be delivered to the Academic Office or Registrar within five working days of the examination. If the candidate has

- submitted an acceptable explanation within five working days of the examination an 'I' (incomplete) will be awarded. (An 'I' indicates an excused non-completion of the module; if the final examination is the missing component it does not count as an attempt.) If an acceptable explanation is not submitted to the Academic Office within five working days the candidate will be awarded an 'NP' (not present). (An 'NP' indicates that the candidate did not have a valid explanation for non-attendance at the final examination and the examination is counted as an attempt). In the case of an award stage module, the awarding of an 'NP' would mean that the candidate can only graduate with a pass degree;
4. Candidates should assemble at the examination room ten minutes before the examination is scheduled to commence;
 5. Upon entering the examination room the candidate becomes subject to the authority of the invigilators and must follow their instructions;
 6. Candidates should seat themselves according to the instructions of the invigilators;
 7. Strict silence must be observed at all times in the examination room; no form of communication is permitted between candidates in the examination room;
 8. Candidates will not be admitted to an examination room once another candidate for the same module has left the examination. If a candidate finishes the examination in less than the time allowed, it is permissible to submit the papers and leave the examination room. However, no candidate may leave within thirty minutes of the commencement of an examination or within fifteen minutes of the end of an examination;
 9. Answers must be written in blue or black ink. The candidate should write on both sides of the sheets in the answer book. Rough work should only be written in the answer book, with a clear indication provided that it is rough work;
 10. No paper, pencil cases, books or bags may be brought to the candidate's desk; the candidate will be advised by the invigilators where bags and other materials not permitted to be brought to the desk should be deposited;
 11. No mobile phones are allowed on the candidate's person or at the desk. All phones in bags and jackets should be turned off. If a phone in a jacket or bag rings, the offending article will be removed from the room by an invigilator until the noise has ceased;
 12. In examinations for which use of a calculator is approved, only a model up to the scientific calculator level may be used;
 13. No writing may take place until the examination begins. The candidate should read the instructions on the examination answer book, fill out his/her details on the cover of the examination answer book, and read the entire paper before attempting the questions;
 14. If for some reason the examination does not start at the time scheduled, the appropriate extra time is provided at the end;
 15. A candidate who arrives late for an examination finishes at the same time as the other candidates (that is, no additional time is provided to make up for the amount of time lost up to the commencing of the examination);
 16. All learners must initial on the components marks sheet in order to verify their attendance at the examination;

17. Candidates must not get up from their seats without the permission of an invigilator once the exam has commenced, except to hand in their papers and leave. Candidates who have a question of any sort should raise their hands and wait for an invigilator to come to them;
18. Candidates who need to go to the toilet should raise their hands and wait for an invigilator to come to them. Only one candidate may go to the toilet at a time. The candidate must be escorted by an invigilator. The use of the toilet should not take longer than two minutes;
19. Candidates are not allowed to take examination answer booklets (used or unused) away or have any access to them except for writing their answers during the examination;
20. In the event that a candidate is noticed copying from another learner's paper, requesting assistance from another learner, having unauthorized materials with him/her, making an unauthorized departure from the room, or acting in a disturbing manner, the candidate will be directed by the invigilator immediately to desist from the offending behaviour, while the name of the candidate and the circumstances will be noted on the invigilator's report. The candidate will be allowed to complete the examination, but will be advised upon handing up the paper to report as soon as possible to the Academic Dean or Registrar in order to discuss the matter. The invigilator should attempt to inform the Academic Dean or Registrar or Academic Office immediately of the matter. In the event of repeated instances of the behaviours mentioned above by a single candidate, the invigilator should contact the Academic Dean or Registrar or Academic Office immediately. Any such incidents will be reported to the Academic Dean as examination irregularities; they will be investigated and a decision on them taken at the next meeting of the Academic Standards Committee, normally to take place within two weeks of the end of final examinations;
21. Any other digression by a candidate from examination procedures will be noted on the invigilator's report and considered by the Academic Council.

| QA documentation | Status |
|---|--------|
| a/ Current examination regulations | |
| b/ Invigilator reports | |
| c/ Final mark sheets | |
| d/ Academic Office correspondence with learners | |

6.7.1 Guidelines for invigilators

A) Context

Invigilators (also known as Proctors) are required to ensure that final examination procedures are followed and that academic discipline in final examinations is seen to be maintained.

B) Policy

- i. Invigilators, reporting to the Registrar, will take all reasonable efforts to maintain the integrity of the examination process, insofar as that may be done

so in the confines of the examination rooms over which they have delegated responsibility.

C) Responsibility

- i. The Registrar is responsible for the recruitment, management, conduct and performance of invigilators.
- ii. The invigilators are responsible for fulfilling the requirements of their positions, including such relevant and appropriate tasks as the Registrar might require of them.

D) Process

- i. The guidelines for examinations invigilators include the following:
 1. Invigilators should ensure that they have a copy of and are familiar with the College's current final examination regulations;
 2. Before candidates are admitted to the exam room, check the following:
 3. There are sufficient examination papers and booklets for the examinations taking place in the room, and that they are arranged so as to facilitate their being distributed in an efficient manner;
 4. That the desks are arranged in rows and that the room is in good order (no notes, papers or other materials should be on the desks or floors);
 5. That the whiteboard clearly displays the module code, title and exam duration for the papers being attempted in the room.
 6. Ensure that all candidates leave bags, jackets, coats and books at the top of the examination room. Each learner is allowed pens, pencils, rulers and a scientific calculator at their desks. No pencil cases are allowed at the desks. No notes or paper of any sort are allowed to be brought to the learner's desk. If a learner wishes to produce rough work, it should be entered in the examination book, with an indication to show that it is not part of a final answer;
 7. Before the examination commences, announce the following:
 - a. The module code and title of the examinations being attempted and the duration of the examinations;
 - b. Candidates may not leave their seats without the permission of the invigilator. If candidates have a question or wish to be allowed to go to the toilet they should raise their hands and wait for the invigilator to come to them;
 - c. Candidates are not allowed to have mobile telephones on them once the exam has begun. All telephones in bags and jackets should be turned off; if a telephone in a jacket or bag rings, the offending article will be removed from the room by an invigilator until the noise has ceased;
 - d. Candidates may only go to the bathroom one at a time. Candidates will be accompanied by an invigilator. The bathroom break should be taken as quickly as possible; any absence of unusual duration will be noted in the invigilator's log sheet;
 - e. Candidates may not leave the examination room within the first 30 minutes of the commencement of the exam or within fifteen minutes at the end of exam;
 - f. Ask learners to read the examination paper carefully before starting to write; explain that lecturers will be at the exam for the first twenty minutes to answer any questions the candidates may have;

- g. If the examination does not start on time, explain that the appropriate extra time will be added at the end.
8. When handing out the examination papers, place them face down on the desks. Instruct candidates not to turn exams over until directed: all candidates must commence the exam together;
9. If a candidate arrives late and no other candidate has left the examination in the meantime the candidate may be allowed into the examination. However, no extra time is given to the candidate;
10. Once the examination is in progress, ensure that all candidates initial on the components marks sheet (beside their name only and not in the boxes as this sheet is used by the lecturer to record the examination results). This is necessary in order for the College to have an independent record of whether a candidate was present or not present at the exam;
11. It is important that the invigilators walk and look around the room at regular intervals. Candidates should be aware that the exam is supervised and monitored to a high standard;
12. In the event that a candidate is noticed copying from another candidate's paper, requesting assistance from another candidate, holding unauthorized materials, making an unauthorized departure from the room, or acting in a disturbing manner, the candidate should be advised immediately to desist from the offending behaviour; the name of the candidate and the circumstances should be noted on the invigilator's report. The candidate should be allowed to complete the examination, but advised upon handing up the paper to report as soon as possible to the Academic Dean or Registrar in order to discuss the matter. The invigilator should attempt to inform the Academic Dean or Registrar or Academic Office immediately of the matter;
13. In the event of repeated instances of the behaviours mentioned above, the invigilator should contact the Academic Dean or Registrar or Academic Office immediately;
14. Any other digression by a candidate from examination procedures should be noted on the invigilator's report;
15. At the conclusion of the examination, ensure that completed examination scripts together with the components mark sheet and any examination papers left over are put back into the envelopes supplied and returned to the Academic Office. Also check the number of candidates attending against the number of papers submitted for each examination;
16. Ensure that the invigilator's report sheet is filled out and returned to the Academic Office with each packet;
17. Ensure that the examination room is locked at the conclusion of each examination;
18. Ensure that that all examination answer booklets are kept securely; candidates are not allowed to take answer booklets away or have any access to them except for writing their answers during the examination;
19. Lecturers can collect the examination scripts only from the Academic Office.

| QA documentation | Status |
|-----------------------------------|--------|
| a/ Current invigilator guidelines | |
| b/ Invigilator reports | |

6.7.2 Open book remote examinations

A) Context

With the advent of the Covid-19 pandemic in Ireland in spring 2020, ACD, along with other colleges in the private and state sector, had to devise safe and appropriate means of assessment to replace the traditional ‘exam hall’ format. The following regulations were adopted after consultation with key stakeholders: students, teaching staff, external examiners and the senior management team.

B) Policy

- i. In adopting this means of final examination, the institution has concluded that it may be the most efficacious approach and may consider extending it as a permanent feature to appropriate courses.
- ii. Open book remote examinations may also be conducted in the institutional environs; the essential feature is that the student has unimpeded access to study and research materials and an extended time frame for completion of the examination.
- iii. Open book remote examinations should be conducted in a rigorous manner, with due attention to academic discipline and other examination requirements, as detailed below in the Process subsection.

C) Responsibility

- i. The Registrar is responsible for the overall conduct of open book remote examinations.
- ii. The Director of Administration is responsible for ensuring that all relevant electronic structures are in place and operational for the conduct of the exams.
- iii. The internal examiners, in consultation with externs as required, are responsible for setting fair and appropriate examination papers.
- iv. Candidates are responsible for observing all relevant requirements and protocols for open book remote examinations.

D) Process

- i. The following procedures and regulations are to be observed:
 1. All exams will have a new front page/cover to reflect the altered circumstances in which the exam is being attempted;
 2. The exam period will be extended to take account of the ‘open book’ format and the 48 hours allocated for the submission of the exam script;
 3. Exams, which have been reviewed and approved by the relevant external examiner, will be uploaded to the Moodle exam page. The exam will be released to candidates as per the exam timetable. Candidates are required to post their answers on the exam Moodle page within 48 hours of the publication of the exam;
 4. Extra marks will be awarded for answers that show a reflective and analytical approach, and show evidence of study beyond lecture notes, slides and/or key passages in prescribed texts. Answers might be enhanced to include one or more of the following elements: giving a considered

- opinion; providing practical illustrations/concrete examples; comparing and contrasting; stating what has been learnt etc.
5. Simple replication of information from lecture notes, slides and key passages from set texts etc. will not secure a passing grade, and proportionate to the level of the activity so described, may be regarded as plagiarism, and thus subject to the penalties outlined in the College's plagiarism policy.
 6. A copy of the College's plagiarism policy will be circulated to all students along with the exam timetable and 'open book' regulations. In addition, all candidates will be required to sign a plagiarism declaration form and scan a signed copy of the form to the Academic Office by 4 pm on Friday, 4 December.
 7. As a general rule, the word count for each answer should be based on the best possible answer one would expect in a normal exam setting, i.e., one which covers all the key points in the marking scheme. The word count will vary considerably depending on the course. In the BA in Liberal Arts courses, for example, candidates should write approximately 750 - 1,000 words per question to achieve the highest grades although this word count would not apply to some BA in International Business courses;
 8. Academic conventions for substantial written assignments will apply to these exams in respect of referencing, citing and acknowledgement of sources. Answers that do not contain acknowledge sources may be awarded an automatic 'F' by the internal examiner;
 9. All candidates will be required to submit each completed exam script through the plagiarism check, Turnitin, before uploading their exam to the Moodle exam page. Turnitin will display a similarity report (suspected level of plagiarism). A high similarity report will indicate that the exam paper needs to be amended. In the interests of fairness, candidates are given three opportunities before final submission of the completed exam script, so an exam script which returns a similarity report of say, 65%, cannot achieve anything other than 'F' if the findings of the internal examiner and the registrar corroborate this level of plagiarism (see 6 above);
 10. Candidates may not use Internet sources and lecture notes/slides exclusively, but only in conjunction with other sources. Evidence of reading from a variety of sources will be awarded extra marks.
 11. A bibliography must be included for each answer. The bibliography should include at least two textbooks although documentaries, podcasts, scholarly articles and other materials from acknowledged authorities, may also be used, and at the discretion of the internal examiner, might be utilised, either in conjunction with, or instead of, conventional textbooks.
 12. Any exam received after 48 hours of the exam's release on Moodle has elapsed will be subject to deductions of marks proportionate to the delay, but none will be accepted 60 hours after the initial posting of the exam, except in case of illness or some other reason, and only if the latter can be substantiated and documented by a suitably qualified professional.

6.7.3 Re-checks, reviews and appeals

A) Context

Assessment is a primary means by which students demonstrate their achievement of learning outcomes; it is necessary for assessment systems to have fair and transparent means of appeal in order to provide safeguards and checks as a protection against the possibility of inaccurate assessment results.

B) Policy

i. The College is strongly committed to providing fair, accurate and transparent assessment procedures. Measures are in place for dealing in prompt and timely fashion with any issues raised by learners concerning assessment. Learner issues may involve ‘the assessment process; the conduct of the process; the assessment criteria; the relevance of the assessment tasks to the intended programme learning outcomes and learning opportunities....’ (*Assessment and Standards*, QQI. Revised 2013; 4.10.2).

ii. Definition of terms

1. Recheck: This means ‘the administrative operation of checking (again) the recording and combination of component scores for a module or stage.’ (ibid, 4.10.3)
2. Review: This means the re-consideration of the assessment decision, either by the original assessor or by other competent persons. Learners are required to state the grounds for the requested review. The grounds for review will normally be that the learner suspects that the assessment was erroneous in some respect.’ (ibid, 4.10.3)
3. Appeal: This means a formal request for the alteration of a decision made by the Academic Committee. This entails lodging a formal appeal in writing for re-consideration of the outcome of a review (see above). Appeals of this nature will be considered by the President.
 - a. Any party attending a meeting as part of the examination of any type of appeal is entitled to be accompanied by a friend, family member, fellow learner, or a colleague. In all instances, the role of the accompanying party will be to offer support to the party engaged in the appeal. Although the accompanying party is precluded from participating in actual appeal discussions, a note of the proceedings may be made by the accompanying party. The Academic Dean must be informed in writing of the identity of the accompanying party, and their relationship to the named party, no less than 24 hours prior to the meeting.
 - b. An applicant who wishes to lodge an appeal must clearly identify the rationale behind the appeal and specify the grounds on which the appeal is sought.

C) Responsibility

- i. The Registrar oversees the re-check, review and appeal process, reporting to and in consultation with the Academic Dean and Academic Committee.
- ii. The President, consulting with those considered necessary and appropriate, and independently of the internal examiner who conducted the initial assessment, is responsible for arriving at a decision on a matter that progresses to the final appeal stage.
- iii. Internal examiners, under supervision of the Registrar and Head of Programme, are responsible for considering reviews in a fair and unprejudiced

manner, in consultation with other programme staff if necessary, and reporting to the head of programme and Registrar on the outcome, with further recourse to the Academic Committee and Academic Dean if required.

- iv. Internal examiners may submit a statement regarding a grading judgment in appealed reviews (see 6.7.3 D.3, below); apart from this input, they have no role in the decision making process regarding appeals.

D) Process

- i. A *re-check* may take place if a student believes that there was a computational error in the calculation of their result in one or more of the assessment components of the module under investigation. The procedures are as follows:
 1. The learner making the application fills out a re-check/review form, indicating the grounds for a re-check, and returns it to the Academic Office within ten working days of the examination results being posted. The fee for each re-check is 10 euro, which will be refunded should the application be successful;
 2. The Registrar checks the examination transcript and results broadsheet for any arithmetical errors and to verify that the lecturer's handwritten grades were correctly inputted on the system;
 3. The Registrar will endeavour to complete all re-checks within ten working days of receipt of an application. The Registrar is required to ascertain the marks awarded by the internal examiner against the approved marking scheme (i.e., the marking scheme that has been approved by the relevant external examiner). Where it appears a systemic computational error may have occurred, the re-check may entail the scrutiny of all marks awarded to all candidates in a particular module;
 4. The Registrar will inform the learner in writing of the outcome of the recheck within 10 working days of the application;
 5. When a re-check results in an alteration of the mark/grade originally awarded, the Registrar will inform the Academic Dean and the Academic Committee of the outcome. Should these amendments be necessary, the transcript of results and/or the exam board broadsheet will be amended accordingly, and the Certification Unit of QQI will be notified of such amendments on the broadsheet covering letter.
- ii. A *review* may take place if the student suspects, or believes, that the assessment was erroneous in some respects in one or more of the assessment components of a module or modules. The procedures are as follows:
 1. The learner making the application fills out a re-check/review form, indicating the grounds for a review and returns it to the Academic Office within ten working days of the examination results being posted. The fee for each re-check is 50 euro, which will be refunded should the application be successful;
 2. The Registrar will endeavour to have the review completed within ten working days of receipt of an application. The applicant's relevant assessment components of the script are re-examined by the internal examiner. The internal examiner's findings are reported to the relevant Head of Programme for sign off. In difficult cases, the Registrar and/or Academic Dean will consider the outcome of the review and may refer the review to the relevant external examiner for his/her opinion. The final decision will rest with the Academic Committee, with the internal examiner absent from the decision-making meeting or at least that part of

- the meeting in which his or her original grading is being decided upon.
3. The learner will be informed in writing by the Registrar of the outcome of the review. If the learner is dissatisfied with the outcome of a review, they may appeal the decision in accordance with the appeal procedures below.
 4. When a review results in an alteration of the mark/grade originally awarded, the Registrar will inform the Academic Dean and the Academic Committee of the outcome. Should these amendments be necessary, the transcript of results and/or the exam board broadsheet will be amended accordingly, and the Certification Unit of QQI will be notified of such amendments on the broadsheet covering letter.
 5. The grade review process applies to individual modules only. The College does not provide for reviews of GPA or final award levels; these are objectively based on the grade point values for modules attempted and are not subject to interpretation. A copy of the re-check/review Form is included in Appendix 9.3.
- iii. An *appeal* on the outcome of a review may take place if the student feels that his/her case was not examined in a sufficiently fair, transparent and consistent fashion. The introduction of new or unknown material that could have been provided at the review stage will not normally be accepted as valid grounds for appeal. The procedures are as follows:
1. The request for an appeal in writing must be received by the Academic Dean within 5 working days of the publication of the outcome of the review (see above). The learner must endeavour to substantiate as fully as possible the grounds for the appeal.
 2. There is no fee for an appeal. If the Academic Dean considers there are sufficient grounds for an appeal, the appeal will be considered by the President. The President will take such expert subject-area advice as is necessary to arrive at an informed decision; the internal examiner may submit a statement regarding the original and first review grading judgments on the relevant academic content, but apart from that has no input in the final appeal and no role at all in the final decision making process. The President will convey the outcome of the appeal in writing to the appellant within 5 working days of the formal submission of a written appeal.

| QA documentation | Status |
|--|--------|
| a/ Completed grade review forms | |
| b/ Internal Learner Learning Assessment Board minutes | |
| c/ Examination scripts and mark sheets | |
| d/ Learner-College correspondence | |
| e/ College correspondence with regulatory bodies, if necessary | |

6.8 Academic discipline

A) Context

Higher education requires its participants to observe and adhere to acceptable standards of good academic conduct. Ideally, this will happen on a voluntary basis,

but rigour is necessary on the institution's part to ensure that academic discipline is followed and that there are appropriate procedures and sanctions in place for cases in which there are lapses in academic conduct.

B) Policy

- i. The College imposes penalties for infringements of academic discipline. These provisions may be invoked in combination with, and do not exclude, the disciplinary procedures set out in the most current version of College's publication, [Student Handbook](#), in the section entitled 'Academic Discipline'.
- ii. Matters which fall within the range of academic discipline include, but are not limited to, the following:
 1. Cheating, that is, intentionally using or attempting to use unauthorised materials, information, or study aids in any academic exercise;
 2. Fabrication, that is, intentional and unauthorised invention or falsification of any information or citation in an academic exercise;
 3. Facilitating academic dishonesty, that is, intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty;
 4. Plagiarism, that is, intentionally or unintentionally representing the words or ideas of another as one's own in an academic exercise;
 5. Internet plagiarism, that is, intentionally or unintentionally representing the words or ideas of another as one's own in an academic exercise. As with books and journals, information from the Internet must be acknowledged in footnotes and bibliography. The correct form for citations is available in the library;
 6. Falsification, that is, intentionally or unintentionally falsifying academic records;
 7. Unacceptable conduct in the academic environment, that is, disruptive or otherwise unacceptable behaviour in class, on the College premises, or towards any of the College's employees or learners;
 8. Vandalism and theft, that is, defacement or theft of library material or other College resources.

C) Responsibility

- i. The Registrar oversees compliance with academic discipline, in consultation with the Academic Committee and Academic Dean.
- ii. Academic staff are responsible for reporting such instances of academic indiscipline as they encounter to their reporting head and/or to the Registrar or Academic Dean.
- iii. Students are responsible for maintaining acceptable standards of academic discipline.

D) Process

- i. The College's procedures for occurrences of academic indiscipline relating to examination infringements and plagiarism are set out below in sections 6.8.1 and 6.8.2. In the event of infringements of academic discipline that lie outside the range of provisions of these areas, the following procedures apply:
 1. The lecturer, invigilator or other relevant member of College staff informs the Academic Dean or the Registrar, and the learner.
 2. If considered appropriate, there may be an initial meeting of the learner with the Academic Dean and/or relevant academic staff in order to achieve a resolution.
 3. If this meeting does not produce a satisfactory resolution, the matter may

- be referred to a formal process, in which the case is presented to the Academic Committee.
4. In such a case, the Committee hears the evidence of the teacher, learner and any other relevant parties. If the learner is unable or unwilling to attend, the matter is heard in his or her absence. The learner is permitted to have his or her representative present at the hearing. The Academic Committee discusses and decides on the case once the learner has been heard and excused from the meeting. A letter is sent by the Registrar, informing the learner of the outcome of the process.
- ii. A learner found to have infringed academic discipline is subject to the following maximum penalties:
 1. First Offence: An 'F' grade for the module in which the infringement occurred and/or—in the cases of multiple infringements, unacceptable conduct, vandalism and theft—withdrawal from a module or number of modules, withdrawal from a semester or dismissal from the College.
 2. Second Offence: Dismissal from the College.

| QA documentation | Status |
|---|--------|
| a/ Intra-College correspondence | |
| b/ Material evidence of academic irregularity or dishonesty | |
| c/ Minutes of learner-College meetings | |
| d/ Learner-College correspondence | |

6.8.1 Plagiarism

A) Context

In higher education a considerable proportion of assessable work is submitted in writing; it is necessary for an institution to have measures in place to detect and sanction appropriately attempts by students to pass off assessable work as their own when it is substantially or completely the work of someone else.

B) Policy

- i. American College Dublin seeks to develop a culture of academic integrity among faculty, staff and learners. Honesty, fairness and trust are essential characteristics of integrity. Thus, in an academic community, academic honesty is a key principle. Acknowledging original sources of information and having respect for the rights of intellectual property are, therefore, fundamental.
- ii. Plagiarism is an act of academic dishonesty. To plagiarize and fail to appropriately acknowledge the sources that have been used is the antithesis of academic integrity. A form of intellectual theft, plagiarism is viewed as a serious offence committed against academic staff, fellow-learners, the college and the wider academic community. It involves reproducing another person's or group of persons' ideas or work, either in whole or in part, and deliberately misrepresenting this material as one's own.
- iii. Plagiarism can take many forms, including, but not limited to:

1. Presenting work authored by a third party (e.g. other learners, friends, family members, individuals paid to complete work on one's behalf) as one's own;
 2. Presenting work that is copied directly or copied with only minor textual modifications from another source (e.g. journal articles, book chapters, websites, internet blogs, transcribed interviews, TV or radio programmes etc.);
 3. Paraphrasing a third party's work in whole or in part without acknowledging the source material.
- iv. Referring to common knowledge or established facts (for example, 'Barack Obama was the President of the U.S.A. from 2008 to 2016') does not constitute plagiarism.
 - v. Any submitted work which is an assessed component within a programme of study must include proper acknowledgement of all original sources through citation and referencing.
 - vi. Plagiarism is defined by the act and the end product; to claim that the act was unintended cannot be accepted as a justification or defence in cases of alleged plagiarism.
- C) Responsibility
- i. The Registrar oversees compliance with plagiarism policy, in consultation with the Academic Committee and Academic Dean.
 - ii. Academic staff are responsible for reporting such instances of plagiarism as they encounter to their reporting head and/or to the Registrar or Academic Dean.
 - iii. Students are responsible for ensuring that they do not plagiarise in the course of their academic studies.
- D) Process
- i. Any submitted work which is an assessed component within a programme of study must include proper acknowledgement of all original sources through citation and referencing.
 - ii. The College's plagiarism statement will be disseminated as widely as possible to all staff and learners. All learners are expected to familiarize themselves with this.
 - iii. All assessed coursework must be submitted with a completed and signed plagiarism declaration form, which reads as follows:

I/We certify that:
 I/We have read and understood the College statement on plagiarism.
 I/We understand that the College reserves the right to use detection technology to uncover cases of plagiarism.
 I/We understand that submitting plagiarized work will result in disciplinary procedures being invoked, up to and including, dismissal from College.
 I/We certify that this work is my/our own, and all sources have been acknowledged appropriately.
 Signed:
 - iv. For disciplinary procedures arising out of plagiarism, see 6.8.2 below.

| QA documentation | Status |
|-----------------------------------|--------|
| a/ Minutes of meetings | |
| b/ Signed plagiarism statements | |
| c/ Intra-College correspondence | |
| d/ College-learner correspondence | |

6.8.2 Disciplinary procedures (plagiarism)

A) Context

In order for institutional policy on plagiarism to be taken seriously, it is necessary to have robust disciplinary provisions in place.

B) Policy

- i. American College Dublin regards plagiarism as a serious offence. Accordingly, if plagiarism is established, the learner will be subject to the College's disciplinary procedures.

C) Responsibility

- i. The Registrar oversees compliance with plagiarism disciplinary policy and practice, in consultation with the Academic Committee and Academic Dean.

D) Process

- i. Disciplinary procedures for plagiarism consist of the following stages:
 1. In instances where an offence has been established, such as evidenced by a relatively high 'similarity report' on Turnitin, the plagiarism detection software, the learner's work will be downgraded. The scale of downgrading may be determined by the member of academic staff to whom the work has been submitted, but in the interests of parity and consistency, only in consultation with the relevant Head of Programme and the Registrar and/or Academic Dean, and will be proportional to the scale of the offence. If it is a first offence, it *may* be appropriate to downgrade the learner's work (i.e., reducing the grade) without awarding an outright fail. In instances where the provenance of the plagiarised material is in doubt, or is challenged by the learner, the Director of Administration will examine the reliability of the evidence from close scrutiny of 'Turnitin' similarity reports, as well as the sources cited in those reports.
 2. If a further instance of plagiarism has been established, the learner will be issued with a letter from the Academic Committee (AC) informing the learner so described will be called before a hearing of the AC to examine the instance of plagiarism. The learner will be entitled to nominate one other person to accompany him or her at the hearing. However, the Registrar should be notified of such a nomination in advance of the hearing (see 6.7.3 above).
 3. If substantial plagiarism has been clearly established, even as a first offence, the outcome will be the award of grade F for the entire module for which the plagiarized work was submitted. The learner will be issued with a formal written warning, a copy of which will be placed in the learner's file;
 4. In the case of multiple instances of plagiarism being committed in the same semester, the learner may be subject to the following penalties:

- dismissal from a module or number of modules, dismissal from the College for a specified time;
5. Following the issue of a first formal written warning from the AC, in the event of a further instance of plagiarism being established, the learner will be issued with a letter calling the learner to a hearing of the AC (following the same procedures as outlined in 2. above). The learner will face further penalties such as dismissal from a module or number of modules, dismissal for a semester, and dismissal from the College. If dismissal from the College does not ensue, the learner will be issued with a final written warning, a copy of which will be placed in the learner's file advising him/her that any further offences will lead to dismissal from the College.
- ii. The learner can appeal penalties imposed for plagiarism if the learner feels that his/her case was not examined in a sufficiently fair, transparent and consistent fashion. The introduction of new or unknown material that could have been provided at the review stage will not normally be accepted as valid grounds for appeal.
 1. A written request for an appeal must be received by the Academic Dean within 5 working days of the publication of the outcome of the review (see above). The learner must endeavour to substantiate as fully as possible the grounds for the appeal.
 2. There is no fee for an appeal. If the Academic Dean considers there are sufficient grounds for an appeal, it will be considered by the President. The President will take such expert subject-area advice as is necessary to arrive at an informed decision; the internal examiner may submit a statement regarding the original judgments on the relevant academic content, but apart from that has no input in the final appeal and no role at all in the final decision making process. The President will convey the outcome of the appeal in writing to the appellant within 5 working days of the submission of the written appeal.

| QA documentation | Status |
|---|--------|
| a/ Intra-College correspondence | |
| b/ Material evidence of academic irregularity or dishonesty | |
| c/ Minutes of learner-College meetings | |
| d/ Learner-College correspondence | |

6.8.3 Academic discipline in examinations

A) Context

Final examinations form an important part of the assessment regime in higher education and must be conducted according to disseminated regulations regarding conduct and academic discipline.

B) Policy

- i. Infringements of academic discipline in examinations can take many forms including, but not limited to:
 1. Using unauthorized notes in any form e.g. on pieces of paper, paper dictionaries, body parts, stationery etc;

2. Copying, or attempting to copy, in whole or in part, from another candidate's script;
 3. Requesting or receiving assistance from another candidate;
 4. Providing assistance to another candidate;
 5. Using or holding books, calculators, mobile phones, or electronic devices that are unauthorized. Candidates are wholly responsible for any materials in their possession;
 6. Making an unauthorized departure from the exam room;
 7. Obtaining, giving, or receiving the answers to or a copy of an exam paper prior to its administration;
 8. Completing an exam for another candidate or allowing another candidate to represent the actual candidate in an exam.
- C) Responsibility
- i. The Registrar oversees compliance with academic discipline in examinations policy, in consultation with the Academic Committee and Academic Dean.
 - ii. Academic staff and invigilators are responsible for reporting such instances of plagiarism as they encounter to their reporting head and/or to the Registrar or Academic Dean.
 - iii. Students are responsible for ensuring that they do not infringe academic discipline regulations in the course of their academic studies.
- D) Process
- i. See 6.8.4 and 6.85 below.

| QA documentation | Status |
|-----------------------------------|--------|
| a/ Minutes of relevant meetings | |
| b/ Intra-College correspondence | |
| c/ College-learner correspondence | |

6.8.4 Procedures for infringements of academic discipline in examinations

- A) Context
- Final examinations form an important part of the assessment regime in higher education and must be conducted according to disseminated regulations regarding conduct and academic discipline.
- B) Policy
1. Infringements of academic discipline in examinations will be dealt with according to defined regulations and procedures.
- C) Responsibility
- i. The Registrar oversees compliance with academic discipline in examinations policy, in consultation with the Academic Committee and Academic Dean.
 - ii. Academic staff and invigilators are responsible for reporting such instances of plagiarism as they encounter to their reporting head and/or to the Registrar or Academic Dean.
 - iii. Students are responsible for ensuring that they do not infringe academic discipline regulations in the course of their academic studies.
- D) Process
- i. In an identified instance of academic indiscipline at examination the candidate

will be directed by the invigilator to immediately desist from the offending behaviour. Unauthorized notes or materials that the learner is using will be confiscated. If notes are written on body parts, the learner will be escorted to a suitable space by an invigilator and asked to remove the offending material. The name of the candidate and the circumstances of academic indiscipline will be noted on the invigilator's report. The candidate will be allowed to complete the examination, but on handing up the paper will be advised to report as soon as possible to the Registrar to discuss the matter. The invigilator will report the instance of academic indiscipline to the Registrar immediately after the examination.

- ii. If the Registrar, in consultation with the Academic Dean, deems an infringement has occurred, the learner will be issued with a letter from the Registrar. This letter will serve to inform the learner that he/she will be called before a hearing of the Academic Committee, which will determine the instance of academic indiscipline as an examination irregularity. The meeting will normally take place within two weeks of the end of final/repeat examinations. The learner will be entitled to nominate one other person to accompany him/her at the hearing. However, the Registrar should be notified of such a nomination in advance of the hearing. If an offence of academic indiscipline is established, the outcome will be the award of grade F for the exam. The learner will be issued with a formal warning, a copy of which will be placed in the learner's file. The learner will be required to repeat the module in which the offence of academic indiscipline occurred in its entirety, and will not be permitted to repeat the examination component separately.
- iii. In the case of multiple instances of academic indiscipline being committed in the same semester, the learner may be subject to such further penalties as dismissal from the College for a specified time, or permanent dismissal from the College.
- iv. Following the issue of the first formal written warning from the Academic Dean, in the event of a further instance of academic indiscipline being established, the learner will be issued with a letter from the Registrar calling the learner to a hearing (as described above). The learner will face further penalties including dismissal for a semester, or dismissal from the College. If dismissal from the College does not ensue, the learner will be issued with a final written warning, a copy of which will be placed in the learner's file advising him/her that any further offences will lead to dismissal from the College.

| QA documentation | Status |
|---|---------------|
| a/ Intra-College correspondence | |
| b/ Material evidence of academic irregularity or dishonesty | |
| c/ Minutes of learner-College meetings | |
| d/ Learner-College correspondence | |

6.8.5 Appeals procedure

A) Context

In the interests of fairness and justice, sanctions for infringements of academic discipline in examinations must come with an appeals mechanism.

B) Policy

- i. The College allows for appeals for learners who have been sanctioned for infringements of academic discipline in examinations.

C) Responsibility

- i. The Registrar oversees compliance with academic discipline in examinations policy, in consultation with the Academic Committee and Academic Dean.
- ii. The Academic Dean and President are responsible for determinations on appeals against decisions regarding academic indiscipline in examinations.

D) Process

- i. An appeal against a decision and/or sanction regarding academic discipline in examinations may be made if the student feels that his/her case was not examined in a sufficiently fair, transparent and consistent fashion. The introduction of new or unknown material that could have been provided at the review stage will not normally be accepted as valid grounds for appeal.
- ii. A valid appeal is made and processed according to the following steps:
 1. A written request for an appeal must be received by the Academic Dean within 5 working days of the publication of the outcome of the review (see above). The learner must endeavour to substantiate as fully as possible the grounds for the appeal.
 2. There is no fee for an appeal. If the Academic Dean considers there are sufficient grounds for an appeal, it will be considered by the President. The President will convey the outcome of the appeal in writing to the appellant within 5 working days of the submission of the written appeal.

| QA documentation | Status |
|--|--------|
| a/ Written appeal by learner | |
| b/ Intra-College correspondence | |
| c/ Material evidence of grounds for appeal | |
| d/ Minutes of learner-College meetings | |
| e/ Minutes of Academic Council meetings | |
| f/ Learner-College correspondence | |

7. Supports for learners

7.0 Overview

The College's learning support builds on practical advancements and experience within the College, within the College's founding institution, Lynn University, as well as on Irish and international developments in higher education over recent years. The College's mission is to offer student-centred learning support through excellence in teaching that produces graduates who are equipped to lead successful lives and to contribute effectively to society.

Studying in ACD is designed to build a repertoire of effective learning strategies in a way that assists learners in functioning as self-motivated individuals. The strong focus is on enabling and empowering learners to achieve the learning outcomes of their programmes and modules while recognizing diversity in individual learning styles. The College promotes active learner engagement with material in a meaningful and genuine way that supports the linking of new knowledge to previous understanding gained in formal and informal learning experiences.

7.1 Integrated learning resources and supports

A) Context

Students require a range of learning supports and resources to assist them in their progression through and completion of their programmes of study.

B) Policy

- i. The College's policy is to provide tangible learning support to learners throughout their studies.

C) Responsibility

- i. The Director of Student Life and Advisement, reporting to the Academic Committee, Academic Dean and Director of Administration.

D) Process

- i. At the commencement of the academic year each learner is issued with information designed to guide them through their studies and to inform them about the range of and access to services, including a Student Handbook (for which they must sign to indicate they have read it and accept the policies contained in it), Student Welcome, detailed module descriptions, continuous assessment schedule, past examination papers, and reading lists.
- ii. Library and computer service staff members participate in the induction of new learners, providing information on the library service and the use of IT resources. The induction is complemented by library instruction given to groups or to individuals upon request.
- iii. Students are sent a Student Satisfaction survey each year which includes questions on the range and adequacy of learning resources and supports. This information is collected by the Director of Student Life and presented to the annual Academic Council review, with recommendations for enhancement.
- iv. The Annual Programmatic Review, the quinquennial external programmatic review and the MSCHE accreditation revalidation provide for assessments of

programme resources and implementation of required improvements; the external review processes provide for bench marking of learner resources and supports against external and international standards.

7.2 Pastoral care

A) Context

Higher education institutions have a duty of care to students; although this duty of care is limited, it is essential for pastoral care provisions to be made known to the student population and for actions to be taken to ensure such care is appropriately given. The relatively small size of the College is conducive to the development of close and frequent direct interactions between lecturers and individual learners, who often enjoy the benefits of their lecturers' attention and guidance outside teaching hours.

B) Policy

- i. Students are advised at induction and through regular communications from and interactions with the Student Life Office of provisions for pastoral care and how to access them.
- ii. ACD is a member of the Association of American International Colleges and Universities and the Association of Study Abroad Providers in Ireland, and follows and explicitly endorses the practice recommendations of *The code of practice for provision of education and training to international learners* (QQI, 2015).

C) Responsibility

- i. The Director of Student Life and Advisement, reporting to the Academic Committee, Academic Dean and Registrar, and Director of Administration.
- ii. All staff are responsible for providing relevant input on pastoral care requirements.
- iii. Students should make clear through direct contact with the administration or teaching staff or student their representatives their needs regarding pastoral care and how to gain access to appropriate supports.

D) Process

- i. Academic support sought and obtained involves familiarizing learners with standard research methods and conventions, developing learners' ability to critically evaluate research and critical material, encouraging learners to think independently and critically, assisting learners in revising for and answering examination questions effectively. Overall responsibility for determining the level of academic supports is the Registrar, who reviews the effectiveness of these supports through the annual quality assurance review, reported to the Academic Council.
- ii. All learners attend courses in Academic Communication, in which they learn how to improve their skills in clear and effective writing, how to conduct research and to present its results, how to give an oral presentation in front of an audience in a professional manner.
- iii. The Student Life Office provides facilities for the Students' Union to organize social activities, sports events, and special interest groups. Learners' human support also includes regular and relatively unimpeded direct access to lecturers and high-level College management. Additional support is provided

- by the Director of Student Life and Advisement, special needs tutors, counselling service, accommodation service, and internships co-ordinator.
- iv. The institution was an exclusively international college at its foundation in May 1993, as a study abroad site of Lynn University, and although it soon began welcoming domestic students to its programmes, international students have remained at the heart of its mission and activities to the present day. The institution provides through its Student Life Office ongoing personalised advice for international students. A Welcome Book also provides a range of guidelines and advice on supports for international students.

| QA documentation | Status |
|---|--------|
| a/ Programme learning and assessment strategies in programme document | |
| b/ Module learning and assessment strategies in each syllabus | |
| c/ Academic Committee documentation as in 1.3.4, above | |
| d/ Minutes showing learner participation on committees below the Academic Council | |
| e/ Student Union administrative records | |
| f/ Director of Student Life records | |

7.3 Services related to programmes

A) Context

Academic programmes require a range of physical and ICT services for their efficient operation.

B) Policy

- i. Services related to programmes are reviewed for adequacy and effectiveness on a regular basis. As also noted above at section 5.4, processes are in place to assure the quality of these services.

C) Responsibility

- i. The institution's facilities are overseen by the Director of Administration, who reports on these matters to the President and to the Senior Management Committee.
- ii. Requirements for facilities and services are made known to the Director of Administration through employees or by requests or proposals made formally through the Academic Committee or the Senior Management Committee.
- iii. The Director of ICT is responsible for ICT planning, gaining budgetary approval from the Director of Administration, and implementing ICT requirements.
- iv. The Director of Administration reports financial requirements for services and facilities to the Business Office and Office of the President, which are responsible for adjusting and approving the final budget requests.

D) Process

- i. As part of the Director of Administration's financial responsibility, budgetary requirements for the upkeep and development of the physical plant are costed and incorporated into the annual and weekly/monthly budgets overseen by the Business Office and reported to the Office of the President.

- ii. The Director of Administration reports to the Senior Management Committee on an ongoing basis, and presents a formal report to it annually on facilities, reviewing the year just gone and plans for the year ahead.
- iii. The Director of ICT oversees assessment and planning of the University's information and communications technology.
 - 1. The overriding technology plan for the institution is goal six of the Strategic Plan 2015–20, with five initiatives for advancing the institution's information technology laid out. As with all items in the Strategic Plan, these are costed line by line for five years, with the costings reviewed and revised as required each fall following the annual review of the Strategic Plan.
 - 2. Each summer the Director of ICT reviews progress and prospects for the initiatives in the plan and any additional ICT items that have emerged or are likely to emerge; the Director of ICT presents a summary report to the Senior Management Committee and, following discussion, this is used as the basis for assessing the progress and prospects for the items on the Strategic Plan.
 - 3. It is in the nature of ICT that issues and opportunities present themselves in the short term. Planning items such as these are typically presented to the Senior Management Committee as they arise, for discussion and approval, with implementation following agreement on the budget for them. These additional items are then incorporated into the annual review of ICT, either as matters related to the Strategic Plan initiatives, or as additional items.
 - 4. The Director of ICT also provides a report on the University's technology on an annual basis to the Board of Trustees.

| QA documentation | Status |
|---|--------|
| a/ Senior Management Committee minutes and papers | |
| b/ Facilities report | |
| c/ ICT Report | |
| d/ Strategic Plan annual review | |

7.3.1 Services related to programmes: students with disabilities

A) Context

Students with disabilities have requirements of services that need to be appropriately addressed in an institution of higher education.

B) Policy

- i. The institution will do everything within its competence and resourcing capabilities to accommodate the needs of students with disabilities.

C) Responsibility

- i. The Director of Admissions is responsible for assessing needs and conveying to applicants information on what accommodations the institution can provide.
- ii. The Registrar, consulting with relevant Academic Staff, provides the Admissions Office with guidance on what academic accommodations might appropriately be offered prior to admission.

- iii. The Registrar, consulting with relevant academic staff, is responsible for making decisions on academic accommodations that might be offered to students following admission.

D) Process

- i. Students with disabilities are encouraged to apply directly to the College. Documentation from appropriately qualified professionals relating to the disability should accompany the application and the student is requested to attend an interview to determine the level of accommodation needed, and the degree to which it lies in the institution's power to provide the required accommodation.
- ii. Every effort is made by the Admissions Office, Student Life Office, and the faculty to facilitate students' special requirements as recommended in medical reports.
- iii. Disabled students who have attended Irish secondary schools may apply through open competition with the CAO, without seeking special assistance; those who do so must meet the minimum Leaving Certificate entry requirements, but are exempted from meeting the relevant points requirements.
- iv. Students who report a disability subsequent to admission should submit appropriate professional documentation of the condition to the Academic Office; once the documentation has been reviewed, the Registrar advises the student of the accommodations which the College is able to provide.
- v. Reasonable accommodations include, but are not limited to, the following:
 1. The provision of extra time (typically, an additional 15 minutes for every hour of the examination, but subject to extension if recommended by qualified professional).
 2. Exclusive use of a separate room for the duration of the examination (including extra time).
 3. Use of a laptop/computer for completing answers.
 4. Spelling and grammar waiver.
 5. Direct access to Registrar during the examination.
- vi. A student with reported and accepted disabilities has the disability recorded on his or her file and taken into account as appropriate through his or her life cycle as a student at the institution.

| QA documentation | Status |
|------------------------|--------|
| a/ Admissions Handbook | |
| b/ Catalogue | |
| c/ Student files | |

7.4 Learner representation

A) Context

As key stakeholders, students require means of representing their views about the life, operations and strategic outlook of the institution.

B) Policy

- i. The institution is committed to the principle of providing students with appropriate means by which they can represent their views to the academic, student life and administrative sections responsible for its operation.

C) Responsibility

- i. The Registrar oversees the eliciting of academic feedback from students and appropriate responses, working with the Academic Committee and heads of programme.
- ii. The Academic Committee includes in its membership two student representatives, and is responsible for integrating their inputs into the considerations and actions of the committee.
- iii. The Director of Student Life and Advisement is responsible for arranging for representation from students on matters not directly related to academics, and for directing academic feedback to the Registrar or appropriate academic staff or the Academic Committee.

D) Process

- i. Learner representatives are chosen by their peers to sit on the Academic Committee, where they raise matters of student concern with the academic and administrative staff and are invited to provide input on an ongoing basis to all matters related to quality assurance.
- ii. The Student Union provides an avenue for learners to register their views on the quality of student life and learning and propose means by which it might be improved. The Director of Student Life presents these views and proposed means to achieve improvements around them to the Academic Committee and the SMC on an ongoing basis.
- iii. Student evaluations are completed by all learners for all classes at the end of each semester, to be reviewed by the Academic Office and the results shared with the relevant teaching staff, along with discussion as appropriate for enhancement of the learning and teaching experience.
- iv. As noted at Section 7.1, students are sent a Student Satisfaction survey each year which includes questions on the range and adequacy of learning resources and supports. This information is collected by the Director of Student Life and presented to the Academic Committee and to the annual Academic Council review, with recommendations for enhancement.
- v. The College's small size, small classes, and open-door practice and policy mean that learners also have a variety of informal avenues by which they can make representations to all levels of the institution.

| QA documentation | Status |
|---|---------------|
| a/ Academic Committee, Academic Council, Senior Management Committee minutes and papers | |
| b/ Learner evaluations and review | |
| c/ Student Union records | |

7.5 Guidance**A) Context**

Academic, further study, career and health guidance is an essential feature of higher education provision and must be appropriately provided to students by the institution.

- B) Policy
- i. The institution is committed to providing appropriate academic, further study, career and health guidance to its students.
- C) Responsibility
- i. The Academic Dean and Registrar are responsible for academic guidance, working with heads of programme and other academic staff.
 - ii. The Director of Admissions is responsible for overseeing the provision of pre-admission guidance.
 - iii. The Director of Student Life and Advisement is responsible for overseeing the provision of further study, career and health guidance.
- D) Process
- i. The small size of classes in the institution means that ongoing academic guidance is regularly provided on a personalized basis.
 - ii. Incoming learners are counselled thoroughly on possible career and further education pathways before admission, and descriptions of these possible outcomes are provided in hardcopy materials and on the institutional website.
 - iii. The College provides mental health counselling services through a near-by independent provider, Spectrum.

| QA documentation | Status |
|--|--------|
| a/ Admissions hardcopy materials and website | |

7.6 Grievance, bullying and harassment, and general disciplinary procedures

7.6.1 Grievances

- A) Context
- Grievances will occur in the normal course of interactions in any educational institution; it is essential to have in place means by which grievances might be resolved.
- B) Policy
- i. The parties to these procedures should accept that it is in their mutual interest to establish a clear means for the resolution of all issues arising between them.
 - ii. The procedures are designed to enable the parties to maintain the smooth running of the College, while effectively and fairly resolving such matters as may arise from time to time.
 - iii. Grievances and disputes will be dealt with as quickly as reasonably possible.
- C) Responsibility
- i. The involved parties are expected to enter into the process constructively.
 - ii. The relevant head of programme and Academic Dean provide a decision at the first and second stages of the process.
 - iii. The Academic Council oversees the third stage of the process.
 - iv. At the first appeal, the Senior Management Committee is responsible.
 - v. At the final appeal, the President makes the final decision.
- D) Process
- i. Stage one.
 1. The matter in dispute will be discussed by the student concerned with the Head of Programme or Academic Dean.

2. If a grievance involves personal or other sensitive issues which may be considered inappropriate to raise directly with the Head of Programme or Academic Dean, the issue should be raised with the Senior Management Committee, or a delegated member of the committee.
- ii. Stage two.
 1. Failing settlement at stage one, the complainant must, if he or she has not already done so, provide an appropriately detailed written statement of the reason for the grievance and the redress or further action which is sought.
 2. The matter will be discussed with the student, Head of Programme or Academic Dean and a representative, should one be requested. The grievance will be investigated, relevant parties interviewed and a written decision to the complainant will be given within five working days.
 - iii. Stage three.
 1. Should the parties fail to agree, the matter will be referred to the Academic Council. A meeting of a delegated sub-committee of the Academic Council will be arranged to discuss the matter. The meeting will be held within ten working days and a written finding will be provided to all parties within five working days of the meeting.
 - iv. Stage four.
 1. Any of the parties may appeal the finding in stage three within five working days of the finding being issued to the Senior Management Committee. The appeal should be sent in writing to President, who will issue a decision in writing within five working days.
 2. The President's decision represents the final stage in the appeal process.

7.6.2 Bullying and harassment

A) Context

All members of the institution's community are entitled to study and work in an environment that is free from bullying and harassment; it is essential to provide for means by which such issues might be resolved.

B) Policy

- i. American College Dublin is committed to providing all its students and employees with an environment free from bullying and / or harassment.
- ii. All students and employees are expected to comply with this policy and administration will take appropriate measures to ensure that bullying or harassment does not occur. Appropriate disciplinary action, up to and including dismissal for serious offences, will be taken against any student or employee who violates the bullying and harassment policy.
- iii. Bullying and harassment issues will be dealt with as quickly as reasonably possible.
- iv. The policy applies to students and employees both in the College and at College associated events such as meetings, athletics activities, club events, outings, conferences and office parties, whether on the premises or off site.
- v. The policy applies to bullying or harassment not only by student to student, but also student to employee, employee to student, or involving any other College-related individual or group with whom the party might reasonably expect to come into contact within the course of his or her College activities.

vi. Definition of bullying

Bullying is repeated inappropriate behaviour, direct or indirect, whether verbal, gestural, physical or otherwise, conducted by one or more persons against another or others, at the College and / or in the course of College activities which could reasonably be regarded as undermining the individual's right to dignity. An isolated incident of the behaviour described in this definition may be an affront to dignity, but as a one-off incident is not considered to be bullying. Bullying normally involves repeated and systematic instances of the offensive behaviour. Bullying may be perpetrated by an individual or by a group. Those who directly orchestrate the activity, those who participate in supporting functions, and those who provide tacit support, are responsible in varying measures and may be held accountable as is deemed appropriate for their parts in the activity. Bullying or harassment is conduct offensive to a reasonable person.

Examples of bullying behaviour include, though are not necessarily limited to:

1. Inappropriate physical contact.
2. Inappropriate gestures or jokes directed at another person or others.
3. Personal insults and name calling.
4. Persistent unjustified criticism and sarcasm.
5. Public or private humiliation.
6. Shouting at students or staff in public and / or private.
7. Mockery, ridicule, derision, sneering, jeering, scorning, poking fun at, deriding (by words, gesture, writing or electronic media) in groups or individually, whether to the victim's face or behind his or her back.
8. Persistent teasing or related actions designed to bait, confuse or humiliate the victim, by words, gesture, writing or electronic media, in groups or individually, whether to the victim's face or behind his or her back.
9. Instantaneous rage, often over trivial issues.
10. Aggression.
11. Spreading inappropriate or unfounded innuendo, rumours, accusations or allegations about an individual or group of people, whether orally, in writing or by way of other media.
12. Spreading harmful or offensive gossip, orally in writing or by way of other media.
13. Displaying pictures, flags, emblems, graffiti or other material which state or imply prejudicial or discriminatory attitudes.
14. Intimidation and threats in general.

vii. Definition of harassment

Sexual harassment may be defined as conduct towards another person which is sexual in nature, or has a sexual dimension, and is unwelcome to the recipient.

Examples of this type of harassment include:

1. Sexual gestures.
2. Displaying sexually suggestive objects, pictures, calendars (by any media), or sending suggestive and / or pornographic correspondence.
3. Unwelcome, inappropriate sexual comments and jokes.
4. Unwelcome physical conduct such as pinching, unnecessary handling or touching.

Other types of harassment:

1. An individual may be considered to be harassed if he or she is the subject of discrimination, aggression or other harassment on the grounds of his or

her race, age, religious belief, national/ethnic origin, gender, sexual orientation, disability or membership of the travelling community.

C) Responsibility

- i. The involved parties are expected to enter into the process constructively.
- ii. The Director of Student Life and Advisement is responsible for overseeing the reporting and complaints procedures, with the assistance of the Academic Dean or other members of the Senior Management Committee as the matter requires
- iii. At the final appeal, the President makes the final decision, consulting with others not involved in the preceding parts of the process as necessary.

D) Process

- i. Complaints procedure. The particular issue of bullying/harassment is normally dealt with in the College by way of the following procedures.
 1. Informal procedure.
 - a. It is often preferable for all concerned that complaints of bullying or harassment are dealt with informally. This is likely to produce solutions which are speedy, effective, and minimise embarrassment and the risk of breaching confidentiality. However, a written report should be made as a matter of record. Thus, in the first instance, a person who believes that he or she is the subject of bullying/harassment should let the alleged perpetrator know and ask that person to stop the offensive behaviour. If the action does not result in a cessation of the bullying or harassment, or where a more serious incident has arisen, the student or employee should use the mechanisms set out below.
 - b. If it is possible, practicable and useful, following informal enquiries and discussion with concerned parties, the Academic Dean handling the complaint should seek to mediate a resolution that brings what the complainant has alleged as offending behaviour to an immediate and permanent halt. An Incident Report should be filled out regarding this incident.
 - c. Insofar as it is practicable and possible, he, she or those engaged in perpetrating the alleged behaviour should be given the opportunity to understand its nature, the reasons why it might be construed as offensive, and the opportunity to correct the situation by way of a change of behaviour, acknowledgement or other appropriate response. Ideally, the process will be a learning experience that results in enhanced sensitivity, humanity, civility, respect for differences and for the right of all to be afforded dignity.
 - d. If this procedure produces an outcome satisfactory to all parties, the matter may be considered closed. A note should be made on the incident report regarding the resolution of the incident. There should be no recrudescence of the alleged behaviour. If the behaviour re-emerges at any point in the future, it will be referred to the formal process immediately.

2. Formal procedure.

- a. At any time, all students and employees have the right of recourse to the formal procedure, whether or not they have entered into the informal procedures set out above. This notwithstanding, it should be noted that it is usually a minimum expectation that the student or employee who alleges the offensive behaviour will him- or herself (or, if appropriate, through a mediator) have at least first informed through the Director of Student Support and Advisement the alleged perpetrator or perpetrators of the concern and have requested a modification or cessation of the alleged behaviour, in case the alleged perpetrator or perpetrators are unaware of how they are causing offence and how they might stop doing so.
- b. In the case of a formal complaint, the student or employee should file an Incident Report.
- c. In the interests of natural justice the alleged bully or harasser (or groups thereof) will be made aware of the nature of the complaint, his or her right to representation, and will be given every opportunity to seek necessary clarifications of evidence and to rebut in detail the allegations that have been made. All parties and witnesses have the right of a representative in any of the hearings of the investigation. If the representative is not a current College student or employee, the parties or witnesses must inform the College of the name and contact details of the person and the capacity in which he or she is representing the party or witness at least 48 hours in advance. Whilst it is desirable to maintain utmost confidentiality, once formal investigation of the issue begins, it will in some cases be necessary to interview a range of students and staff. If this is so, the importance of confidentiality will be stressed to them. Any statements taken from witnesses or written testimonies supplied by witnesses will be circulated to the person making the complaint and the alleged violator for comments before any conclusion is reached in the investigation.
- d. When the investigation has been completed, both parties will be informed of a finding as to whether or not the complaint has been upheld and the reasons for this. All complaints received will be treated seriously, confidentially, and dealt with as soon as is practicable. Strict confidentiality and proper discretion will be maintained, in as far as is possible, in any necessary consultation to safeguard both parties from innuendo and harmful gossip.
- e. A record of all relevant discussions which take place during the course of the investigation will be maintained by the Director of Student Support and Advisement.

- ii. Action post investigation
 1. The Director of Student Support and Advisement will notify in writing the principals of the incident of the result of the investigation and sanctions imposed (if any). If the complaint is not upheld, this may take the nature of a recommendation of future monitoring, the recording of an open finding (unproved or unsubstantiated complaint) or the recording of a baseless complaint. If the complaint is upheld a disciplinary action will be recommended. This may include a verbal or written warning, or other appropriate action up to and including dismissal.
 2. Records of any warnings or sanctions for violations of college policy will remain in the student's or employee's file and will be used if any further allegations or offences of the same or similar nature occur in the future. Regular checks will be made by the Director of Student Support and Advisement to ensure that the bullying or harassment has stopped and that there is no victimization.
 3. Retaliation of any kind against a student or employee for lodging a complaint or taking part in an investigation concerning a violation of policy at the College is a disciplinary offence.
- iii. All parties who are found responsible and receive a sanction of suspension or permanent dismissal may file an appeal to the President. A party who wishes to lodge an appeal should do so in writing to the President within ten days of the issuing of the written decision on an action pursuant to the complaint. The President's decision on all matters relating to the complaint, the finding and the action represent the final stage in the College's appeal process.

7.6.3 General disciplinary procedures

A) Context

General disciplinary procedures are required for a range of behaviours that are not permitted and do not fall within academic indiscipline or bullying and harassment.

B) Policy

- i. The College reserves the right to require a student to withdraw at any time under appropriate procedures, including provision for recourse to appeal.
- ii. The College also reserves the right to impose probation on any student whose conduct is unsatisfactory, subject to appeal.
- iii. When a student is dismissed or suspended from the College, there will be no refund of tuition and/or fees. If a dismissed student has paid only part of the applicable tuition and fees, the balance due to the College will be considered receivable and will be collected.
- iv. General disciplinary breaches subject to sanction cover a range of areas, including, though not limited to:
 1. Possession, consumption, distribution, sale or purchase of alcoholic beverages by students on campus, except at specific college events after permission granted by Senior Management Committee, is not permitted. In the latter occasions, reasonable use of alcohol and moderate drinking are expected. Being intoxicated on campus or during college activities off campus is not permitted.
 2. The possession, sale, purchase, use, processing, production or distribution of illegal substances and paraphernalia inside College premises is strictly

- prohibited. Being intoxicated as a result of taking illegal substances on campus or during college activities off campus is also prohibited.
3. Deliberately damaging institutional property
 4. Stealing institutional property, cash, or the possessions of other members of the institutional community.
 5. Spreading internally or externally non-factual or unfounded damaging rumours, allegations or other information about the institution and/or members of its community.
 6. Violating rights to privacy.
 7. Disruptive behaviour or other disorderly conduct.
 8. Criminal acts.
 9. Student participation in activities which develops to the degree that elicits public alarm, endangers personal well-being, or harms public or private property.
 10. Threats or conduct that endanger the health and safety of any person.
 11. Assault and /or battery.
 12. Breaking and/or entering
 13. Fraud, bribery, contempt
 14. Possession of dangerous weapons.
- v. Any student who damages College property must make full restitution/reimbursement. He or she may be assigned tasks, and certain privileges of the College may be suspended for a period of time.
 - vi. Any student who violates a College policy will be issued with a warning, and may be subject to additional disciplinary action, up to and including dismissal from the institution.
 - vii. Any student who is disruptive in any area of the College student residences may be relocated to another place of residence, or may lose housing privileges.
 - viii. The College reserves the right temporarily to suspend and / or to require students to leave the campus until further notice prior to the formal consideration of alleged violation of policies.
 - ix. In all cases, every attempt will be made to review each incident and conclude on the action to be taken as expeditiously as possible.
- C) Responsibility
- i. Students are required to conduct themselves in a disciplined manner and to act in conformity with institutional regulations, including particular regulations introduced to deal with special circumstances.
 - ii. The involved parties are expected to enter into the process constructively.
 - iii. The Director of Student Life and Advisement is responsible for overseeing the reporting and complaints procedures, with the assistance of the Academic Dean or other members of the Senior Management Committee as the matter requires.
 - iv. At the final appeal, the President makes the final decision, consulting with others not involved in the preceding parts of the process as necessary.
- D) Process
- i. Any member of the College community may lodge formally (and is responsible for filing) a complaint against an individual who violates College policies.
 - ii. The complaint must be filed in writing through an Incident Report. The document must include a statement of the policy which is alleged to have been violated, and a statement of the facts and evidence in support of the charges

- made, including time and place of the occurrence, and any witnesses to the alleged violation.
- iii. The Incident Report is filed with the office of the Director of Student Support and Advisement, or, if the officer is unavailable, with a member of the Senior Management Committee (SMC).
 - iv. The student(s) who allegedly violated College policy will be notified to meet individually with the Director of Student Support and Advisement or designee from the SMC.
 - v. The student(s) will be given the opportunity to discuss involvement in the incident in question.
 - vi. At the conclusion of the proceedings, the Director of Student Support and Advisement or designee will make a determination as to the nature of the student(s) involvement.
 - vii. If necessary, in the opinion of the hearing officer, a decision will be delayed for the purpose of obtaining additional information or further deliberation.
 - viii. In this instance, a second meeting will be scheduled to further review the incident. The student(s) will receive written notification of the outcome of the incident review.
 - ix. All information concerning the incident will be placed in the student(s) file.
 - x. Students who do not comply with the sanctions outlined in the written notification will face further disciplinary action as a result of their noncompliance.
 - xi. Students who are repeatedly involved in violation of College policy are viewed to be contributing negatively to the American College Dublin community. Repeated violations could result in probation and/or other restrictions.
 - xii. If, after the incident review, it is determined that the student has not violated a College policy, no action will be taken. All the information or reports regarding the incident will be noted as unfounded in the student's file.
 - xiii. Any student who is sanctioned under these provisions may appeal. The appeal should be delivered within 10 working days in writing to the President, who, following consultation with others as required (though not those involved in the original judgment on the incident) will make a final decision regarding the original action taken by the College.

8. Information and data management

8.0 Overview

Institutional self-knowledge is the starting point for effective quality assurance designed to improve the daily functioning of the College in all its areas of operation. In fact, in the modern world it is impossible for an institution to operate without computerized systems for collecting, accessing, analysing and utilizing information about its own activities.

8.1 Information systems

A) Context

Efficient and appropriate information systems are essential to the effective functioning of a higher education institution.

B) Policy

- i. The institution seeks to put systems in place that support and advance the paramount importance of collecting and analysing relevant information for the effective management of its degree programmes and administrative activities.

C) Responsibility

- i. Overall responsibility for the planning, operation and enhancement of information systems lies with the Director of ICT.
- ii. Academic information and information systems are overseen by the Registrar, working with the Director of ICT and the Academic Office.
- iii. Alumni and social media information are the responsibility of the Director of Student Life and Advisement.
- iv. Financial information systems are the responsibility of the Business Office Manager, working with the Director of ICT.

D) Process

- i. The quality-related information systems used by the College include Prestige academic management software (supported by hard copy back-up files) to document registration of learners, course allocation, contact details, academic results. All these areas are managed by the Academic Office. Apart from comprehensive records retained for each individual learner, the electronic information on learner cohort progression, pass/fail rates, and course completion is made available to the Academic Committee and forms a part of ongoing monitoring, along with the provision of statistical information on retention, progression and completion for the annual programmatic review and the published student information statistics, and the quinquennial external programmatic review.
- ii. Information relating to the College's alumni is collected by the Director of Student Life.
- iii. Social media information on institutional activities, information and achievements is provided by the Director of Student Life.
- iv. The information system used in the Business Office is Sage, which integrates with Prestige on matters related to student fees.

- v. The daily flow of professional information between staff is facilitated by Microsoft Outlook and Office 365.
- vi. Moodle software is used by learners to access lecture notes and interact with their lecturers and other learners. The materials posted on Moodle can be accessed both locally and remotely, thus facilitating learners who prefer to study at home rather than in the Library's reading room. Learners who have missed classes for whatever reason can use the facility to catch up on missed material. This on-line facility is seen as a valuable addition to the more traditional, direct and personal learning resources.
- vii. The overarching technology plan for the institution is overseen by the Director of ICT. The planning system has a number of features:
 1. The overarching plan is goal six and its initiatives in the Strategic Plan, 2015–20. As with all items in the Strategic Plan, these are costed line by line for five years, with the costings reviewed and revised as required each fall following the annual review of the Strategic Plan.
 2. Each summer the Director of ICT reviews progress and prospects for the initiatives in the plan and any additional ICT items that have emerged or are likely to emerge.
 3. The Director of ICT presents a summary report on ICT security, current capacity and sustainability, planning for future development and improvement to the Senior Management Committee which, following discussion, is used as the basis for assessing the progress and prospects for the items on the Strategic Plan.
 4. It is in the nature of ICT that issues and opportunities present themselves in the short term. Planning items such as these are typically presented to the Senior Management Committee as they arise, for discussion and approval, with implementation following agreement on the budget for them. These additional items are then incorporated into the annual review of ICT, either as matters related to the Strategic Plan initiatives, or as additional items.
 5. The Director of ICT provides a report on the University's technology on an annual basis to the Board of Trustees.

| QA documentation | Status |
|---|--------|
| a/ Academic reports generated by information systems | |
| b/ Financial reports generated by information systems | |
| c/ College intranet content | |
| d/ ICT annual report by Director of ICT | |
| e/ Strategic Plan annual review | |

8.2 Student and management information systems

A) Context

An efficient Student Information System is essential to the effective operation and management of student access, progression and completion data and the use of it to enhance student and institutional success.

B) Policy

The institution will operate and seek to improve on an ongoing basis the quality of its Student Information System and the use of the materials it provides.

C) Responsibility

- i. The Registrar is the responsible party, working on technical matters of the system's functioning with the Director of ICT.

D) Process

- i. The College uses the Prestige learner information system. It provides secure and readily accessible student details and data, and it is able to provide reports from which annual data on learner progression and completion are gathered to present the statistical data analyses which are a part of the annual programme review. These statistical analyses are also available for the use of external accrediting bodies.
- ii. The system also generates transcripts, which are available for students on-demand and are sent out within a month of the end of each semester with final grades, along with instructions on accessing clarifications and grade reviews for students who require them.

8.3 Information for planning

A) Context

Information should be generated that is useful for the functioning of a higher education institution.

B) Policy

- i. The College uses information and data extensively for planning and quality assurance purposes.

C) Responsibility

- i. All staff.

D) Process

- i. Financial information, historically audited materials and current cash flows are used to make budgetary projections and expenditure plans for educational delivery.
- ii. Admissions data information is used to plan class allocations.
- iii. Learner data relating to progression, retention and completion is collected and reviewed annually, and used to inform forward planning on course content delivery, assessment, classroom logistics.

| QA documentation | Status |
|---|--------|
| a/ Academic reports generated by information systems | |
| b/ Financial reports generated by information systems | |
| c/ Strategic Plan annual review | |

8.4 Records maintenance and retention

A) Context

Irish and European Union law require all institutions to have in place policy and practice for protection and security of private information.

- B) Policy
- i. The College's policy and procedures on the maintenance and retention of records is set out in the General Data Protection Regulation (GDPR) Policy, available on the institutional [website](#).
- C) Responsibility
- i. The GDPR Officer (contact: GDPR@iamu.edu).
 - ii. The Registrar (for academic records).
- D) Process
- i. The GDPR Officer monitors policy and practice in this area and presents a review of policy adherence and amendment on an annual basis to the SMC.

| QA documentation | Status |
|--|--------|
| a/ General Data Protection Regulation – institutional policy statement | |
| b/ SMC minutes | |

8.5 Data protection and freedom of information

- A) Context
- In keeping with section 8.4 above, an institution must implement measures to protect data and freedom of information legislation.
- B) Policy
- i. The institution adheres to the requirements of the GDPR; the policy on GDPR is publicly available at the institutional website under the Publications tab.
 - ii. All requirements of the Freedom of Information Act are adhered to; all information concerning the assessment and grading of learners is freely available to them following an application period; and all learners and staff have freedom of access to any materials or records kept on file on them by the institution.
- C) Responsibility
- i. The GDPR Officer (contact: GDPR@iamu.edu)
 - ii. The Registrar (for academic records).
- D) Process
- i. Learner assessment data is approved by the internal and external assessment boards and entered on the student information system, overseen by the Registrar. The Registrar sends the updated transcripts at the end of each session to all students for verification of results and clarifications / review as required.
 - ii. The GDPR Officer monitors policy and practice in this area and presents a review of policy adherence and amendment on an annual basis to the SMC.

| QA documentation | Status |
|--|--------|
| a/ General Data Protection Regulation – institutional policy statement | |
| b/ SMC minutes | |

9. Public information and communication

9.0 Overview

Like all third-level educational institutions in the modern world, American College Dublin regularly publishes up-to-date, impartial and objective information, both quantitative and qualitative, about the programmes and awards it offers. It takes the utmost care to ensure that the information it conveys is current, accurate and clear.

9.1 Public information

A) Context

It is essential that a higher education institution provides information about itself in the public sphere that is accurate and appropriate.

B) Policy

- i. The institution will provide information in the public sphere that is accurate, truthful, accurate in scope and detail.

C) Responsibility

- i. The Academic Council for academic information.
- ii. The Senior Management Committee for marketing and public relations materials.

D) Process

- i. Through its regulatory interactions with QQI, the institution makes available to the public (through both QQI's and its own [website](#)) a range of information, including the institutional review, self-evaluation quality assurance reports, QQI panel report, College response and follow-up report.
- ii. The fundamental record of institutional academic information, the [Catalogue](#), and the current [QA manual](#) are available on the institutional website.
- iii. The institution also makes available on its website a student information document required by the [US Higher Education Opportunity Act \(2008\)](#), Student information.
- iv. The College's General Data Protection Regulation (GDPR) Policy is also available to be reviewed on the College website.

9.2 Student information

A) Context

The student body must be provided individually and collectively with information that is accurate, useful and appropriate for the optimal achievement of educational goals.

B) Policy

- i. The institution undertakes to provide to students information that is appropriate and accurate, designed to help them in their academic progress and, when required, secure and confidential.

C) Responsibility

- i. The Academic Council is ultimately responsible for the veracity of student information.

- ii. The update and monitoring of accuracy of the website is the joint responsibility of the Director of Information and Communications Technology and the Academic Dean.
- iii. The Registrar is responsible for the maintenance, accuracy and security of the Student Information System.
- iv. The Admissions Department is responsible to the Academic Council for the accuracy and integrity of marketing and recruitment information.

D) Process

- i. The College's main publication of record is its annual [Catalogue](#), available both in printed and electronic format. This is not a marketing document but an objective record of the institution's current academic offerings, policies and procedures. The Catalogue contains up-to-date information about the College's mission, accreditation and awarding bodies, the degree programmes it offers, including information on accreditation, award titles, awarding bodies and award levels, placement on the National Framework of Qualifications, application methods, transfer and progression policies, student life and internships, academic policies and procedures, protection for enrolled students.
- ii. The Catalogue is updated at the end of each academic year and, following approval by the Academic Council, is issued each September; interim updates may be sanctioned by the Academic Committee, with ratification or modification as required by the next Academic Council.
- iii. All other College publications, electronic and hardcopy, are required to take the Catalogue as the authoritative point of reference for any information they provide about programmes; they may summarise or paraphrase representatively information in the Catalogue, but they may not deviate or divert from the Catalogue.
- iv. The College [website](#) provides both impartial information derived from the College Catalogue (a link to the Catalogue is provided in the website, as is a link to the current QA Manual), as well as current news and events and marketing information for potential applicants to the institution.
- v. Information on individual student assessment and progression and any other matters of academic relevance are maintained within the Prestige student information system, and on hardcopy student files. The Registrar oversees secure access to the student information system and is responsible for its updating as new academic results and other information become available and ensuring that the results once approved by the internal and external assessment boards are accurately and completely added to the system; students are sent updated transcripts once each semester's results are approved and updated, so that they may verify their results and seeks clarifications or review as required. The Registrar is also responsible for ensuring that student data management conform to GDPR requirements.
- vi. The College's marketing materials, which include brochures, pamphlets and media advertisements, provide a range of information about the College. Given its nature, the tenor of the material is promotional and lays a strong stress on the positive features of the institution, though this must be representational of the reality of the institution's programmatic offerings.
- vii. The College keeps the wider public informed, both in Ireland and internationally, about its educational services, by organizing several Open Days during the year, by participating in numerous educational fairs in Ireland

and abroad, and by social networking through a number of Internet sites such as Facebook.

- viii. Since its inception in 1993 the College has maintained an extremely valuable if unrecorded extensive informal and personal network of communication with learners, alumni, their families, wider academic community, as well as local and international community.

| QA documentation | Status |
|--|--------|
| a/ College hardcopy publications | |
| b/ College website (including publications available on the website) | |
| c/ College marketing materials | |

10. Other parties involved in education and training

10.0 Overview

American College Dublin was founded in 1993 by an external institution, Lynn University, Boca Raton, Florida, and so has always been associated with the notion of working in partnership with other parties in education. Although the institution is independent and works largely within and on its own resources, it does rely on some external engagements in pursuing its mission.

10.1 Peer relationships with the broader education and training community

A) Context

It is important for an educational institution to have constructive relationships with its peers in the wider higher education community.

B) Policy

- i. The institution will pursue creative engagement with suitable peer bodies and institutions.

C) Responsibility

- i. Principally the Office of the President is responsible for relationships with external bodies, providing final approval of suggestions as they emanate from the considerations of the Academic Council and its subsidiary committees.

D) Process

- i. American College Dublin has a peer relationship with QQI, particularly with regard to its programmes with QQI accreditation the placement of the relevant awards on the National Framework of Qualifications, and the exercise of the institution's relevant quality assurance provisions.
- ii. The institution accredited by the Middle States Commission on Higher Education ([MSCHE](#)).
 1. MSCHE is responsible for higher education accreditation in the states of New York, New Jersey, Pennsylvania, Maryland, Washington, DC, and Delaware. According to the 2018/19 QS World University Rankings, MSCHE accredits five of the world's top twenty higher education institutions: Princeton University, Columbia University, University of Pennsylvania, The Johns Hopkins University and Cornell University. There are more MSCHE-accredited institutions ranked in the top 200 universities in the world than those accredited by any other regional body.
 2. The institution became a Candidate for Accreditation with MSCHE in 2009; it received its initial grant of accreditation in 2013, which was followed in 2018 by a renewal of its grant of accreditation for another eight years. This accreditation is quality assured by an extensive process of evaluation and enhancement. Each of the grants of accreditation was made following the submission of a detailed self-study and supporting documentation and a three-day on-site assessment of the submission by a team of seven peer evaluators.

3. The institution is required to submit a detailed report on its current operations, functioning and financial condition, the Annual Institutional Update (AIU).
- iii. All of the institution's current accreditations are displayed on the [website](#) and in the [Catalogue](#), including contact information for the accreditation bodies.

| QA documentation | Status |
|----------------------------------|--------|
| a/ QQI accreditation documents | |
| b/ MSCHE accreditation documents | |

10.2 External partnerships and second providers

- A) Context

Higher education institutions frequently enter into relationships with other institutions.
- B) Policy
 - i. American College Dublin does not have external relationships or partnerships with other institutions.
 - ii. Irish American University, which lies outside the scope of ACD's accreditation with QQI, may enter into external relationships with other institutions.
- C) Responsibility
 - i. Academic Council, with final approval provided by the Office of the President.
- D) Process
 - i. American College Dublin does not currently have any external partnerships or relationships with second providers, and does not currently envisage any for its QQI-accredited programmes.
 - ii. Any external partnerships take place through the overarching body of which ACD is a constituent college, Irish American University.

10.3 Peer review panellists, examiners and authenticators

- A) Context

For QQI validated programmes, external peer reviewers are required to provide oversight and approval of final grades and awards. The External Peer Reviewer is an independent peer who is a member of the broader community of practice within the programme's field of learning, and whose accomplishments attest to his/her likelihood of having the authority necessary to fulfil the responsibility of the role.
- B) Policy
 - i. The role of the External Peer Reviewer is aligned with the document [Effective Practice Guidelines for External Examining, Revised February 2015](#), published by the Irish state accreditation agency QQI. This document is made available to the External Peer Reviewer upon appointment by the College.
- C) Responsibility
 - i. The Academic Committee, in consultation with the head of programme and programme staff, is responsible for recommending the appointment of an external examiner.

- ii. The External Peer Reviewer is responsible for carrying out the duties of the appointment, as set out in the QQI document cited above in 6.5 (B) i., and throughout this section.
- iii. QQI is responsible for general oversight of the external peer review process, and periodic approval through the Programmatic Review.

D) Process

- i. American College Dublin follows QQI guidelines for the retaining of external peer reviewers and peer panellists for programmatic review exercises. See sub-section 6.5 above for further detail on the retaining and monitoring of external peer reviewers.

| QA documentation | Status |
|--|---------------|
| a/ External Peer Reviewer Report forms, including College responses to extern feedback | |
| b/ College-extern correspondence | |
| c/ Correspondence with regulatory bodies on extern appointments and provision of report copies | |
| d/ Academic Committee minutes | |

11. Self-evaluation, monitoring and review

11.0 Overview

American College Dublin is subject to comprehensive and near constant institutional reviews by its Irish and its American accreditation agencies, QQI and MSCHE. The MSCHE institutional review activities follow those currently required by the institution's accreditation status with MSCHE. The QQI institutional review, last completed by the institution in 2011, is in a transitional phase and it is expected that the institution will enter upon the process of going through reengagements and institutional review from 2018/19 on, in accordance with the current [QQI re-engagement](#) requirements.

11.1 Institutional internal review, self-evaluation and monitoring

A) Context

An institution of higher education needs to have an efficient and effective regime of internal self-evaluation, monitoring and appropriate response.

B) Policy

- i. The institution draws on its history of a deep and extensive process of internal review, guided by the mission, Strategic Plan, and subsidiary planning and review processes.
- ii. All review processes should be appropriately thorough, but should be designed to reduce the attendant administrative burden as much as possible.

C) Responsibility

- i. The Strategic Plan and academic review processes are ultimately the responsibility of the Academic Council, with the Academic Committee and subsidiary committees contributing research and writing as required.
- ii. Finance, facilities and admissions review processes are the responsibility of the Senior Management Committee.
- iii. Overall institutional review results are presented to the Board of Trustees annually for approval.

D) Process

- i. The Strategic Plan is assessed annually by the Academic Council on progress towards meeting its aims, with adjustments made if deemed necessary.
- ii. The assessment process is ongoing, supported by the Academic Council through the levels of assessment of academic content and delivery that take place throughout the educational programmes offered by the institution.
- iii. Assessment methods and results are assessed at the programme design and approval stage, to be subsequently analysed through the quinquennial programmatic review process.
- iv. The Academic Committee reports at the end of each academic year to the Academic Council the cumulative assessment results, and provides a narrative on the performance of the academic programmes and recommendations for improvement in the Annual Programmatic Review.

- v. A Student Satisfaction Survey gathers student feedback and is collated and presented for review and actions as required to the Academic Council annually.
- vi. The overall finances of the institution are monitored regularly through budgetary documents prepared by the Business Office and reviewed by the Senior Management Committee.
- vii. Financial outcomes are assessed annually by way of an external independent audit, which is in turn reviewed and approved by the governing body.
- viii. Facilities and ICT are reported to the Senior Management Committee.
- ix. Summary annual reports from the main units of the institution are presented to the Board of Trustees, both in written form and delivered orally. The questions asked by the Board allow for annual evaluation of planning, resources and institutional improvement by the governing body.

| QA documentation | Status |
|---|--------|
| a/ Academic Committee, Academic Council, SMC and Board of Trustees meetings minutes | |
| b/ Financial audit, budgetary and monthly cash flow documents | |
| c/ Strategic Plan and documented assessment of it | |

11.2 Internal self-monitoring

A) Context

In order for monitoring to be meaningful it is important that it is based on targets and reliable indicators of performance.

B) Policy

- i. The institution bases its self-monitoring on the setting of appropriate objectives and testing performance of them on the basis of quantitative and qualitative data.

C) Responsibility

- i. The Strategic Plan and academic review processes are ultimately the responsibility of the Academic Council, with the Academic Committee and subsidiary committees contributing research and writing as required.
- ii. Finance, facilities and admissions review processes are the responsibility of the Senior Management Committee.
- iii. Overall institutional review results are presented to the Board of Trustees annually for approval.

D) Process

- i. The institution's key performance indicators that allow it to check that it is achieving its quality assurance targets and taking appropriate follow-up action include:
 1. Targets identified in the Strategic Plan, which are comprehensively assessed each year by the Academic Council.
 2. Data on attendance, retention, completion and progression evaluated by the Academic Committee and brought together in the Annual Programmatic Review, submitted to the Academic Council.

3. Ongoing checks on attendance.
4. Analysis of grading profiles conducted each semester and at the end of the academic year to check that learners are achieving satisfactory academic progress.
5. Feedback from external examiners and follow-up.
6. The Student Satisfaction Survey.
7. Reports on facilities and ICT.
8. Annual independent audits and weekly cash-flow reviews.
9. Review of student evaluations.
10. Regular ongoing monitoring that takes place in the context of Academic Committee, Senior Management Committee and Academic Council meetings, documented in the minutes of these bodies.

| QA documentation | Status |
|---|--------|
| a/ Academic Committee, Academic Council, SMC and Board of Trustees meetings minutes | |
| b/ Financial audit, budgetary and monthly cash flow documents | |
| c/ Strategic Plan and documented assessment of it | |

11.3 Self-evaluation, improvement and enhancement

A) Context

Self-evaluation is a process that should result in ongoing institutional improvement.

B) Policy

- i. For internal self-evaluation, see 11.1 and 11.2 above.
- ii. The institution is externally self-evaluated regularly by peer reviewers in Ireland and the USA, through its Irish and American accreditation agencies (QQI in Ireland and MSCHE in the USA). The fact of having two highly-regarded accreditation agencies assessing the institution is beneficial not only because the accreditation cycles are such that the College is constantly in a process of preparing for and going through external assessment, but also because the two agencies, though complementary, offer contrasting approaches to assessing postsecondary institutions, which means the institution never settles into one set process of external peer evaluation, but must regularly review itself from different perspectives. Effectively, the institution is required to prepare a self-evaluation document and host a site visit every two to three years in order to maintain compliance with its accreditation requirements in Ireland and the USA. Given that the self-evaluation document takes 18 to 24 months to prepare, and typically results in a year of follow-up actions to achieve the optimal enhancements arising out of the self-evaluation process, and that preparations for the next self-evaluation exercise preparations immediately begin after this, the College is involved in a perpetual cycle of structured self-evaluation, improvement and enhancement.

C) Responsibility

- i. The Academic Council is responsible for delegating assembly of all accreditation materials and final approval of all submissions.
- ii. MSCHE and QQI are responsible for providing appropriate guidance on the requirements of their accreditation self-evaluation exercises, and for providing timely and reasonable decision-making on the outcome of them.

D) Process

- i. Self-evaluation documents are assembled in accordance with the content requirements and deadlines of the accreditation bodies.
- ii. The self-evaluation processes are documented through the accreditation reports that are generated (including findings and action plans), and also through the copious QA documentation that underpins QA self-evaluation, recorded in this document at the end of every section, and reviewed annually by the Academic Council.

| QA documentation | Status |
|--|--------|
| a/ MSCHE and QQI accreditation reports and responses | |
| b/ Correspondence with regulatory agencies | |

11.4 Institution quality assurance and engagement with external quality assurance

A) Context

QQI is the regulatory body in Ireland for higher education quality assurance and institution's which seek its accreditation must engage with it.

B) Policy

- i. The institution seeks to work with QQI in an open, honest and useful manner, and to endeavour to meet all the quality assurance requirements of the body.

C) Responsibility

- i. The Academic Council is responsible for delegating assembly of all accreditation materials and final approval of all submissions, and for ongoing constructive engagement with QQI.
- ii. QQI is responsible for providing appropriate guidance on the requirements of its accreditation quality assurance self-evaluation exercises, and for providing timely and reasonable decision-making on the outcome of them.

D) Process

- i. ACD's quality assurance system is explicitly modelled on the requirements of the Qualifications and Quality Assurance (Education and Training) Act 2012, and the interpretations and guidelines regarding that statute provided by QQI.
- ii. The current document, setting out the constituent parts of the institution's quality assurance regime, is aligned with the guidelines set out in the 2016 publication, Statutory quality assurance guidelines developed by QQI for use by all providers, and the evaluation of those processes in the institution is followed in consultation with QQI.

| QA documentation | Status |
|--|--------|
| a/ QQI accreditation reports and responses | |
| b/ Correspondence with QQI | |

12. Concluding remarks

American College Dublin is committed to practicing quality assurance in a way that delivers the optimal benefits to students and staff. This document sets out the policies and procedures which underpin the College's current practice of quality assurance. The Quality Assurance Manual is the definitive source of quality policies and procedures used in American College Dublin, both as part of the compliance with Irish legislation and QQI, and as a useful internal reference source to help the smooth administrative functioning of the College.

Many of the quality policies, regulations and procedures described in this manual have in their essential forms been in place in the College since its foundation in 1993. Although these practices are not always accompanied by the phrase 'quality assurance' or its derivatives, the forms into which they have been developed and continue to develop support the administrative processes and the design, delivery and assessment of the College's academic programmes. Documentation of these arrangements provides a definitive reference of process for the College staff, and it also furnishes evidence that the College continues to meet the external accreditation requirements and standards for the quality provision of its programmes.

The Quality Assurance Manual and the procedures it sets out are overseen by the College's Quality Assurance Officer, reporting to the Academic Council, and are updated both on an ongoing basis as necessary, and through a formal review annually. Feedback from all stakeholders in the College is welcomed in the process of updating and improving the document and the processes it describes. The Manual is designed to be comprehensive, accessible and as easy as possible to use, so as help ensure reasonable adherence to the administrative practices of the College in pursuing its academic mission.

Quality procedures and arrangements are kept under continuous review by the College management, following feedback and consultations with staff and students. Periodic and regular review and general improvement of administrative structures, regulations and procedures is essential for continued effective development, delivery and assessment of the College as an educational institution. The student learning experience is affected not just by direct teaching, learning and assessment processes, but is also strongly influenced by many related factors, such as the physical environment, the learning support provided, and the learners' broader engagement with College life.

The philosophy underlying the Quality Assurance Manual is to provide a structural basis for recording and evaluating the processes and procedures that support higher education academic activities. American College Dublin has always taken pride in maintaining a close relationship with its students, enabling not only to acquire formal education but also to grow and develop as valuable people and members of the community. The Quality Assurance Manual offers an administrative context for the College to continue to prioritize student needs and requirements in a way that supports high standards of student care.

It is the College's conviction that the Quality Assurance Manual should be more than a mere accreditation compliance exercise: it is much more useful to seek to explore the full potential of adapting quality assurance processes so that they assist in serving higher learning and administrative effectiveness and functioning. In this sense the Quality Assurance Manual is a living document, which the College continues to update and revise in the light of experience and feedback provided from all areas of its operation. The present latest version of the Quality Assurance Manual is therefore a helpful step in the ongoing efforts to run ACD effectively and to seek to improve its functioning as a good higher education institution.

13. Appendices

13.1 External Peer Reviewer's Report form

| | | | | | | |
|--|--|--------------|---------------|---------------|---------------|---------------|
|  <p style="text-align: center;">External Peer Reviewer's Report 2020/21</p> <p style="text-align: center;">American College Dublin</p> | | | | | | |
| Date | | | | | | |
| Programme Details | Programme Reference ¹ | | | | | |
| | Award Title: | | | | | |
| | Area Of Specialisation (ISCED CODE): | | | | | |
| | Main Modes of Delivery Offered: | | | | | |
| | Stage (1,2,3,4,..., or Award Stage): | | | | | |
| | Semester (if applicable indicate whether first or Second): | | | | | |
| Classification Distribution and Trend | | Current Year | Previous Year | Previous Year | Previous Year | Previous Year |
| | % H1/D | | | | | |
| | % H21/M1 | | | | | |
| | % H22/M2 | | | | | |
| | % P | | | | | |
| Completion Rate Data | Number who started the programme | | | | | |
| | Number who started the stage | | | | | |
| | Number who completed the stage | | | | | |

¹ The institution should complete the factual parts of the cover sheet before forwarding the template to the External Peer Reviewer.

| | | |
|---|---|--|
| | (i.e. attempted final stage examinations) | |
| External Peer Reviewer Details | Name | |
| | Main Employment | |
| | Email address | |
| | Other contact details | |
| Please consult QQI's document <i>Effective Practice Guidelines for External Examining, Revised February 2015</i>, for more detailed information concerning expectations. | | |
| In presenting opinions under the following headings the External Peer Reviewer should make national and international comparisons. | | |

The Evidence Considered

*The purpose of this section is to indicate how well informed the External Peer Reviewer is about the institution, the programme and its context. Summarize the documentary evidence considered (see QQI's document *Effective Practice Guidelines for External Examining, Revised February 2015*) and any visits, meetings and interviews with learners and academic staff and others.*

Minimum Intended Programme Learning Outcomes

The purpose of this section is to comment on the educational objectives including their explicitness, appropriateness and consistency standards with the relevant awards standards and the National Framework of Qualifications. If there are gaps these should be identified. If the standard is too low this must be stated explicitly so that it can be addressed.

Actual Attainment of Learners

This section should present the External Peer Reviewer's informed perception of the actual attainment of learners (knowledge, skill and competence). This is the most important finding of the external peer review process. This should be based on consideration of:

- The institution's assessment instruments (e.g. assessment strategies, examination papers, marking schemes), procedures and findings*
- Representative samples of learner responses to assessment tasks (e.g. examination scripts, dissertations, etc.)*
- Interviews with learners*
- Benchmarking data prepared by the institution*
- Any other appropriate evidence*

In presenting those perceptions the External Peer Reviewer should make national and international comparisons. Opinions (e.g. satisfaction with the actual attainment) should be explained (e.g. by outlining the rationale and criteria).

The Programme

Often External Peer Reviewers' experience of the programme might lead to suggestions about particular aspects of the programme. This might involve the curriculum or the approach to teaching and learning. This section should identify some notable strengths and areas for improvement. It is not intended that the external reviewer would attempt systematically to review the programme.

Assessment Procedures

The External Peer Reviewer plays a vital role in the ongoing quality assurance and enhancement of assessment. This section should address:

- The quality of the assessment instruments (programme and module strategies, examination papers, dissertation guidelines, etc.) and scoring rubrics/schemes etc.*
- The fairness, consistency and fitness for purpose (valid, reliable, authentic, robust) of assessment procedures.*
- The reliability of the provider's benchmarking of its assessment procedures.*

Trends

Evidence concerning the extent to which teaching, learning and assessment arrangements have changed in response to the feedback provided by previous External Peer Reviewer reports; and

Progress on recommendations in recent External Peer Reviewer and other relevant reports on the programme.

Conclusions and Recommendations

External Peer Reviewer's signature, date

13.2 Annual Internal Programmatic Review form

Annual Internal Programmatic Review, 2020/21

Programme:

Academic content:

Assessment processes and effectiveness:

Student performance:

Student satisfaction:

Resources:

External examiner comments:

Comparative trends:

Industry and external environment considerations:

Recommendations:

13.3 Re-check and Review form

American College Dublin RE-CHECK AND REVIEW FORM

SECTION A – TO BE COMPLETED BY LEARNER AND BUSINESS OFFICE

Learner Name: _____ **Learner Number:** _____

Module under review (only one module should be entered): _____
(code & subject title)

Address to which correspondence on the review should be sent: _____

Learner's signature: _____

Type of review requested (See note 1 below; tick one):

Re-check (€10.00): _____

Review (€50.00): _____

State briefly why you want your grade reviewed (this need only be entered in the case of a full grade review): _____

Signature from Business Office confirming receipt of review fee: _____

(See note 2 below)

SECTION B – TO BE COMPLETED BY INTERNAL EXAMINER AND HEAD OF DEPARTMENT

Outcome of re-check / review (see note 3 below; for internal College use only):

The original grade stands for the following reason(s): _____

The grade has been adjusted for the following reason(s): _____

-
-
-
1. There are two types of review: a re-check involves a check of the arithmetic in calculating the grade and a check of the inputting of the grade on the College's records system; a review involves a complete reassessment of the final examination paper (including a check for technical errors) and any other relevant circumstances cited by the learner. The charge for a re-check is €10.00 per module; the charge for a review is €50.00 per module. In either case, if the re-check or review results in the grade being raised, the fee is refunded in full to the learner.
 2. The College can only accept a re-check or review that is presented to the Academic Office with this form and the appropriate fee paid within ten working days of the posting of final results. The Academic Office can only accept the re-check/review form if the Business Office has signed to indicate that it has received the required payment.
 3. Once the re-check/review request has been considered by the Internal Examiner and the relevant academic staff, they report on their findings to the Internal Learner Learning Assessment Board; this board discusses the findings and makes a final decision on the outcome of the grade review. The chairperson of the Internal Learner Learning Assessment Board then writes to the learner to inform him or her of the outcome of the review.
 4. Appeals of a review outcome must be submitted in writing within 14 days of receipt of formal notification of the review outcome.

Internal Examiner: _____ **Registrar:** _____

Signed: _____ **Signed:** _____

Date: _____ **Date:** _____

13.4 Marking scheme and grade descriptors

Source: *Assessment and Standards*, QQI. Revised 2013; 3. Sectoral Conventions for Assessment, pgs. 20 -26)

The following tables describe the classifications available for the major awards currently applicable to ACD (made by QQI or by recognised institutions under delegated authority) in the National Framework of Qualifications (NFQ). They also specify the required boundary values for grade point average (GPA) and percentage point average (PPA) where the acronyms are defined by Sectoral Convention 4.

The following tables describe the classifications available for the major awards currently applicable to ACD (made by QQI or by recognised institutions under delegated authority) in the National Framework of Qualifications (NFQ). They also specify the required boundary values for **grade point average (GPA)** and **percentage point average (PPA)** where the acronyms are defined by Sectoral Convention 4.

| Classification of Honours Bachelor's degrees (Level 8) and Higher Diplomas (Level 8) | GPA boundary values | PPA boundary values | Description 2009 - 2010 and following |
|--|---------------------|---------------------|--|
| First-class honours | 3.25 | 70% | Indicative descriptor: Achievement includes that required for a Pass and in most respects is significantly and consistently beyond this |
| Second-class honours Grade 1 | 3.0 | 60% | Indicative descriptor: Achievement includes that required for a Pass and in many respects is significantly beyond this |
| Second-class honours Grade 2 | 2.5 | 50% | Indicative descriptor: Achievement includes that required for a Pass and in some respects is significantly beyond this |
| Pass | 2.0 | 40% | Definitive descriptor: Attains all the minimum intended programme learning outcomes |

| Classification of Taught Master's degrees (Level 9) | GPA boundary values | PPA boundary values | Description 2009 - 2010 and following |
|---|---------------------|---------------------|--|
| First-class honours | 3.25 | 70% | Indicative descriptor: Achievement includes that required for a Pass and in most respects is significantly and consistently beyond this |
| Second-class honours | 3.0 | 60% | Indicative descriptor: Achievement includes that required for a Pass and in many respects is significantly beyond this |
| Pass | 2.0 | 40% | Definitive descriptor: Attains all the minimum intended programme learning outcomes |

Alphabetic grades and grade point values are defined by the following table.

| Description | Alphabetic grade | Grade point value |
|------------------------------------|------------------|-------------------|
| <i>Passing grades</i> | A | 4.0 |
| | B+ | 3.5 |
| | B | 3.0 |
| | B- | 2.75 |
| | C+ | 2.5 |
| | C | 2.0 |
| <i>Pass by compensation</i> | D | 1.5 |
| <i>Outright fail</i> | F | 0 |

The grade point average (GPA) for a stage is the credit-weighted mean of the grade point values for the constituent modules. No credit is allocated to a learner in respect of modules which are failed outright. To gain an overall pass in a stage where the alphabetic grading system is used, there are three requirements: 1. no F grades 2. a GPA of 2.0 or greater.

| Grade | Percentage band | Indicative descriptor |
|-------|-----------------|--|
| A | 80 - 100 | Achievement includes that required for a Pass and, in most respects, is significantly and consistently beyond this |
| B+ | 70 - 79 | Achievement includes that required for a Pass and, in most |

| | | |
|----|---------|---|
| | | respects, is significantly and consistently beyond this |
| B | 60 - 69 | Achievement includes that required for a Pass and, in many respects, is significantly beyond this |
| B- | 55 - 59 | Achievement includes that required for a Pass, and in some respects, is significantly beyond this |
| C+ | 50 - 54 | Achievement includes that required for a Pass and is beyond this in some respects |
| C | 40 - 49 | Attains all the minimum intended programme learning outcomes |
| D | 35 – 39 | Pass by compensation |
| F | 0 - 34 | Outright fail |

13.5 Assessing oral presentations

Written work such as term essays or final examinations is in some respects less problematic to assess than the more volatile live oral class presentations, whose assessment relies more on impressionistic and subjective on-the-spot evaluation. To ensure maximum objectivity and transparency in grading oral presentations, ACD lecturers use the following assessment rubric:

Class presentation: assessment rubric

| | Content | Structure | Audience engagement |
|---------------------------------------|--|--|---|
| A (excellent: 80–100%) | accurate, exhaustive, relevant to the topic | effective introduction, development of argument, and conclusion; appropriate timing; total control over presented material | High ability to hold audience's attention and interest throughout the presentation |
| B+ (very good: 70–79%) | accurate, comprehensive, with a high degree of relevance to the topic | good control over material; clear transition from introduction to development to conclusion | good ability to hold audience's attention and interest for most of the presentation |
| B (good: 60–69%) | fairly accurate, some omission of material, mostly relevant to the topic | fair amount of control over material; some imbalance between introduction, development, and conclusion | considerable ability to hold audience's attention and interest most of the time |
| B- (above average: 55–59%) | clear omission of relevant material, inaccuracies | problems with control of the structure of presentation; inadequate introduction or conclusion | problems with keeping audience's attention and interest for parts of the time |
| C+ (fair: 50–54%) | considerable gaps in relevant material | problems with overall coherence and order of argument | considerable struggle to hold audience's attention and interest |
| C (pass: 40–49%) | serious omissions of relevant material | lack of overall coherence, omission of introduction or conclusion | poor ability to hold audience's attention |
| D (poor: 35–39%) | material mostly irrelevant, poor preparation | incoherent and improvised presentation | inability to hold audience interested |
| F (fail: 0–34%) | inadequate preparation, material mostly irrelevant | chaotic, incoherent, and confused structure of presentation | lack of engagement with audience |

13.6 Group work assessment

Group work assessment has been utilized in many of the modules especially in the business programmes since the College's foundation. Group work and team projects are valued as formative and summative assessment tools which assess the learner's ability to apply and articulate learning outcomes collaboratively, develop team working skills and share responsibility in a joint academic endeavour.

Learners can either be placed in groups or asked to arrange their own groups. Group members are directed to participate equally in group work. The learners are advised by the lecturers that any problems occurring within the group should be initially be dealt with, and a solution sought by, the group members themselves. If this is not possible then the lecturer will intervene to resolve the issue. If a successful solution is still not forthcoming the head of programme or Academic Dean meets with the lecturer and group members. All points of view are aired and a consensus arrived at.

Group members' participation in projects is determined through feedback and discussion in the preparation phase and in the group presentation. Further examination can be done in the questions and answers session at the end of the presentation.

Groups are marked as a unit for the written project, whereas individual marks are assigned in the presentation. In all modules, the majority (80%) of the group work grade is awarded for the group work written report and/or class presentation. The written reports are assessed according to the applicable assessment criteria described in the QA Manual, while class presentations are assessed according to the guideline rubric which follows:

Class presentation: assessment rubric

| | Content | Structure | Audience engagement |
|-----------------------------------|--|--|---|
| A (excellent: 80–100%) | accurate, exhaustive, relevant to the topic | effective introduction, development of argument, and conclusion; appropriate timing; total control over presented material | High ability to hold audience's attention and interest throughout the presentation |
| B+ (very good: 70–79%) | accurate, comprehensive, with a high degree of relevance to the topic | good control over material; clear transition from introduction to development to conclusion | good ability to hold audience's attention and interest for most of the presentation |
| B (good: 60–69%) | fairly accurate, some omission of material, mostly relevant to the topic | fair amount of control over material; some imbalance between introduction, development, and conclusion | considerable ability to hold audience's attention and interest most of the time |
| B- (above average: 55–59%) | clear omission of relevant material, inaccuracies | problems with control of the structure of presentation; inadequate introduction or conclusion | problems with keeping audience's attention and interest for parts of the time |

| | | | |
|--------------------------|--|---|---|
| C+ (fair: 50–54%) | considerable gaps in relevant material | problems with overall coherence and order of argument | considerable struggle to hold audience's attention and interest |
| C (pass: 40–49%) | serious omissions of relevant material | lack of overall coherence, omission of introduction or conclusion | poor ability to hold audience's attention |
| D (poor: 35–39%) | material mostly irrelevant, poor preparation | incoherent and improvised presentation | inability to hold audience interested |
| F (fail: 0–34%) | inadequate preparation, material mostly irrelevant | chaotic, incoherent, and confused structure of presentation | lack of engagement with audience |

The remaining 20% of the group work grade is awarded according to the four 5% divisions below. The examiner interviews and interacts with the groups on a regular basis during the course of the group work exercise and on the basis of these meetings assesses the precise numerical value to award within each of the bands. All learners within the group receive the same grade.

Group work functioning: assessment rubric

| Marks out of 100 | 0–39 | 40–59 | 60–79 | 80–100 |
|--|---|---|---|--|
| Decision making | –One learner dominates decision-making. | –Some learners contribute to decision-making. | –Most learners contribute to decision-making. | –All learners contribute to decision-making. |
| Group dynamics and interaction | –Learners frequently interrupt and/or are disruptive. –Learners do not ask questions or build on others' comments. | –Learners pay attention to group discussions. –Some learners ask questions and build on others' comments. | –Responses indicate active listening. –Most learners ask questions and build on others' comments. | –All learners respect and encourage the views of others. –All learners ask questions and seek clarification. –All learners build on others' comments. |
| Contribution | –Learners do not contribute in positive ways to the group work. | –Some learners contribute positively to the group work. | –Most learners contribute positively to the group work. | –All learners consistently contribute in a positive way to the group work. |
| Group planning and task achievement | –Learners have difficulty sequencing steps. –Exercises and final report are not completed on time. | –With assistance, learners are able to sequence steps. –Rush to complete exercises and final report. –Inefficient division of tasks | –Learners complete a sequence of steps. –Completion of exercises and final report on time. –Efficient allocation of | –Learners complete a clear and logical sequence of steps. –Completion of exercises and final report on time and with appropriate analysis, reflection and revision. |

| | | | | |
|--|--|-----------------------|-----------------------------|---|
| | | and responsibilities. | responsibilities and tasks. | –Learners volunteer to take responsibilities and tasks. |
|--|--|-----------------------|-----------------------------|---|

13.7 Performing Arts assessment rubrics

For Performing Arts, the additional rubrics below are used.

Acting and voice exercises are assessed according to the following rubric:

| Grade | Concentration | Imagination | Movement | Reaction | Memorization |
|--------------|---|--|--|---|--|
| A | Total immersion in character and scene | Total engagement with character, props, and setting | Fully believable, “natural” body movement and gesture | Character behaviour appears fully spontaneous and natural | Total ownership of the lines, organic stage business |
| B+ | Convincing identification with character and scene | Creative invention of vocal and physical behaviour to create a character | Body movement and gesture convincing and consistent with character and scene | Reactions believable and consistent with character and scene | Full memorization and believable line delivery |
| B | Good focus on character and scene | Convincing expression of character engaging with props and setting | Appropriate and believable but technical blocking | Most of the actor’s responses are congruent with character and scene | Competent if not fully emotionally convincing line delivery |
| B- | Superficial identification with character and scene | Stereotyped construction of character, lacking subtlety and nuance | Occasional lapses in blocking | Responses often incongruent with character or badly timed | Lines sound rote and disconnected |
| C+ | Self-conscious, insecure performance | Mechanical delivery of lines, unconvincing characterization | Mechanical body movement, not always consistent with character | Reactions often either too fast or too slow, incongruous with character and scene | Mechanical line delivery without meaning what one says |
| C | Occasional losses of concentration, poor immersion in character and scene | Distracted, unbelievable characterization | Incoherent blocking mismatched with character emotion | Physical reactions frequently distracted and unmotivated | Occasional loss of lines, delivery without meaning or conviction |
| D | Frequent lapses of concentration, loss of character, | Problems with understanding character, props, and setting | Unmotivated or improvised blocking | Unmotivated, incongruous reactions to other actors, props and setting | Frequent loss of lines, failure to understand their meaning |
| F | Incomprehension of character and | Wrong characterization, incomprehension of dramatic and | Unprepared performance, incoherent and | Incomprehension of character behaviour, totally | Lines or parts of text missing, altered meaning |

| | | | | |
|------------------------------|------------------------------|---|-------------------------------|--|
| scene, lack of concentration | emotional meaning of a scene | unmotivated movement out of sync with character | incoherent physical reactions | |
|------------------------------|------------------------------|---|-------------------------------|--|

Musical performances are assessed according to the following rubric:

| Grade | Vocal technique | Acting through song | Individual interpretation | Ensemble singing | Musicianship |
|--------------|---|---|--|---|---|
| A | High level of command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | A high level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | A high level of personal and individual identification with the performed part, combining control and creative and original expression. | A high level of engagement and interaction with other learners' singing parts, harmonies and performance; adds a very high level to the group's overall performance. | Displays a high level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |
| B+ | Superior level of command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | A superior level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | A superior level of personal and individual identification with the performed part, combining control and creative and original expression. | A superior level of engagement and interaction with other learners' singing parts, harmonies and performance; adds a superior level to the group's overall performance. | Displays a superior level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |
| B | Good level of command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | A good level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | A good level of personal and individual identification with the performed part, combining control and creative and original expression. | A good level of engagement and interaction with other learners' singing parts, harmonies and performance; adds a good level to the group's overall performance. | Displays a good level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |
| B- | Adequate level of command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | An adequate level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | An adequate level of personal and individual identification with the performed part, combining control and creative and original expression. | An adequate level of engagement and interaction with other learners' singing parts, harmonies and performance; adds an adequate level to the group's overall performance. | Displays an adequate level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |

| | | | | | |
|-----------|---|--|---|--|---|
| C+ | Passable level of command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | A passable level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | A passable level of personal and individual identification with the performed part, combining control and creative and original expression. | A passable level of engagement and interaction with other learners' singing parts, harmonies and performance; adds a passable level to the group's overall performance. | Displays a passable high level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |
| C | A poor level of command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | A poor level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | A poor level of personal and individual identification with the performed part, combining control and creative and original expression. | A poor level of engagement and interaction with other learners' singing parts, harmonies and performance; adds a passable level to the group's overall performance. | Displays a poor level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |
| D | Inadequate level of command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | An inadequate level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | An inadequate level of personal and individual identification with the performed part, combining control and creative and original expression. | An inadequate level of engagement and interaction with other learners' singing parts, harmonies and performance; adds little to the group's overall performance. | Displays an inadequate level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |
| F | No command and control of breath and support, range, vowel formation, tone, pitch, accuracy. | Unacceptably low level of ability in engaging with the part, inhabiting and projecting the character believably, conveying the meanings of the lyric or lines through singing, speaking, moving. | Barely evident level of personal and individual identification with the performed part, combining control and creative and original expression. | An unacceptably low level of engagement and interaction with other learners' singing parts, harmonies and performance; adds nothing useful to the group's overall performance. | Displays an unacceptably level of competency in understanding and employing musical skills of sight reading, harmonization, musical theory. |

Dance and movement exercises are assessed according to the following rubric:

| Grade | Skill | Presentation | Attitude |
|--------------|---|--|--|
| A | The dancer demonstrates a clear sense of alignment, centre control, flexibility and strength. He/she has a strong sense | The dancer demonstrates a high level of concentration, energy and confidence | The dancer demonstrates a high effort of professionalism by arriving to class on time, |

| | | | |
|-----------|---|---|---|
| | of musicality and the ability to assimilate corrections. | when executing movement in class. | dressing properly, and being prepared to dance |
| B+ | The dancer demonstrates a superior awareness of alignment, centre control, flexibility and strength. | The dancer demonstrates a superior level of concentration, energy and confidence when executing movement in class. | The dancer demonstrates a superior effort of professionalism by arriving to class on time, dressing properly, and being prepared to dance |
| B | The dancer demonstrates a good awareness of alignment, centre control, flexibility and strength. | The dancer demonstrates a good level of concentration, energy and confidence when executing movement in class. | The dancer demonstrates a good effort of professionalism by arriving to class on time, dressing properly, and being prepared to dance |
| B- | The dancer demonstrates an adequate understanding of alignment, centre control, but lacks in flexibility and strength. | The dancer demonstrates an adequate level of concentration, energy and confidence when executing movement in class. | The dancer demonstrates some effort of professionalism by arriving to class on time, dressing properly, and being prepared to dance |
| C+ | The dancer demonstrates a passable understanding of alignment, centre control, but lacks in flexibility and strength. | The dancer demonstrates passable levels of concentration, energy and confidence when executing movement in class. | The dancer demonstrates passable efforts of professionalism by generally arriving to class on time, dressing properly, and being prepared to dance. |
| C | The dancer is under-developed in alignment, centre control, flexibility. Further work is needed at current level. | The dancer demonstrates a low level of concentration, energy and confidence when executing movement in class. | The dancer lacks in effort of professionalism by arriving to class tardily, dressing improperly, and not being prepared to dance |
| D | The dancer lacks an understanding of alignment and centre control. He/she lacks in flexibility, musicality and the ability to pick up combinations. | The dancer demonstrates a poor level of concentration, energy and confidence when executing movement in class. | The dancer lacks in effort of professionalism by frequently arriving to class tardily, dressing improperly, and not being prepared to dance |
| F | The dancer demonstrates none of the required dance skills at an acceptable level | The dancer demonstrates unacceptable levels of concentration, energy and confidence when executing movement in class. | The dancer lacks in effort of professionalism by constantly arriving to class tardy, dressing improperly, and not being prepared to dance |

13.8 Grading scheme for all programmes

Alphabetic grades and grade point values are defined by the following table.

| Description | Alphabetic grade | Grade point value |
|------------------------------------|------------------|-------------------|
| <i>Passing grades</i> | A | 4.0 |
| | B+ | 3.5 |
| | B | 3.0 |
| | B- | 2.75 |
| | C+ | 2.5 |
| | C | 2.0 |
| <i>Pass by compensation</i> | D | 1.5 |
| <i>Outright fail</i> | F | 0 |

The grade point average (GPA) for a stage is the credit-weighted mean of the grade point values for the constituent modules. No credit is allocated to a learner in respect of modules which are failed outright. To gain an overall pass in a stage where the alphabetic grading system is used, there are three requirements: 1. no F grades 2. a GPA of 2.0 or greater.

| Grade | Percentage band | Indicative descriptor |
|-------|-----------------|--|
| A | 80 - 100 | Achievement includes that required for a Pass and, in most respects, is significantly and consistently beyond this |
| B+ | 70 - 79 | Achievement includes that required for a Pass and, in most respects, is significantly and consistently beyond this |
| B | 60 - 69 | Achievement includes that required for a Pass and, in many respects, is significantly beyond this |
| B- | 55 - 59 | Achievement includes that required for a Pass, and in some respects, is significantly beyond this |
| C+ | 50 - 54 | Achievement includes that required for a Pass and is beyond this in some respects |
| C | 40 - 49 | Attains all the minimum intended programme learning outcomes |

| | | |
|---|---------|----------------------|
| D | 35 – 39 | Pass by compensation |
| F | 0 - 34 | Outright fail |

13.9 Summary Check list**Summary Check List**

Date:

1. Governance and management of quality**1.1. Mission and vision and the strategic plan**

| QA documentation | Status |
|--|--------|
| a/ Current Strategic Plan | |
| b/ Annual review of the Strategic Plan | |

1.2.1 Governing body

| QA documentation | Status |
|--|--------|
| a/ Minutes of Board of Trustees meetings | |
| b/ Board evaluations of President | |
| c/ Board self-evaluations | |

1.2.2 Senior Management Committee

| QA documentation | Status |
|---|--------|
| a/ Minutes of meetings | |
| b/ Follow-up on decisions for action as appropriate by minuted reporting back at next meeting | |

1.2.3 Academic Council

| QA documentation | Status |
|--|--------|
| a/ Maintenance of minutes of meetings | |
| b/ Review of Quality Assurance processes and approval of new QAM | |
| b/ Strategic Plan annual review and quinquennial review | |
| c/ Follow-up on decisions for action by minuted reporting back at next meeting | |

1.2.4 Academic Committee

| QA documentation | Status |
|--|--------|
| a/ Maintenance of minutes of meetings | |
| b/ Follow-up on decisions for action by minuted reporting back at next meeting | |
| c/ External Peer Reviewer reports and College responses | |
| d/ Learner feedback forms and commentary by Academic Committee | |

| | |
|--|--|
| e/ Annual Internal Programmatic review form | |
| f/ Statistical data analysis of pass/fail rates, progression rates, completion rates | |

1.2.5 Internal Student Learning Assessment Board

| QA documentation | Status |
|---|--------|
| a/ Maintenance of minutes of meetings | |
| b/ Follow-up on decisions by minuted reporting back at next meeting | |
| c/ Note of review and sign-off on each module's grade sheet | |

1.2.6 External Peer Review Board

| QA documentation | Status |
|--|--------|
| a/ Maintenance of minutes of meetings | |
| b/ Signed broadsheets and covering correspondence to QQI | |

1.2.7 Admissions Committee

| QA documentation | Status |
|---|--------|
| a/ Maintenance of minutes of meetings and follow-up | |
| b/ Reports and minutes to Academic Council | |

1.3.1 Processes, evaluation, follow-up

| QA documentation | Status |
|---|--------|
| a/ Current Strategic Plan | |
| b/ Annual review of the Strategic Plan | |
| c/ Quality Assurance Manual review and report to Academic Council | |
| d/ Academic Council minutes | |

1.3.2 Resources

| QA documentation | Status |
|---|--------|
| a/ Current Strategic Plan, including line-item costings | |
| b/ Annual review of the Strategic Plan | |
| c/ Annual budgetary projections and updates; regular ongoing updates, analysis and decision making based on weekly and monthly cash flows | |
| d/ Audited accounts, including review and approval by the Board | |

1.3.3 Embedding a quality culture

| QA documentation | Status |
|--|--------|
| a/ Current Quality Assurance Manual | |
| b/ Annual review of the QAM (Academic Council minutes) | |
| c/ QAM on the College website | |
| d/ Recorded minutes and reports of College meetings | |

2. Documented approach to quality assurance

2.1 Documented policies and procedures

| QA documentation | Status |
|--|--------|
| a/ Academic Council minutes on proposed amendments to QAM | |
| b/ Current and preceding versions of QAM | |
| c/ Correspondence and other feedback on changes and updates to quality assurance practice and the QAM | |
| d/ QAM documentation checklist reviewed, evaluated and signed off by Academic Council at the end of each academic year | |

2.2 A comprehensive system

| QA documentation | Status |
|--|--------|
| a/ Academic Council minutes on proposed amendments to QAM | |
| b/ Current and preceding versions of QAM | |
| c/ Correspondence and other feedback on changes and updates to quality assurance practice and the QAM | |
| d/ QAM documentation checklist reviewed, evaluated and signed off by Academic Council at the end of each academic year | |
| e/ Strategic Plan, including its annual review. | |

3. Programmes of education and training

3.1.1 New modules and major modifications to existing ones

| QA documentation | Status |
|--|--------|
| a/ Relevant Academic Committee documentation as noted above at 1.2.4 | |

3.1.2 New programmes and major modifications to existing ones

| QA documentation | Status |
|------------------|--------|
| | |

| | |
|--|--|
| a/ Maintenance of minutes of Academic Committee, Academic Council and SMC meetings | |
| b/ Outline plan of proposed programme | |
| c/ Programme document | |
| d/ QQI programme validation submission, if applicable | |

3.2 Learner admission, progression and recognition

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.1 Applicants with recognized prior learning

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.2 International applicants

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.3 English language requirements

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.4 Applicants with disabilities

| QA documentation | Status |
|------------------|--------|
| | |

| | |
|--------------------------------|--|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.5 Fraudulent applications

| QA documentation | Status |
|--------------------------------|--------|
| a/ Current Admissions Handbook | |
| b/ Current Catalogue | |
| c/ Current QAM | |
| d/ Learner applicant files | |

3.2.6 Monitoring and action on learner progression and completion rates

| QA documentation | Status |
|---|--------|
| a/ Maintenance of minutes of meetings of internal and external assessment review boards, Academic Committee, Academic Council | |
| b/ External Peer Reviewer reports and College responses | |
| c/ Learner feedback forms and commentary by Academic Committee | |
| d/ Annual Internal Programmatic review form | |
| e/ Statistical data analysis of pass/fail rates, progression rates, completion rates | |

3.3 Programme monitoring and review

| QA documentation | Status |
|--|--------|
| a/ Relevant Academic Committee documentation as noted above at 1.3.4 | |

3.3.1 External programmatic evaluation

| QA documentation | Status |
|--|--------|
| a/ Relevant minutes of working group, Academic Committee, Academic Council and SMC meetings | |
| b/ Research materials for programme evaluation | |
| c/ Self-Evaluation Report | |
| d/ Independent Peer Review Group Report | |
| e/ College response | |
| f/ Application by Academic Council to QQI (or SMC for non-QQI programmes) for revalidation of programmes | |
| g/ Determination by QQI on application for revalidation and response as required | |

4. Staff recruitment, management and development

4.1 Staff recruitment and induction

| QA documentation | Status |
|--|--------|
| a/ Employee files, including curriculum vitae, academic transcripts, references | |
| b/ Contract of employment and employment policies in employee and lecturer handbooks | |
| c/ Faculty development forms | |

4.2 Equal opportunities

| QA documentation | Status |
|--|--------|
| a/ Current Catalogue | |
| b/ Current QAM | |
| c/ Current employee and lecturer handbooks | |

4.3 Staff communication and development

| QA documentation | Status |
|---|--------|
| a/ Contract of employment | |
| b/ Employee development forms | |
| c/ Faculty development forms | |
| d/ Current employee and lecturer handbooks | |
| e/ Academic Committee and SMC meeting minutes | |

4.3.1 Staff evaluation

| QA documentation | Status |
|--|--------|
| a/ Contract of employment | |
| b/ Faculty development forms | |
| b/ Employee development forms | |
| c/ Current employee and lecturer handbooks | |

4.3.2 Learner evaluations

| QA documentation | Status |
|---|--------|
| a/ Learner evaluation forms and covering form recording discussion with teacher and conclusions | |

| | |
|-------------------------------|--|
| b/ Academic Committee minutes | |
|-------------------------------|--|

5. Teaching and learning

5.1 Teaching and learning methods

| QA documentation | Status |
|---|--------|
| a/ Programme learning and assessment strategies in programme document | |
| b/ Module learning and assessment strategies in each syllabus | |
| c/ Faculty Handbook | |
| d/ Academic Committee documentation as in 1.3.4, above | |

5.2 Promoting learning

| QA documentation | Status |
|---|--------|
| a/ Learner evaluation forms and covering form recording discussion with teacher and conclusions | |
| b/ Academic Committee minutes | |
| c/ Academic Council annual review minutes | |
| d/ Student Handbook | |
| e/ Register of Complaints and Grievances | |

5.3 National and international practice

| QA documentation | Status |
|---|--------|
| a/ MSCHE statement of accreditation and related documentation | |
| b/ AAICU membership and related documentation | |
| c/ ASAPI membership and related documentation | |

5.4 Learning environments

| QA documentation | Status |
|---|--------|
| a/ Field trip approval documentation | |
| b/ Internship documentation | |
| c/ Senior Management Committee minutes and papers | |

5.4.1 Evaluating premises, equipment and facilities

| QA documentation | Status |
|---|--------|
| a/ Senior Management Committee minutes and papers | |
| b/ Facilities report | |

| | |
|---------------------------------|--|
| c/ Strategic Plan annual review | |
|---------------------------------|--|

6. Assessment of learners

6.2 Assessment policy

| QA documentation | Status |
|--|--------|
| a/ Statement of programme assessment strategy in programme documentation | |
| b/ Statement of module assessment strategy in each module's syllabus | |
| c/ External Peer Reviewer feedback and College responses | |

6.3 Assessment objectives

| QA documentation | Status |
|--|--------|
| a/ Statement of programme assessment strategy in programme documentation | |
| b/ Statement of module assessment strategy in each module's syllabus | |
| c/ External Peer Reviewer feedback and College responses | |
| d/ Academic Committee minutes | |

6.4 Internal examiners

| QA documentation | Status |
|---|--------|
| a/ Syllabi | |
| b/ Examination papers and marking schemes | |
| c/ Examination scripts | |
| d/ Grade sheets | |
| e/ External Peer Reviewer comments | |
| f/ Internal Learner Learning Assessment Board meeting minutes | |

6.5 External Peer Reviewers

| QA documentation | Status |
|--|--------|
| a/ External Peer Reviewer Report forms, including College responses to extern feedback | |
| b/ College-extern correspondence | |
| c/ Correspondence with regulatory bodies on extern appointments and provision of report copies | |
| d/ Academic Committee minutes | |

6.6 Continuous assessment

| QA documentation | Status |
|---|--------|
| a/ Academic Committee documentation as at 1.2.4 | |

6.7 Final examination regulations

| QA documentation | Status |
|---|--------|
| a/ Current examination regulations | |
| b/ Invigilator reports | |
| c/ Final mark sheets | |
| d/ Academic Office correspondence with learners | |

6.7.1 Guidelines for invigilators

| QA documentation | Status |
|-----------------------------------|--------|
| a/ Current invigilator guidelines | |
| b/ Invigilator reports | |

6.7.3 Re-checks, reviews and appeals

| QA documentation | Status |
|--|--------|
| a/ Completed grade review forms | |
| b/ Internal Learner Learning Assessment Board minutes | |
| c/ Examination scripts and mark sheets | |
| d/ Learner-College correspondence | |
| e/ College correspondence with regulatory bodies, if necessary | |

6.8 Academic discipline

| QA documentation | Status |
|---|--------|
| a/ Intra-College correspondence | |
| b/ Material evidence of academic irregularity or dishonesty | |
| c/ Minutes of learner-College meetings | |
| d/ Learner-College correspondence | |

6.8.1 Plagiarism

| QA documentation | Status |
|---------------------------------|--------|
| a/ Minutes of meetings | |
| b/ Signed plagiarism statements | |

| | |
|-----------------------------------|--|
| c/ Intra-College correspondence | |
| d/ College-learner correspondence | |

6.8.2 Disciplinary procedures (plagiarism)

| QA documentation | Status |
|---|--------|
| a/ Intra-College correspondence | |
| b/ Material evidence of academic irregularity or dishonesty | |
| c/ Minutes of learner-College meetings | |
| d/ Learner-College correspondence | |

6.8.3 Academic discipline in examinations

| QA documentation | Status |
|-----------------------------------|--------|
| a/ Minutes of relevant meetings | |
| b/ Intra-College correspondence | |
| c/ College-learner correspondence | |

6.8.4 Procedures for infringements of academic discipline in examinations

| QA documentation | Status |
|---|--------|
| a/ Intra-College correspondence | |
| b/ Material evidence of academic irregularity or dishonesty | |
| c/ Minutes of learner-College meetings | |
| d/ Learner-College correspondence | |

6.8.5 Appeals procedure

| QA documentation | Status |
|--|--------|
| a/ Written appeal by learner | |
| b/ Intra-College correspondence | |
| c/ Material evidence of grounds for appeal | |
| d/ Minutes of learner-College meetings | |
| e/ Minutes of Academic Council meetings | |
| f/ Learner-College correspondence | |

7. Supports for learners

7.2 Pastoral care

| QA documentation | Status |
|---|--------|
| a/ Programme learning and assessment strategies in programme document | |
| b/ Module learning and assessment strategies in each syllabus | |
| c/ Academic Committee documentation as in 1.3.4, above | |
| d/ Minutes showing learner participation on committees below the Academic Council | |
| e/ Student Union administrative records | |
| f/ Director of Student Life records | |

7.3 Services related to programmes

| QA documentation | Status |
|---|--------|
| a/ Senior Management Committee minutes and papers | |
| b/ Facilities report | |
| c/ ICT Report | |
| d/ Strategic Plan annual review | |

7.3.1 Services related to programmes: students with disabilities

| QA documentation | Status |
|------------------------|--------|
| a/ Admissions Handbook | |
| b/ Catalogue | |
| c/ Student files | |

7.4 Learner representation

| QA documentation | Status |
|---|--------|
| a/ Academic Committee, Academic Council, Senior Management Committee minutes and papers | |
| b/ Learner evaluations and review | |
| c/ Student Union records | |

7.5 Guidance

| QA documentation | Status |
|--|--------|
| a/ Admissions hardcopy materials and website | |

8. Information and data management

8.1 Information systems

| QA documentation | Status |
|---|--------|
| a/ Academic reports generated by information systems | |
| b/ Financial reports generated by information systems | |
| c/ College intranet content | |
| d/ ICT annual report by Director of ICT | |
| e/ Strategic Plan annual review | |

8.3 Information for planning

| QA documentation | Status |
|---|--------|
| a/ Academic reports generated by information systems | |
| b/ Financial reports generated by information systems | |
| c/ Strategic Plan annual review | |

8.4 Records maintenance and retention

| QA documentation | Status |
|--|--------|
| a/ General Data Protection Regulation – institutional policy statement | |
| b/ SMC minutes | |

8.5 Data protection and freedom of information

| QA documentation | Status |
|--|--------|
| a/ General Data Protection Regulation – institutional policy statement | |
| b/ SMC minutes | |

9. Public information and communication

9.2 Student information

| QA documentation | Status |
|--|--------|
| a/ College hardcopy publications | |
| b/ College website (including publications available on the website) | |
| c/ College marketing materials | |

10. Other parties involved in education and training

10.1 Peer relationships with the broader education and training community

| QA documentation | Status |
|----------------------------------|--------|
| a/ QQI accreditation documents | |
| b/ MSCHE accreditation documents | |

10.3 Peer review panellists, examiners and authenticators

| QA documentation | Status |
|--|--------|
| a/ External Peer Reviewer Report forms, including College responses to extern feedback | |
| b/ College-extern correspondence | |
| c/ Correspondence with regulatory bodies on extern appointments and provision of report copies | |
| d/ Academic Committee minutes | |

11. Self-evaluation, monitoring and review

11.1 Institutional internal review, self-evaluation and monitoring

| QA documentation | Status |
|---|--------|
| a/ Academic Committee, Academic Council, SMC and Board of Trustees meetings minutes | |
| b/ Financial audit, budgetary and monthly cash flow documents | |
| c/ Strategic Plan and documented assessment of it | |

11.2 Internal self-monitoring

| QA documentation | Status |
|---|--------|
| a/ Academic Committee, Academic Council, SMC and Board of Trustees meetings minutes | |
| b/ Financial audit, budgetary and monthly cash flow documents | |
| c/ Strategic Plan and documented assessment of it | |

11.3 Self-evaluation, improvement and enhancement

| QA documentation | Status |
|--|--------|
| a/ MSCHE and QQI accreditation reports and responses | |
| b/ Correspondence with regulatory agencies | |

11.4 Institutional quality assurance and engagement with external quality assurance

| QA documentation | Status |
|------------------|--------|
|------------------|--------|

| | |
|--|--|
| a/ QOI accreditation reports and responses | |
| b/ Correspondence with QOI | |