

Clanwilliam Institute

Personal, Relationship and Family Consultancy

Quality Policy and Procedures

DRAFT

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**Higher Education and
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(HETAC)**

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Clanwilliam Institute

Quality Policy and Procedures

Introduction

Clanwilliam Institute is committed to the development and implementation of quality standards and guidelines which ensure best practice and continuous improvement in the design and delivery of educational programmes and clinical services. The Institute has developed an organisational structure and set of procedures informed by its values, ethos and mission. The Institute is committed to maintaining quality assurance procedures which ensure high standards and accountability.

Quality assurance is understood as an ongoing evaluative process which is enacted in ongoing consultation and feedback mechanisms, periodic review and continuous improvements within a dynamic, evolving system.

'Break the pattern which connects the items of learning and you necessarily destroy all quality' (Gregory Bateson, *Mind and Nature*, 1979, P. 8).

The quality assurance procedures are overseen by the Institute's Board of Directors. The implementation of the procedures is the responsibility of the CEO and heads of departments who report to the Board. An Academic Council oversees academic quality and standards on behalf of the Board.

1. Background

Clanwilliam Institute was founded in 1982 with the objective of developing family therapy in Ireland. The goals set by the founders included developing clinical services, training programmes and research activities which would enhance the common good through making this form of psychotherapy and consultation more widely practised and available. Much of the original vision has been accomplished in that the Institute is now recognised as one of the leading centres in the country for the delivery of family therapy services and training.

The Institute is a company limited by guarantee (a not-for-profit organisation) and is thereby bound by the legal requirements of the Companies Acts.

1.1 Mission Statement

Clanwilliam Institute is a non-profit educational and counselling organisation whose mission is to provide high quality, professional and accessible services to the general public including systemic psychotherapy, professional training programmes, organisational consultancy and research. The values of excellence, accountability and transparency guided by ethical rigour and best practice inform all the Institute's activities.

1.2 Philosophy

The Clanwilliam approach to therapeutic practice and training has been constructed from three principal theoretical and philosophical influences - systems theory, social constructionism and the perspective of ethics.

1.2.1 The systemic view emphasises the contextual and relational aspects of human experience. It sees the person as embedded in a social world which s/he is constantly influencing and being influenced by. This approach enables the practitioner to take account of the multi-layered complexity of the many systems within which we live. This focus on context and relationship distinguishes systemic (family) therapy from other forms of psychotherapy.

1.2.2 The Clanwilliam approach identifies with a social constructionist perspective which regards all meaning (and thus identity and problem descriptions) as generated in language between people. Thus, it is through the medium of language that new meanings and resources may be accessed and new relationship configurations achieved.

1.2.3 The Clanwilliam approach seeks to reconcile the continuing tension between achieving an appropriate professional stance and articulating ethical concerns when dealing with issues of inequality, disadvantage and abuse. It is emphasised that there are no neutral stances and all participants are challenged to reflect on their biases and cultural conditioning. To this end there is a strong emphasis on reflexivity in training programmes. Students are encouraged to explore their own family history and to participate in therapeutic processes themselves. Therapy and training are viewed as co-operative, explorative, mutually respectful processes.

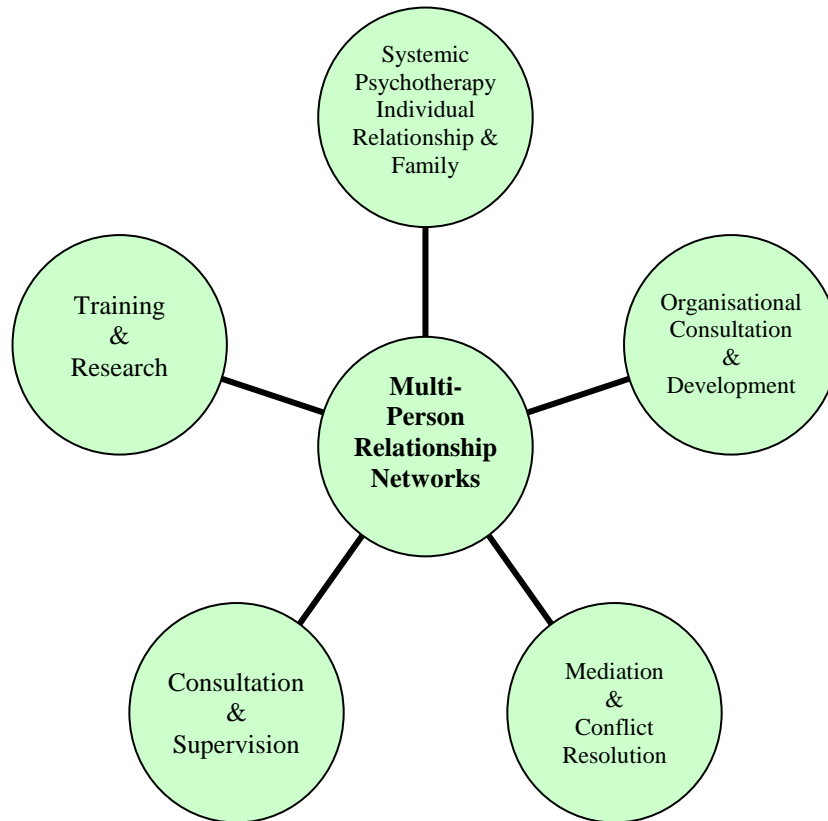
1.3 The Systemic Perspective

Systemic psychotherapy is recognised internationally as a separate modality of psychotherapy practice. Its distinctive feature is the focus, both in terms of theory and practice, on the person-in-context, as the unit of consultation and research. The term *systemic* connotes multi-person relationship networks and organisations. Originally, the primary network of interest to systemic psychotherapists was the family, which gave rise to the popular descriptive title for this field as Family Therapy. Systemic consultation is now deemed to include:

- Systemic psychotherapy
- Mediation
- Training
- Supervision and
- Organisational development and consultation.

Client systems include: individuals, relationship networks, corporate bodies and communities. A systemic perspective appreciates the interdependence of all, attends to the creation of meaning in relationships and social groupings, and promotes the wellbeing of individuals within the wider natural and social systems which they inhabit. Systemic psychotherapy includes a self-reflexive dimension in which the therapist's impact on the context and its effect on him/her are included in all formulations.

Figure 1: Systemic Practice



1.4 Objectives of the Institute

- To develop and deliver high quality postgraduate educational programmes in systemic psychotherapy and related areas;
- To provide effective systemic psychotherapy and consultation in a professional and accountable manner to clients – individuals, families and organisations;
- To initiate and implement research activities which enhance the field of systemic practice and contribute to the welfare of clients;
- To make these services available and accessible to all sectors of society;
- To provide and support ongoing professional development for all its service providers and remain abreast with ongoing developments in the field;
- To motivate, reward and challenge its staff in a context of mutual support and collaboration;
- To have as guiding principles both the achievement of excellence in all of its activities and the values enshrined in the mission statement;
- To conduct its financial affairs with rigour and accountability;
- To establish quality processes and procedures which are clear, reliable, transparent, open to audit and accountable.

In the academic sphere the following objectives also apply:

- Offering choice and flexibility of learning opportunities for students;
- Offering a range of flexible teaching styles appropriate to the learning needs of students;
- Sustaining a responsive, supportive, well resourced learning environment;
- Developing evaluation and assessment methods and approaches which enable growth, empowerment and responsible decision-making in learners;
- Developing an information environment which supports speedy and accurate access to knowledge and which facilitates enquiry and learning;
- Ensuring that student and staff selection policies and strategies are in accordance with the mission of the Institute.

1.5 Structure

The Institute is governed by a Board of Directors elected on a rotational basis by the members (staff) at the AGM. The composition of the Board is at the discretion of the members. Only two managers may serve on the Board at any time.

The Board provides governance for the Institute with final responsibility for legal compliance, solvency, the ratification of policy and overseeing the ethical and quality aspects of the Institute's activities. The ongoing management of the Institute's operations is delegated to the CEO who oversees the implementation of policy and heads a management team composed of heads of departments. See organisational chart below at Figure 2.

1.6 Academic Structures

1.6.1 Academic Council (AC)

The principal role of the AC is to ensure that the educational, training and research programmes delivered by the Institute are meeting the standards required by accrediting bodies, professional organisations and international best practice. The Academic Council shall normally meet at least once a term and have the following responsibilities:

1.6.1.1 Responsibilities of the Academic Council

- Review of detailed programme regulations including assessment and admission regulations, and for the continuing review, operation and development of the programmes in accordance with Institute policy and regulations;
- Continuous monitoring of the programmes and the production of an annual report for each programme to be submitted to the Board;
- Overseeing the planning, co-ordinating and development of the Institute's educational programmes;
- To approve and review, subject to the requirements of the Higher Education and Training Awards Council (HETAC), the regulations for the conduct of assessments and for the evaluation of students' progress;
- Ensuring that student services and other facilities necessary for the delivery of programmes are supplied and maintained;
- Ensuring that procedures for review and rechecks of assessment and for processing student grievances are in place and updated;
- To make recommendations to the Board on programmes of research;
- To exercise any other functions which may be delegated to it by the Board.

1.6.1.2 Composition of the Academic Council

- Chairperson of the Board or their appointee
- Chief Executive
- Head of Training Department/Registrar
- Representatives of the teaching staff of the Institute (2 elected)
- Representatives of the visiting teachers (2)
- Student representatives (2 elected)
- Psychotherapy teacher from another modality

From time to time the AC may delegate its responsibilities to various sub-committees as required.

Figure 2: Organisational Chart: Reporting Relationships





2. Strategic Plan 2006 – 2009

The Strategic Plan 2006 – 2009 has been approved by the Board as the template for development in the near future. Some key features include:

- The educational focus of the Institute being put on the same standing as clinical services;
- Creating a core of employed clinicians and teachers to increase the Institute's ability to deliver services in an ongoing, coherent and high quality manner;
- Increasing profitability in some sectors to permit the delivery of services to the disadvantaged in accordance with the mission;
- Expanding relationships with similar institutes nationally and internationally;
- Achieving accreditation of all educational programmes;
- Upgrading infrastructure and IT resources.

2.1 Goals

Organisation-wide

- Consolidate a cohesive core of employed staff – therapists and teachers;
- Increase low fee services and accessibility to all;
- Promote the creation of teams in the following areas of expertise: mediation, consultancy, organisation consultation, mental health, research;
- Develop and/or support further community-based services;
- Increase systemic and organisational consultancy to other agencies;
- Establish greater links with other Irish voluntary agencies;
- Establish international links;
- Expand CPD (continuing professional development) for staff;
- Achieve representation on national and other policy and planning bodies;
- Increase grant funding from statutory and other sources;
- Review financial plans and departmental budgeting;
- Develop IT infrastructure, including a dynamic website.

Academic

- Achieve masters accreditation for the professional training programme;
- Review training needs of all academic staff;
- Launch new training programme in Cork, 2006;
- Re-launch MSc in Systemic Organisation and Management;
- Provide advanced courses for registered practitioners;
- Expand the Training in Supervision programme (TISP);
- Achieve accreditation for all programmes;
- Increase links with other educational establishments;
- Develop an alumni association;

- Enhance student support services.

2.2 Strategies

- Increase funding available;
- Recruit additional staff;
- Pinpoint market gaps;
- Develop marketing strategy;
- Promote services and courses;
- Review organisational structure;
- Set clear achievable objectives with accountability and responsibilities clearly demarcated.

2.3 Factual Review of the Institute

2.3.1 Historical Overview

Clanwilliam Institute has been in operation for almost twenty five years. During that time it has come to be recognised as one of the leading centres in both the provision of systemic psychotherapy and consultation services and the delivery of advanced professional training and education for health professionals.

2.3.2 Clinical Services: developments and accomplishments

The clinical department has developed and expanded over the years with the provision of professional psychotherapy services to individuals, couples and families presenting with a wide range of difficulties in their lives. The number of therapists providing services on behalf of Clanwilliam has increased to a current level of sixteen based in the Dublin offices and fourteen at key locations throughout the country. The majority of clients are seen in Dublin while a national service is provided for some organisations and the HSE on a contractual basis, using external consultant therapists most of whom have completed their professional training with Clanwilliam Institute.

Clinical services have been provided on a one-to-one basis, in groups and in organisations. Clanwilliam has also provided stress management courses, alcohol and addiction services, bereavement support groups for parents, children's groups for children whose parents have separated, groups for people with eating disorders and mental health consultations.

Services to organisations

The Institute also has provided organisational consultancy, employment assistance programmes and supportive facilitation in organisations where sudden and traumatic events have taken place as well as educational workshops for staff in companies on a wide variety of topics including parenting, stress management and managing relationships.

Community-based services

Clanwilliam has partnered and supported the development of a two community-based counseling services in the Dublin region. One of these services has subsequently been independently financed by the HSE, the other is based in a School Completion Project and is directly linked to Clanwilliam and staffed by senior trainees.

Staff profile

The clinical department has also provided ongoing continuing professional development opportunities for all its therapists. The number of staff on the Clanwilliam Institute

payroll at May 2006 is 8. This is in addition to the 16 part-time contracted therapists based in the Dublin office and 14 part-time contracted therapists operating in all the major cities and towns. An additional twelve teachers/seminar presenters are paid on a sessional basis. There are six Clinical Supervisors and two Personal and Professional Development (PPD) group leaders who all form part of the teaching faculty and are contracted to provide teaching/clinical supervision on an annual basis.

All members of Clanwilliam Institute’s consultancy staff have a primary professional qualification and experience followed by professional psychotherapy training and qualification. All are registered members of the Family Therapy Association of Ireland (FTAI) and the Irish Council for Psychotherapy (ICP). Primary disciplines include: psychology, social work, child care, medicine and nursing.

All supervisors who have direct responsibilities for students’ clinical practice have a minimum of five years practice experience and are registered supervisors with FTAI. Many of the senior practitioners are also holders of the European Certificate in Psychotherapy.

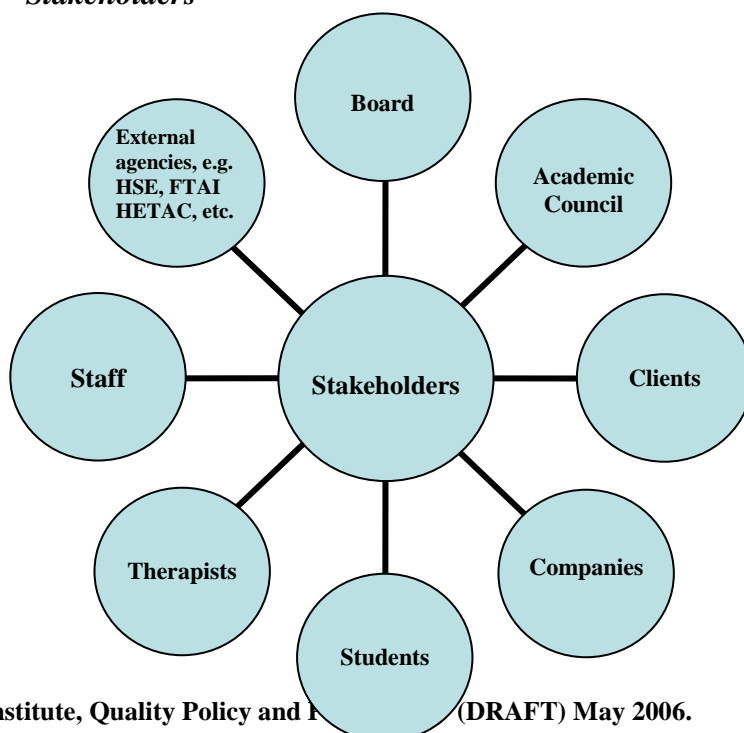
2.3.3 Academic developments and accomplishments

Since its inception Clanwilliam has been a pioneer in developing a wide variety of education and training programmes and has continued to develop and enhance the quality of its professional training programme in an ongoing way.

Clanwilliam has run the following programmes:

- Diploma in family therapy (professional postgraduate training) – Dublin, Nenagh, Dundalk;
- MSc in systemic organisation and management in collaboration with the University of Sunderland, UK;
- Accredited mediation training programme;
- Foundation year in family therapy training programme;
- Training-in-supervision programme;
- SEPTIMUS - online programme in foundation level counseling skills. As part of 8-country European research project.

Figure 3: Stakeholders



2.4 Environmental Audit

2.4.1 External

General

The recent decade has witnessed dramatic demographic and economic changes in Irish society including a significant rise in immigration, an increasing number of single parent families and couples living separately and an increase in mental health difficulties, particularly amongst young people. According to the Report of the Expert Group on Mental Health Policy (Govt. Publications, 2006), a quarter of the population will experience a mental health difficulty at some point in their lives. In 2004, 457 people in Ireland took their own lives (356 males and 101 females). Approximately 10% of adolescents aged 13-19 have a depressive disorder. This has implications for planning and developing our responses to mental health difficulties.

Between 1996 and 2002 the Census demonstrated an increase in couples without children from 11% to 38.7% bringing new issues to our work with couples. In this period the numbers of separated couples has increased from 87,800 in 1996 to 133,800 in 2002. The resultant effect has been an increased demand to provide support to couples and families adjusting to separation.

A recent UN publication (*Family-Challenges for the Future*, 1996) points out that these changes include demographic trends, social and cultural changes, economic developments, technological innovation, changing employment patterns, migration, the quest for equality between men and women, widening opportunities for women, shifts in values - particularly towards those supporting individualism which have all had a major impact globally. In addition the shift in definitions of relationship and what constitutes family, as suggested by the UN report, requires us to be cognisant of all these issues in planning our responses to our clients' and students' needs.

Academic

Change in the Irish educational environment has seen a rise in academic standards and employer demands for qualifications, together with more stringent registration processes for health professionals generally - including psychotherapists. This has resulted in an increasing number of students seeking qualifications at Masters level. This has led to the Institute's decision to seek formal academic accreditation for its primary training programme as a first step in having all programmes similarly validated by the appropriate bodies.

2.4.2 Internal

Perceived strengths

- Clanwilliam Institute is well positioned to provide systemic training and consultancy services, given its reputation for quality services and the high calibre of its staff.
- Clanwilliam Institute has a strong position in the market and is very well known. It is well established and has a constant flow of referrals for clinical services and applicants for its educational training programmes.
- The commitment to seeking multiple perspectives is one of Clanwilliam's core strengths allowing for a wide range of skills and creativity in both service delivery and education services.

- Its uniqueness and capacity to accommodate difference fosters an organisation that is open and inclusive.
- Its strong adherence to ethical principles ensures high quality standards in service delivery across all departments.
- The constant attention to new ideas and ongoing developments in the field ensure it is a learning organisation.
- The whole system approach encourages ongoing feedback and recursivity allowing for adjustments to service delivery to take place on a regular basis.

Areas needing attention

The Institute will need to attend to the areas of succession planning, financial resourcing and organisation structure over the next three years in its vision for the future.

Opportunities

- Accreditation of training programmes and courses will provide greater opportunities in the area of educational developments for Clanwilliam.
- The potential to develop its clinical services and its organisational consultancy services will result in greater opportunities for clinical practice for students and therapists and increased sources of revenue for the Institute.
- Given recent policy changes and proposals in the areas of mental health and family law there is considerable potential for Clanwilliam to develop new services.
- There is extensive opportunity for the Institute to increase its educational activities through offering programmes to the full range of health professionals and related disciplines.
- Similarly the links with community-based services can be expanded significantly if an appropriate source of funding can be found.

2.5 Objectives/Areas of development 2006-2009

Cohesion

Increasing number of paid therapists to provide a cohesive core and continuity of services.

Management

Management work overload needs to be attended to.

Marketing

To date Clanwilliam Institute has not required to advertise or promote its services given its reputation as a market leader in the areas of psychotherapy education and clinical services. Nonetheless, a marketing plan is being drawn up to provide service users with transparent and clear descriptions of services provided and to ensure that services are available and accessible to all.

It is intended to develop fully the Clanwilliam website creating dynamic and enhanced interactive potential.

Marketing literature and brochures have also been developed for distribution to all potential consumers of services and key stakeholders.

Resourcing and financing

It is intended to seek additional funding in the following ways over the next three year period:

- Additional fees for accredited training programmes allowing for improvements in fees to trainers and enhanced services to students
- Increase in statutory grant funding
- Increase in grants in research and education

- Increase in grant funding for low-fee and community-based services
- Increase in fee paying services
- Increase in services to organisations resulting in increased revenue streams

Organisational structure

Some organisational restructuring will take place over the next three years including co-opting and electing new Board members and some changes in roles in the management team. A clinical co-ordinator will be appointed for community outreach services and requirements for additional programme and module leader posts will be considered within the training and education department.

Currently the roles of Head of Training and Registrar are combined. It is anticipated that they will become separate positions as the range of educational programmes expands.

New positions

A head of research post will be required and research associates will be appointed to develop research and evaluation leading in time to the creation of a separate research department. The appointment of an Ethics committee will also take place.

2.6 Responsibilities

Responsibility for the achievement of the strategic objectives rests with the Board, the management team and the Academic Council. The Board has ultimate responsibility for reviewing the strategic objectives of the organisation on an annual basis with the management team retaining responsibility for day-to-day operational tasks. The Academic Council has two principal functions:

- to assist the Board in the planning, co-ordination, development and overseeing of the educational work of the Institute, and
- to protect, maintain and develop the academic standards of the courses and the activities of the Institute.

2.7 Operational Plan

The management team is currently working to a Board-approved operational plan covering the period January – June, 2006. The plan identifies management tasks to be achieved within that time frame. The plan is reviewed on a monthly basis to ensure targets are being met and additional needs identified. A further operational/strategic plan will be agreed from June 2006.

2.8 Annual review

The Board has responsibility for reviewing the strategic direction of the organisation on an annual basis. This review of the strategic plan will take place to ensure the plan continues to reflect the overall objectives of the Institute and is consistent with its mission. The review will incorporate feedback from the stakeholders.

2.9 Organisation-wide review

An organisation-wide review is planned for 2007 to include representation of all Clanwilliam stakeholders in a visioning exercise to discern the future direction of the organisation. The Institute recognises the need to review its organisational structure, governance, culture, communications and the needs of its clients and learning community on a regular basis. This is a dynamic process and is based on the recursive feedback processes detailed in the Quality Policy below.



3. Overview of Quality Policy

The procedures involved in the Clanwilliam approach to the delivery of quality services are based on and guided by the following questions:

- What is the quality ethos of the Institute?
- How do the quality procedures and policies reflect the ethos?
- How is the ethos evidenced in the design and the delivery of client services and training programmes?
- What mechanisms are in place to review quality policies and procedures?
- How is the feedback from quality assurance procedures used to develop, maintain and enhance the delivery of all services?

3.1 Quality Ethos and Professional Ethics

The ethos of Clanwilliam Institute is informed by the mission statement (Page 1) which is based on the values which inspired the organisation's foundation, the ethical professional standards of staff and some key principles drawn from the theory which underpins systemic practice. The Clanwilliam approach to systemic practice is grounded in ethical principles drawn from professional codes of practice, a duty of care towards all involved – clients, students, colleagues and the public– and a desire to develop non-discriminatory forms of service delivery.

3.2. Values

The values underpinning the activities of the Clanwilliam Institute inform the delivery of quality services and include the following:

Mutual accountability

At every level of the organisation's operations there are structured opportunities for feedback from anyone receiving or providing a service - clients, students, employees, service providers.

Rigour

The ethical rigour essential for accountability stems both from the codes of practice of the professionals who work and teach in the Institute and also from the commitment to respect the integrity and ensure the wellbeing of the various stakeholders who avail of and provide Institute services – students, clients, employers, staff and the public. The quality procedures are regular, programmed and subject to checks and continual improvement.

Fairness, equality and accessibility

The objective of treating all equally and remaining accessible to all are guiding principles in the development of Clanwilliam services.

Transparency

Fulfilling the above principles necessarily requires a high degree of transparency which is constrained only by attention to the rights of the individual for privacy and confidentiality.

Recursivity

This is the process whereby information circulates in and feeds back into a system. It is a defining characteristic of systems which are maintained in existence by means of feedback – both positive and negative. It is a key principle of systems theory.

Inclusion

Inclusion is fundamental to an ethical systemic practice. It involves both an explicit structuring of provision for all to be heard and a consciousness that some are always in danger of being excluded or silenced. It requires an ongoing rigorous attention to ensure that practices are non-discriminatory.

3.3 Implementation of Quality Policy

3.3.1 Quality policy and practice is ultimately the responsibility of the Board of the Institute. The Board has delegated the ongoing responsibility for developing and implementing quality standards in all of the Institute's activities to the CEO and the management team.

3.3.2 The Board retains an overseeing role with the objective of maintaining coherence between the values and mission of the Institute and the procedures, practices and services which are delivered on behalf of the Institute. One of its principal functions is to ensure that the activities at the departmental level are high in quality, transparency and accountability.

3.3.3 Quality procedures are initially developed at departmental level and brought to the Board by the CEO for approval before implementation. Subsequently the Board has a monitoring role to ensure that these procedures are being implemented, reviewed, reported on and improved as needed. It receives regular departmental and CEO reports and can request supplementary reports at any time. It is the task of the Board to call the management to account for their implementation of the procedures, to ensure that regular reviews are taking place and the findings are being acted upon. In the academic sphere these functions are delegated to the Academic Council.

3.3.4 The managers are responsible for identifying areas needing quality procedures, designing these as required, seeking approval for them from the Board/AC, and then ensuring their implementation, review and follow up.

3.3.5 Some examples of the management of quality procedures are illustrated below:

- Monitoring the standards and practices laid down in the Institute's Clinical Handbook. In the first instance the Handbook is developed and revised by the Clinical Committee chaired by the Clinical Manager (Dept. Head). The Clinical Manager reports to the CEO and the Board. The CEO is responsible for ensuring comprehensive annual review of all these procedures and documents. The Clinical Handbook is available separately.
- Ensuring quality recruitment procedures for the appointment and continuing professional development of staff. The procedures are detailed in the Human Resources policy in Section 8 below.
- Ensuring transparent and appropriate assessment methods are employed in training programmes. The responsibility for standards is delegated to Programme and

Module Leaders. It is subject to reporting and scrutiny by the various levels above: Head of Training, Academic Council and the Board. (See section 6.)

- Ensuring the maintenance of academic standards. This responsibility rests with the Academic Council in consultation with external examiners.
- Continuous review and improvement of quality procedures is carried out at all levels and it is particularly the responsibility of the CEO to ensure that the Board receives the necessary reports from all of the Institute's departments.

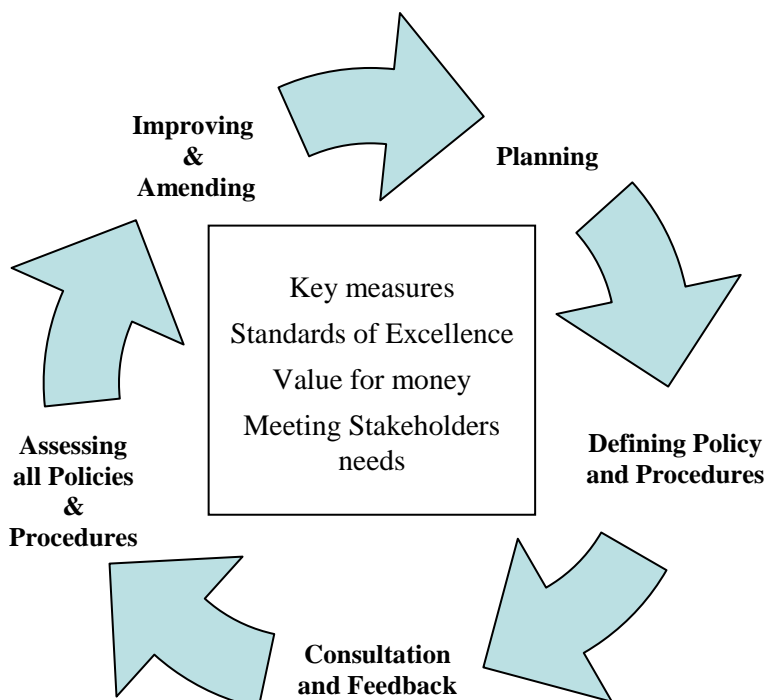
3.4 Reporting procedures

All departments and the CEO are required to submit bi-monthly reports to the Board. The management oversees the implementation of quality policy through various mechanisms, including:

- Annual review of the Institute's Clinical handbook,
- Review of feedback from students and clients,
- Regular reporting from the administration office and
- Reviewing the reports of external examiners/accrediting bodies.

The MT/CEO provides an annual report on all quality assurance procedures including an evaluation of the QA procedures themselves to the Board following stakeholder consultation. (See section 12.)

Figure 4: *Development of quality policy and procedures process*





4. Procedures for design and approval of new programmes

The responsibility for initiating new programmes rests with the Head of Training. S/he makes a written proposal to the Academic Council who review it and make recommendations to the Board.

4.1 Programme proposal

The initial proposal for the development of a new course includes the following:

- Rationale for the course;
- Course objectives;
- Financial viability;
- Market research;
- Labour market opportunities, including national, European and international;
- Congruence with the Institute's mission and strategic business plan;
- Plans for learner protection.

4.2 Programme design

On receipt of Board approval for the development of a new programme the Academic Council initiates a course design process starting with a course outline.

The course design outline addresses the following areas:

- Course objectives;
- Course content;
- Teaching/delivery modes;
- Module specification;
- Learning outcomes for each module and subject;
- Learner assessment methods for each module and subject;
- Relationship to other courses being provided by Clanwilliam Institute;
- Resources required.

4.3 Full programme approval

On the basis of the course design the Board assesses the feasibility of the new programme and either gives full approval or makes recommendations for areas requiring further attention. The Board's role includes considering the financial and legal and organisational implications in the provision of new programmes. It is the Academic Council's role to ensure the design of the programme meets the needs of learners.

4.4 Programme Planning

A programme plan is then devised by the AC or designated sub-committee which includes:

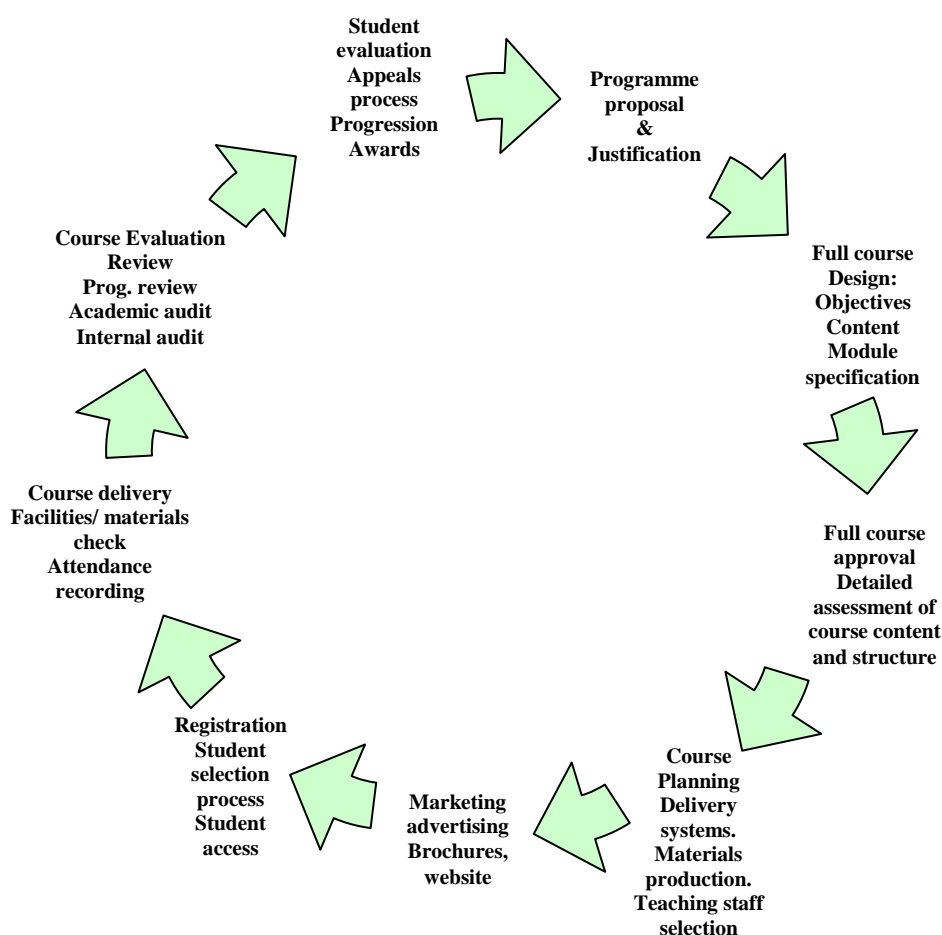
- Delivery systems
- Materials production
- Appointment of programme leader

- All resources required:
 - Library
 - Audio-visual
 - IT resource requirements
- Marketing/advertising plan
 - Brochures
 - Website
- Recruitment of teaching staff – decisions regarding criteria for appointments
- Administration requirements
- Space and rooms
- Fees and budgets
- Registration and student selection process

4.5 Ongoing Course Evaluation

Procedures for ongoing monitoring of courses are detailed in Section 7 below.

Figure 5: Programme design and approval process





5. Procedures for the assessment of learners

The procedures outlined below guide all staff with responsibilities for learner assessment. The document is also relevant to all those involved in new course design and approval (Section 5) and the periodic programme evaluation process (Section 8).

5.1 Principles

The principles on which learner assessment are based are essentially the same as those for quality assurance generally:

- **Rigour:** They are applied with consistency, within a structured format and subject to continuous review;
- **Transparency:** They have been agreed in advance with all stakeholders and are available via various media including the website;
- **Accountability:** There are procedures for reviews, rechecks and appeals;
- **Fairness, equality and accessibility:** Care is taken to ensure that all students are treated equally while taking into account special needs and providing for mitigating circumstances;
- **Recursivity:** The application of the various assessment methods is subject to continual feedback, critique and amendment in the light of new knowledge and identified weaknesses;
- **Inclusion:** This refers both to the inclusion of all stakeholders' voices and the policy of offering services to the disadvantaged.

5.2 Elements of Assessment

Consistent with these values the procedures are designed to ensure that the following elements are consistently in evidence in all assessment methods:

- Purpose of assessment;
- Provision of appropriate feedback, including how the learner can improve his/her work;
- Assessment schedule outlining the weighting and timing of assessments;
- Details of how and when assessment results will be made known;
- Criteria for assessment, including descriptors of expected standards of attainment for particular marking bands;
- Guidance notes for each assessed activity;
- Grading and marking conventions to be employed;
- Consequences of assessment for both progression and final award.

5.3 Purpose

The purpose of these procedures and guidelines is to ensure that the Institute operates assessment methods that are fair and consistent and comply with standards determined by HETAC. That is, they

- are effective in measuring the students' attainment of the intended learning outcomes;

- provide feedback to the learner enabling the learner to improve his/her performance;
- contribute positively to the total learning experience and in particular to achieving the intended learning outcomes;
- encourage creativity and originality in demonstrating achievement of the intended learning outcomes.

5.4 Design of assessments

The design and review of assessment methods is a responsibility of the respective Programme Committees with final approval for new methods and major changes to be given by the Academic Council.

Learner representatives are included at all stages of the design and review process. The rationale for a particular assessment method will be made available to all learners.

5.5 Learner feedback

Assessment instruments are designed with learner feedback in mind. It must be evident to the student why they obtained the mark/grade they did. It should also be clear to the learner how his/her grade could be improved upon. The feedback raises questions for the learner, encourages them to reflect on their own learning and invites them to consider areas of potential future development. It encourages learners to take responsibility for their own learning and promotes self-reflection. These are key elements of the Clanwilliam approach to adult education.

The learner is made aware of both how and when the assessment outcome will be made known.

The Programme Committee must put in place mechanisms for informing students with poor continuous assessment marks.

It is an Institute requirement that, in designing new programmes and the review of existing programmes, the rationale for the various assessment methods and the procedures for providing assessment feedback are continually re-examined.

5.6 Schedule of Assessment

A schedule of assessment is an outline of the assessment requirements for the programme. The assessment schedule states the subject/module title, the percentage of marks for the work, the date when the assessment will be handed out together with the date for handing in completed work.

Where a Programme Committee deems that re-assessment may be conducted this is reflected in the schedule of assessment.

It is an Institute requirement that, in designing new programmes and the review of existing programmes, a schedule of assessment be provided.

5.7 Assessment Criteria

Assessment criteria define the knowledge, understanding, skills, and other qualities that a learner is required to achieve for particular grade bands.

All written work presented for assessment is evaluated by two readers or by a primary reader who evaluates all of the work and a second reader who provides a moderating opinion on samples of work from each of the bands of student performance.

The assessment criteria must be clear to both learners and teaching/supervisory staff and published prior to assigning the work.

5.8 Receipting assessments and late admissions

Receipting assessments can be useful in motivating students to complete work on time. It is recommended that Programme Committees establish procedures for the receipting of major assessments.

Learners must retain a copy of submitted work where possible.

A formal mechanism for considering requests for extensions to deadlines for major assessments is also provided. Consistency in the application of this process can be achieved if the Programme Leader processes requests relating to a particular programme in consultation with the relevant staff.

A clear policy for dealing with work that is submitted after the deadline must be devised by the relevant Programme Committee consistent with the following recommendations:

- Work is deemed late when an unauthorised missing of a deadline has occurred;
- The total marks available for an assessment are reduced by 15% for work up to one week late;
- The total marks available are reduced by 30% for work up to two weeks late;
- Assessment work received more than two weeks late will receive a mark of zero;
- The Programme Committee and extern examiners will be informed of instances where penalties have been applied.

The points outlined above must be addressed when designing new programmes and reviewing existing programmes.

5.9 Breaches of Assessment Regulations

The Institute's *Assessment Regulations* are outlined in Appendix 3. Definitions are presented for plagiarism and cheating. The regulations also identify the procedures for dealing with incidents of alleged cheating.

The Programme Committee must ensure the implementation of procedures to inform students about the Institute's regulations and then monitor them to ensure adherence in the operation of these regulations.

The Institute policy on academic referencing and citation must be included in the student information pack for all programmes.

5.10 HETAC Marks and Standards

Regulations and procedures for assessment in Clanwilliam Institute are in conformity with the Higher Education and Training Awards Council (HETAC) *Marks and Standards* policy and procedures document.

Assessment regulations and procedures are reviewed annually by the Academic Council of the Institute as part of the ongoing quality assurance procedures.

5.11 Responsibility for Assessment Procedures

The Head of Training/Registrar has overall responsibility for assessment procedures and ensures

- The proper conduct of all assessment procedures
- The maximum security in all matters pertaining to assessment
- That all assessment protocols and appropriate marking schemes are prepared by Programme and Module Leaders
- That appropriate facilities and accommodation arrangements are made for candidates for assessment
- That appropriate assignment and exam scripts are examined by the Intern and Extern Examiners and the results for each candidate are made available for meetings of Exam Boards
- That accurate records in regard to continuous assessment are maintained and made available to Extern Examiners
- Proper arrangements for holding meetings of Exam Boards composed of Intern and Extern Examiners
- That candidates are provided with the information relevant to them with regard to the conduct and regulation of all assessment procedures.

5.12 Intern Examiners

Teaching/supervisory staff of the Institute who exercise an assessment function shall be appointed by the Head of Training/Registrar and be deemed to be Intern Examiners.

5.13 Duties of Intern Examiners

- To conduct assessments of students – both continuous and otherwise - as required by the relevant Programme Leader
- To conduct assessments in accordance with the procedures and regulations as agreed and disseminated by the Programme Committee for the particular course and as endorsed by the Academic Council
- To submit all necessary reports and grades to the Programme Committee
- To familiarise themselves with all relevant documentation
- To liaise with the Extern Examiner as required
- To attend the Exam Boards for the programme where they have assessment responsibilities

- To participate in ongoing course evaluation and quality assurance procedures as required by the relevant authority.

5.14 Extern Examiners

Extern Examiners are approved and appointed by HETAC to ensure adequacy of standards in all the academic processes undertaken by the Institute.

5.15 Duties of Extern Examiners

In particular, Extern Examiners should ensure that the appropriate standards with regard to grades of Pass, Merit and Distinction are applied. Extern Examiners also monitor the comparability of standards between other similar training institutions and ensure that appropriate standards in the Institute assessments are maintained consistent with HETAC regulations.

Extern Examiners must see a representative sample of candidates' work, e.g. essay papers, exam scripts and dissertations (at least 5%) including borderline cases. The sample, which should be drawn up on a basis agreed between the Programme Leader and the Extern, should include sufficient material to enable the Extern Examiner to form a judgement as to the appropriateness of the marking at all grades of classification.

5.16 Extern Examiner's Reports

The Extern Examiner is required to submit to HETAC, in accordance with the regulations in *Marks and Standards*, a full report on the assessments and materials examined and, in case of Clinical Practice exams, the details of same.

5.17 Meeting of the Exam Board

The Exam Board for each programme meets at the end of each academic year. It is composed of the Intern and Extern examiners. The Head of Training shall be the Chair of the Board. All Exam Boards report to the Academic Council.

All decisions by the Exam Board shall be made by consensus, verbal or votal, in accordance with Institute procedures (see Memorandum & Articles). The proceedings and deliberations of the Exam Board are strictly confidential; under no circumstances should any person attending such a meeting disclose to any other person a decision of the Board or any document, information or opinion considered, conveyed or expressed at the meeting.

At the meeting of the Exam Board the spreadsheet of results shall be endorsed which shall record the total marks or grades awarded to each candidate in each assessed activity. The overall result shall be indicated according to HETAC regulations.

5.18 Minimum Pass Mark

The minimum mark required for a pass in any subject/module shall be 40% of the maximum marks available for that subject.

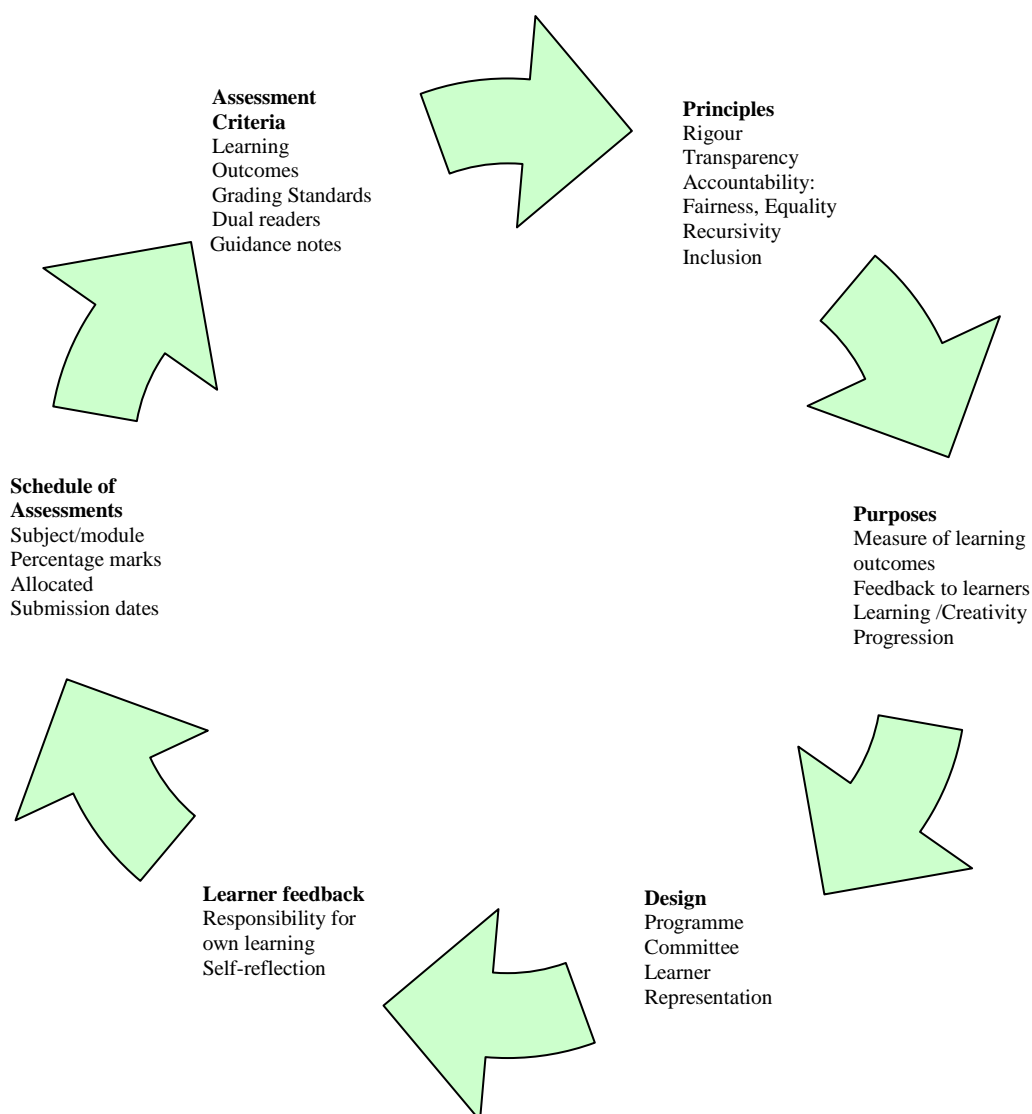
5.19 Continuous Assessment Marks

In the case of a candidate who has failed in a significant proportion of continuous assessment tests, or who has been awarded such low marks for continuous assessment that a pass in the overall assessment is unlikely, the Head of Training shall advise the candidate of this situation in good time to enable the candidate to take appropriate action.

5.20 Award

To be awarded a Diploma or a Degree, a candidate must pass all assessed elements of the programme.

Figure 6: Process for the assessment of learners





6. Procedures for ongoing monitoring of programmes

Programmes are monitored and reviewed by the respective Programme Leader and the Programme Committee on a regular basis to ensure:

- Quality standards are being maintained and that the programme remains relevant in terms of evolving knowledge and standards
- To ensure that learning outcomes are being met
- To evaluate the curriculum and assessment methods

This review process includes feedback from both learner representatives and teaching team staff.

Programme review is the responsibility of the Programme Leader in the first instance reporting to the Head of Training.

Review of modules is the responsibility of the module leaders who report to the Programme Leader.

6.1 Programme Committees (PC)

A Programme Committee will be established for each educational programme. The task of the PC will be to provide regular ongoing systematic monitoring of programme quality by those most closely involved in the delivery of the programme including academic staff, learner representatives, administrators, etc.

Each PC must meet at least once per term and receive current data on the programme's operation. The proceedings must be recorded and disseminated. Where necessary, relevant matters should be referred to the Academic Council.

The Academic Council has overall responsibility to ensure that the procedures for full programme review and module reviews exist and are being implemented at regular intervals. The AC oversees the procedures for reviewing both modules and programmes to ensure that they are effective and makes suggestions for amended procedures.

6.2 Programme Leaders

Programme Leaders shall be responsible to the Head of Training for:

- Decisions upon the progression of each student in accordance with the approved assessment regulations
- Advising the Head of Training about feedback in relation to programme reviews
- Ensuring consultation with module leaders and feedback from learner representatives that the standards set are appropriate for modules in this subject at this level
- Advising on the form and content of proposed assessments (including examinations)
- Advising the module leaders to ensure that all students are assessed fairly in relation to the relevant syllabus and regulations and that students have fulfilled the objectives of the modules and reached the required standard

- To advise the module leaders on matters of policy and good practice in assessment of the subject area.
- To inform external examiners appointed to the relevant Programme Exam Boards if there are issues to be brought to their attention.
- To advise on amendments to existing modules or proposals for new modules following consultation with learner representatives and module leaders.

6.3 Procedures for programme monitoring

The following are the steps in ensuring rigorous programme monitoring which forms the basis of a self evaluation report provided by the Programme Committee to the Academic Council annually:

Course design

The design of all course modules is reviewed on an annual basis to ensure they both meet the learning needs of students and are being delivered in the most effective and efficient manner. The learning goals of each module are considered with a view to ascertaining if they are adequately addressed in the course design. Student and staff feedback is elicited at the end of year review. Particular attention is paid to feedback on the need to add new modules or seminars.

Learning Outcomes

Learning outcomes are reviewed by both module leaders and programme leaders at regular intervals. The full review of all programme components undertaken by the Programme Committee on an annual basis includes a review of learning outcomes. This ensures that the learning outcomes are consistent with the programme course design and are being met by the students.

Teaching inputs/delivery

Information regarding teaching plans to consider new technology and delivery methods will be considered and reviewed. Teaching inputs and students' feedback will be reviewed to determine the mix of teaching methods and delivery that best fits student learning needs and the achievement of learning objectives.

Clinical supervision

Clinical supervision groups will be reviewed annually. Feedback will be elicited from all students and supervisors involved and commentary incorporated into planning future clinical supervision needs in each year.

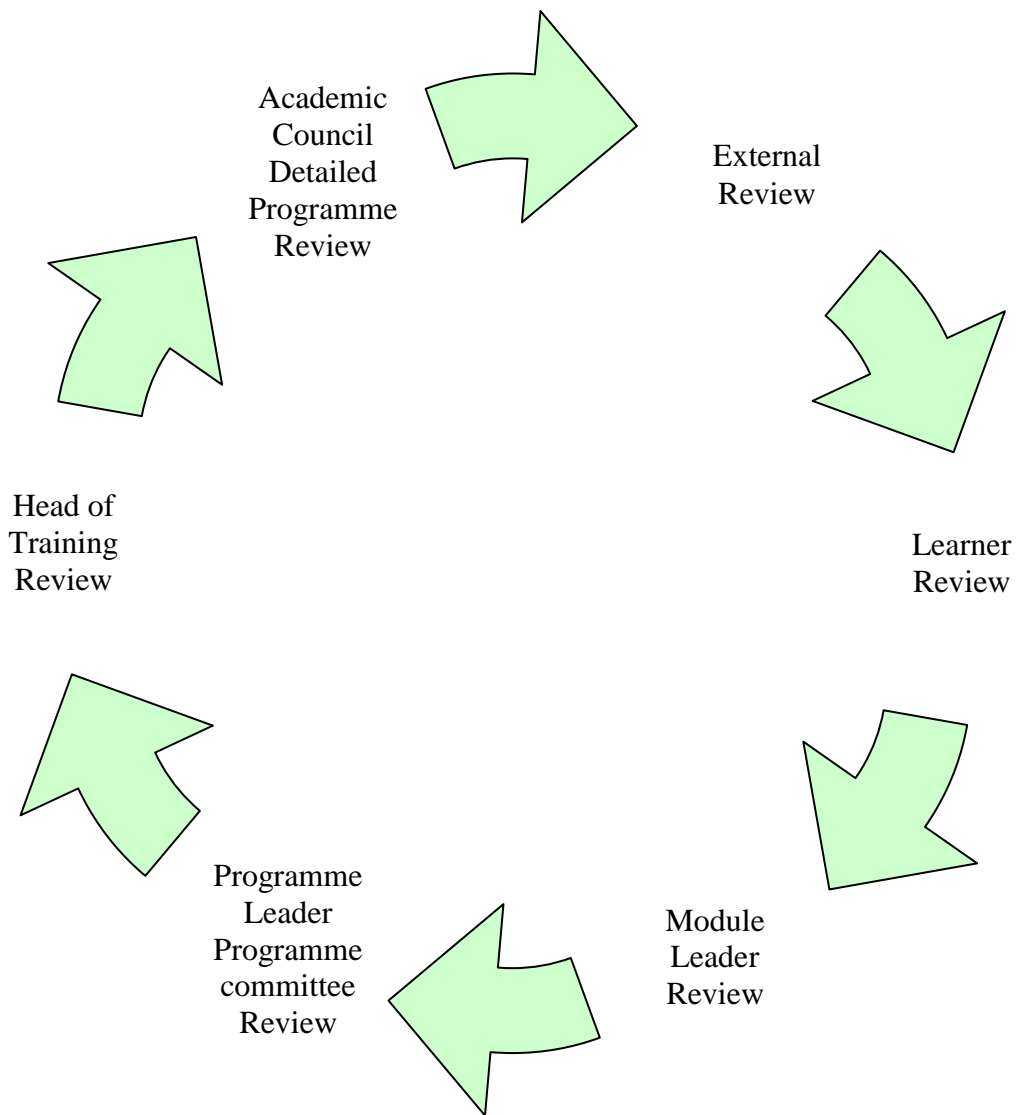
Assessment

The procedures in place for assessment and evaluation will be documented and reviewed. They will be reviewed in terms of whether they are fair and consistent and comply with HETAC standards, whether they are in keeping with the National Framework of Qualifications, whether they are effective in measuring students' achievement of learning outcomes, whether they contribute to the learning experience and encourage creativity in students.

Learner feedback

All students will have an opportunity to evaluate their learning experience in a variety of ways thorough end-of-year reviews, learner representation on programme committees, specific feedback forms on various aspects of the programme such as teaching inputs, clinical supervision and seminar programmes.

Figure 7: Process of ongoing programme monitoring





7. Procedures for regular periodic evaluation of programmes

The procedures outlined below will guide all staff, learner representatives and external specialists involved in Periodic Programme Evaluation (PPE).

7.1 Purpose

The purpose of these procedures is to make sure that each periodic programme evaluation:

- improves the quality of the programmes;
- ensures programmes remain current and continue to offer a valuable educational experience to the learner;
- ensures that both academic and labour market needs of the learner are satisfied;
- takes cognisance of the National Framework of Qualifications and implements the procedures of the NQAI in relation to access, transfer and progression;
- complies with all the requirements of the approved external validating body;
- contributes to the development of a quality culture in which all participants are aware of their respective roles and that actions are taken to address observed weaknesses in programmes.

7.2 Regular Periodic Evaluation

Each programme will be the subject of regular evaluation, at least once every five years, or as the approved validating body directs.

7.2.1 There are two distinct elements to a PPE, an internal element and an external element. The internal element of a PPE comprises a self-evaluation of the programme(s), a plan for the subsequent five years and a revised programme document. The external element of a PPE entails a group of external experts considering the evidence of the self-evaluation and conducting their own evaluation of the revised programme document and plan.

7.2.2 In reviewing a programme the focus is on the effectiveness of the programme in meeting its stated aims and also on the success of the learner in reaching the intended learning outcomes. The accumulation of the data from the ongoing annual monitoring process, detailed in Section 7, is fundamental to the self-evaluation. Feedback from learners is a pivotal component.

7.2.3 The Institute's procedures for the assessment of learners, outlined in Section 6, are important for both the self-evaluation stage and also in the development of the revised programme document.

7.3 Aims of PPE

7.3.1 PPE is a review of the continuing validity of a programme's aims and the associated learning outcomes.

7.3.2 PPE is mainly an evaluation of quality and flexibility of response to changing needs.

7.3.3 PPE centres on a review of the development of a programme over the previous five years, with particular regard to the achievement and improvement of educational quality.

7.3.4 Through PPE a revised programme document is developed detailing revised aims and learning outcomes, revised course schedules, revised syllabi and a revised assessment plan.

7.3.5 The PPE is concerned with the Institute's future plans and in this context proposed new programmes must be examined in the self-evaluation and external expert report. Proposed new courses will be evaluated separately in accordance with the Institute's internal procedures for the design and external validation of new programmes (see Section 5) and the validating body's processes.

7.4 Objectives of PPE

7.4.1 To analyse the effectiveness and the efficiency of each of the courses approved.

7.4.2 To review the development of the course having regard to the views of education interests, employers, professional bodies, etc.

7.4.3 To evaluate the physical facilities provided by the Institute for the provision of the course.

7.4.4 To review the Institute's research activities and projections in the area of study under review.

7.4.5 To evaluate the extent to which the courses are remaining appropriately geared to the demands for training and further education in the relevant professional sectors.

7.4.6 To evaluate the Institute's projections and plan for the succeeding five years in specific areas.

7.4.7 To detail how the observed deficiencies in the programme will be addressed in the proposed revisions to the programme.

7.4.8 To develop a revised programme document that takes cognisance of the views of the relevant stakeholders.

7.5 Subject Matter for a PPE

The self-evaluation report (SER) must provide information under the following headings in respect of the approved programmes being reviewed:

7.5.1 Internal Institute academic processes

This section sets out the mechanisms whereby changes in proposed programmes are processed through the internal Institute academic structure including Academic Council. The process by which the self-evaluation was conducted and the programme revisions arrived at must be detailed in the documentation.

Quality Assurance and Quality Control

Details how the Training Department ensures that the standard of teaching and learning systems for the programme are adequate.

Details how the Institute satisfies itself that it has effective structures and mechanisms in place to monitor the quality control procedures used by the Department or programme committee to ensure specific goals of teaching and learning are met.

Quality evaluation

Details how the Institute evaluates the structures and mechanisms used in quality assurance and control generally.

7.5.2 Student throughput

Enrolment and assessment statistics for the previous five years must be provided per course. These statistics must deal, in particular, with student withdrawals, retention and examination performance in appropriate detail. In addition, any special initiatives in relation to admissions e.g. broadening access, mature students, facilitating gender equality, must be included.

7.5.3 Review of course design

A brief description of the development of each course, highlighting any changes implemented or proposed, must be provided. In addition this section must include the HETAC Approved Course Schedule in operation at the time of the previous review together with course schedules being proposed as part of the current PPE. The report of the previous External Expert Group or new course evaluation group must also be appended.

7.5.4 Assessment

The procedures in place for the assessment of learners must be documented. The assessment of learners will be examined in terms of whether they (i) are fair and consistent and comply with standards determined by HETAC or other approved validating body, (ii) are in keeping with the National Framework of Qualifications, (iii) are effective in measuring the students' attainment of the intended learning outcomes, (iv) contribute to the total learning experience, and (v) encourage creativity and originality in demonstrating achievement of the intended learning outcomes.

7.5.5 Employment and further studies

Employment gained and further studies undertaken by graduates must be reported and analysed.

7.5.6 National and international transfers

An outline of inter-institutional linkages, both national and transnational, must be set out, including the structures in place to facilitate such arrangements.

7.5.7 Review of teaching facilities

A description of the most significant developments must be provided. This must indicate any facilities that have been phased out and any new facilities that have been installed in terms of physical space and equipment since the previous PPE. Any projected enhancement of facilities over the succeeding five years must be outlined.

7.5.8 Deployment and development of academic staff

Details must be provided of staff appointments over the previous five years, of projections for the succeeding five years and of staff deployment within the Institute. Curricula vitae of staff appointed since the previous programme review must be provided in addition to any developments in existing staff curricula vitae. Details of training and development undertaken by staff must also be included.

7.5.9 Links with relevant employers and the wider community

The purpose of this section is to establish the extent to which the Institute is actively engaged in monitoring developments in the world of work and the wider community in order to maintain a high degree of relevance in its courses and in its research activity. The procedures and processes used to establish and maintain these links must be described. In particular the Institute must elicit from educational interests, public bodies and professional bodies how well the programmes meet their demands. The Institute must examine its programmes against the relevant offerings of other higher education institutions.

7.5.10 Research

The documentation must detail the postgraduate research carried out by students in the previous five years together with the plans for the next five years. Research conducted by staff since the previous review must be detailed and plans for the next five years included.

7.5.11 Course delivery methodologies

Information in relation to teaching, such as plans to consider new types of educational technology, teaching strategies and methodologies must be provided.

7.5.12 Adult and continuing education

Information must be provided in relation to the provision which has evolved in the Institute over the previous five years in response to the perceived needs of the health sector and the local community. Projections for the succeeding five years must be provided.

7.5.13 Development Plan

A plan for the programme for the succeeding five years must be included.

7.5.14 Programme Document

The revised aims and general learning outcomes, revised course schedule, revised syllabi, and a revised assessment plan must be presented in the prescribed format for each programme. Each programme must have a self-contained programme document.

7.6 Stages in the Development of a self evaluation report (SER)

7.6.1 The Head of Training/Registrar is responsible for devising a plan for undertaking the SER including an appropriate time-frame.

7.6.2 The Academic Council will consider this plan and may make recommendations.

7.6.3 The self-evaluation must begin by the start of year 4 (of the five year cycle). The Head of Training/Registrar will present progress reports at each Academic Council meeting until the PPE is successfully completed.

7.6.4 The draft SER must be prepared in accordance with best international practice and relevant HETAC procedures and guidelines.

7.6.5 The draft SER must be submitted to the Academic Council and the Board, no later than October 1st of year 5 (of the five year cycle).

7.6.6 The Board will examine the draft SER in terms of the Institute's Strategic Plan and the Institute's resource planning. The Board will compile a report on the matter to be considered at the next Academic Council meeting.

7.6.7 The Academic Council may consult with specialist(s) in the field(s) concerned. The Academic Council, and where appropriate the specialist(s), will normally hold at least one meeting with representatives from the Programme Committee (PC). This stage of the process may be iterative with the AC making recommendations to the PC and the PC resubmitting amended drafts to the AC.

7.6.8 When the Academic Council is satisfied that the amended draft SER adheres to both the Institute's standards and the appropriate validating body's standards, they will convene an External Expert Group (EEG) to examine the SER further.

7.7 The external phase of PPE

7.7.1 The Academic Council will facilitate the External Expert Group's consideration of the SER prior to meeting the Institute's staff. The EEG will examine the SER in terms of Institute procedures, HETAC requirements (or other appropriate validating body) and also the national qualifications framework.

7.7.2 The EEG will compile an agreed interim report and will forward it to the CEO and the Head of Training/Registrar. The recommendations will be split into matters for consideration at department level and matters for consideration at Institute level.

7.7.3 The Head of Training/Registrar will bring the interim report of the expert group to the notice of the Academic Council.

7.7.4 The Head of Training/Registrar in conjunction with the relevant Programme Committee(s) will address the expert group's recommendations on departmental/programme issues. The Board will consider any recommendations from the EEG that have Institute-wide implications. The Institute's responses to the interim report of the EEG will be brought to the attention of the Academic Council.

7.7.5 The Head of Training/Registrar will liaise with the EEG on behalf of the Academic Council, to ensure the issues raised by the group have been addressed. The Academic Council will forward the amended submission and the Institute's responses to the EEG. The secretary to the group, in conjunction with the Chairman, will complete an agreed final report for the external experts. The Academic Council will consider this final report and may request additional changes to the submission document.

7.7.6 Where the Academic Council recommends approval, the revised submission will include the amended SER, the interim report of the external experts, the Institute's responses, and the final report of the EEG.

7.7.7 The revised submission will be put on the agenda of the Board for approval. The CEO, following consultation with senior management, will bring any relevant matters to the attention of the Board such as requirements of the validating body, information on resources, etc.

7.7.8 The Head of Training/Registrar will submit to the validating body the revised submission as approved by the Board.

7.7.9 The Academic Council will be informed of the decision of the validating body and given copies of the approval and of any comments or conditions attached.

7.7.10 The Head of Training/Registrar will maintain a file on each PPE. Following the approval by the validating body, the Head of Training/Registrar will prepare a submission for final Board approval to implement the revised course. This submission will certify that all necessary approvals have been received and will identify resource requirements and how it is proposed to meet them within available resources.

7.7.11 The Academic Council will review adherence to conditions of approval until the first cohort of learners have completed the amended programmes.



8. Procedures for selection, appointment, appraisal and development of staff

8.1 Responsibility

The CEO has responsibility for the overall management of Human Resources and employee relations including staff training and development, superannuation, staff welfare, personnel administration and industrial relations. S/he will act in accordance with Institute policy and procedures and also the relevant employment legislation. Approval of new posts is a function of the Board of Directors.

8.2 Recruitment

The CEO has primary responsibility for the management of staff recruitment in the Institute and delegates this function to each head of department who will identify needs in their own area and recruit in accordance with the Institute's policy. The recruitment of staff is governed by the relevant legislation. The relevant department manager has responsibility for issuing all of the associated correspondence and record-keeping.

The CEO takes responsibility to ensure that the Institute complies with current employment legislation, equality and other appropriate legislation and provides support and advice on employment matters and legislation to the management team. Every effort is made to employ best practice assessment and selection techniques.

8.3 Equality

Clanwilliam Institute is an equal opportunities employer and all advertising, recruitment and selection is done with due regard to the Employment Equality Act 1998. The Institute both as an employer and educational institution is committed to the provision and promotion of equality of opportunity based on individual merit without regard to gender, marital status, family status, sexual orientation, religious belief, age, disability, race, or membership of the travelling community. The commitment of the Institute to achieving equal opportunity requires a firm commitment from all staff to ensure that fair and equitable treatment is accorded to all people. The recruitment policy of the Institute ensures that all advertising, selection and recruitment procedures are equitable, fair, consistent, non-discriminatory and are consistent with statutory regulations and agreed best practices. The Clanwilliam Institute promotes family-friendly working and has flexible work practices.

8.4 Staff Training and Development

Each department manager is responsible for the management of the training and development for staff and consultants in their departments. Support for staff training and development takes place in many ways including through direct financial support in undertaking courses, organisation of seminars, funding/partial funding for attendance at conferences and seminars both nationally and internationally.

As part of the ethos of both the Institute as a whole and the training department specifically, ongoing peer consultation/reflection processes exist throughout the organisation. Systemic therapists and trainers incorporate, as part of their practice, a self-reflection process which supports reviewing and reflecting on the ways in which they teach and practice in an ongoing manner. All therapists and clinical supervisors are required to be in consultation about their work in an ongoing way.

8.5 Ongoing Evaluation and Review

The Clinical Handbook builds upon the information on employment matters and contains information for staff about the wider Institute environment. The Handbook is complemented by a formal procedure for the induction of new staff. This procedure includes an introduction to other members of staff, arrangements with the administration department for support and training in the use of the Institute's computerised diary system. A follow-up meeting is held to ensure that appropriate support is in place for the new staff member.

Each Department manager is provided with an assessment form to assess new staff during their probationary period. The CEO supports this scheme and provides backup and support to Department managers carrying out these assessments.

Ongoing development and staff performance evaluation currently takes place within the Institute in the following ways:-

- Peer consultation
- Supervision
- Clinical days
- Ongoing CPD
- Journal club
- Client/student and staff feedback mechanisms
- Clinical outcome measures/evidence-based practice
- Clinical committee
- Supervisor feedback/team consultations
- Complaints and appeals committee (see Appendix 1)
- Clinical handbook/Code of ethics
- Annual meeting with Head of Department/manager

Peer consultation

All therapists in the Institute are expected to have supervision for their work or be involved in consulting conversations with their peers. These conversations take place on a monthly basis and provide a forum for therapists to address any issues of concern arising for them in the context of their clinical work. A peer consultation record form is maintained as a record of all such meetings and forwarded to the clinical manager who follows up on any issues that require further attention. Within the faculty group clinical supervisors consult with each other on a monthly basis about their own work practice and any concerns arising in relation to students. PPD group leaders consult with the PPD group module leader on a regular basis as well as receiving external supervision funded by Clanwilliam.

Supervision

Some therapists/supervisors opt for individual supervision/consultation where they engage in a consultation process with a registered supervisor about their work.

Clinical days

Two clinical days take place a year at which a presentation is made in relation to specific areas of practice interest. This provides opportunities for therapists/supervisors to both discuss and reflect on their clinical work. Therapists also present their clinical work to their colleagues at these meetings for review and consultation.

Continuing professional development (CPD)

Funding is provided for therapists to attend a wide variety of training and workshops and ongoing professional development is actively encouraged for all therapists.

Journal club

Clanwilliam is a leading provider in the area of training systemic therapists. Given the nature of training and the need for the organisation to be at the cutting edge of new ideas in the therapy field, the training/learning ethos permeates the organisation. This ensures that therapists are abreast with current developments in their field. A journal club has commenced where therapists/supervisors can discuss articles and ideas of interest in relation to their work. This provides an opportunity for therapists/supervisors to reflect on their work and consider the theoretical influences underpinning it.

Client/student and staff feedback mechanisms

Feedback forms part of the theoretical orientation that informs our systemic practice and teaching. At every level of the organisation's operations there is opportunity for feedback from anyone receiving or providing a service - clients, students, employees, service providers.

Clinical outcome measures/evidence-based practice

A pilot scheme to elicit some feedback in relation to clinical outcomes has recently been trialled by the clinical committee and is currently under consideration and refinement given the information received. It appears on an initial review that clients experience significant changes from the beginning of therapy to the end of therapy. These findings are consistent with other findings in evidence-based practice research. All of the final year students in the Institute's training programme undertake small research projects that contribute further to our understanding of the therapeutic process for clients. It is intended to further develop the research area in Clanwilliam in the future.

Clinical committee

The clinical committee which comprises a cross section of therapists/supervisors across the Institute meets on a monthly basis to review clinical policies and procedure, make recommendations arising out of clinical practice and plan for clinical days and the learning needs of therapists working in the organisation. Therapists providing services on the Institute's behalf complete a peer consultation record form monthly which provides information in relation to clinical issues arising for them and potential areas for further training requirements. This form will be revised to more formally request staff to identify their own learning and development needs.

Supervisor feedback

Supervisors elicit feedback from students about the supervisory process on a regular basis. Formal mechanisms are provided by way of student-supervisor feedback forms

and the end-of-year reviews with students. A member of the teaching faculty provides a consultation to each clinical supervisor and their team on an annual basis.

Complaints and appeals committee

The Institute complaints and appeals procedure (Appendix 1) includes procedures in relation to a complaints committee if so required. Given the nature of our work all complaints and feedback are considered important to the organisation's growth and are addressed at the earliest possible point to minimise escalation of difficulties and ensure the issues are adequately addressed and the organisation attends to the feedback.

Clinical handbook/code of ethics

All therapists are bound by the clinical policies and procedures as documented in the Clinical Handbook. This forms part of their contract of service. As all our therapists are registered with the FTAI they must adhere to that body's code of ethics. This ensures that quality standards are maintained. Any breach of either the code of ethics or clinical handbook is taken seriously and responded to accordingly.

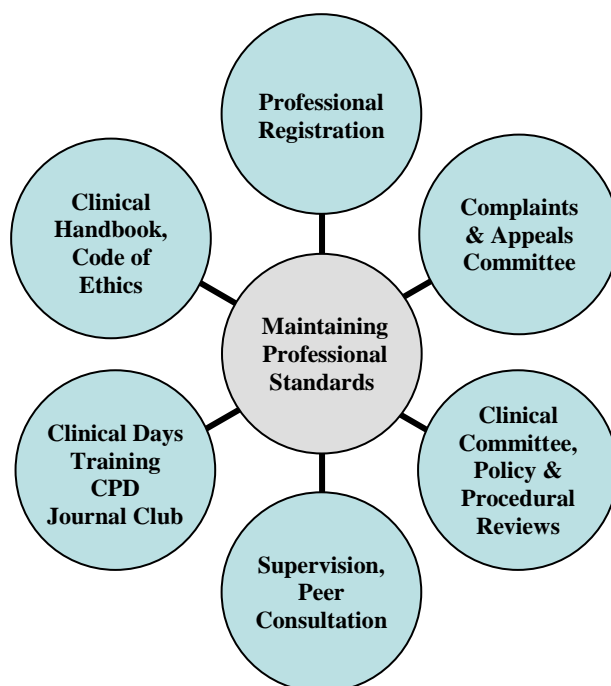
Annual meeting with department manager

The relevant department manager meets with each member of staff annually to review their training and development needs within the department.

8.6 Review of procedures

The CEO and department managers have responsibility to manage and evaluate selection and appointment policies and procedures and regulations on an annual basis and report to the Board of Directors.

Figure 8: Maintaining Professional Standards





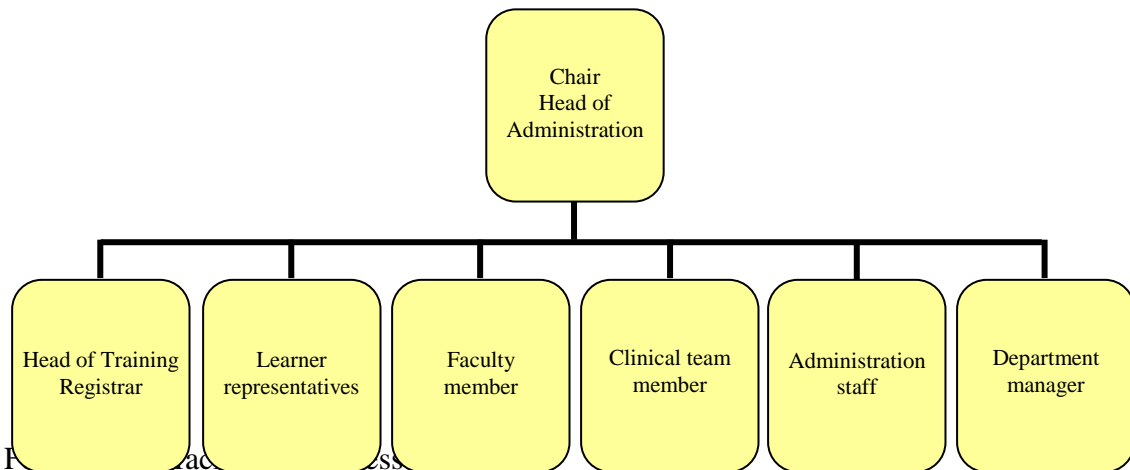
9. Procedures for evaluating premises, equipment and facilities

Clanwilliam Institute reviews the facilities available to students and staff on a continuing basis and elicits relevant feedback from all those involved in its services. The Facilities Committee has responsibility for reviewing these services.

Facilities Committee is composed of:

- Head of Administration (Chair)
- Head of Training/Registrar or deputy
- Learner representative(s)
- Faculty member(s)
- Clinical staff member
- Administration staff member
- Department manager(s)

Figure 9: Facilities Committee



- Class representatives
- Clients
- Student surveys
- Staff commentaries
- External appraisal such as accreditation processes and external examiner reports

Meetings of the Facilities Committee take place on a quarterly basis with documentation of all feedback. A task list is prepared arising out of feedback processes and reviews of implementation take place at each meeting.

The Facilities Committee reports to the CEO who has ultimate responsibility for ensuring that premises, equipment and facilities are maintained to a satisfactory level and that any inadequacies are remedied.

The following issues are addressed on review:-

9.1 Premises

- What general improvements to the premises will enhance the environment for staff, clients and students?
- Are the furnishings in a reasonable state of repair and is the ambience of the building conducive to its purpose as an educational facility and therapy centre?
- Is the building being maintained in way that is conducive to its purposes – lighting, heating, fire equipment, ventilation, etc.?
- Is the kitchen adequately serviced for the numbers of people using it and in a way that maximises efficiency?
- What further enhancements regarding general accessibility to the building and other services can be made? (See Access Policy, Appendix 4.)
- What improvements could be implemented to increase efficiency and effectiveness?

9.2 Technical Equipment

- Is the technical equipment functioning at maximum proficiency?

Table 1. Equipment checklist

Equipment Checklist	Working efficiently	Needs repairs	Requires upgrading/ replacement
VCR			
DVD recorder			
Digital videocamera			
Sound equipment/ microphones			
Video conferencing			
Overhead projector			
Photocopier			
Students' PCs			
Data projector			



10. Evaluating services related to the provision of higher education

The Academic Council has responsibility for ensuring that all support services to the Institute's educational programmes are reviewed annually. This responsibility is devolved to the Head of Training and through her/him to the various Programme Committees.

The Head of Training must ensure that each Programme Committee collects and collates feedback on the various services and s/he must pass on these reports to the AC which conducts an annual audit of service provision.

The Institute is committed to an annual review of its services and detailed programme and course evaluations every five years.

The following areas are reviewed on an annual basis:-

- Student throughput
- Modules and subjects
- Assessment
- Employment of graduates
- Development of staff
- Academic regulations
- Course delivery methodologies
- Research
- Programme documents
- Development plans
- Library services
- Administration
- Learner support
- International links

10.1 Student throughput

Course applications, enrolment and exam statistics are reviewed for the previous year. Student withdrawals from the course, poor exam performances and any appeals or complaints are reviewed in detail. Any special initiatives such as broadening the scope of entrance to encourage equal opportunity of access are reviewed together with any special assessment considerations that have been implemented.

10.2 Modules and subjects/course design

A review of any proposed changes in relation to course design takes place with learner representation at all levels – suggestions for proposed changes to course content are made by learner representatives and teaching staff on annual review of the course. The HETAC approved course schedule is reviewed as part of the evaluation of programmes and services.

10.3 Assessment

Procedures for assessment of learners are documented and reviewed annually. Criteria for review of assessment procedures includes fairness, consistency with HETAC requirements, effectiveness in measuring learning outcomes and learner reports regarding contribution to learning experience and creativity.

10.4 Employment of graduates

An annual review takes place of the progression of graduates both in terms of employment and further studies or research undertaken. This information is compared with previous annual reviews.

10.5 Development of staff

Changes in personnel are reviewed on an annual basis with consideration and attention given to reasons for departures. CVs of new staff since previous review are provided and details of all in-service training that has taken place are reviewed with suggestions and recommendations for further training needs being made.

10.6 Academic regulations

Academic regulations as written down and approved by the Board, together with any other Board recommendations, are reviewed.

10.7 Course delivery

Course delivery and teaching effectiveness are reviewed – seminar feedback forms and student annual feedback is considered in this regard. Annual comparisons are made with suggestions for changes to be implemented.

10.8 Research

Research conducted by all staff since last review is presented and recorded and a list of publications by staff is updated.

10.9 Programme documents

Course documentation and literature are reviewed.

10.10 Development plans

An action plan arising out of all recommendations is created.

10.11 Library services

Library services are reviewed on an annual basis at the end of the academic year, to allow for the implementation of student feedback prior to the commencement of the new academic term.

The review considers the following issues:-

- The adequacy, storage and accessibility of the book stock
- Procedures for borrowing books

- Cataloguing
- Accessibility – web-based catalogues/article discussion forum.
- Journals – online and hard copy
- Is the library service effective - student feedback questionnaire administered to each class at the end of each year
- What improvements could be considered and implemented to make the library service more efficient and effective?

10.12 Administration services

- Are there sufficient administration personnel to provide administration services to the training department and its staff and students?
- Are there any ways in which these services could be improved to increase efficiency and effectiveness?

10.13 Learner support services

- Are there support services for all students, including those with additional learning needs?
- Are these services operating effectively?
- Has student feedback been elicited and implemented in relation to the review and development of learner support services?
- How could these services be enhanced and improved?

10.14 International and national links

Involvement of students in external and international agencies is reviewed and structures facilitating these connections are put in place.

10.15 Student database and alumni association

The graduate database is reviewed and possibilities for increasing and enhancing the graduate support network are considered. Graduate feedback is sought and included in the review.



11. Procedures for evaluating the effectiveness of quality assurance procedures

Our mission is what we do, quality is how we do it and our culture is who we are. All three contribute to the development and maintenance of quality within the organisation. We consider it important to maintain a focus on all three aspects in reviewing quality within the organisation, given our own focus on human relationships and context.

Key elements enhancing the successful implementation and review of quality assurance procedures in Clanwilliam include:

- Consideration and ongoing review of our mission
- Attention to organisational culture
- Review and feedback in relation to policy, procedure, structure and operations
- Participation of stakeholders in the review process
- Implementation and monitoring of proposed changes

11.1 Mission

The organisational mission is reviewed regularly to ensure it continues to reflect the ongoing evolving organisation and its development.

11.2 Organisational Culture

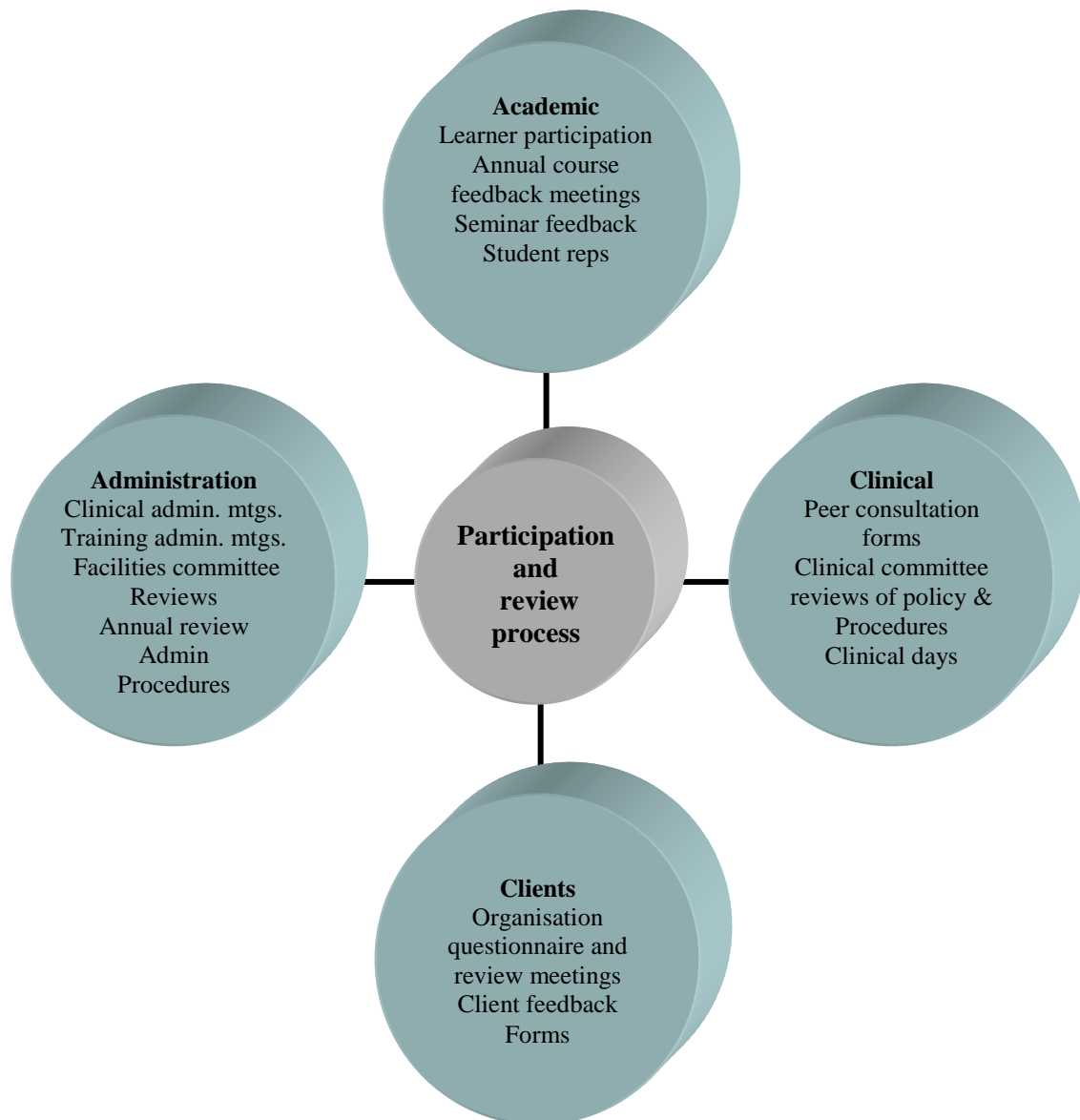
Clanwilliam Institute is committed to leadership which values inclusivity and attends to the needs of employees and service providers in a sensitive and compassionate manner. Clanwilliam considers that working relationships are social and interactional processes and provides opportunities for reflection and consultation where these relationships can be spoken about and explored. This positioning is reflected throughout the organisation and within the training programmes where students are given opportunities to explore the relationships within their teams and address issues as they arise.

The culture of the organisation is one that encourages creativity and places a value on inclusivity. Individuals within the organisation are encouraged and supported to develop their own individual strengths and interests. Attention is paid in an ongoing way to ensuring individuals within the organisation are valued.

11.3 Participation

In relation to the effectiveness of quality procedures, organisations need to ensure the voices of all those in the organisation are included in both feedback on current functioning and suggestions for improvement and future design. Clanwilliam Institute is committed to ensuring the provision of opportunities for inclusion and participation in the review process for all its stakeholders.

Figure 10: Participation, review and feedback



11.4 Review and Feedback

Ensuring the effectiveness of quality assurance requires a dynamic fluid recursive process, with feedback being utilised and incorporated in reshaping procedures in an ongoing way.

The following questions will be addressed:

- Do the quality policies as laid down in the organisation address the need for effective and efficient service delivery?
- Do the quality policies ensure the highest standards of service delivery?
- Are the quality policies reviewed and refined incorporating feedback from stakeholders?
- Are stakeholders views sufficiently incorporated in all review procedures?
- Are review procedures effective?

- Are there areas within the organisation that are not addressed by our current quality procedures?
- What improvements are required to ensure the quality procedures addresses all areas adequately?
- Is the management structure and organisational leadership reviewed in way that elicits feedback and incorporates the necessary changes?

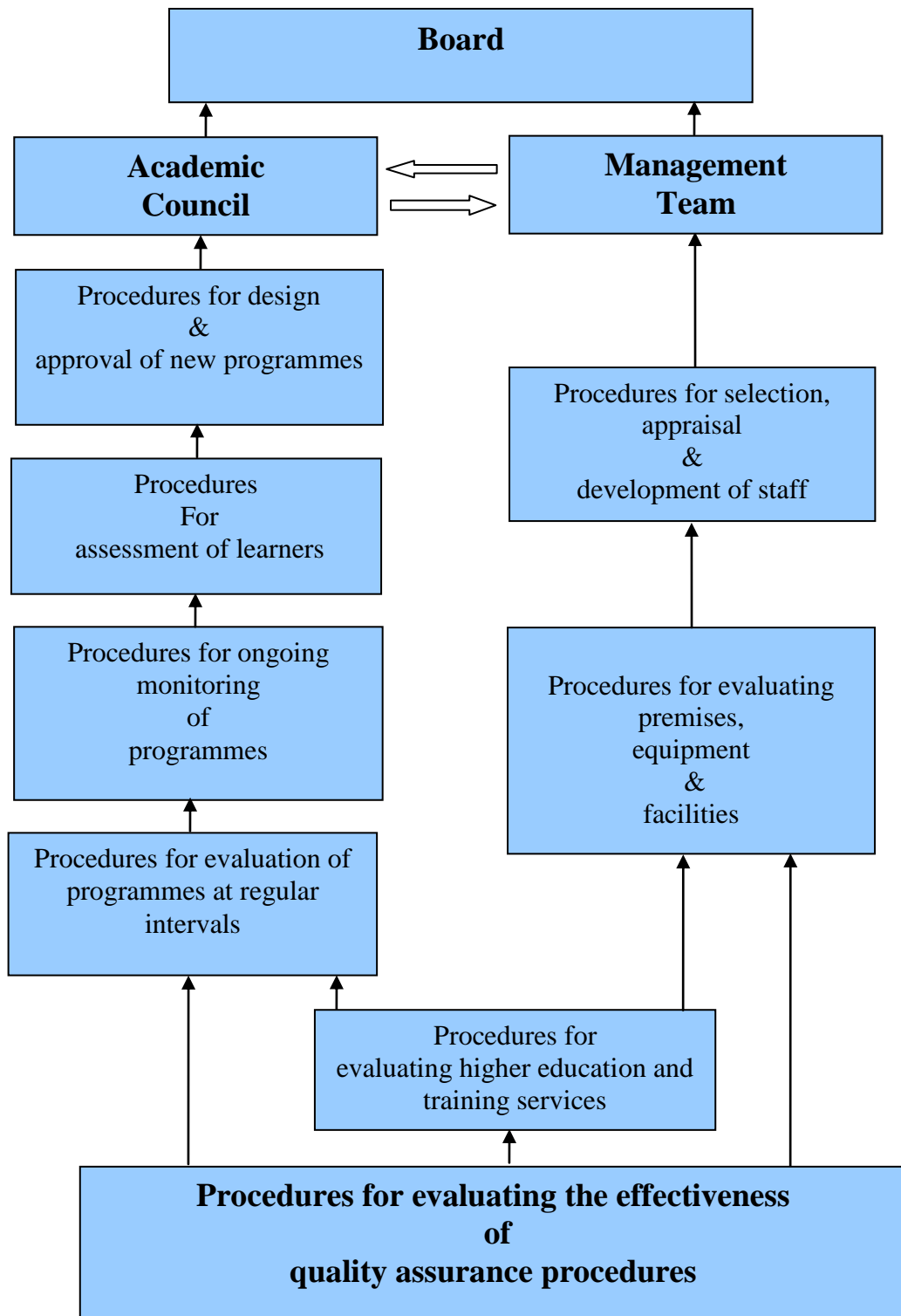
11.5 Review of quality procedures

Formal reviews of all quality procedures will take place on annual basis. Clanwilliam considers a quality process to be one which operates continually as part of the ongoing practice of the organisation and its staff. This ongoing process is then subjected to a more rigorous scrutiny in the annual review. Achieving an ongoing quality process requires an organisation-wide commitment and does not rely solely on annual reviews and adjustments but is part of the overall fabric of the organisation. It is reflected in the ethos across the organisation as a desire to deliver high quality standards in all domains. Therefore, ongoing adjustments take place on a daily basis to modify service delivery to best meet needs and the annual review corroborates the effectiveness of these processes or finds them wanting. In the latter case the higher-order authority – CEO, Academic Council or Board - has responsibility to ensure that corrective action is taken.

11.6 Implementation

The CEO and the management team have responsibility to ensure all the output from the review process is reported to the Board. They are also responsible for implementing any changes arising out of the review of quality procedures.

Figure 11: Process for evaluating the effectiveness of quality assurance procedures.



Appendices

Appendix 1: Complaints Policy and Procedures

The Clanwilliam Institute, Personal, Relationship and Family Consultancy will be referred to as “the Institute”. This document refers to all who contract their services to the Institute and to administrative staff, and they will be referred to as “Clanwilliam Staff” throughout this document.

Purpose

This document attempts to outline expectations and procedures that will contribute to best standards of practice for management and professional staff.

The procedures are designed to reflect the importance of a respectful collaborative relationship between the Institute and the staff who provide the institute services.

The objectives include the balancing of continued improvements towards best practice in our service with justice for the individual. Best practice includes attention to the rights and needs of clients, acknowledging imbalances of power in the relationships between professional staff and clients or students. Justice for the individual includes the importance of clear expectations, transparency of process, and procedures that are as fair and uniform as possible.

The procedure is designed to facilitate voluntary informal resolution of concerns, complaints and conflict at the earliest opportunity and to avoid unnecessary entrenchment and polarisation.

The following procedure sets out the action to be taken by management if concern arises, or if a complaint is made that a member of staff may be behaving in an inappropriate manner in their work role or in relation to this role.

It is also intended to identify, if possible, any underlying reasons for the concern or complaint and to ensure that this does not reoccur, insofar as this is possible.

Guidelines

Complaints from any consumer of our services (clients, students and organisations) will be immediately directed to the relevant manager.

The manager will inform the person about whom the complaint is made without delay and give that person the opportunity to respond. The manager will also inform other members of the management team.

The manager’s function at this stage will be to facilitate a satisfactory outcome between the complainant and the service provider.

If the matter is not resolved to the satisfaction of the complainant she or he will be invited to make a formal complaint in writing.

If a written complaint is received, it will then be directed to the Complaints Committee.

If a written complaint is received without a previous verbal complaint, the manager will offer a voluntary mediation process and if this is refused by either party or is unsuccessful the complaint is then passed to the Complaints Committee. The manager

and Chief Executive will select members of the complaints committee according to the criteria outlined below.

In the case of complaints by clients about a therapist, the therapist is required to use their consultation group to review the complaint and to consider the appropriate response.

The Complaints Committee

The Complaints Committee will include the following people:

- The Chief Executive of the Institute as chairperson
- An external person appropriate to the task
- Another appropriate member of Clanwilliam staff
- A manager other than the manager of the department which is the subject of the complaint
- A student representative when the complaint is by a student and the complainant wishes such a representative to be included.
- The manager of the department to which the complaint has been addressed who will perform the secretarial and co-ordinating tasks of the committee.

Complaints about a Manager or Chief Executive

If a complaint is made about the behaviour of a manager in carrying out her or his role as manager, the Chief Executive will respond to the complaint. If a complaint is made about the Chief Executive in the performance of his/her role, the complaint will go to the Chairperson of the Board of Directors.

Committee Procedure

The committee will continuously strive to facilitate agreement between the complainant and the person to whom the complaint is directed (the parties), in preference to imposing a judgement or decision, while exercising appropriate discretion.

They will investigate the substance of the complaint as they see fit and carry out whatever inquiries they consider appropriate while guided by principles of impartiality and fairness in their deliberations and decision. Their decision will be made known to both parties.

Each party may have one support person present.

Decision

The final decision of the Complaints Committee may exonerate the person about whom the complaint has been made or may impose some disciplinary action or means of redress, if the complaint is upheld. This could include the need to make an apology privately or otherwise or could include suspension or discontinuation in their role as provider of the service in question or of all Clanwilliam services.

Appendix 2: Procedure for Rechecks and Reviews

1. Introduction

This document sets out the mechanisms and procedures whereby students can seek a recheck or review of marks and assessments.

2. Definitions

2.1 Re-check means the administrative operation of checking the recording and the addition of marks.

2.2 Review means the re-consideration in detail of all or part of the existing assessment material where feasible by the internal and external examiner(s) and re-consideration of the marks.

3. Procedures to be followed to request a re-check

3.1 A request for a re-check must be received by the Head of the Training or his/her nominee not later than five working days after the assessment results have been made available.

3.2 Only a written request for a re-check signed by the person concerned will be considered.

3.3 The Institute may on occasion be required to charge a fee for a re-check which in the event of a successful re-check, would be refunded.

4. Procedures to be followed to request a review

4.1 A request for a review must be received by the Head of the Training or his/her nominee not later than five working days after the Exam Board meeting.

4.2 Only a written request for a review from the person concerned will be considered.

4.3 Formal processing of reviews should be completed in time for the appropriate meeting of the Academic Council (AC).

4.4 A review will automatically include a re-check

5. The Grounds for Review

5.1 Before a review procedure is initiated a detailed submission in the format specified by the Institute must be received by recorded post from the candidate.

5.2 The submission must identify the element or elements of the assessment for which the review is being sought. It must also specify the grounds on which the review is sought and must contain all information which the candidate requires to have taken into account in the review.

5.3 The grounds for review should be specified under three headings:-

(i) The assessment regulations of the Institute have not been properly implemented.

(ii) The regulations do not adequately cover the candidate's case.

(iii) Compassionate circumstances related to the candidate's assessment situation which were made known to the Institute by the candidate prior to or during the course of the assessment concerned of which the Board of Examiners were unaware.

Appendix 3: Assessment Regulations

1. Regulations

1.1. Learners must familiarise themselves with the following Institute documents:

- The regulations and procedures set out here,
- The relevant Student Information Pack/Programme Handbook,
- Rechecks, reviews and complaints procedures,
- Current Marks and Standards document.

1.2 In particular, candidates must be familiar with any relevant:

- Assessment schedule for the particular programme,
- Penalties for work submitted late,
- Procedures for seeking a continuous assessment deadline extension,
- Assessment criteria used to mark submitted work,
- Guidelines for referencing.

2. Learner Responsibilities

2.1 Candidates must

- Ensure that they are correctly registered on programmes,
- Attend assessments, clinical presentations, clinical reviews,
- Complete all continuous assessment work as required,
- Notify the Head of Training immediately in writing of reasons for absence from assessments, etc. (supplying relevant documentary evidence),
- Notify the Head of Training immediately in writing of compassionate circumstances that have impeded their examination/assessment performance,
- Comply with any Programme Committee requirements for (i) receipting work, (ii) seeking deadline extensions, and (iii) referencing,
- Retain a copy of submitted work where possible.

2.2 It is the responsibility of candidates to check the date, time and venue for each of their assessments.

2.3 Any candidate who fails to attend for any assessment, who arrives late, or who leaves early for any reason other than they have completed the assessment, is required to send a written explanation to the Head of Training immediately. A medical certificate must be supplied in addition to the explanation if the absence was due to illness.

3. General Remarks

3.1 Learners are expected to bring to the attention of the relevant teaching staff member, at the earliest possible opportunity, any ambiguity in the requirements of an assignment. In a formal assessment the candidate is expected to raise the issue with the appropriate staff member.

3.2 Learners must bring to the attention of the relevant teaching staff member, at the earliest possible opportunity, circumstances preventing them completing a prescribed assignment in the allotted time.

3.3 Learners must comply with any procedures in place for acknowledging that the submitted work was developed exclusively through their own efforts.

4. Breaches of the Assessment Regulations

4.1 Cheating:

The Institute defines the very serious academic offence of cheating as:

- The possession, use or attempted use of unauthorised material, books, notes, electronic aids or other materials in an examination or other assessed activity;
- Obtaining an examination paper ahead of its authorised release;
- Unauthorised collusion, i.e. either aiding or obtaining aid from another candidate or any other person, where such aid is not explicitly permitted in the assignment;
- Acting dishonestly in any way, whether before, during or after an examination or other assessment so as to either obtain or offer to others an unfair advantage in that examination or assessment;
- Deliberate plagiarism.

4.2 Plagiarism:

The act of presenting as your own the words or ideas of someone else, whether published or not, without proper acknowledgement, is called plagiarism. There are three main types of plagiarism, which could occur within all modes of assessment (including examination):

- Direct copying of text from a book, article, fellow student's essay, handout, web page or other source without proper acknowledgement;
- Claiming individual ideas derived from a book, article, etc. as one's own and incorporating them into one's work without acknowledging the source of these ideas;
- Overly depending on the work of one or more other sources without proper acknowledgement of the source, by constructing an essay, project, etc. using large sections of text from another source and merely linking these together with a few of one's own sentences.

5. Assessment Regulations Committee

Each Programme Committee establishes an Assessment Regulations Committee in the event of an alleged breach of the Institute's assessment regulations.

The membership of the committee will be:

- Chair (CEO nominee)
- Head of Department
- 2 teaching staff members (nominated by the Programme Committee – not directly involved with the alleged breach of the assessment regulations.)
- Learner representative

The committee will recommend a course of action to the relevant Exam Board. The candidate can seek a review (and appeal) of the decision of the Exam Board through the Institute's procedures on rechecks, reviews, and appeals.

Where it is proved beyond a reasonable doubt that a learner has sought to gain an unfair advantage by cheating in a single examination/assessment, the normal minimum penalty is that the result of that assessment/examination is declared null and void. The relevant Exam Board will decide what action to take in regard to possible re-assessment or repeat examination. The Institute reserves the right to invoke disciplinary procedures also.

Where it is proved beyond a reasonable doubt that a learner has sought to gain an unfair advantage by cheating in more than one examination/assessment, the normal minimum penalty is that all assessments and examinations at that particular level will be declared null and void. The relevant Exam Board will decide when and if the candidate can be assessed and examined consistent with the particular level. The Institute reserves the right to also invoke disciplinary procedures.

Appendix 4: Access Policy

Clanwilliam Institute is committed to providing a learning environment that meets the needs of all its students. Clanwilliam Institute as defined by section 7 of the Equal Status Act (2000) is a *'higher- level Institution whether or not supported by public funds'* and as such is required to comply with the Act in relation to the recruitment, selection and support provided to the students participating on its courses.

Clanwilliam Institute is committed to ensuring discrimination on the basis of disability does not occur either directly or indirectly in relation to any of the following areas:

- the terms or conditions of admission,
- access to any course,
- access to any facility or benefit provided,
- any other term or condition of participation in the establishment,
- expulsion of a student or any other sanction against a student.

There may be occasions when the Institute will be required to refuse admission to some students - outside of the academic and personal requirements of the admissions policy - if it is deemed that admission to the course would have a 'seriously detrimental effect' on the education of other students. Each individual application will be considered on its individual merit .

The Clanwilliam Institute is committed to the principles of reasonable accommodation and will endeavour to meet the individual needs of all its students, where there is nominal cost involved in doing so. As such the Institute will do all that is reasonable to accommodate its students, which may involve some changes in the presentation of materials and assessment format for individual students as well as other accommodations as required. These accommodations may be by means of providing special treatment or facilities if, without such accommodation, it would be impossible or unduly difficult for the person to avail of the service provided by the Institute.

The Institute will appoint an access officer who will consider the needs of all those students applying for courses and participating to ascertain their needs in the pursuit of the course and to assist with applications for assistive technology, assessment concessions or any other reasonable accommodations required to ensure the course is accessible to all those participating.

All members of the teaching team in Clanwilliam Institute are made aware of the need to provide reasonable accommodations for students with disabilities in keeping with the provisions of the Equal Status Act 2000. Students with disabilities who feel they have been discriminated against or who have not had reasonable accommodations made for their needs can address complaints to the Head of Training/Registrar with reference to the procedures outlined in the Institute's complaints procedures.

