

	Document Title	<b>Academic Committee Constitution</b>		
	Doc. Number	TRA-PRO-002	Doc. Owner	Academic Committee
	Author	Angela Byrne	Revision	Rev. 04
	Reviewed by	Academic Committee	Approved by	Board of Directors
	Next Review Date	25/04/2026	Approved Date	25/04/2025

## 1. Policy Statement

Shorcontrol Safety’s Academic Committee is committed to and responsible for the governance and management of academic activities and is the primary decision maker for all training matters. The committee sets in place a framework for, and oversees the establishment, development and maintenance of the quality policies and procedures for all training programmes that the company offers.

## 2. Purpose

This procedure outlines the establishment, structure, membership, responsibilities, decision-making processes, and reporting obligations of the Academic Committee (AC) at Shorcontrol Safety.

## 3. Scope

The academic committee is responsible for shaping and maintaining Shorcontrol Safety’s academic standards and policies. Its duties include reviewing and approving curriculum changes, ensuring the quality and relevance of academic programs, supporting faculty development, and contributing to strategic planning in education. The committee plays a vital role in fostering academic excellence, promoting innovation in teaching and learning, and ensuring alignment with institutional goals.

## 4. Definitions

Term	Definition
<b>Academic Governance</b>	A governance framework that directs and monitors the delivery of education and training at Shorcontrol Safety, ensuring adherence to defined standards across admissions, curriculum quality, teaching, learning, assessment, and academic integrity.
<b>Academic Committee</b>	A committee appointed by the Board of Directors to lead and support the planning, coordination, development, and continuous improvement of Shorcontrol Safety’s training and educational operations.
<b>Quality Committee</b>	A committee responsible for managing quality assurance processes and ensuring that any proposed or implemented changes in governance comply with applicable legislation, regulatory standards, and stakeholder requirements.

## 5. General Procedure Guidelines

### 5.1 Establishment of the Academic Committee

The Academic Committee is established by and reports to the Board of Directors. It is a permanent standing committee responsible for overseeing academic quality assurance, programme development, learner experience, and assessment standards.

### 5.2 Membership and Terms of Reference

**5.2.1 Composition:** Membership shall include a mix of internal and external stakeholders to ensure balanced representation and academic impartiality.

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### 5.2.2 Ex Officio Members:

- Chairperson (external)
- Head of Training & Development
- Quality Manager
- Training Administration Manager
- Internal Verifier / External Authenticator (as required)

### 5.2.3 Additional Members (as appointed by the Chairperson):

- Tutor/Faculty Representative (internal and contracted)
- Learner Representative
- External Academic/Quality Assurance Advocate

### 5.2.4 Terms of Appointment

- General membership: 3-year term, renewable.
- Chairperson: 2-year term, renewable, subject to committee vote.
- External Advocate: 3-year fixed-term agreement, renewable.
- Members may serve multiple terms consecutively, with consideration given to diversity and turnover.

### 5.2.5 Meeting Frequency

A minimum of four meetings per calendar year (quarterly), with additional meetings if/as required.

## 5.3 Roles and Responsibilities

**5.3.1 Chairperson (External):** Appointed to ensure independent oversight and good governance. Elected by majority committee vote.

Key Responsibilities include:

- Schedule and chair meetings.
- Circulate agendas and minutes.
- Oversee the implementation of academic decisions.
- Maintain impartiality and ensure adherence to ethical standards.
- Ensure learner and staff voices are heard.

### 5.3.2 Head of Training & Development

- Responsible for strategic academic planning, programme development, tutor qualification, and academic resources.

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### 5.3.3 Quality Manager

- Secretary to the AC.
- Ensures academic standards align with QQI and other awarding bodies.
- Liaises between the Academic and Quality Assurance Committees.
- Verifies compliance and oversees data-informed QA processes.

### 5.3.4 Training Administration Manager

- Represents administration processes, including learner records, certification, and assessment management.
- Liaises with awarding bodies and monitors verifier/authenticator outcomes.

### 5.3.5 External Advocate

An independent academic/QA professional tasked with:

- Offering impartial advice.
- Reviewing policies/procedures.
- Providing independent reports and recommendations.
- Ensuring external benchmarking and constructive challenge.

### 5.3.6 Tutor/Faculty Representative

Acts as a liaison between academic staff and the AC, advocating for faculty-related concerns, curriculum input, and development needs.

### 5.3.7 Learner Representative

Ensures the learner perspective is embedded in decision-making, representing feedback, issues, and enhancement ideas.

## 5.4 Responsibilities of the Academic Committee

The Academic Committee is responsible for:

- Leading the development, implementation, and monitoring of academic strategies and quality assurance processes to ensure compliance with internal standards and awarding body requirements (e.g. QQI, PHECC, SOLAS, IOSH) requirements.
- Ensuring continuous improvement and academic integrity in teaching, learning, and assessment.
- Monitoring learner and faculty experience and outcomes through feedback received.
- Make suggestions for corrective action or potential improvement activities to enhance learner and student experiences and outcomes

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- Manage and coordinate the design, validation, delivery, periodic review, and discontinuation of academic programmes, ensuring alignment with institutional goals and regulatory requirements.
- Review and approve new and revised policies, ensuring relevance and compliance.
- Oversee RPL processes and learner admission, progression, and award.
- Ensure that auditing procedures are developed and implemented to verify that tutors meet established quality standards and qualification requirements
- Promote inclusion, fairness, and transparency in all academic processes.
- Recommend academic regulations for Board approval as required.
- Ensure effective and timely communication and reporting with all stakeholders.

## 5.5 Meetings and Decision-Making

### 5.5.1 Academic Committee Meeting Agenda – Required Items

1. **Opening Items**
  - Declaration of Conflicts of Interest
  - Apologies for Absence
  - Confirmation of Quorum
  - Approval of Agenda
2. **Minutes and Actions**
  - Review and Approval of Previous Meeting Minutes
  - Matters Arising from Previous Minutes
  - Review of Outstanding Action Points
3. **Governance and Compliance**
  - Review of Awarding body/organisations Updates / Regulatory Changes
  - Review of QA Policy Updates or Proposals
  - Risk Management Updates Related to Academic Operations
4. **Reports from Members**
  - Chairperson's Report (including governance issues or escalations)
  - Head of Training & Development
    - New/Amended Courses
    - Tutor Recruitment & Audits
    - Results Panel Overview
  - Quality Manager Report
    - Complaints & Praises
    - QA Committee Summary
    - Compliance Checks
  - Training Administration Manager Report
    - Learner Records & KPIs
    - IV/EV Results
  - External Advocator's Report (independent feedback & QA observations)
  - Tutor/Faculty Rep Feedback
  - Learner Rep Feedback
5. **Academic Oversight and Planning**
  - Course Validation and Review Updates
  - RPL Policy and Case Updates
  - Learner Admissions, Progression, and Appeals
  - Assessment Planning and Moderation
  - Blended/Online Learning & Technology-Enhanced Learning Plans
6. **Monitoring and Evaluation**

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- *Review of KPIs Related to Academic Quality*
- *Internal/External QA Reviews and Reports*
- *Implementation of Improvement Actions*
- *Feedback Loops: Learner/Tutor/Stakeholder Input*
- 7. **Strategic Items**
  - *Forward Planning of Academic Calendar*
  - *Resource Allocation for Training Delivery*
  - *New Course/Programme Development Proposals*
- 8. **Policy Development and Review**
  - *Review or Drafting of New/Updated Academic Policies*
  - *Equality, Diversity & Inclusion in Academic Provision*
- 9. **Open Forum**
  - *Any Other Business (AOB)*
  - *Items Raised by Members*
- 10. **Meeting Closure**
  - *Summary of Agreed Actions*
  - *Assignments of Responsibilities*
  - *Date of Next Meeting*

**5.5.2 Agenda and Notice:** Circulated by Chairperson at least 3 working days in advance.

**5.5.3 Quorum:** 50% + 1 of total members. Chairperson's attendance is mandatory; alternates permitted in extenuating circumstances.

**5.5.4 Decision-Making:** By majority vote. In the event of a tie, the Chairperson holds the casting vote.

**5.5.5 Proposals and Objections:** Any member may propose items. Stakeholders may submit objections within 14 days. The Chairperson will facilitate compromise or escalate to the Board of Directors if unresolved.

## 5.6 Reporting and Communication

- The AC reports to the **Board of Directors** and communicates regularly with the **Quality Assurance Committee**.
- Reports must be submitted to the Board within 10 working days post-meeting.
- Reports and decisions must be documented, archived, and accessible.
- Each member is responsible for submitting quarterly activity and performance reports related to their area of responsibility.

## 5.7 Accountability and Inter-Committee Coordination

- The AC and QA Committee must work in good faith where overlap exists.
- Disputes or conflicting proposals will be mediated by the Quality Manager.
- Final authority on unresolved matters rests with the Board of Directors.

## 5.8 Annual Review of Committee Effectiveness

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The AC shall review its performance annually, reporting on:

- Attendance and engagement.
- Outcomes and follow-through on actions.
- Alignment with strategic academic goals.
- Opportunities for enhancement.

Findings shall be submitted to the Board of Directors and inform continuous improvement.

### 5.9 Record Keeping and Documentation

- All meeting records (agendas, minutes, reports) shall be retained securely.
- Reports from all designated members shall be submitted and archived prior to each meeting, covering the previous quarter.

## 6. Responsibilities

Employee Title/Classification	Responsibility
Directors & Committee Members	To ensure the necessary resources are available within the organisation for the implementation of this policy. To ensure the contents of this policy are implemented effectively. To investigate and act upon any breaches or violations which may arise or be reported in relation to this policy. To adhere to the requirements set out in this policy. To report any breaches or violation of this policy to top/senior management for investigation and resolution.

## 7. Enforcement

Employee Title/Classification	Responsibility
Directors & Committee Members	Has the discretion of determining the repercussion on the discovery of any breach or violation of this policy. Has the discretion of determining the repercussions on the discovery of any assigned responsible personnel's failure to enforce or follow this policy or its procedures.

## 8. Related Information and Documents

Document ID	Title
GEN-POL-004	Organisational Structure
GEN-POL-005	Job Roles & Responsibilities
GEN-POL-011	Conflict of Interest Policy

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TRA-PRO-001	Governance Structure & Quality Management in Training Procedure
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## 9. Procedure Review

This procedure shall be reviewed when:

- There is a change of Governance Structure at Shorcontrol Safety.
- There is a change in any of the related policies or procedures found in section 8. *'Related Information & Documentation'* of this document.
- As prescribed in Shorcontrol Safety's policy and procedure review schedule.
- As determined or requested by the General Manager at Shorcontrol Safety.

Revision Date	Author with Title	Description
29/09/2022	Adam Romans; Quality Coordinator	Initial release of procedure
09/03/2023	Angela Byrne; QHSM	Review, update and reformat layout/structure to align with QOI reengagement guidelines.
25/07/2023	Angela Byrne; QHSM	Update of document code.
25/07/2024	Angela Byrne; QHSM	Review – no changes. Approved by QOI in 2023.
25/04/2025	Angela Byrne; QHSM	Review upon request of BOD, changes include clarification and role specific responsibilities.