



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

**Quality Review Process for
University of Limerick Students' Union**

November 2017

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1 Quality at the University of Limerick

1.1 What do we mean by 'quality', 'quality assurance' and 'quality improvement'?

The quality of an activity or process is a measure of its 'fitness for purpose'. 'Quality assurance' (QA) refers to actions taken to monitor, evaluate and report upon the fitness for purpose of a particular activity in an evidence-based manner, while 'quality improvement' (QI) (sometimes referred to as 'quality enhancement') refers to initiatives taken to improve the fitness for purpose of the target activity/process. QA and QI are intrinsically linked, and often the term QA is taken to incorporate QI activity. QA/QI activities are applied at institutional, unit and individual (personal) level. Continual improvement is achieved by applying QA/QI on an ongoing basis.

In a university context, typical activities or processes include teaching and assessment, research, curriculum development and a myriad of support services provided by support units. At the University of Limerick (UL), an example of an academic QA/QI process is the external examination process, in which external examiners monitor and evaluate the quality (fitness for purpose) of an academic programme or subject, report their findings to the university and include suggestions for improvement. An example of a support unit QA/QI process is the gathering and analysis of customer feedback with a view to identifying and implementing ways of improving services to customers.

The periodic quality review of functional units (academic and support) within the university represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for the UL Students' Union (ULSU; 'the unit').

1.2 The quality review process

1.2.1 Purpose

The general purpose of the university's unit-level quality review process is:

- To provide a structured opportunity for the unit to engage in periodic and strategic evidence-based self-reflection and assessment in the context of the quality of its activities and processes and to identify opportunities for quality improvement
- To provide a framework by which external peers, in an evidence-based manner, can independently review, evaluate, report upon and suggest improvements to the quality of the unit's activities and processes
- To provide a framework by which the unit implements quality improvements in a verifiable manner
- To provide UL, its students, its prospective students and other stakeholders with independent evidence of the quality of the unit's activities
- To ensure that all UL units and units associated with or linked to UL, as appropriate, are evaluated in a systematic and standardised manner in accordance with good international practice and in support of the objectives of UL's [quality statement](#)
- To satisfy good international practice in the context of quality assurance in higher education and to meet statutory QA requirements as enshrined in national law

1.2.2 Ethos

The ethos of the quality review process is that participants proactively engage in a mutually supportive and constructive spirit and that the process be undertaken in a transparent, inclusive, independent, evidence-based and cost-effective manner. The process provides

scope for recognising achievement and good practice as well as identifying opportunities for potential quality enhancement.

1.2.3 Background

UL's quality review process was developed and continues to evolve in order to satisfy the university's [quality statement](#) and meet legislative QA requirements. UL complies with the [Qualifications and Quality Assurance \(Education and Training\) Act 2012](#), which places a legal responsibility on universities to establish, maintain and enhance QA procedures relating to their activities and services (Part 3, Section 28). These QA procedures must take due account of relevant quality guidelines issued by [Quality and Qualifications Ireland](#) (QQI) and/or predecessor organisations. QQI is the statutory body responsible for reviewing and monitoring the effectiveness of QA procedures adopted and implemented by higher (and further) educational institutions within Ireland.

1.2.4 Process modifications

On rare occasions, circumstances may arise that make it necessary or desirable to modify elements of the quality review process. Minor modifications that have little or no impact on the overall process may be instigated directly by the Director of Quality. Substantive modifications require agreement between the Director of Quality and head of unit. If agreement cannot be reached, the matter is referred to the Vice President Academic & Registrar (VPA&R) for a final decision.

1.2.5 This document

The purpose of this document is to outline UL's quality review process in general terms and to describe in detail the process as it relates to ULSU. Each phase of the process is set out in its own section, and additional information is included in the appendices. The document owner is the Director of Quality.

2 The review of the Students' Union

2.1 The UL Students' Union

The University of Limerick [Students' Union](#) (ULSU) represents over 13,500 UL students. Students automatically become members of ULSU upon enrolment. ULSU is an affiliate unit at UL – this means that it is closely associated with the university but is a distinct legal entity.

The vision of ULSU is to foster an ethos at UL that places students at the heart of university policies and activities and that encourages students to actively create and shape their own experiences.

The aims of ULSU are to:

- Represent students and ensure their voice is heard and action is taken
- Advocate on student issues
- Engage students so they can relax, chill, party, play, succeed and live life to the full at UL
- Assist students with services and supports they need most while at UL
- Advise and inform students on the issues most relevant to them

Three sabbatical officers (President, Welfare and Academic) and part-time members of ULSU's Executive Committee represent students and help them with any problems they may have during their time in college.

The ULSU Executive is the 'cabinet' of the union. Its members include sabbatical and non-sabbatical officers (elected annually) and the General Manager. The Management Committee governs ULSU – it comprises the Executive Committee and a number of external members. The Executive is responsible for initiating policy and the day-to-day political running of ULSU. The Executive reports to the SU Council, a wider representation body of students comprising class, department and faculty representatives. Led by the General Manager, a team of full-time staff supports the work of ULSU.

Throughout this document, reference to the 'head of unit' can be taken to mean the General Manager.

2.2 The scope of the ULSU quality review

In addition to addressing the general purpose of UL's unit-level quality review activity, the terms of reference of the ULSU review include the following:

1. To consider and advise on the mission, strategy and principal activities undertaken by ULSU
2. To consider and advise on all aspects of the structure, governance, management and operation of ULSU
3. To consider and advise on the linkages, relationships and interactions between ULSU and its key stakeholders, most notably UL and the UL Postgraduate Students' Union (ULPSU)
4. To consider and advise on the overall effectiveness of ULSU and how this could be enhanced

2.3 Process authorisation

The UL cycle 3 quality review schedule and general process characteristics were approved by the Executive Committee on 1 March 2017. Tailored to suit the ULSU quality review, this guidelines document was approved by the VPA&R in September 2017 and by the ULSU Management Committee on 30 November 2017 and Student Council on 14 November 2017.

3 The review process

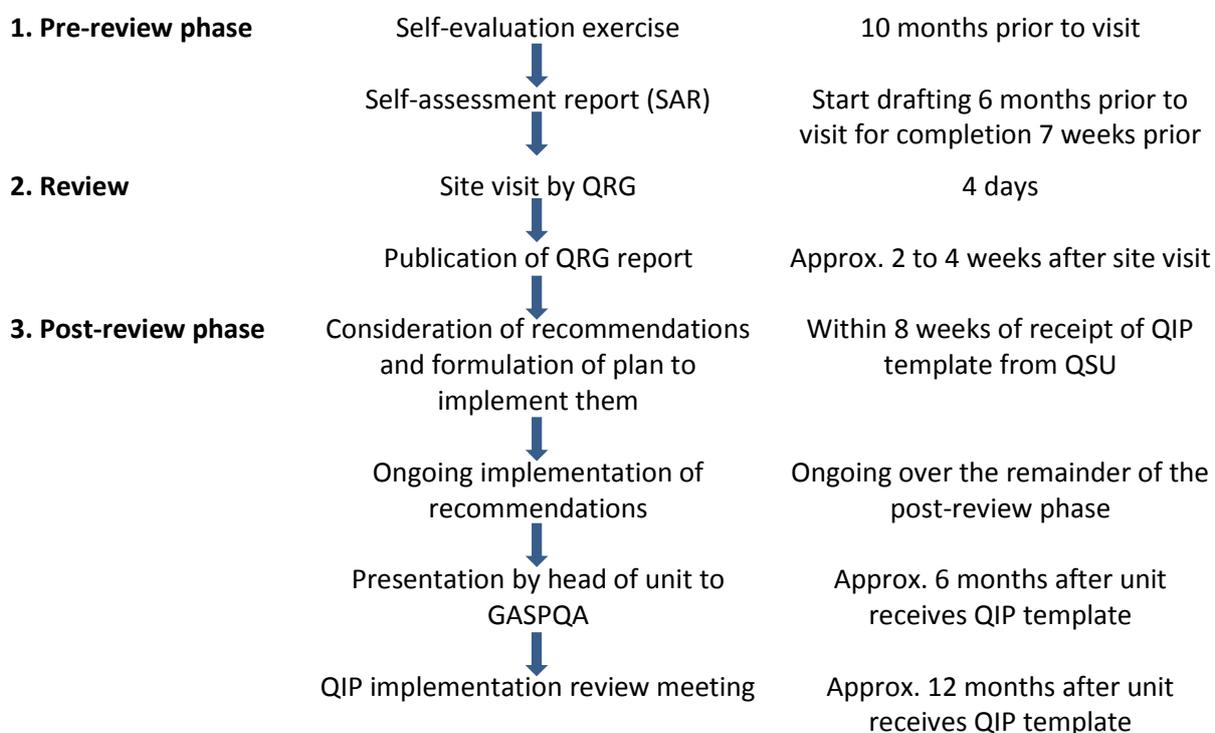
3.1 Overview

UL's quality review process includes an initial self-evaluation by the unit followed by peer review, leading to the formulation and implementation of enhancement activities. The scope of the review encompasses only the unit under review and any groups affiliated to it. The review of the unit is conducted by an independent quality review group (QRG) comprising a chairperson, peers and student representatives.

3.2 Phases of the review process

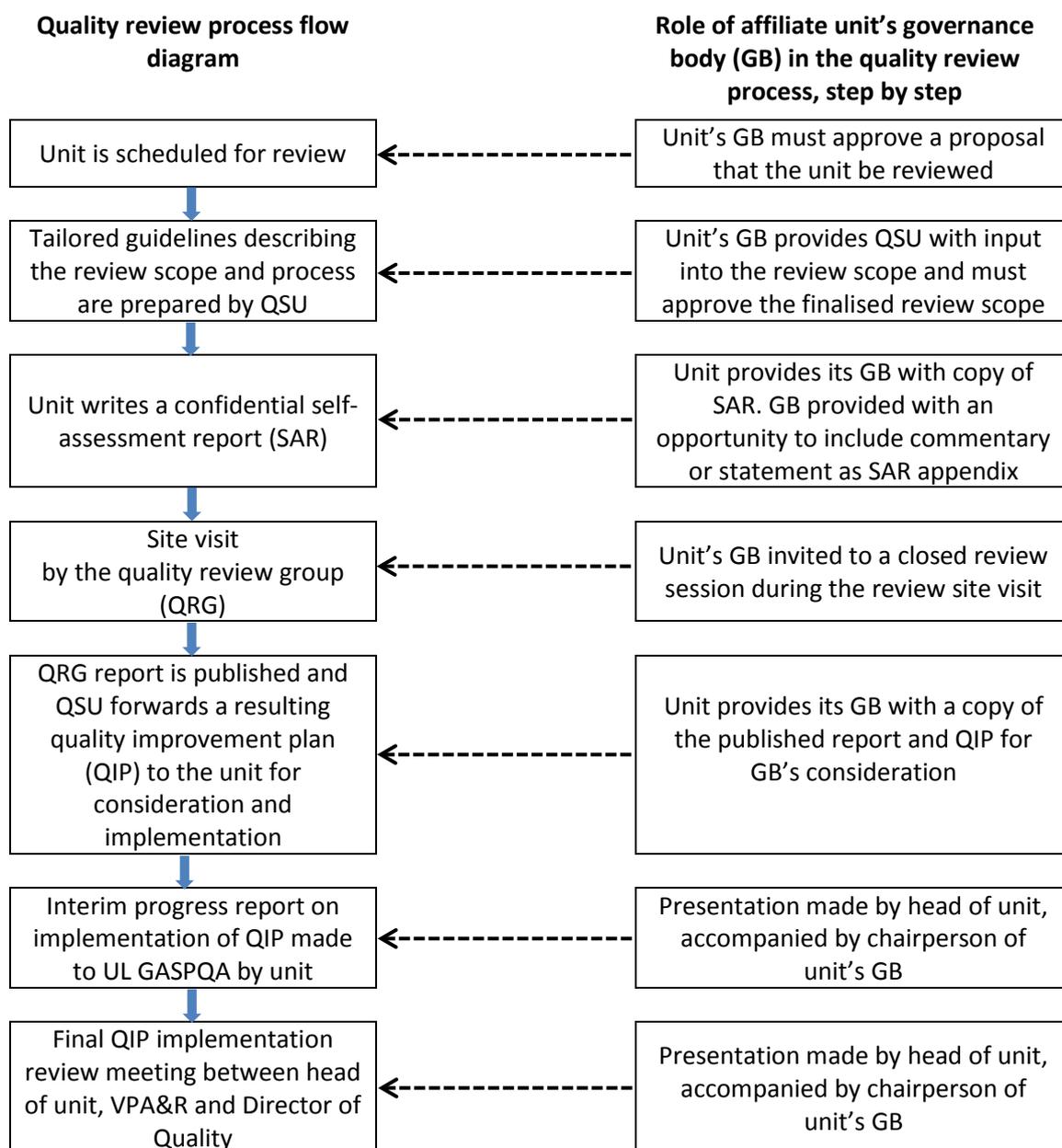
The review process has three distinct phases:

1. Pre-review phase, which includes:
 - i. A self-evaluation exercise conducted by the unit
 - ii. The production of a self-assessment report (SAR) by the unit
2. Review phase: An onsite, three-day review of the unit by the visiting QRG, culminating in the production and publication of a QRG report
3. Post-review phase, which is recorded in a quality improvement plan (QIP) template document. Stages in this phase include:
 - i. Consideration of recommendations by unit and formulation of plan to implement the recommendations
 - ii. Ongoing implementation of recommendations
 - iii. Interim progress report to Governing Authority Strategic Planning and Quality Assurance (GASPQA) committee
 - iv. Implementation review meeting



3.3 Role of ULSU governance body

The quality review process for affiliate units is very similar to that for core units. However, because an affiliate unit is a distinct legal entity, the unit’s governance body (or a subgroup appointed by the governance body) is required to play a role in the review process. The stages of the review process requiring action by the ULSU governance body are outlined below. For the purpose of this quality review, the ULSU governance body comprises the Management Committee (advisory board) and the Student Council.



3.4 Communications, inclusivity and feedback

In line with the ethos of the quality review process (section 1.2.2) and international good practice, the process places an emphasis on communication, inclusivity and feedback. This is achieved in a number of ways, the most notable of which are as follows:

- The campus community is made aware of upcoming quality reviews via a global email from the Quality Support Unit (QSU) to all students and staff.

ULSU Quality Review Guidelines

- The QSU provides the campus community with opportunities to contribute to the review process by registering their interest in:
 - Submitting commentary for consideration by the unit during the pre-review phase
 - Participating in stakeholder group meetings with the QRG during the site visit

The Director of Quality must be assured that the unit under review takes due cognisance of any such input received during the process.

- The QRG report and a final QIP implementation summary report are published on the websites of the QSU and the relevant unit, and the campus community is made aware of these publications via a global email from the QSU.

4 The pre-review phase

The pre-review phase of the quality review process comprises the following two activities:

1. A self-evaluation exercise conducted by the unit
2. The production of a self-assessment report by the unit

4.1 Self-evaluation exercise

4.1.1 General

Led by a quality team comprising staff members of the unit, the self-evaluation exercise should be thorough, should involve staff, students and stakeholder groups and should focus on all activities and services of the unit. The use of an external facilitator with relevant experience of SWOT (strengths, weaknesses, opportunities and threats) analysis and strategic planning can be beneficial to the unit when conducting the exercise.

4.1.2 Quality team

The first step of the process is for the head of unit to appoint a quality team from within the unit. Comprising approximately six persons, the team should be put in place at least 10 months before the scheduled QRG visit. The head of unit must be a member of the team but does not have to act as chairperson. The chairperson should be a senior member of the unit. The quality team should be as representative as possible of the staff profile of the unit. The unit must inform the QSU of the names of the quality team members.

4.1.3 Self-evaluation activities

Advice and guidance on the self-evaluation activities to be undertaken by ULSU is available from the QSU. ULSU may wish to engage the services of a quality consultant to plan the activities, which include, but are not limited to:

- A SWOT analysis
- Gathering and analysing student feedback and other customer/stakeholder feedback via surveys, focus groups or other mechanisms, as appropriate
- Any other activities that the ULSU quality team believes would contribute to an evidence-based evaluation of the unit's performance

Reports gathered through the above activities should be included as appendices to the self-assessment report.

4.2 Self-assessment report

4.2.1 General

Five to six months prior to the review, the quality team writes an analytical, evidence-based self-assessment report (SAR). The reporting requirements for each main section are described in detail in Appendix A.

The SAR and its appendices are reviewed by the QRG in advance of the site visit and will form the basis of the QRG's assessment of ULSU's performance. The SAR is confidential to ULSU and will not be seen by persons other than ULSU staff and governance body members, the QSU and the QRG without the prior consent of the General Manager and SU President.

The suggested structure of the SAR is given in the next section. The layout and formatting of the document and quality of the writing style should be professional. To this end, it is

strongly recommended that the services of a technical writer be sought at the earliest opportunity.

4.2.2 Structure

The SAR can typically be up to 40 pages in length¹ (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). The SAR should be structured in discrete sections (chapters). As agreed with ULSU, the SAR should be structured in discrete sections (chapters), as follows:

- Unit overview: mission, strategy and governance
- Functions, activities and processes
- Service users and feedback
- Organisation and management
- Relationships and external engagement

4.2.3 Content

The SAR should accurately describe ULSU's strengths and weaknesses and should specify plans for continual improvement. Planned improvements should be specified within appropriate sections of the SAR, summarised in bullet points at the end of each relevant section and listed in a quality improvement plan (QIP), which should be included as an appendix to the SAR. The QRG will expect to see evidence of routine stakeholder consultation. The details of surveys, focus groups and other feedback mechanisms should be described briefly in the relevant section and in full in the appendices.

4.2.4 Consensus

The SAR should reflect the input of all ULSU staff and must be available to all ULSU staff for comment during the final drafting stages.

4.2.5 Chairperson's review of the SAR

It is accepted practice for the QRG chairperson to be invited to read and comment on an advanced draft of the SAR 10 weeks before the review visit. This can beneficially be followed by a telephone discussion between the quality team leader and the QRG chairperson for the purposes of familiarisation and feedback.

4.2.6 Distribution

At least seven weeks before the QRG visit, the unit must email the finalised SAR and appendices to the QSU. All unit staff must have access to the final report and appendices. This can be achieved by placing the material in a location that is accessible only to the unit, such as SharePoint or a shared drive. The head of unit must provide the governance body with a copy of the SAR for information.

Six weeks before the review visit, the QSU sends the SAR and appendices to each member of the QRG. Before the material is sent out, the Director of Quality (or a nominee acceptable to the unit under review) reads the SAR to check for factual errors or the presence of statements that might be considered ambiguous, potentially biased or potentially misleading. Any concerns identified will be passed on in writing by the Director of Quality

¹ Based on Calibri size 12, single-line spacing, MS Word standard margins

(or his nominee) to both the unit's quality team and the QRG for their consideration in an evidence-based manner during the site visit.

If the SAR makes negative reference to the services (or lack thereof) provided by another UL unit or third party, ULSU must make the relevant section of the SAR available to the unit or third party and invite them to the relevant session during the site visit.

4.3 Pre-review phase timeline

It is recommended that planning for the self-evaluation exercise commence approximately 10 months (40 weeks) in advance of the QRG site visit. The table to follow gives actual (in shade) and recommended deadlines for the completion of the self-evaluation exercise and the SAR.

ULSU Quality Review Guidelines

| Self-evaluation exercise [optional items in square brackets] | Deadline in weeks* | Self-assessment report (SAR) [optional items in square brackets] |
|--|-------------------------------|---|
| Put in place a quality team and start to plan self-evaluation activities | -40 | |
| Liaise with Director of Quality on identifying potential QRG members | -36 | |
| Finalise plans for self-evaluation and SAR | -32 | |
| [Engage and brief quality consultants] | -30 | [Engage and brief technical writer] |
| Identify and request relevant data | -28 | |
| [Engage in SWOT/strategic planning exercise] | -25 | |
| Arrange independently facilitated focus group meeting(s) | -25 | |
| Finalise analysis of student and other 'customer' and stakeholder feedback | -24 | |
| Prepare support documents and data | -23 | Start drafting SAR |
| | -20 | Finalise and brief QRG (QSU responsibility) |
| | -17 | Finalise SAR and appendices |
| | -16 | Give draft SAR and appendices to technical writer |
| | -12 | Circulate draft SAR within ULSU |
| | -10 | [Draft SAR to QRG chair for review] |
| | -8 | [Quality team leader and QRG chair discuss draft] |
| | -7 | Deliver final draft of report and files to QSU |
| | -6 | SAR to QRG (from QSU) |
| | -2 | Respond to requests for additional data |
| | 0 | QRG visit |

* Number of weeks prior to QRG visit.

5 The review phase

The review phase of the process refers to the week during which the quality review group (QRG) visits the university (the site visit) to meet with the unit under review and its stakeholders.

5.1 Purpose of the visit and role of QRG

The visit is intended to give the QRG members the opportunity to further explore the unit's activities and processes, to investigate issues identified in the SAR and to reassure themselves that the SAR is a comprehensive and accurate reflection of the unit's operations. The visit enables the QRG to meet and enter into dialogue with the unit's staff, student members, members of governance body and other stakeholders, tour the unit's facilities and meet UL senior management. This, in turn, allows the QRG to record its findings in an evidence-based QRG report, at the heart of which are both commendations and recommendations to the unit.

A detailed overview of the role of individual QRG members is provided in Appendix B. The details of the visit schedule are arranged between the QRG chair and the Director of Quality in advance of the visit.

5.2 Composition and appointment of the QRG

The QRG for the ULSU quality review will comprise a chairperson (typically international), two senior peers (typically international), a student representative and a UL staff representative. The Director of Quality consults with the head of unit and/or independently identifies potential candidates. The Director of Quality takes due diligence in relation to the suitability of all potential QRG members. Once he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the VPA&R, who then appoints the members. Once appointed and prior to the site visit, any necessary communication between the unit and members of the QRG must be facilitated by the QSU.

In the case of a late withdrawal of one member of the group, it may be possible to co-opt a replacement or to continue with just four members; this decision will be taken by the Director of Quality in consultation with the QRG chairperson.

The composition of the QRG and the procedure for appointing people to the group is described in detail in Appendix B.

5.3 Preparatory steps

Six weeks before the visit, the SAR and appendices are sent by the QSU to the QRG. The QRG chairperson asks each member of the QRG to study the entire SAR but to take special interest in specific assigned SAR chapters or sections with a view to leading the questioning and reporting on those sections during the visit. Individual QRG members will be asked to prepare a one-page brief on each of their assigned sections under the following headings:

- Positive and praiseworthy aspects
- Apparent weaknesses and/or areas of concern
- Topics that need to be explored during discussions
- Additional data required in advance of the site visit
- Opportunities that the unit has identified for further enhancement

These brief overviews are circulated to all members of the QRG before the visit and form the basis of the initial questioning and discussions during the visit. These briefs will *not* be made available to the unit concerned. It may be the case that additional material is required; if so, the chair requests the unit, through the QSU, to prepare and provide such material.

5.4 Visit schedule

A typical quality review site visit to UL usually commences at 19h00 on a Monday evening and concludes on the following Thursday at approximately 16h00. Because of the small size of ULPSU, the review will be conducted during the same week and by the same QRG as for the ULSU review. The QRG and a member of the QSU will meet briefly on the Sunday evening, after which members of the QRG will meet over dinner to become acquainted with each other, share their first impressions of the units (i.e. the ULSU and ULPSU) and seek clarifications, if necessary, from the chairperson. The QRG will meet UL senior management on Monday, the ULSU's quality team and stakeholders on Monday and Tuesday and the ULPSU's quality team and stakeholders on Wednesday.

The QRG will begin drafting the ULSU report on Tuesday afternoon and the ULPSU report on Wednesday afternoon and will conclude both reports on Thursday. Thursday morning and early afternoon is spent sharing drafts and finalising the reports while working as a team. The finalised ULSU QRG report will be read back to ULSU staff at approximately 15h30.

The provisional visit schedule is provided in Appendix C. The schedule outline is given as a guideline only. After practical considerations have been taken into account, the final schedule may differ in duration and detail and will be finalised closer to the review site visit.

5.5 QRG report

The QRG report follows a QSU report template. All members of the QRG have collective responsibility for the contents of the report. The main body of the report lists the QRG's commendations and recommendations to the unit. Recommendations are divided into two categories, level 1 and level 2. Level 1 recommendations are those that the QRG believes to be particularly significant in assisting the unit to better meet the needs of its stakeholders.

Immediately after the review visit, the QSU inserts introductory pages into the QRG report. Refer to Appendix D for further details on the QRG report, and refer to the [academic unit reports](#) and [support unit reports](#) pages of the QSU website for access to previous reports.²

5.6 Report feedback to the unit

It is key to the success of the review that the findings of the QRG be made available promptly to all staff members of the unit. This is achieved in two ways:

1. Prior to departure on the Thursday, the QRG chairperson reads back sections 3 and 4 of the report to the unit's staff. No paper copy of the report is made available to the unit at this stage.
2. Immediately after the visit, the QRG chairperson formally approves the report.

² These reports are from previous quality review cycles. The structure of the ULSU QRG report template will be substantially similar to them but will be tailored by the QSU to best suit the scope of the ULSU review.

Following the site visit, the QSU makes the report available to the unit strictly for the purpose of checking for factual errors.

The unit is invited to provide an optional, formal response (one page max.) to the QRG report. The ULSU response and an optional response by UL to the report will be published as appendices to the report.

5.7 Finalisation and publication of the QRG report

The QSU sends the QRG report to the Executive Committee, whose members (i) check the report for institutional-level factual errors, (ii) verify that the recommendations fall within the scope and purpose of the quality review process and (iii) approve its publication on the QSU website. Should issues arise as a result of the verification process, the QSU brings these to the attention of the QRG chair, who then works with the QRG to respond to or amend the report, as appropriate. The final report is then published on the QSU website.

The ULSU General Manager should alert the governance body that the report has been published.

6 The post-review phase

The post-review phase of the quality review process comprises the following stages:

1. Consideration of recommendations by unit and formulation of implementation plan
2. Ongoing implementation of recommendations
3. Interim progress report to GASPQA
4. Implementation review meeting

6.1 The QIP template

The QRG recommendations and progress with their implementation are recorded in a quality improvement plan (QIP), for which the QSU provides a template (Appendix E). Within one week following the site visit, the QSU copies the recommendations from the QRG report into sections 1 and 2 the QIP template. Once the QRG report has been published, the QSU forwards the template to the unit for consideration and follow up.

The ULSU General Manager is responsible for implementing the QRG recommendations, and the QIP template is designed to facilitate him to do this effectively. The template allocates one page to each recommendation and provides space to record:

- The unit's response to the recommendation
- Specific actions to be taken by the unit to address the recommendation
- The state of resolution of the recommendation and outstanding actions that need to be taken to fully implement the recommendation

6.2 Consideration of recommendations and formulation of implementation plan

Within six weeks of receiving the QIP template from the QSU, the unit meets to formally consider and respond to each recommendation. The unit records its response by completing section 3 of each page of the QIP. At that meeting or as a follow-up action, the unit develops specific implementation plans and records them in section 4 of each page of the QIP. Section 4 is also used to record who is responsible for ensuring the planned actions are carried out and setting the timeframe for completion.

6.3 Ongoing implementation of recommendations

Over the next few months, the unit works to implement the recommendations. Four to five months after receiving the QIP template, the unit carries out a brief, interim self-assessment of progress made in relation to the implementation of the level 1 recommendations and records the assessment in sections 5 and 6 of each page of the QIP. The head of unit then sends a copy of the QIP to the QSU.

6.4 Presentation to GASPQA

Approximately six months after the unit was given the QIP template, the QSU submits the partially complete QIP and the QRG report to GASPQA for consideration at the committee's next meeting. ULSU governance officers (President, Chair Management Committee and Chair Student Council) will attend the meeting for this agenda item to facilitate independent oversight of the implementation of the QIP by ULSU's own governance body. The General Manager, who is responsible for project managing the implementation of the QIP, is invited to deliver a short presentation at the meeting. While the General Manager may wish to provide an initial commentary on the QRG report, the presentation will focus on the level 1 recommendations only, the unit's response to those recommendations, specific

implementation progress made to date and planned actions, as appropriate. The presentation is then followed by a question-and-answer session with the committee members.

6.5 QIP implementation review meeting

Following the GASPQA presentation, the unit continues to implement the planned QIP recommendations. Approximately 12 months after the unit has been given the QIP template by the QSU, the Director of Quality organises a QIP implementation review meeting between the head of unit, Director of Quality and VPA&R (chair). The meeting will also be attended by ULSU governance officers (President, Chair Management Committee and Chair Student Council) to facilitate independent oversight of the implementation of the QIP by ULSU's own governance body.

To prepare for this meeting, the unit summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. The head of unit returns the QIP to the QSU at least two weeks before the implementation meeting. The status of resolution of each recommendation is considered at the meeting, and any further actions required are identified and recorded. The exact follow-up and reporting process relating to these further actions is at the discretion of the VPA&R. A final QIP implementation summary report is prepared by the QSU (Appendix F) and is published on the QSU and unit's websites.

The implementation of the QIP must be evidence-based. The head of unit should ensure that those leading the implementation of each recommendation retain records that provide evidence of their actions (e.g., headline email correspondence, meeting minutes, etc.). When preparing for the implementation review meeting, the Director of Quality will routinely ask the unit for a copy of the evidence records pertaining to a representative sample of recommendations, particularly when insufficient detail is given in the plan on progress made to date, and/or copies of key documents cited by the unit in the completed QIP.

6.6 The unit's obligations

The Director of Quality must be assured that ULSU has engaged fully, constructively and in accordance with the ethos of the quality review process at all stages. In particular, he must be satisfied that the unit has genuinely made all reasonable efforts to pursue the QIP and that it provides a sufficiently compelling justification in cases where a recommendation has been rejected.

Although not an anticipated occurrence, if the Director of Quality forms an evidence-based opinion that the unit fails to satisfy the above obligations, he must discuss this with the VPA&R and senior ULSU governance officers. Using their joint discretion, this group may recommend that specific follow-up action be taken.

7 Process verification

The effectiveness of the quality review process is evaluated through internal audits, feedback from quality reviewers (i.e., members of the QRG), the unit's head and quality team and the ongoing monitoring of key timelines by the QSU. Moreover, oversight of the process by QQI occurs through the annual monitoring mechanisms (annual dialogue meeting and annual institutional quality report) and through periodic institutional quality reviews.

Appendices

Appendix A: Self-assessment report (SAR)

1 Overview

The self-assessment report (SAR) can typically be up to 40 pages in length³ (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). It should be supported by appendices specifying the evidence upon which the report is based.

2 Structure

The SAR chapter headings, which have been agreed with ULSU, are given below in section 4.

3 General content and approach

Clarity and cohesion are the hallmarks of a well-written SAR. The narrative should be succinct but comprehensive. It is appropriate to embed links in the text and provide supporting data in appendices. Apart from ULSU itself, the document audience is the external quality review group, and the report should be written with this in mind. In addition:

- The writers of the SAR must take due account of the scope of the review.
- The narrative should be data/evidence-based and analytical. The report should provide an appropriate balance of information and analysis and should include the ultimate conclusions drawn by the unit.
- The self-assessment of the quality of the unit's activities must include a clear and prominent focus upon the unit's overall fitness for purpose and performance (e.g. setting key performance indicators (KPIs), attaining targets and evaluating the unit's outputs and their impact, particularly upon 'customers' and the university as a whole).
- The report should provide evidence of the views of customers/stakeholders.
- A realistic, open and honest discussion of strengths, weaknesses, opportunities and challenges, as well as planned improvements, is vital to accurately inform the review group members and to allow them to appropriately prepare for the site visit and ultimately to produce a report that is of maximum benefit to the unit and university. The review ethos emphasises the mutually supportive and constructive spirit underpinning interaction between the unit, the reviewers and the university. The SAR is confidential to the unit, the reviewers and the QSU and will not be shared with third parties (unless the unit itself elects to do so).
- The layout, formatting and writing style of the document should be consistent and professional. To this end, it is recommended that the services of a technical writer be sought early in the planning process.

4 Sections of the SAR

As agreed with ULSU, the structure of the SAR is as follows:

- Chapter 1: Unit overview: mission, strategy and governance
- Chapter 2: Functions, activities and processes
- Chapter 3: Service users and feedback

³ Based on Calibri size 12, single-line spacing, MS Word standard margins

- Chapter 4: Organisation and management
- Chapter 5: Relationships and external engagement

4.1 Chapter 1: Unit overview: mission, strategy and governance

Chapter 1 focuses on ULSU's mission, strategy and governance structures. Issues/topics to address include:

- Brief introductory overview of ULSU and its mission
- Mission implementation strategies (i.e. strategic planning) and key implementation success indicators
- How the mission and strategic plan complement the UL mission and strategic plan
- Progress with implementation and any barriers to date
- How the mission is periodically reviewed
- Governance (including financial governance) and reporting structures: description, effectiveness and appropriateness. Evaluation of the extent to which ULSU has clear leadership and direction and how ULSU's statutory obligations are met.
- Clear identification of ULSU's 'customers' (those to whom it provides services/supports) and stakeholders
- Overall evaluation of ULSU's fitness for purpose and impact on customers and the university and how it ensures sustainability
- How ULSU complies with existing and new legislation/codes of practice to ensure statutory and regulatory compliance
- How ULSU supports implementation of relevant elements of the [European Standards and Guidelines](#)
- Indication of key areas on which the unit would find reviewer input to be especially useful

4.2 Chapter 2: Functions, activities and processes

Chapter 2 focuses on ULSU's core activities (key processes) and areas of responsibility. For each core activity, process and responsibility, it would be appropriate to include:

- A short description of the activity (what you do and how you do it) and how the activity specifically supports ULSU strategy and/or policy
- Clear identification of the outputs and customers of the activity/process
- How ULSU systematically assesses the effectiveness of the activity in an evidence-based manner (how do you know it works?)
- How ULSU systematically improves the activity
- The extent to which the activity/process is documented
- Whether or not the activity/process is underpinned by a specific ULSU (or broader UL) policy
- How ULSU ensures the activity/process is (and remains) in compliance with ULSU policies and, if applicable, UL policies
- How staff members are kept informed of changes in policies and procedures
- How ULSU benchmarks its activities and performance/outputs against other students' unions, national or international. (For example, how do you systematically inform yourself of relevant international good practice and trends and practice/performance in other unions? To what extent has ULSU established effective links with appropriate national and international cognates/partners?)

- How the findings of the activity can be used to effect change within ULSU, the student body or UL as a whole (impact)
- A brief evaluation of the extent to which the activity/process is fit for purpose

4.3 Chapter 3: Service users and feedback

Chapter 3 outlines how ULSU seeks feedback from its service users and what it does with that feedback. Issues to consider include:

- How ULSU gathers feedback from members, stakeholders, officers and staff
- How students' opinions help shape union policy
- How ULSU ensures that it provides a high-quality service to all its members
- How ULSU ensures that its services match the needs of its members in terms of the services themselves and how they are delivered
- The extent to which channels of communication between ULSU and its members are open
- How ULSU measures member satisfaction and improves the opportunities it offers
- Changes that have been made as a result of feedback
- The extent to which a process of continual improvement based on identifying opportunities and needs through the analysis of data and/or benchmarking with comparable organisations is implemented
- How feedback loops are closed. (For example, to whom do you report the activity, how do you communicate outputs to relevant stakeholders, how do you keep the campus community informed of your activities and how do you collect, analyse and use feedback to improve the process/activity?)

4.4 Chapter 4: Organisation and management

Chapter 4 describes how ULSU organises itself, manages its staff, resources and activities and operates in accordance with ULSU policies and systems. Within this chapter, it would be appropriate to consider:

- ULSU's organisational structure/flowchart/reporting lines and an evaluation of how the structure supports ULSU's management and decision-making processes
- Operational management (responsibilities of management, staff and officers and induction processes in place for new ULSU officers and staff)
- Adequacy of staffing levels and effective use of staff to underpin the ULSU mission and operation
- How ULSU ensures transparency, accountability and best practice in relation to its budgetary and financial practices
- How ULSU ensures it is achieving best value for money
- The adequacy and effective use of resources and facilities (including office space, meeting rooms, etc.) to underpin mission and operation
- How ULSU reviews the adequacy of its overall suite of policies and guidelines documents
- The extent to which staff are made aware of the value of their individual contribution to the effectiveness of the unit
- Processes for appraising employee performance
- Staff development processes, and how employee performance links to staff development

- The extent to which ULSU's service level agreements (SLAs) with internal and/or external service providers (if applicable) are appropriate to ensure that services are delivered and functions are maintained effectively
- How ULSU monitors, reviews and improves its communications strategy and processes (with customers, stakeholders and interested parties)
- How risk is identified and managed
- How ULSU ensures that its democratic processes are efficient, fair and robust
- How ULSU promotes equality and diversity

4.5 Chapter 5: Relationships and external engagement

Chapter 5 outlines how ULSU builds and maintains meaningful relationships and engages with external stakeholders. Issues to consider include:

- The nature of the relationship between ULSU and UL
- ULSU's external partners and key stakeholders
- How ULSU communicates with its partners and key stakeholders
- The measures taken to ensure two-way communication
- The ways in which external relations with the wider community, including other educational institutions in Ireland and abroad, have been developed and maintained
- Plans or recommendations to improve relationships and external engagement

5 Consensus

The SAR should reflect the opinions of all ULSU staff members and must be available to all staff for comment during the final drafting stages.

6 Distribution of material to QSU

Seven weeks in advance of the QRG visit, soft copies of the final submission (SAR and appendices) must be submitted to the QSU. A memory stick that contains the SAR and appendices is then created by the QSU. Six weeks prior to the site visit, the memory stick and one hard copy of the SAR will be sent by the QSU to each member of the QRG.

It is very important that everyone in the unit has free access to the final SAR and appendices well before the QRG visit. The head of unit should arrange for the documents to be made accessible to all unit staff.

Appendix B: QRG composition, appointment and roles

QRG composition

The QRG for the ULSU quality review will comprise five persons, as follows:

- **Chairperson:** The chairperson is selected by the QSU, usually from a panel of standing chairs. This panel of chairs has been approved by the VPA&R.
- **Two senior peers:** Peers (typically international) will possess the requisite knowledge and experience to render them competent to evaluate the core activities of ULSU. Each peer will have worked in a leading international university or other relevant organisation.
- **Student representative:** This person is chosen to provide a student perspective. Selected on the basis of their experience relevant to the student group, the person can be a recently graduated alumnus (typically graduated within the last three years), a current student within or external to UL, a former ULSU officer/sabbatical officer or an officer/sabbatical officer of another students' union.
- **UL representative:** This person will provide a UL perspective and should be an individual with appropriate knowledge and/or interaction with ULSU.

In addition to the above positions, the QSU appoints a recording secretary to the group. This role is usually fulfilled by an external technical writer.

QRG appointment

The Director of Quality consults with the head of unit and/or independently identifies potential QRG candidates. The Director of Quality exercises due diligence in relation to the suitability of all potential QRG members. Once he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the VPA&R, who then appoints the group. Letters of invitation are issued from the VPA&R's office. Once appointed and prior to the site visit, any necessary communication between the unit and members of the QRG should be facilitated by the QSU.

QRG roles and responsibilities

The university takes due care to ensure that the members of the QRG are independent and impartial and, accordingly, attributes particular importance to the independence and impartial nature of the QRG report. The overall role of the QRG is presented in section 5.1. The following sections outline the specific roles and responsibilities of (i) all members; (ii) the chairperson; (iii) members other than the chairperson; and (iv) the recording secretary.

Role of all QRG members

The university asks each member of the QRG to:

- Commit to attending the site visit in its entirety
- Read the SAR and supporting documentation prior to the site visit
- Arrive promptly for all meetings during the site visit
- Participate in the discussions leading to the finalisation of the report
- Attend the report read-back session with the unit
- Respond in a timely manner to any post-visit communication
- Complete and submit the QRG feedback survey after the visit

In addition, in accordance with the QSU's travel and expenses policy, the QSU asks the members of the QRG to make their own travel arrangements to Limerick and to submit their travel expenses to the QSU in a timely manner after the review.

Specific role of chair

The primary role of the chairperson is:

- To project manage the QRG site visit meetings and reporting process
- To ensure that the QRG review and reporting process is conducted in accordance with the review guidelines document (this document) and that the process is independent, impartial and evidence-based
- To act as a liaison person between the QRG and the QSU or other stakeholders

On a practical level, the chairperson will typically carry out the following tasks:

- Approximately 10 weeks before the review, read the SAR and offer feedback to the unit head or quality team leader.
- With assistance from the QSU, assign to individual QRG members a specific section/chapter of the SAR, for which each individual will act as topic coordinator during the site visit.
- With assistance from the QSU, outline roles and responsibilities to each member of the QRG prior to the site visit.
- Give a verbal briefing to the QRG at the opening meeting.
- Coordinate the site visit: ensure that all meetings are conducted according to the schedule.
- Encourage reviewers to draft their commendations and recommendations after each session.
- Write the introductory section of the QRG report.
- Facilitate the completion of commendations and recommendations for the QRG report.
- Read out in its entirety the QRG report or assign sections of the report to members of the QRG to read out at the final meeting with the unit.
- In the days following the visit, read and approve the QRG report after it has been finalised by the technical writer.
- In the days following the visit, communicate any suggested changes in the report to the QRG (if necessary).

Role of QRG members other than the chair

The university asks each member of the QRG other than the chair to:

- Prepare a one-page, pre-visit report (on a provided template) for each assigned topic.
- Within the required timeframe, email the pre-visit report to the chairperson, copying the QSU.
- Act as topic coordinator for the specific sections of the SAR that have been allocated by the chair. Being the coordinator of a topic involves:
 - Leading the questioning for that topic during the site visit
 - Consulting with other members of the QRG to gather opinions and ideas
 - Preparing first-draft commendations and recommendations relating to that topic

- Submit completed commendations and recommendations to the recording secretary and the QSU in a timely manner during the site visit.

Role of the recording secretary

The recording secretary generates summary notes during the quality review site visit meetings to serve as a memory aide to the group during its deliberations. The notes are confidential to the QRG and are destroyed at the conclusion of the visit in line with UL's [Records Management and Retention Policy](#).

The recording secretary helps to collate and finalise the QRG report.

Documentation

All documentation and knowledge shared with and by the QRG must be treated in strict confidence by all members of the QRG. Documentation received for the review must be returned at the end of the review for confidential disposal by the QSU.

Appendix C: Sample site visit schedule

The review of ULSU will be undertaken in the same week and by the same QRG as for ULPSU. While the reviews of both unions are distinct, it makes sense to provide a combined site visit schedule below. The schedule is informed by the SAR chapter titles that apply to each union (see Appendix A for ULSU chapter titles). The main session topics (red font below) mirror these chapter titles.

This schedule is included as a guideline only. After practical considerations have been taken into account, the final schedule may differ in duration and detail and will be finalised closer to the review site visit. The final schedule is set by the Director of Quality.

| Mins | Day 1 | Sunday 21 October 2018 | | |
|------|-------|------------------------|-----------------------------------|-----------------------------|
| | Time | Parties | Agenda | Location |
| 30 | 19h00 | QRG, DQ, QO | Introductory meeting and briefing | Castletroy Park Hotel (CPH) |
| | 19h30 | QRG | Dinner | CPH |

UL Students' Union (ULSU)

| Mins | Day 2 | Monday 22 October 2018 | | |
|------|-------------|--------------------------------|---|---------------------------|
| | Time | Parties | Agenda | Location |
| 10 | 08h30–08h40 | QRG, VPA&R, DQ, QO | Welcome | TBD |
| 60 | 08h40–09h40 | QRG | Planning session. Brief overview by each QRG member of their findings from the SAR, focusing on any big issues. Planning for topics 1 and 2 and stakeholder session. | TBD |
| 50 | 09h40–10h30 | QRG, QT, ULSU staff reps | Brief introductions Discussions and questions • Unit overview: mission, strategy and governance (topic 1) | TBD |
| 20 | 10h35–10h55 | QRG, all members of ULSU staff | Coffee break with all ULSU staff | TBD |
| 50 | 11h00–11h50 | QRG, ULSU staff reps | Discussions and questions • Functions, activities and processes (topic 2) | TBD |
| 60 | 12h00–13h00 | QRG, stakeholders | Stakeholder meeting 1 | TBD |
| 40 | 13h00–13h40 | QRG | Lunch | TBD |
| 55 | 13h45–14h40 | QRG, nominated ULSU staff | Tour – brief visit to ULSU | ULSU and other facilities |
| 50 | 14h45–15h35 | QRG, QT reps, staff reps | Discussions and questions • Service users and feedback (topic 3) | TBD |
| 55 | 15h35–16h30 | QRG | Coffee served at 15h40 to QRG in meeting room. Review of day's findings. Identification of questions for the following day, particularly with respect to topics 4 and 5. | TBD |
| | 19h30 | QRG | Informal dinner | CPH |

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| Mins | Day 3 | Tuesday 23 October 2018 | | |
|------|-------------|--|--|-----|
| 40 | 08h30–09h10 | QRG | Private meeting of QRG to plan for stakeholder meeting 2 | TBD |
| 50 | 09h15–10h05 | QRG, QT reps, staff reps | Discussions and questions <ul style="list-style-type: none"> • Organisation and management (topic 4) | TBD |
| 20 | 10h10–10h30 | QRG | Coffee, private session – time to catch up on notes | TBD |
| 60 | 10h35–11h35 | QRG, stakeholders | Stakeholder meeting 2 | TBD |
| 50 | 11h40–12h30 | QRG, QT reps, staff reps | Discussions and questions <ul style="list-style-type: none"> • Relationships and external engagement (topic 5) | TBD |
| 25 | 12h35–13h00 | QRG | Brief recap of morning sessions | TBD |
| 40 | 13h00–13h40 | QRG | Lunch | TBD |
| 30 | 13h45–14h15 | QRG (Unit Head, QT Leader) if required | Closing session, discussions and questions Final questions for clarification on any issues (to be confirmed by QRG on the day, if required) Coffee served in meeting room | TBD |
| 135 | 14h15–16h30 | QRG | Brief recap on afternoon activities. Review of key findings in each area. Presentation by individual reviewers of their key findings in each area of responsibility. Begin drafting report | TBD |
| | 18h00 | QRG | Email draft commendations and recommendations to technical writer. | |
| | | QRG | Nothing planned. Reviewers free to make their own arrangements. | |

UL Postgraduate Students' Union (ULPSU)

| Mins | Day 4 | Wednesday 24 October 2018 | | |
|------|-------------|---------------------------------|---|----------|
| | Time | Parties | Agenda | Location |
| 60 | 08h30–09h30 | QRG | Planning session. Brief overview by each of the QRG members of their findings from the self-assessment report, focusing on any big issues. Planning for meetings with ULPSU and stakeholders. | TBD |
| 90 | 09h40–11h10 | QRG, ULPSU staff reps | Brief introductions Discussions and questions <ul style="list-style-type: none"> • Unit overview: mission, strategy and governance (topic 1) • Functions, activities and processes (topic 2) | TBD |
| 20 | 11h15–11h35 | QRG, all members of ULPSU staff | Coffee break with ULPSU staff | TBD |
| 60 | 11h40–12h40 | QRG, stakeholders | Stakeholder meeting | TBD |
| 30 | 12h45–13h15 | QRG | Lunch | TBD |
| 75 | 13h20–14h35 | QRG, ULPSU staff reps | Discussions and questions <ul style="list-style-type: none"> • Service users and feedback (topic 3) • Relationships and external engagement (topic 4) | TBD |

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| | | | | |
|-----|-------------|---|---|-----|
| 110 | 14h40–16h30 | QRG | Review of day's findings. Begin drafting report. Coffee served at 15h30 to QRG in meeting room. | |
| | 18h00 | QRG | Email draft commendations and recommendations to technical writer. | TBD |
| | 19h30 | QRG, ULSU President, ULPSU President, QT Leader | Informal dinner | CPH |

ULSU & ULPSU reports

| Mins | Day 5 | Thursday 25 October 2018 | | |
|------|-------------|--------------------------|---|-----|
| 120 | 08h30–10h30 | QRG, QO | Draft QRG report (ULSU) Finalisation of QRG commendations and recommendations (including context and rationale for level 1 recommendations) | TBD |
| 20 | 10h30-10h50 | QRG | Coffee break | |
| 100 | 10h50-12h30 | QRG, QO | Draft QRG report (ULPSU) Finalisation of QRG commendations and recommendations (including context and rationale for level 1 recommendations) | |
| 30 | 12h35-13h05 | QRG, DQ, QO | Light lunch served | TBD |
| 30 | 13h10-13h40 | QRG, VPA&R, DQ | Update VPA&R on review findings | TBD |
| 100 | 13h45–15h25 | QRG, DQ, QO | Finalisation of both reports (ULSU/ULPSU) | TBD |
| 20 | 15h30-15h50 | QRG, DQ, QO, ULSU staff | QRG report read out to ULSU staff | TBD |
| 20 | 15h50-16h10 | QRG, DQ, QO, ULPSU staff | QRG report read out to ULPSU staff | TBD |
| | 16h15 | | Conclusion of visit | |

Key:

| | | | |
|-----|-----------------------|-------|-------------------------------------|
| CPH | Castletroy Park Hotel | TBD | To be determined |
| DQ | Director of Quality | ULPSU | UL Postgraduate Students' Union |
| QO | Quality Officer | ULSU | UL Students' Union |
| QRG | Quality review group | VPA&R | Vice President Academic & Registrar |
| QT | Quality team | | |

Appendix D: QRG report template

Structure

The QSU provides the QRG with a report template in which to record its findings. The default template comprises four sections and appendices, as follows:

1. Background (to UL's quality review process)
2. The unit (a brief description of the unit, its roles, etc.)
3. Preliminary comments and overall findings of the QRG
4. QRG commendations and recommendations
5. Appendices – membership of the QRG and the unit's quality team

This default template can be modified by the QSU to best suit the reporting requirements of the ULSU review.

Section content

Section 1 is a standard introduction to UL's quality review process. Section 2 is a brief description of the unit by the unit itself, usually prepared in advance of the visit. Sections 3 and 4 are written by the QRG, and these are the sections that are read back to the unit at the conclusion of the site visit. Appendices specify the members of the QRG and the unit's quality team. It is the responsibility of the QSU to complete sections 1 and 2 and the appendices after the visit has been concluded.

Typically one or two pages in length, section 3 provides the QRG with an opportunity to report upon:

- The extent to which the unit engaged enthusiastically, honestly and effectively in the self-evaluation exercise
- The unit's openness during the visit
- The quality of the self-assessment report (SAR)
- Stakeholder feedback relating to the unit and the extent to which the unit is fulfilling stakeholder needs
- The overall findings of the review

Section 4.1 lists the QRG's commendations to the unit. Commendations should be clear, concise, evidence-based and, as far as possible, single issue. Sample commendations from previous reports include:

- The unit's mission statement, which embraces the importance of excellence in learning for students and the significance of collaboration with key stakeholders
- The strong and productive relationship of the Office with the student representative bodies and the demonstrable commitment to working in partnership to deliver initiatives that respond to student demand and improve the student experience
- The high level of cross-training and scope for cover among staff in the unit

The total number of commendations included is at the discretion of the QRG and will be driven by the review findings but, as a general guideline, 5 to 15 would be appropriate.

Section 4.2 lists the QRG's recommendations to the unit. Recommendations are divided into two categories, level 1 and level 2. Level 1 recommendations are those that the QRG believes to be particularly significant in assisting the unit to better meet the needs of its

stakeholders. Level 1 recommendations may be more expansive than level 2 recommendations; the QRG must include a short narrative with each level 1 recommendation. The commentary should provide a context, rationale or any other elaboration that might help the unit to effectively interpret, implement and monitor the recommendation. (The inclusion of commentary with level 2 recommendations is optional.)

The QRG lists the recommendations as follows:

4.2.1 Level 1 recommendations

| No. | Recommendation | Context and commentary |
|-----|----------------|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

4.2.2 Level 2 recommendations

| No. | Recommendation | Context and commentary (optional) |
|-----|----------------|-----------------------------------|
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

The total number of recommendations given (i.e., level 1 and level 2) is at the discretion of the QRG and will be driven by the group’s findings but, as a general guideline, 15 to 25 could be appropriate. The inclusion of more than 25 recommendations should be considered carefully by the QRG in terms of practical implementation.

Recommendations should be clear, concise, evidence-based and, as far as possible, single issue. Each recommendation should ideally start with a verb. Sample recommendations from previous unit reports include:

- Articulate clear plans for inter-professional learning, e-learning, distance learning and blended learning.
- Review and revise communication channels with UL staff to improve awareness of the outputs of the unit.
- Identify and publish owners (in terms of both institutional function and name) for each policy and process in the remit of the unit.

In writing recommendations, the QRG should bear in mind that the review is of the unit in question and not of other units or the university as a whole. Therefore, recommendations

should be addressed solely to the unit under review. However, resolving some recommendations may require cooperation from individuals, committees or organisational units outside of the unit under review. The head of unit is responsible for ensuring that all recommendations are considered for implementation. Therefore, an appropriate wording of such recommendations could be along the lines of:

- **Work** with senior management to ensure that all staff across UL (academic, management and administrative) 'own' the UL international strategy and promote the use of appropriate KPIs by relevant units within the university.
- **Liaise** with senior management to ensure that long-term strategic goals and current funding models are better aligned to reflect the fact that some investment projects may have the characteristics of capital projects.

Appendix E: QIP template document

The quality improvement plan (QIP) template document includes an inside cover page (shown immediately below) and a single page dedicated to each recommendation (one sample page given on the next page).

Quality Improvement Plan (QIP) Template

QIP Implementation Record
(to be completed by the head of unit as each milestone is reached)

Unit: _____

Head of Unit: _____

(responsible for QIP implementation)

1. Date on which QIP received from QSU:
2. Date on which unit met to discuss and ratify the QIP:
3. Date on which interim self-assessment of progress on level 1 recommendations (sections 5 and 6 in table) was returned to QSU:
4. Date on which QIP progress was presented to GASPQA:
5. Date on which implementation review meeting with DQ and VPA&R was held:

Head of Unit

Date

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Notes:

- + denotes time after the unit receives the QIP template from the Quality Support Unit (QSU)
- DQ = Director of Quality; GASPQA = Governing Authority Strategic Planning and Quality Assurance
- Sections 5 and 6 to be completed for level 1 recommendations only.

| Sections 1 and 2 to be completed by the QSU | | | | | |
|---|-----------------|---|-------------------------|---------------------|------------------------|
| 1 | n/a | Rec. no. _ (Level _) | | | |
| 2 | n/a | Recommendation: | | | |
| Sections 3 and 4 to be completed by unit | | | | | |
| 3 | + 1 to 2 months | Unit response to recommendation: (e.g. accepted in full, accepted in part/modified form, rejected. Include succinct justification if recommendation not accepted in full) | | | |
| 4 | + 1 to 2 months | Action planned by unit (add more rows as required) | | | |
| | | Action item | Action item description | Person responsible | Target completion date |
| | | a. | | | |
| | | b. | | | |
| | | c. | | | |
| | | d. | | | |
| Sections 5 and 6 to be completed for level 1 recommendations only. Both sections to be completed by unit and copied back to QSU prior to presentation by head of unit to GASPQA | | | | | |
| 5 | + 4 to 5 months | Action item | Progress made | Outstanding matters | |
| | | a. | | | |
| | | b. | | | |
| | | c. | | | |
| | | d. | | | |
| 6 | + 4 to 5 months | Self-evaluation by unit of progress to date Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved, underline the most appropriate score: 0 1 2 3 4 5 Any additional comments if appropriate: | | | |

| Head of unit makes presentation to GASPPA approx. + 6 months | | | | |
|--|----------------|--|---|---------------------|
| Section 7 to be completed by unit and copied back to QSU prior to implementation review meeting | | | | |
| 7 | + 11.5 months | Action item | Progress made for level 2 recommendations and further progress made for level 1 recommendations | Outstanding matters |
| | | a. | | |
| | | b. | | |
| | | c. | | |
| | | d. | | |
| Section 8 to be completed by DQ immediately prior to implementation review meeting | | | | |
| 8 | +12 months | Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved: 0 1 2 3 4 5 Comments as appropriate: | | |
| Review implementation meeting between head of unit, Dean, DQ and VPA&R approx. + 12 months | | | | |
| Section 9 to be completed by DQ immediately after implementation review meeting | | | | |
| 9 | + 12 months | Actions arising from the implementation meeting (including person responsible & timeframe for completion): | | |
| Section 10 to be completed by unit and copied back to QSU | | | | |
| 10 | + 13-15 months | Description of actions taken since implementation review meeting: | | |
| Section 11 to be completed by DQ on receipt of QIP from unit | | | | |
| 11 | + 13-15 months | Final status of recommendation (Closed, Open, Rejected): | | |

Appendix G: List of acronyms used in this document

| Acronym | Meaning |
|----------------|--|
| CPH | Castletroy Park Hotel |
| DQ | Director of Quality |
| GASPQA | Governing Authority Strategic Planning and Quality Assurance |
| GB | Governance body |
| KPI | Key performance indicator |
| QA | Quality assurance |
| QI | Quality improvement |
| QIP | Quality improvement plan |
| QO | Quality Officer |
| QQI | Quality and Qualifications Ireland |
| QRG | Quality review group |
| QSU | Quality Support Unit |
| QT | Quality team |
| SAR | Self-assessment report |
| SLA | Service level agreement |
| SWOT | Strengths, weaknesses, opportunities and threats |
| UL | University of Limerick |
| ULPSU | University of Limerick Postgraduate Students' Union |
| ULSU | University of Limerick Students' Union |
| VPA&R | Vice President Academic & Registrar |