



**UNIVERSITY of LIMERICK**

**OLLSCOIL LUIMNIGH**

## **Quality Review Process for Academic Units**

**Revision 10**

Approved by Governing Authority Strategic Planning & Quality Assurance Committee (GASPQA)

26 January 2016

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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 academic units<sup>1</sup>.

### 1.2 UL's quality review process

#### 1.2.1 Purpose

The purpose of the 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 are evaluated in a systematic and standardised manner in accordance with good international practice and in support of the objectives of the university's [quality policy](#)
- 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

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<sup>1</sup> Schools and departments

### **1.2.2 Ethos**

The ethos of the quality review process is that participants would proactively engage in a mutually supportive and constructive spirit and that the process would 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 potential opportunities for quality enhancement.

### **1.2.3 Background**

UL's quality review process, as applied to both academic and support units, was developed and continues to evolve in order to satisfy university quality policy 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 authorisation**

The UL quality review process is approved by (i) the Executive Committee and (ii) the Governing Authority Strategic Planning and Quality Assurance (GASPQA) subcommittee. The current process was approved by the Executive Committee on 13 January 2016 and by Governing Authority on 25 February 2016.

### **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 the university's academic units. Each phase of the process is set out in its own section, and additional information is included in the appendices.

This document is maintained by the Quality Support Unit (QSU), and periodic minor updates are approved by the Director of Quality. Updates that reflect major changes to the quality review process require approval by the Executive Committee and GASPQA. The most up-to-date version of this document can be downloaded from the [QSU website](#).

## **2 The review process for academic units**

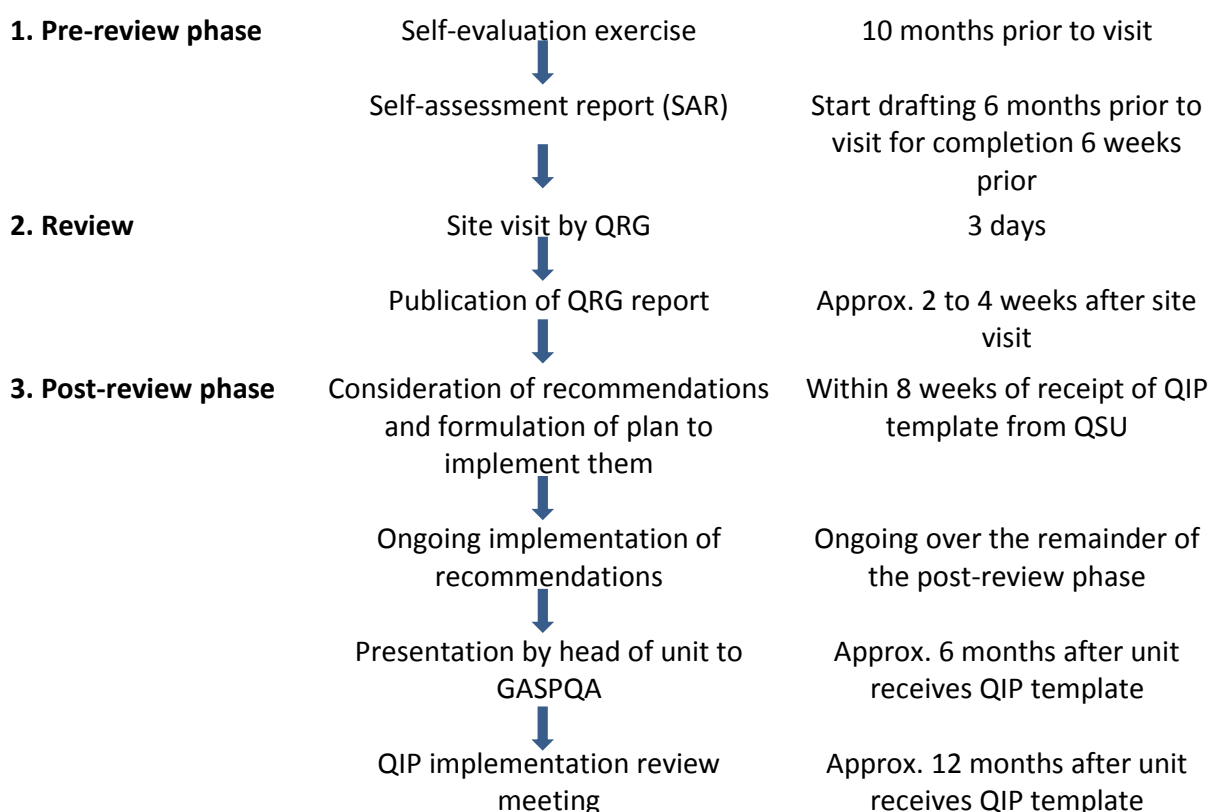
### **2.1 Overview**

UL's quality review process for academic units consists of initial self-evaluation 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 does not extend to other units or to the university as a whole, which is subject to a cyclical institutional-level quality review process. The review of the unit is conducted by an independent quality review group (QRG) comprising academic peers and employer/professional and student representatives.

## 2.2 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 them
  - ii. Ongoing implementation of recommendations
  - iii. Interim progress report to GASPQA
  - iv. Implementation review meeting



## 2.3 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 appropriate 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 QSU to all students and staff.
- 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 satisfy him/herself 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.

### **3 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 (SAR) by the unit

#### **3.1 Self-evaluation exercise**

##### **3.1.1 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. The cost of such external expertise will be refunded by the QSU to the unit subject to categorised limits specified by the QSU.

##### **3.1.2 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 the unit. The unit must inform the QSU of the names of the quality team members.

##### **3.1.3 Self-evaluation activities**

The self-evaluation activities will vary from one unit to another. Advice and guidance is available from the QSU. Units may wish to engage the services of a quality consultant to plan the self-evaluation activities. These include, but are not limited to:

- A SWOT analysis
- Gathering and analysing student feedback (e.g., surveys and module evaluations)
- Independently facilitated focus group meetings of class reps (compulsory element of the process)
- Data gathering and analysis (e.g., student admissions, progression and performance data, graduate employment statistics, external examiner reports, research performance data)
- Any other activities that the 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 SAR.

## **3.2 Self-assessment report (SAR)**

### **3.2.1 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 the unit's performance. The SAR is confidential to the unit and will not be seen by persons other than staff members of the unit, the relevant dean, the QSU and the QRG without the prior consent of the head of unit.

The 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.<sup>2</sup>

### **3.2.2 Structure**

The SAR should typically be up to 40 pages in length<sup>3</sup> (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). The SAR has the following nine sections plus appendices:

1. Mission
2. Design and content of curriculum
3. Teaching, learning and assessment
4. Facilities and learning resources
5. Staff
6. Student guidance and support
7. Research activity
8. Department organisation and management
9. Quality improvement plan

### **3.2.3 Content**

For each of the sections 1–8, the SAR should accurately describe the unit's strengths and weaknesses and should specify plans for continual improvement. The QRG will expect to see evidence of routine stakeholder consultation. The details of surveys, focus groups and other feedback mechanisms should be briefly described in the relevant section and in full in the appendices. Summary planned improvement action items should be listed in bullets at the end of each section. Section 9 (Quality improvement plan) brings together all the planned action items from the previous sections.

### **3.2.4 Consensus**

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

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<sup>2</sup> Costs will be covered (within a predefined limit) by the QSU.

<sup>3</sup> Based on Calibri size 12, single-line spacing, MS Word standard margins

### **3.2.5 Chairperson's review of 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.

### **3.2.6 Distribution**

At least six 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 only accessible to the unit, such as SharePoint or a shared drive.

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

### **3.3 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.



<b>Self-evaluation exercise [optional items in square brackets]</b>	<b>Deadline in weeks*</b>	<b>Self-assessment report (SAR) [optional items in square brackets]</b>
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 class rep focus group meeting(s)	-25	
Finalise analysis of student and, if relevant, other 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	Draft SAR and appendices to technical writer
	-12	Circulate draft SAR in department
	-10	[Draft SAR to QRG chair for review]
	-8	[Quality team leader and QRG chair discuss draft]
	-6	Deliver final draft of report and files to QSU
	-5	SAR to QRG (from QSU)
	-2	Respond to requests for additional data
Date >		Visit of the QRG

\* Number of weeks prior to QRG visit.

## **4 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.

### **4.1 Purpose of the visit and role of QRG**

The visit is intended to give the QRG 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, students 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.

### **4.2 Composition and appointment of the QRG**

The QRG typically comprises five persons, the majority of whom must be external to the university. 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 s/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 President, 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.

In some circumstances it may be appropriate to extend the QRG panel to six members in order to provide a suitable breadth of expertise. In the case of a unit with significant interdisciplinary programmes, for example, an additional person may be added to the QRG at the discretion of the Director of Quality. Such a person would usually be an academic or a professional but with a different profile to those already on the panel.

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

### **4.3 Preparatory steps**

Five weeks prior to the visit, the SAR and appendices are sent by the QSU to the members of 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 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.

#### **4.4 Visit schedule**

The visit to UL usually commences at 19h00 on a Monday evening and concludes on the following Thursday at approximately 15h00. (A sample visit schedule is provided in Appendix C.) A briefing meeting between the QRG and a member of the QSU and/or the VPA&R is undertaken on the Monday evening, after which members of the QRG convene in private session to become acquainted with each other, share their first impressions of the unit and seek clarifications, if necessary, from the chairperson. The QRG meets UL senior management and the unit's quality team and stakeholders on Tuesday and Wednesday.

Beginning on Wednesday afternoon and concluding on Wednesday evening, members of the QRG draft those sections of the report for which they are taking the lead. Thursday morning is spent sharing the drafts and finalising the report while working as a team. At lunchtime or shortly thereafter, the finalised report is read back to the unit's staff.

#### **4.5 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 [Reviews to Date](#) page of the QSU website for access to previous reports.<sup>4</sup>

#### **4.6 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. The QSU then makes it available to the unit strictly to check for factual errors.

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<sup>4</sup> QRG reports prior to 2016 were referred to as PRG (Peer Review Group) reports and followed a slightly different structure to the current structure in terms of the presentation of recommendations.

#### **4.7 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 and unit websites. 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 or amend the report appropriately. The final report is then published on the QSU and unit's websites.

### **5 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

#### **5.1 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 head of unit is responsible for implementing the QRG recommendations, and the QIP template is designed to facilitate the head 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

#### **5.2 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 by when.

#### **5.3 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.

#### **5.4 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. The head of unit, who is responsible for project managing the implementation of the QIP, is invited to deliver a short presentation at this meeting. While the head of unit may wish to provide an initial overview 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 GASPQA committee members.

#### **5.5 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). 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.). In preparation for the implementation review meeting, the Director of Quality will ask the unit for a copy of the evidence records pertaining to a representative sample of recommendations.

This concludes the quality review process for academic units.

#### **5.6 The unit's obligations**

The Director of Quality must satisfy him/herself that the unit has engaged fully, constructively and in accordance with the ethos of the quality review process over all of its stages. In particular, s/he must be satisfied that the unit has genuinely made all reasonable efforts to pursue the quality improvement plan and 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, s/he must discuss this with the VPA&R. In consultation with the VPA&R and at their joint discretion, the following actions may be considered:

- A formal 'note of concern' is forwarded by the Director of Quality to the head of unit and copied to the head of unit's line manager.

- A formal 'note of concern' is forwarded by the Director of Quality to the head of unit and copied to the head of unit's line manager, and the head of unit is invited to the next meeting of GASPQA to discuss the concerns.
- Referral to Executive Committee for appropriate action.
- Subject to the approval of the Executive Committee, the unit may undergo a special supplementary quality review or a full quality review within a period shorter than the normal seven-year cycle.

## 6 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.

## 7 Revision history

Rev. no.	Date	Approved by	Details of change	Process owner
1	Feb 2001	Governing Authority: Feb 2001	Initial release document	Director of Quality
8b <sup>5</sup>	Feb 2009	Deans' Council: 25 Feb 2009	Minor revisions and updates to include reference to established practice, revised terminology and clarification of procedures for planning, appointment of PRG and other matters arising from IUQB Framework document. Sections 5.4 and 5.5 added to take account of requirements of European Standards and Guidelines (ESG).	Director of Quality
9	Sept 2010	GASPQA: September 2010	Revisions implemented in line with ESG. Minor change to title of document. Changes to structure of SAR, including section 9 changing from 'Department Quality Management' to 'Department Organisation and Management'. General text edits throughout entire document.	Director of Quality
10	Jan 2016	Executive: 13 Jan 2016 Governing Authority: 25 Feb 2016	Introduction of process changes on foot of reviewer and unit review team leader feedback, in response to institutional quality review report recommendations and to make the post-review implementation phase more explicit.	Director of Quality

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<sup>5</sup> Versions 2 to 8a included minor updates, which were approved by the Director of Quality.

## Appendices

### Appendix A: Self-assessment report (SAR)

#### 1 Overview

The self-assessment report (SAR) should typically be up to 40 pages in length<sup>6</sup> (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). It should be supported by appendices containing the evidence upon which the report is based.

#### 2 Structure

The core sections of the report are as follows:

- 1 Mission
- 2 Design and content of curriculum
- 3 Teaching, learning and assessment
- 4 Facilities and learning resources
- 5 Staff
- 6 Student guidance and support
- 7 Research activity
- 8 Department organisation and management
- 9 Quality improvement plan

#### 3 General content

Each section should be concise and clear to the reader. Sections 1 and 4–9 should not normally exceed four pages each; sections 2 and 3 may be longer.

For each of the sections 1–8, the SAR should accurately describe the state of development of the unit in relation to each topic, should identify significant gaps or weaknesses and should illustrate planned quality improvement actions for completing and resolving outstanding issues. The QRG will expect to see evidence of routine stakeholder consultation. The details of surveys, focus groups and other measures, including results and actions arising, should all be briefly described in the relevant section and in full in the appendices. It is essential that quality improvement plans for the development of each topic be bulleted in summary at the end of the relevant section.

Section 9 (Quality improvement plan) brings together all the planned action items from the previous sections. It should include reference to personnel responsible for implementation and specific completion timelines.

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.

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<sup>6</sup> Based on Calibri size 12, single-line spacing, MS Word standard margins

## **4 Sections of SAR**

### **4.1 Mission**

This section describes the extent to which the mission of the unit (i.e. its broad educational aims) is being achieved. Include reference to how the unit's mission links to:

- The UL and faculty strategic plans
- educational needs
- Needs of society, economy, industry

Key success indicators, i.e. evidence that the mission is being achieved, should be included with respect to each aim. Typical evidence would include:

- Admissions record: numbers; entry requirements; distribution by country and county of origin, gender, age and, where appropriate, disability and ethnic minority
- Degree classification distribution
- Employment record
- Outreach activity
- Feedback from industry

### **4.2 Design and content of curriculum**

This section describes how the unit's curricula are designed and updated to meet the stated aims. Issues to consider include:

- Suitability of curriculum to intended student profile, including mature students and students from other under-represented groups
- How students choose electives, if relevant
- Interdisciplinary elements
- Benchmarking against other institutions – national, international
- Recent developments in the disciplines involved
- Requirements and involvement of professional bodies
- Inputs from other staff, external examiners, external agencies, practitioners, industry, employers, researchers, students
- The influence of academic staff's research expertise
- Preparation for employment, continuing education and further study

### **4.3 Teaching, learning and assessment**

This section explains how the curriculum is delivered, how the students learn and how learning is assessed. The section should include, typically as appendices, programme accreditation documentation or a summary of same. Issues to consider include:

- Alignment with UL's teaching strategy
- Balance between lectures, tutorials, laboratories, projects, group activities. (Distribution of direct contact hours, project time, etc. could be included.)
- Contributions from staff, visiting lecturers, practitioners, researchers, etc.
- How staff research influences teaching
- How the unit's research activity enhances the teaching and learning process
- Development of teaching skills for existing, new and part-time academic staff
- Student feedback on teaching
- Use of technology – computers, interactive video, self-learning materials, etc.



- Customisation of teaching media and methodologies to meet the requirements of students with disability
- Academic guidance for students
- How assessment measures the attainment of intended learning outcomes. (Consider including (in appendices) procedures for checking/authorising examination papers, examples of assessments, students' work, feedback from academic staff (e.g. marked scripts), model answers and marking schemes.)
- Balance between examination, continuous assessment, projects and assignments
- Feedback to students on assessed work
- Role of external examiners (including analysis of reports). Actual reports can be included in appendices.
- Student performance: progression/retention rates, grade distributions, final awards statistics

#### **4.4 Facilities and learning resources**

This section explains how the unit plans, uses and manages learning resources – both local and central. This will include:

1. **Rooms for lectures, tutorials and seminars:** Address how these are planned and resourced to meet academic requirements and the balance of activities defined in section 3 (Teaching, Learning and Assessment). Identify areas needing attention.
2. **Laboratories:** Address how these are planned, resourced and operated to support academic requirements. This will include:
  - Summary of facility and equipment with an indication of usage related to curriculum
  - Budget, plans for development
  - Details of technical support
  - Issues such as training and safety
3. **The Library and IT:** Address how the unit works with the Library/IT to match texts and periodicals and IT support to the needs of the curriculum and the overall teaching strategy. This will include:
  - An analysis of library stocks and usage
  - Acquisition and updating policy for texts and journals
  - Access and availability for students to library/terminals
  - Numbers of computers, age and configuration, available software
  - Management of PC areas, opening hours and training programmes
  - Training and induction of students in use of library and IT

#### **4.5 Staff**

This section analyses the extent to which staff are suited, in terms of numbers and expertise, to achieving the unit's aims and objectives.

- Staff numbers
- Recruitment policy
- Academic staff experience and expertise (including profiles, areas of teaching, areas of research expertise and interests, teaching/research awards, etc.)
- Technical and administrative staff experience and expertise
- Staff professional development (including induction, PDRS, mentoring, etc.)
- Promotion policy

#### **4.6 Student guidance and support**

This section explains how academic and pastoral supports are provided to students – both locally in the unit and centrally in the university. This would include:

- Central student services (access, admissions, arts, chaplaincy, counselling, disability, health, mature students, student academic administration, sport and recreation). (Relevant websites can be embedded in the SAR and details/brochures/handbooks, etc. can be given in appendices.)
- Induction programmes to university life and to the unit
- System for academic guidance, including advisors and use of relevant learning centres
- Role of programme directors, year tutors, student representatives
- How students with disability are identified and supported
- Career guidance

#### **4.7 Research activity**

This section outlines how research activity in the unit is planned and how it links to the objectives of the university. It should also address how the success of the unit's research activity is measured. This would involve discussing/including:

- The unit's research policy statement or (as appendix) strategic plan, where applicable, and alignment to UL's research strategy
- The unit's research activity, indicating staff involved
- Linkages to UL research centres
- Numbers of publications by publication type
- Numbers of research students and research degrees awarded by category
- Sources of funding for research

#### **4.8 Department organisation and management**

This section describes how the unit organises itself and manages its activities. This would include:

- Unit organisational flowchart
- Operational management – responsibilities/expectations of head of unit and staff
- Communication and consultation systems (e.g. website, portal, survey tools, etc.)
- Committees and meetings (internal and external)
- Unit strategic planning activities
- Quality assurance policy and procedures

#### **4.9 Quality improvement plan**

The quality improvement plan is a two-year action plan that includes all the planned improvements cited in the previous eight sections. It is typically presented in tabular form (landscape) and includes reference to targets, timelines and personnel. A very detailed plan – one that exceeds four pages – could be given in an appendix while this section of the report is used to give a shortened version of the full plan.

### **5 Consensus**

The SAR should reflect the opinions of all staff members of the unit and must be available to all for comment during the final drafting stages. A large unit with many diverse activities may exhibit varying degrees of progress towards the development of a quality culture, and it

is therefore important to identify the areas where progress is good as well as those where it is less well-developed. The unit should be honest with itself and with the QRG, and if there are issues delaying implementation, these should be clearly indicated.

#### **6 Distribution of material to QSU**

Six weeks in advance of the QRG visit, soft copies of the final submission (SAR and appendices) must be submitted to the Quality Support Unit (QSU). A memory stick that contains the SAR and appendices is then created by the QSU. Five 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 staff of the unit.

## Appendix B: QRG composition, appointment and roles

### QRG composition

The QRG usually comprises five persons. The profile of the membership is as follows:

- **Chairperson:** The chairperson is an external person, usually from outside Ireland and with knowledge of quality assurance processes in a higher education context. The chairperson does not need to be familiar with the work of the unit being reviewed.
- **Two senior academics:** Both persons should be external to the Republic of Ireland and working in disciplines that provide them with a strong degree of familiarity with the core activities of the unit under review. They would typically have a significant international reputation in research or teaching.
- **Employer representative:** The employer representative is usually somebody who holds a senior position in industry, the commercial sector or an appropriate public or private body. The person should represent an organisation that might reasonably be expected to recruit graduates from at least one of the programmes being offered by the unit under review. Ideally such a person will have been involved in recruiting or supervising recent graduates and/or work placement students of the unit concerned.
- **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 or an officer of the UL Students' Union. If the representative is a current UL student, s/he cannot be a student of the unit under review.
- **Deputy chairperson(s):** For the purpose of providing induction training, the Director of Quality may include in the QRG a newly appointed standing chair as deputy chair to the group. With the agreement of the chairperson, the deputy chair may chair one or more sessions and assist with the work of the QRG in any manner deemed appropriate by the chairperson.

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

In some circumstances it may be appropriate to extend the QRG panel to six members in order to provide a suitable breadth of expertise. In the case of a unit with significant interdisciplinary programmes, for example, an additional person may be added to the QRG with the consent of the Director of Quality. Such a person would usually be an academic or a professional but with a different profile to those already on the panel.

### 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 s/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 President, who then appoints the group. Letters of invitation are issued from the President's office. Once appointed and prior to the site visit, any required communication between the unit and members of the QRG should be facilitated by the QSU.

The chairperson is selected by the Director of Quality and may be drawn from a panel of standing chairpersons or appointed on a once-off basis. Standing chairpersons are appointed by the President for a four-year term, extendable by one year. Typically, a chairperson chairs no more than one quality review per year.

### **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 4.1. 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.

### **Roles of all QRG members**

The university asks each member of the QRG to:

- Commit to the four-day site visit (i.e., Monday evening to Thursday afternoon)
- Read the SAR and supporting documentation prior to the site visit
- Attend the opening briefing meeting on Monday
- Arrive promptly for all meetings during the site visit
- Participate in the discussions on Thursday morning when the report is being finalised
- Attend the report read-back session with the unit at 14h00 on Thursday
- 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 roles of the chairperson are:

- 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 eight weeks before the review, read the SAR and offer feedback to the unit head or quality team leader.
- Assign to individual QRG members two sections of the SAR for which they will act as topic coordinator during the site visit.
- Prior to the site visit, outline roles and responsibilities to each member of the QRG.
- Give a verbal briefing to the QRG at the opening meeting on Monday evening.
- Coordinate the three-day 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 on Thursday morning.
- 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 on Thursday afternoon.
- 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).

#### **Roles 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 using the template provided for each assigned topic.
- Within the required timeframe, email the one-page 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 on Wednesday afternoon/evening, as appropriate.

#### **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

This sample schedule is based on previous reviews. The final schedule is decided by the chairperson of the quality review group (QRG) in consultation with the Director of Quality.

Mins	Day 1	Monday		
	Time	Parties	Agenda	Location
15	19h15	QRG, DQ	Introductory meeting and briefing	Castletroy Park Hotel (CPH)
	19h30	QRG	Dinner	CPH

*Note – the unit brings appropriate persons to each meeting.*

Mins	Day 2	Tuesday		
	Time	Parties	Agenda	Location
10	08h30–08h40	QRG, VPA&R, DQ	Welcome	Board Room, Plassey House
60	08h40–09h40	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 topics 1 and 2 and lunchtime session.	Board Room
45	09h40–10h25	QRG, QT, Dean, Head of Unit, course directors	Brief introductions Discussions and questions • <b>Mission</b> (topic 1)	Board Room
20	10h30–10h50	QRG, all members of unit	Coffee break with all unit staff	East Room, Plassey House
45	10h50–11h35	QRG, QT, Head of Unit, ADAA, course directors	Discussions and questions • <b>Design and Content of Curriculum</b> (topic 2)	Board Room
25	11h35–12h00	QRG, DQ	QRG review of morning's activities. Planning for topics 4 and 7	Board Room
60	12h15–13h15	QRG, students and graduates	Buffet lunch students and graduates – a chance to meet the students and graduates and find out about their perspectives (max. 18 )	Board Room
60	13h15–14h15	QRG, Head of Unit, nominated members of unit	Tour – brief visit of unit	Unit and other facilities
60	14h15–15h15	QRG, QT, Head of Unit, ADR	Discussions and questions • <b>Research Activity</b> (topic 7) Coffee served at 15h15 to QRG in Board Room	Board Room
40	15h25–16h05	QRG, QT, Head of Unit, Faculty Librarian	Discussions and questions • <b>Facilities and Learning Resources</b> (topic 4)	Board Room
50	16h10–17h00	QRG, DQ	Review of day's findings. Identification of questions for the following day, particularly with respect to topics 3 and 5	Board Room
	19h30	QRG, Dean, Head of Unit, QT Leader	Informal dinner	CPH

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Mins	Day 3	Wednesday		
30	08h30–09h00	QRG	Private meeting of QRG to plan for topics 6 and 8	Board Room
45	09h05–09h50	QRG, QT, ADAA, CTL representative	Discussions and questions • <b>Teaching, Learning and Assessment</b> (topic 3)	Board Room
35	09h55–10h30	QRG, QT	Discussions and questions • <b>Staff</b> (topic 5)	Board Room
15	10h30–10h45	QRG	Coffee, private session – time to catch up on notes	Board Room
30	10h50–11h20	QRG, QT, Head of Unit, Head of Counselling	Discussions and questions • <b>Student Guidance and Support</b> (topic 6)	Board Room
35	11h25–12h00	QRG, QT, Head of Unit	Discussions and questions • <b>Department Organisation and Management</b> (topic 8)	Board Room
30	12h00–12h30	QRG	Break – planning for lunchtime session	
45	12h30–13h15	QRG, stakeholders	Buffet lunch with stakeholders, including employers (5-6 persons)	Board Room
45	13h20–14h05	QRG	QRG review of morning's activities. Consideration of sample final year projects, master's theses and faculty publications. Preparation for final session.	Board Room
40	14h05–14h45	QRG, QT, Head of Unit	Closing session, discussions and questions • <b>Quality Improvement Plan</b> (topic 9) • Final questions for clarification on all issues Coffee served in Board Room	Board Room
90	15h00–16h30	QRG	Brief recap on afternoon activities. Review of key findings in each area. Presentation by individual peers of their key findings in each area of responsibility. <b>Begin drafting report</b>	Board Room
	18h30	QRG	Email draft commendations & recommendations to technical writer	
	19h30	QRG, DQ	Dinner – a chance to relax	A local restaurant
Day 4 Thursday				
120	08h30–10h30	QRG, DQ	Finish drafting the QRG report Overview of status of report and identification of commendations and recommendations	Board Room
150	10h30–13h00	QRG, DQ	Coffee break and finalisation of the QRG's commendations and recommendations. Prepare for verbal feedback to unit.	Board Room
60	13h00	QRG, VPA&R, DQ	Light lunch served in Board Room: Salad	Board Room
30	14h00–14h30	QRG, Dean, ADAA, ADR, Head of Unit and unit staff	<b>QRG report read out</b> to unit staff and others	Wood Room, Plassey House
15	14h30–14h45	QRG and all staff of unit	Coffee served following report read-out	Reception, Plassey House
	14h30		Conclusion of visit	

Key:

ADAA	Assistant Dean Academic Affairs	DQ	Director of Quality
ADR	Assistant Dean Research	QRG	Quality review group
CPH	Castletroy Park Hotel	QT	Quality team
CTL	Centre for Teaching & Learning	VPA&R	Vice President Academic & Registrar



## Appendix D: QRG report template

### Structure

The QSU provides the QRG with a [QRG report template](#) in which to record their findings. The 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 of the QRG
4. QRG Commendations and Recommendations
5. Appendices – Membership of the QRG and the unit's quality team

### 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.

Section 3, which is typically one or two pages in length, 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

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 significant increase in the numbers of overseas students at the postgraduate level
- The involvement of practitioners from industry in delivering lectures
- The good balance between theoretical knowledge and laboratory experience
- The accessibility of teaching staff to the student body

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 could 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	Commentary
1.		
2.		
3.		
4.		
5.		

#### 4.2.2 Level 2 recommendations

No.	Recommendation	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 in excess of 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 reports include:

- **Explore** and **implement** creative ways of bringing social issues more clearly into the undergraduate curriculum
- **Provide** timely feedback to students on assignments.
- **Engage** with the UL timetabling review group to proactively address the recurrent serious problems with scheduling.
- **Plan** strategically for the expansion of the department .

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 addresses 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

**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	<b>Self-evaluation by unit of progress to date</b> 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				
<b>Section 7 to be completed by unit and copied back to QSU prior to implementation review meeting</b>				
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.		
<b>Section 8 to be completed by DQ immediately prior to implementation review meeting</b>				
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:		
<b>Review implementation meeting between head of unit, Dean, DQ and VPA&amp;R approx. + 12 months</b>				
<b>Section 9 to be completed by DQ immediately after implementation review meeting</b>				
9	+ 12 months	Actions arising from the implementation meeting (including person responsible & timeframe for completion):		
<b>Section 10 to be completed by unit and copied back to QSU</b>				
10	+ 13-15 months	Description of actions taken since implementation review meeting:		
<b>Section 11 to be completed by DQ on receipt of QIP from unit</b>				
11	+ 13-15 months	Final status of recommendation (Closed, Open, Rejected):		

**Appendix F: QIP implementation summary report**

**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:
6. Summary status of recommendation implementation:

<b>Rec no. (level)</b>	<b>Recommendation</b>	<b>Closed</b>	<b>Open</b>	<b>Rejected</b>

\_\_\_\_\_  
Director of Quality

\_\_\_\_\_  
Date

## Appendix G: List of acronyms used in this document

<b>Acronym</b>	<b>Meaning</b>
ADAA	Assistant Dean Academic Affairs
ADR	Assistant Dean Research
CEQMS	Committee for the Establishment of Quality Management Systems
CTL	Centre for Teaching & Learning
DQ	Director of Quality
GASPQA	Governing Authority Strategic Planning and Quality Assurance
KPI	Key performance indicator
PDRS	Performance and Development Review System
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QSU	Quality Support Unit
QT	Quality team
SAR	Self-assessment report
UL	University of Limerick
VPA&R	Vice President Academic & Registrar