



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

AIQR Template for Completion by Mary Immaculate College

The University of Limerick's commitment to quality is articulated in its institutional quality statement (<http://www.ul.ie/quality/quality-ul>), which commits the university to a culture of continual quality improvement and to complying with national statutory quality requirements.

The purpose of this template is to facilitate Mary Immaculate College (MIC) – a linked provider of the University of Limerick (UL) – to complete an Annual Institutional Quality Assurance Report (AIQR) in accordance with the relevant provisions of the Qualifications and Quality Assurance (Education and Training) Act 2012.

Instructions for completion and submission:

Fill in the reporting period and complete the text boxes by overwriting the grey text. While there is no exact word limit, it is expected that each completed text box would fill approximately half a page to one and a half pages (guideline only). Hyperlinks to websites and documents can be inserted. Additional supporting material can be submitted along with the completed template.

Please include the MIC quality manual/quality framework document when submitting this AIQR. The former should incorporate an overview description of quality governance as well as institutional-level quality policies and procedures. Please indicate in Section 1 below any changes that have been made (in the current reporting period) to the quality manual/framework document.

Please email this completed AIQR along with the MIC quality manual/quality framework document and any additional relevant documents to the UL Director of Quality, sinead.osullivan@ul.ie, by 30 October annually.

Reporting period (academic year): 2018 / 2019

Section 1: Quality assurance and enhancement activity and evolution at institutional level

Please describe institutional-level quality assurance or enhancement activity that occurred during the reporting period (e.g. an institutional-level quality-review-related activity). Please include reference to any amendments made to systematic, institutional-level quality assurance or quality enhancement mechanisms, activities, policies or governance arrangements during the period.

Appointment of a new Governing Authority (An tÚdarás Rialaithe)

A new Governing Authority (An tÚdarás Rialaithe) was appointed in September 2018. The term of office runs from 2018-2023. There are 23 members of An tÚdarás Rialaithe, 16 of whom are external members. The membership includes Dr Des Fitzgerald – President of UL, in accordance with the [Memorandum of Understanding \(MOU\)](#) agreed between MIC and UL. The new MOU was approved on 17th October 2018 by An tÚdarás Rialaithe and subsequently approved by UL's Governing Authority on the 1st February 2019. Full details of membership is available [here](#).

Expansion of the Membership of the Executive Team

In accordance with the MIC Strategic Plan 2018-2023 and with national policy objectives, the membership of the Executive Team was expanded to include 5 members drawn from those holding the post of Director at MIC. The full membership of the Executive Team is listed [here](#).

New Appointments

- Professor Niamh Hourigan was appointed as Vice-President Academic Affairs in November 2018.
- Professor Emer Ring was appointed as Dean of Education in January 2019.
- Blaž Podobnik was appointed Institutional Data Analytics Manager in September 2019.

Line Management Change

- Line management of the Quality Office reverted to the Vice-President of Governance and Strategy Professor Gary O'Brien in early 2019, having been temporarily overseen by the Vice President Academic Affairs (Acting) in 2018.

Institutional Policies Approved 2018-19

The following policies were approved at An tÚdarás Rialaithe in the AY 2018/19:

- Academic Integrity Policy
- Acting-Up Policy
- Assessment and Feedback
- CCTV Policy
- Conflict of Interest Policy
- Data Protection Policy
- Dignity and Respect
- Force Majeure Policy
- Garda Vetting
- Heritage Assets
- Intellectual Property Policy Statement
- Learning and Development Policy
- Maternity Leave Policy
- Paternity Leave Policy
- Research Integrity Policy
- Safeguarding Children Policy and Procedures
- Safeguarding Vulnerable Persons Policy
- Staff Grievance Policy

Institutional Review Implementation Plan (IRIP)

During the academic year 2018 / 2019, MIC continued to make progress on completing the action items contained in the Institutional Review Implementation Plan (IRIP). A quarterly progress report was provided to the Quality Committee. It was recognised by the Quality Committee that some recommendations are by their nature ongoing and, as such these are best managed via other oversight bodies within MIC. A mapping exercise was undertaken by the Quality Office which led to the decision to implement a reporting mechanism change for some of the outstanding recommendations. These reporting mechanism changes are set out in the Follow-up Report 2019 (appendix 1). It is expected that the IRIP process will be concluded in Q2 2020.

Survey Working Group

The Survey Working Group (SWG) held its first meeting on November 27th, 2018. The terms of reference and membership of the group are attached (appendix 2). The Survey Working Group agreed that as an initial exercise the Quality Office would perform an in-depth analysis of the following ISSE indicators:

- Student-Faculty Interaction
- Effective Teaching Practices
- Quality of Interactions
- Supportive Environment

Analysis of the ISSE 2016-2018 indicators was presented to the SWG on April 12th 2019. A report on the analysis and potential actions was submitted to the June meeting of the Executive Team.

The Executive Team agreed that the report would be referred to the Faculty Management Committees for the development of action plans and that the Director of Quality and the Director of Teaching and Learning would present the key findings of the report to the Faculty Boards.

New Further Education Entry Routes to MIC

In March 2019, MIC launched new Further Education (FE) entry routes into two of its post-primary teaching degrees in MIC Thurles as well as a new direct entry route for the College's BA in Contemporary and Applied Theatre Studies (CATS) at MIC Limerick. These new entry routes follow on from the success of MIC's already established further education routes into both their BA Liberal Arts and BA in Early Childhood Care and Education programmes. A supporting booklet [Further Education Entry Routes at MIC](#) has been developed to provide prospective students with information on the various entry routes and available college supports.

Learning Enhancement and Academic Development (LEAD) Centre

The Centre for Teaching and Learning undertook a restructuring and re-branding exercise culminating in the launch of the *Learning Enhancement and Academic Development (LEAD) Centre*. The aim of the LEAD Centre is to provide leadership in academic practice and development to ensure the highest quality of student learning in support of the MIC Strategic Plan.

Programme Development and Design

A new fit-for-purpose critical path/standard operating procedure for programme development and design, integrating best practice in teaching and learning, constructive alignment and principles of blended learning design has been approved by the relevant college bodies. Five new academic programmes have been developed using the new standard operating procedure.

Digital Teaching and Learning Policy Working Group

A Digital Teaching and Learning policy working group was established in June 2019. The working group includes 10 members of staff (academic and professional services) and students. The aim of the group is to develop a Digital Teaching and Learning policy for implementation in 2020.

Shannon Consortium project led by MIC (UL, LIT) awarded €150,000.

MIC are leading a National Forum for the Enhancement of Teaching and Learning funded project aimed at implementing the Professional Development Framework through staff workshops, webinars and peer-led practice.

Professional Services Quality Management System and Quality Reviews

The approach to the development of Quality Management Systems and Quality Review Guidelines is guided by the four questions:

- What do you do?
- How do you do it?
- How do you know it works?
- How do you change in order to improve?

Professional Services will develop their QMS prior to engaging in their Quality Review. This allows the service to document their key functions (What do you do?) and the processes underpinning those functions (How do you do it?). Through the Self-Assessment process, the service will evaluate the effectiveness of these processes (How do you know it works?) and develop planned improvements based on this evaluation (How do you change in order to improve?) and the recommendations of the Peer Review Group.

Professional Service Quality Management System

The Quality Office has developed a central repository, procedures and templates for the development of the Professional Services Quality Management System.

1. Central Repository - SharePoint Site

The Quality Office developed a QMS SharePoint site which functions as a repository for all QMS documentation. Each Professional Service has its own document library within the site. Guidance on the management of the document library is provided in the document control procedure.

2. Procedures and Templates

The Quality Office developed a document control procedure, a QMS template and templates for policies, procedures and process flowcharts. These are available to all staff via the Quality Office SharePoint site and are attached to this report (appendix 3).

3. Training

A one-day policy & procedure writing course was provided to Professional Services Staff on November 1st and 28th and December 6th 2018. A total of 34 staff attended the training.

4. Facilitation of QMS Development

The Quality Office is currently facilitating the following services to develop their QMS:

- ICT Services
- Information Compliance Office
- President's Office

- Arts Office
- Education Office
- Student Academic Administration
- Strategic Communications and Marketing

The first three are the services that are due to commence their quality reviews in 2020.

The Quality Office will work with the other services in 2020 to develop their QMS. This will be rolled out in line with the sequencing of the internal quality review cycle.

Professional Service Quality Reviews

Schedule

The Quality Office liaised with the Professional Services at the beginning of 2019 to establish a schedule of internal quality reviews commencing in January 2020 and running through to 2025. This review schedule was approved by Executive Team and submitted to the Quality Office, UL in March 2019 (appendix 4).

Procedures

The Quality Office developed a Quality Review procedure for Professional Services which was approved by the Quality Committee on October 1st, 2019. A copy of the procedure and the associated templates are attached to this report (appendix 5).

Institutional Level Student Feedback Data Collection		
Activity	When	Overall / Average Response Rate
Module Satisfaction Survey	Semester 1 Week 7 – 10	16%
ISSE (Taught)	Semester 2 Week 4 - 6	42% (first question) 23% (final question)
ISSE (PGR)	Semester 2 Week 4 - 6	31% (first question) 27% (final question)
Module Satisfaction Survey	Semester 2 Week 7 - 9	10%
Exit Survey	June – October 2018	66%
HEA Graduate Outcomes	June 2018	21%

Due to the continued downward trend in MSS response rates, the Module Satisfaction Survey has been suspended for the academic year 2019/ 20 to allow a review to be conducted.

The MIC Quality Office also liaised with Insight Statistical Consulting to facilitate the administration and promotion of the *Eurostudent* survey to MIC students.

Section 2: Quality assurance and enhancement activity and evolution at local level

If relevant, please describe local-level quality-related innovations introduced by individual MIC units/offices during the reporting period.

Development of the Data Analytics function within the Quality Office

The Data Analytics function within the Quality Office was augmented by the appointment of an Institutional Data Analytics Manager in September 2019. The Data Analytics Manager was initially recruited to the role of Institutional Data Analyst (acting) in April 2019.

A number of key deliverables included:

- Development of the MIC Key Facts and Figures 2019 (appendix 6)
- Creation of a HEA Returns Longitudinal Database to service a myriad of data requirements including Quality Reviews.
- Development of an Annual Programme Review SharePoint Repository and population of same with programme data.

Section 3: Implementation of quality governance and oversight

Please attach (or provide a link to) the MIC published academic calendar for the reporting period and, if relevant, please indicate and discuss deviations from the detail therein that occurred in practice. If not incorporated into the academic calendar, please attach or provide a link to the schedule of meetings of key governance and quality committee meetings (e.g., an tUdarás Rialaithe, an Chomhairle Acadúil and any sub-committees thereof). If relevant, please indicate and discuss deviations from the detail therein that occurred in practice.

Link to the MIC Academic Calendar:

<http://www.mic.ul.ie/calendarstimetables/Pages/default.aspx>

Schedule of Meetings of College Committees 2018 / 2019 (appendix 7)

MIC College Governance, including Codes of Conduct:

<http://www.mic.ul.ie/welcome/Pages/governanceofmic.aspx>

Section 4: Internal quality reviews undertaken during the reporting period

Please provide detail of any internal quality review activity that occurred during the reporting period.

Department	SAR Completion	Peer Review Group (PRG) Visit	PRG Report Received
<i>Psychology</i>	July 2019	October 2019	
<i>Education Psychology, Inclusive & Special Education</i>		June 2020	
Overarching Faculty Review (appendix 8)			
SAR	SOP	QIP	
April 2019	September 2019	September 2019	

Section 5: Quality activity and interaction with third parties

Department of Education and Skills' Proposed Policy Statement on Initial Teacher Education.

Following consultation with colleagues across the College, MIC developed a comprehensive response to the invitation from Department of Education and Skills' to its proposed policy statement on initial teacher education.

Professional Award Criteria and Guidelines for initial Professional Education (Level 7 and 8) degree Programmes for the ELC Sector in Ireland

The Criteria and Guidelines for approval of degree programmes for the ELC sector in Ireland were published in April 2019. HEIs are being advised to engage with the review and submission of programmes to commence at the latest in September 2022. MIC will initiate the review and submission process to align with a commencement date of September 2021.

Section 6: Quality-related objectives over the coming reporting period

Please list and briefly describe each objective.

1. Continuation of the Roll-out of Academic Department Quality Reviews
2. Initiation of Professional Service Quality Reviews
3. Continued Development of the Professional Services Quality Management System (QMS)
4. Consolidation of the Data Analytics Function

Continuation of the Roll-out of Academic Department Quality Reviews

The Department of Educational Psychology, Inclusive & Special Education commenced their Quality Review in September 2019. The English Language & Literature and History departments will commence their reviews in January 2020.

Initiation of Professional Service Quality Reviews

MIC will commence Professional Service Quality Reviews in 2020 with three reviews scheduled:

- *ICT Services*
- *Information Compliance Office*
- *President's Office*

Development of the Professional Services Quality Management System (QMS)

The Quality Office will continue to work with the Professional Services to facilitate and support the development of their Quality Management System. This will be rolled out in-line with the professional services quality review schedule.

Consolidation of the Data Analytics Function within the Quality Office

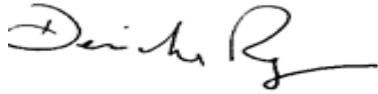
The capacity for data collation, analytics and data visualisation have been greatly enhanced by the appointment of the new Data Analytics Manager. Initial work has focussed on collating longitudinal student data to facilitate Annual Programme Reviews, Quality Reviews and internal and external stakeholder requirements.

The next phase includes a mapping exercise of the various data sources within MIC. The objective is to provide interactive data visualisation resources to the College Executive and Department/Function leaders.

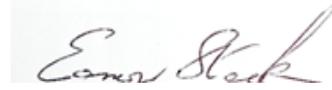
Section 7: Additional information

Please use this section to provide additional information relating to quality assurance or to report upon relevant quality-focused topics or issues.

I confirm that this AIQR was reviewed and approved by The Quality Committee and constitutes a comprehensive and accurate account of quality-related activities pertaining to MIC over the reporting period.



Director of Quality, MIC



Chair of Quality Committee, MIC

This AIQR was submitted to the Director of Quality, University of Limerick on: _____

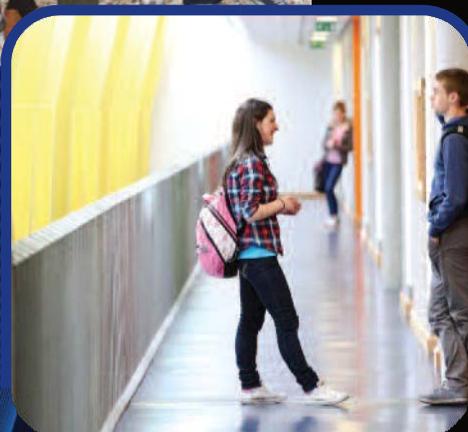
[Revision history of this template](#)

Rev.	Date	Approved by	Details of change	Process owner
1	4 Sept 2017	Director of Quality, UL VPA&R, UL	Initial release	Director of Quality, UL



MIC Institutional Review Follow-Up Summary Report

October 2019



Contents

1. Follow-Up Summary 2019.....	1
2. Background and Context for the Review	2
3. Key Review Findings	4
3.1 Review Implementation Plan.....	4
Appendix 1: Completed Recommendations AY 2017/18.....	23
Table 1: Review Process - Stages and Timeline.....	3
Table 2: Recommendations Completed AY 2018/19.....	5
Table 3: In Progress AY 2018/19	11
Table 4: Recommendations for which a reporting mechanism change was initiated AY 2018/19.....	13
Table 5: Summary of Reporting Mechanism Changes.....	19

1. Follow-Up Summary 2019

This report sets out the key actions that have been undertaken to deliver on the recommendations of the Institutional Review Report 2016. The Follow-Up Summary 2019 maps the progress of the recommendations from the drafting of the Institutional Review Implementation Plan (IRIP) in 2017, through the Follow-Up Summary Report presented to the University of Limerick (UL) in 2018 and, presents the current status for each recommendation.

To-date the action items for thirteen of the recommendations have been fully completed. These include a substantial investment in the MIC Quality Office staffing (increase from 1 to 5 personnel). This investment has allowed for the development of a Quality Manual, Academic and Professional Services Quality Review Schedule and Guidelines and, has culminated in the rollout of Academic and Professional Services Quality Reviews. From a governance perspective, the new Memorandum of Understanding agreed between MIC and UL further underpins the Designated Awarding Body (DAB) – Linked Provider (LP) relationship between the two institutions. The reciprocal arrangements put in place to give the President of each institution a seat on the Governing Body of the partner institution has also been mirrored in other institutional governance, leadership and management committees in UL and MIC. Quality assurance is a cross-cutting theme in the new MIC Strategic Plan 2023 which was launched on March 29th of this year.

Four years have passed since the instigation of the Institutional Review Process in 2015. Many changes have occurred but internally and externally which have impacted on MIC both from a strategic, governance and operational perspective. In light of these changes the impetus for some of the institutional review recommendations has changed and the implementation plan has been adapted to reflect these changes. It became evident over time that some recommendations, for example, in relation to the new student records system Unit-E, could best be dealt with by mainstreaming these as part of Unit-E Implementation Plan. For other recommendations, the development of a new Academic Plan and the creation of an Academic Plan Taskforce seemed the most logical location for the oversight and delivery of these key recommendations.

In the following sections, recommendations that have been completed in the Academic Year 2018/19 are shown in green (Table 2), those that are in progress are shown in blue (Table 3), and those for which MIC has implemented a reporting mechanism change are shown in orange (Table 4). Table 5 presents a summary of the reporting mechanism changes. It is anticipated that the IRIP process will be concluded in Q2 2020.

2. Background and Context for the Review

Founded in 1898, Mary Immaculate College (MIC) is the oldest third level institution in Limerick City. It is a Catholic College of Education and the Liberal Arts, standing in the Catholic university tradition. 5000+ students are currently enrolled on programmes at MIC.

MIC was the first College for the professional education of national schoolteachers to be established outside of Dublin, in response to strong demand for such provision amongst the southern and western populace. The advent, nationally, of graduate entry status for primary teaching represented a landmark event for the College, leading to the introduction of the B.Ed. programme in 1974. This also marked the point at which the College attained the status of a university-level institution when it became a recognised college of the National University of Ireland, through its association with University College, Cork. In 1992, MIC became the first College of Education in Ireland to offer a degree in Liberal Arts and it was the first College of Education to establish a BA in Early Childhood Care & Education as well as a B.Ed. in Education & Psychology (in 2003 and 2004, respectively). It was also the first College of Education to confer a doctoral award.

In 1991, an academic linkage governed by a Memorandum of Understanding was established between MIC and the University of Limerick (UL). This provides for University of Limerick academic accreditation for NFQ Level 6-10 programmes at MIC. MIC is a linked provider of the University of Limerick as defined in the Qualifications and Quality Assurance (Education and Training) Act 2012. The University of Limerick is the designated awarding body (DAB) for all higher education programmes at MIC, save where other arrangements are jointly agreed by UL and MIC. As a linked provider of UL, MIC is subject to review and external quality assurance by UL or, if requested, Quality and Qualifications Ireland (QQI).

In November 2015, the University of Limerick wrote to QQI and requested that QQI conduct an institution-level external quality assurance review of MIC. Review, in this context, referred to the formal review of the effectiveness of the institution- wide quality assurance policies and procedures established and implemented by MIC. The purpose of the review process was:

1. **To provide an external evaluation of institution-wide quality, the impact of mission, strategy, governance and management on quality, and the overall effectiveness of quality assurance at the institution by:**
 - encompassing the comprehensive, institution-wide procedures for teaching, learning, services and research at MIC;
 - emphasising the responsibility for quality and quality assurance at the level of the institution;
 - promoting the improvement of quality assurance procedures.

2. **To encourage a Quality Assurance (QA) culture and the enhancement of the student learning environment and experience by:**
 - emphasising the student and the student learning experience in the review;
 - providing a source of evidence of areas for improvement and areas for revision of policy and change within the institution;
 - exploring the area of quality enhancement, innovative and effective practices and procedures.
3. **To improve public confidence in the quality of institutions by promoting transparency and public awareness by:**
 - consulting on and publishing Terms of Reference for the review;
 - publishing the reports and outcomes of the review;
 - publishing a brief, institutional quality profile at the end of the process;
 - assessing the transparency and accessibility of reporting on quality and quality assurance by the institution.
4. **To support systems-level improvement of the quality of higher education by:**
 - ensuring that there is consistency in the approach to the review in comparison with similar institutions.
5. **To encourage quality by using evidence-based, objective methods and advice by:**
 - using the expertise of international, national and student peer reviewers who are independent of the institution;
 - ensuring that findings are based on evidence;
 - facilitating the institution to identify its own metrics and benchmarks for quality, relevant to its own mission and context;
 - identifying examples of good practice and innovation for further dissemination.

The review process consisted of the following stages:

<i>Table 1: Review Process - Stages and Timeline</i>		
Stage	Process	Timeline
1	The Publication of Terms of Reference by QQI	February 2016
2	Development of an Institutional Self-Evaluation Review Report (ISER) ;	February – September 2016
3	An External Assessment and Site Visit by the Review Team	September – November 2016
4	Publication of a Review Report including findings and recommendations	July 2017
5	Adoption of an Institutional Review Implementation Plan (IRIP)	March 2018
6	Follow up report by MIC to UL Publication of the follow-up report and UL response on website once adopted	October 2018

3. Key Review Findings

The Review Team's evaluation of the Institutional Self Evaluation Report (ISER), supporting documentation and meetings conducted during the Main Review visit confirms that MIC's institutional strategic planning, governance and ownership of quality assurance and enhancement is consistent with the institution's role as a higher education institution in the European Higher Education Area. MIC's internal and collaborative quality assurance arrangements are consistent with Part 1 of the Standards and Guidelines for Quality Assurance in European Higher Education Area (ESG) [2015] and national, European and international guidelines in accordance with the Bologna process. Furthermore, MIC's planning, structure and systems support its responsibilities as a linked provider of UL with qualifications recognised by the National Framework of Qualifications (NFQ). The review team set out a number of commendations (see Appendix 1) and recommendations (Tables 2-4).

3.1 Review Implementation Plan

A working group comprising of the Vice President Academic Affairs, Associate Vice President Governance and Strategy, Director of Quality (Outgoing and Incoming), and the Quality Assurance Manager developed an Institutional Review Implementation Plan (IRIP) based on the twenty-five recommendations emanating from the Institutional Review. The plan outlined the action items associated with each of the recommendations. These action items were allocated to key personnel within MIC who were tasked in the first instance with ensuring that the action items were the appropriate response to the recommendation and, secondly to set a realistic timeframe for completion of each action item. The finalised IRIP was brought to Executive Team for approval in March 2018 and subsequently submitted to UL. The report was presented to An Chomhairle Acadúil (Academic Council) and a copy of the IRIP has been made available via the staff intranet (SharePoint).

In order to ensure accurate tracking and efficient progress on each of the recommendations a SharePoint Database (IRIP Tracker) was developed and populated with the recommendations and the associated action items. The database includes the rapporteur, expected completion date, item status, and the reporting path for each recommendation which lists the oversight committee (tasked with overseeing the implementation of a particular recommendation) and the reporting committee (the body charged with reporting on progress of all action items from the various associated committees to the Quality Committee). A standing item in respect of the IRIP has been added to the agenda of each oversight and reporting committee.

The tables below present the current status of each of the recommendations that remained outstanding in the Follow-Up Summary Report 2018.

Table 2: Recommendations Completed AY 2018/19

	Recommendation	Action Item	Status 2018	Status 2019	Action Completed by:
7.0	That reciprocal arrangements be put in place to give Presidents of both institutions (UL and MIC) a seat on the Governing Body of the partner institution (UL and MIC). Such reciprocal arrangements should be mirrored for all institutional governance, leadership and management committees throughout UL and MIC.	The President of UL will be invited to take up a seat on An tÚdarás Rialaithe and Vice President Academic Administration & Student Engagement at UL will be invited to take up a seat on An Chomhairle Acadúil (MIC Academic Council) as soon as the MIC-UL Memorandum of Understanding (MoU) has been approved by the Governing Authorities of both institutions.	In-progress	Complete	The MIC-UL Memorandum of Understanding (MoU) was approved by the Governing Authorities of both institutions (Oct 17th 2018 & Feb 1st 2019 respectively). The President of UL has taken up his seat on An tÚdarás Rialaithe and Vice President Academic Administration & Student Engagement at UL has taken up her seat on An Chomhairle Acadúil (MIC Academic Council).
8.0	Given that the Memorandum of Understanding (MOU) between UL and MIC underpins the current designation of MIC as a Linked Provider of UL, it is recommended that the MOU should be reviewed as a matter of urgency and, where necessary, be re-negotiated and revised, to reflect the changes to the Irish HE 'landscape' since 2007, in particular: the provisions of the 2012 Act; the role of QQI; the status of MIC as a Linked Provider of UL (the	The MIC-UL MoU was approved by An tÚdarás Rialaithe on 17th October 2018 and will come before UL Governing Authority on 14th December 2018.	In-progress	Complete	The MIC-UL MoU was approved by the UL Governing Authority on 1st February 2019.

	cognate DAB); and the need for UL to have effective oversight of MIC internal QA processes and overall governance arrangements in place (Levels 6-10).				
11.0	That MIC leverage the expertise available within MIC and in cognate functions at UL to augment the current staff training provision by including training for all academic staff in: (a) principles of curriculum design and alignment of curricula with the NFQ, (b) the constructive alignment of curricula and assessments and (c) best practice in the design and monitoring of assessment systems to ensure validity, reliability and fairness.	<p>11.1</p> <ul style="list-style-type: none"> ▪ The Programme Development workflow has been enhanced to include input from the Centre for Teaching & Learning at design phase. This has been approved at the Teaching & Learning Directorate, An Chomhairle Acadúil and Executive Team. ▪ In tandem with point 1 above, a re-design of Academic Programme Approval Committee (APAC) Forms to make constructive alignment more explicit on programme development documentation is in development. ▪ Professional Development for staff in curriculum design is planned for this Autumn 2018 and a National Forum seminar on constructive alignment in Spring 2019. 	In-progress	Completed	<ul style="list-style-type: none"> • The Programme Development Workflow has been approved by Executive Team. <p>APAC forms have been redesigned and are being piloted this Semester (Sem 1 AY 19/20).</p>

		<ul style="list-style-type: none"> Development of a more comprehensive MIC Learning & Teaching strategy is in preparation to embed principles of curriculum design in practice for all staff who teach in HE. 			
13.0	While MIC is fully compliant with current UL academic regulations, UL should have greater oversight of the administrative 'processing' of PhD degrees at MIC, and in overseeing PhD progression and examination processes; including involvement in decisions regarding the transfer of candidates from the Masters (Level 9) to the PhD (Level 10).	This matter will be the subject of discussions between the President MIC and VPAASE, UL.	Initiated	Complete	<p>Recommendation implemented as follows:</p> <p>January 22nd 2019 a meeting took place with Dean of Graduate & Professional Studies and Michael Frain, Graduate School for UL, Head of Graduate School and VP Research for MIC.</p> <p>The following was agreed at that meeting:</p> <ul style="list-style-type: none"> VP Research, MIC would join ULREG and submit a Research Ethics Committee (MIREC) L10 Activity Report for MIC in line with the reports submitted by UL Faculties. Head of Graduate School, MIC would attend UL's Post Graduate Research (PGR) Subcommittee meeting on behalf of MIC, and Michael Frain would contact UL's Director of Quality to agree what L10 sign-off is required.

					<ul style="list-style-type: none"> •VP Research, MIC to send a list of approved external examiners to the Dean of Graduate & Professional Studies, UL after each of MIC's Postgraduate Research Subcommittee (PRSC) meetings. •Agreed that at this point, UL do not need to see MIC external examiner reports. •Professional Doctorates: MIC should be included in any review of L10 regulations, programme reviews and/or programmes provision changes. •MIC should also have representation on any (sub)-committee that is established to review doctoral regulations. •UL representation at MIC PRSC meetings (representation at these meetings at the same level as existing MIC members).
14.0	That MIC as a matter of urgency publish its schedule of internal cyclical reviews (similar to the UL model), on a 5-year rolling	14.5 Academic Schedule Complete. Professional Service Quality Review Schedule Plan as follows:	In-progress	Complete	The Quality Review schedule for Professional Services was approved by ET on the 14th March 2019. The

	<p>basis, encompassing the review of programmes, departments, faculties and related services.</p>	<p>July – December 2018 Roll-out of training in Policy & Procedure Writing to Professional Services Staff commenced in July.</p> <p>January – December 2020 The quality office will facilitate and support the Professional Services to establish their QMS in line with commencement of the internal quality review cycle in January 2020.</p> <p>January – March 2019 The Quality Office will liaise with the Professional Services to establish a schedule of internal quality reviews commencing in January 2020 and running through to 2025. The review cycle will begin with ICT services in January 2020. This review schedule will be brought to Executive Team for approval in March 2019.</p>			<p>schedule was sent to the Quality Support Unit at UL on March 22nd 2019.</p> <p>The roll-out of QMS training is underway with six of the Professional Services Offices:</p> <ol style="list-style-type: none"> 1. ICT Services 2. Student Administration Academic 3. Art Faculty Office 4. Education Faculty Office 5. Strategic Communications & Marketing 6. Information Compliance Office <p>Professional Services Quality reviews will commence in January 2020 as per the review schedule</p>
<p>16.0</p>	<p>Greater clarity and transparency on access to and dissemination of External Examiner (EE) reports to staff and course teams and a clear sight of when and how the reports are responded to - including who the responsible actors are at department, faculty</p>	<p>16.1 An Overarching Faculty Review commenced in January 2018 and will be completed within the calendar year.</p> <p>The review takes into account the assessment lifecycle which begins formally in Week 1 with the distribution of module outlines to</p>	<p>In-progress</p>	<p>Completed</p>	<p>The review was completed in 2019 and led to the development of the following:</p> <ol style="list-style-type: none"> 1. Flowchart for External Examiner Process 2. Quality Improvement Plan

and institutional levels. EE reports should also be available to relevant stakeholders including students.

the students and culminates with the Faculty/Departmental review of the External Examiner report and recommendations.

The objective of the Review is to:

- To conduct a review of the application of the Marks and Standards set out in Chapter 2 of the UL Handbook of Academic Regulations and Procedures through Self-Assessment and Peer Review;
- To develop a Quality Improvement Plan in conjunction with the Review Team with specific, measurable, agreed, and time-based action items with a view to establishing best practice;
- To identify benchmarks and agreed baselines that will inform indicator selection in respect of Department-level Reviews.

Table 3: In Progress AY 2018/19

	Recommendation	Action Item	Status 2018	Status 2019	Progress to Date
5.0	That MIC build upon the collegiality fostered in the ISER / Self-evaluation process to address and resolve the issue of academic staff representation on the Governing Body, and, as part of due process, consider examples of governance models from other institutions.	5.1 The College agreed, following negotiation with Irish Federation of University Teachers (IFUT) to increase the number of Academic Staff nominees on the An tÚdarás Rialaithe (MIC Governing Authority) from four to six. It was not considered appropriate that there should be staff representation on the Executive Team and the President declined to accede to IFUT's demand in this regard.	In-progress	Stalled	Progress is stalled and following the implementation of the review recommendation to bring staff representation on the Governing Authority to its status quo ante level, the College is now dependent on IFUT to bring the matter to a conclusion.
12.0	MIC should review policy and procedures regarding oral examinations in line with international best practice.		On-going	Expected Completion Date Q2 2020	A proposal in relation to Best Practice in the Management of Assessment and Feedback Mechanisms for Oral (Language) Examinations came before the Teaching and Learning Directorate on Sept. 25th 2019. Approval in principle was given to the audio-recording of oral language assessments and the following was agreed; <ul style="list-style-type: none"> • That Standard Operating Procedures be developed regarding the recording, storing and sharing of

					<ul style="list-style-type: none"> • these recordings in order to standardise practice across various Departments; • That suitable recording devices be identified and purchased (ICT to advise); • Professional development be provided by LEAD to faculty with regard to best practice in assessment and feedback for oral assessments. • Technological training, where necessary to be provided by ICTS.
19.0	That a review and adaptation of the Student Evaluation of Teaching be undertaken with the aim of developing comprehensive and sustainable coverage across MIC.	<p>A survey and data management working group has been set up with the following membership:</p> <ul style="list-style-type: none"> ▪ Faculty of Arts Staff Representatives (3) ▪ Faculty of Education Staff Representatives (3) ▪ MI SU President ▪ MI SU Postgraduate Representative ▪ Director of Student Life ▪ Director of Teaching and Learning ▪ Director of Quality ▪ Quality Assurance Manager 	Initiated	Expected Completion Date Q2 2020	It was agreed at Quality Committee (May 2019) that the MSS be suspended for the Academic Year 19/20 to allow for a review to be conducted.

		<ul style="list-style-type: none"> Senior Academic Administrator, MIC Thurles <p>One of the objectives is to review the current Module Satisfaction Survey.</p>			
23.0	That more formal and consistent arrangements be put in place across MIC for closer student-staff liaison including wider involvement of students' representatives on programme boards.	A meeting has been scheduled between the Vice President Academic Affairs and MIC Students Union to begin to progress this recommendation.	Initiated	Q2 2020	The issue of student representation on programme boards will be dealt with under the initiative of the Student Learning and Partnership Dialogue.

Table 4: Recommendations for which a reporting mechanism change was initiated AY 2018/19

	Recommendation	Action Item	Status 2018	Status 2019	Reporting Mechanism Change
4.0	With the development of a new student record system it is recommended, as an early administrative task, that legacy alumni data (where possible) is backfilled into the system.	Work is well advanced on identifying the location, means of extraction and ensuring the referential integrity of MIC alumni data from SITS.	In-progress	Reporting Mechanism Change	<p>Recommendation 4.0 included in the UNIT E Implementation Plan</p> <p>Recommendation 4.0 will be monitored and actioned as part of the project plan.</p> <p>Timeline: Initial transfer of students Sept. 2020. System will not be fully implemented until Sept: 2021</p>
10.0	That training be put in place for all staff on interpreting and making best use of dashboards in the new student record	10.1 In April 2018, initial staff training on basic and advanced reporting was delivered to a small number of staff in SAA, Admissions,	In-progress	Reporting Mechanism Change	Recommendation 10.0 included in the UNIT E Implementation Plan

	system and that targeted reporting from the dashboard allow easy sight of focussed key information.	Arts and Education faculties. Training will be delivered to the remaining staff in line with the roll out of the new student record system.			Recommendation 10.0 will be monitored and actioned as part of the project plan. Timeline: Initial transfer of students Sept. 2020. System will not be fully implemented until Sept: 2021
15.0	That MIC formally recognise the impact of increasing the number of SPhDs on the staff resource and confirm that this is factored into staff workloads in an equitable manner.	Negotiations on implementation of a Workloads Allocation Model (WAM) are progressing with IFUT. As soon as these are completed, the SPhD workloads will be factored in.	In-progress	Reporting Mechanism Change	Recommendation 15.0 will be included in the ToRs for the Academic Plan Taskforce . That Recommendation 15.0, be considered when designing the Academic Plan for each Faculty. Timeline: Autumn 2019 These actions (Academic Plan and WAM) are part of the deliverables under the new Strategic Plan and are now incorporated under the AOP 2018-19 (continuing to 2019-20 and monitored accordingly within that reporting framework).
17.0	Whilst MIC is to be commended for the availability of student handbooks it is recommended that in the Faculty of Arts a further mechanism be developed to support students	Preparatory work on an Academic Plan is ongoing. It cannot be initiated until the formal launch of the Strategic Plan, from whose targets and requirements the Academic Plan will derive.	Initiated	Reporting Mechanism Change	Recommendation 17.0 will be included in the ToRs of a 360° review and re-conceptualisation exercise leading to academic approval for a new MIC Liberal Arts degree programme.

	to independent learning for longer and more directly provide targeted, focused and timely information. This may include negotiated supervision contact time with lecturers, minimum standards for dissertation supervisor contact at UG and PGT levels and preparing for assessment.				The cessation of the MIC-UL Joint BA programme has been a catalyst for the decision to re-conceptualise the MIC Liberal Arts degree (within the context of the Academic Plan and under the leadership of the Vice President Academic Affairs and the Dean of Arts).
18.0	That the new MIC Student Records Management System adhere to UL data standards and formats, and that transfer of data between MIC and UL systems be facilitated.	18.1 Work is well advanced on identifying the location, means of extraction and ensuring the referential integrity of all MIC student data from SITS.	In-progress	Reporting Mechanism Change	<p>Recommendation 18.0 included in the UNIT E Implementation Plan</p> <p>Recommendation 18.0 will be monitored and actioned as part of the project plan.</p> <p>Timeline: Initial transfer of students Sept. 2020. System will not be fully implemented until Sept: 2021</p>
20.0	That an annual performance management and development system be introduced, tailored to MIC requirements (which could incorporate personal research).	20.1 Incorporated in the strategic plan which will be adopted and launched by December 2018	Initiated	Reporting Mechanism Change	<p>To be incorporated into 2019-20 AOP subject to preparatory groundwork being completed by HR, Academic Affairs and Research functions - together with coordination under the College's Executive Team.</p> <p>Recommendation will be fully completed by the following means:</p>

					It is proposed to move this recommendation to the 2019-2020 AOP under the remit of the DHR (the action, drawn from the IRIP, has been placed within the MIC Strategic Plan).
21.0	That a Workload Allocation Model be introduced in order to support fairness, equity, transparency and respect for diversity of contribution and it is recommended that a communication strategy be developed to sit alongside the delivery of the model.	Negotiations on implementing a Workloads Allocation Model (WAM) are progressing with the Irish Federation of University Teachers (IFUT).	In-progress	Reporting Mechanism Change	<p>Recommendation 21.0 will be included in the ToRs for the Academic Plan Taskforce.</p> <p>That Recommendation 21.0, be considered when designing the Academic Plan for each Faculty.</p> <p>Timeline: Autumn 2019</p> <p>These actions (Academic Plan and WAM) are part of the deliverables under the new Strategic Plan and are now incorporated under the AOP 2018-19 (continuing to 2019-20 and monitored accordingly within that reporting framework).</p>
22.0	That placement risk management and crisis response protocols be developed as a matter of urgency, and that staff and students be oriented to them. In addition, the development of	This recommendation, together with similar feedback through consultation for the quality review process and formation of the Strategic Plan 2018-2023 have influenced formation of new, holistic strategies for student crisis	Initiated	Reporting Mechanism Change	The College's student support and success strategies have been incorporated into the current AOP (2019-20) and have also been integrated into the College's agreed Performance Compact with the HEA .

placement protocols is required to assure more consistent practices including: contact between advisors/tutors and students. It is then vital that all staff responsible for supporting students on placement familiarise themselves with the placement protocol and that the tutor's role in proactively maintaining contact with students is clarified.

management. Under these strategies, all student life and student welfare functions – including Placement Office protocols - will be reviewed and enhanced towards development of new SOPs, staff training and student orientation / information-sharing. The strategies referred to include:

- RAPHAEL (Rapid Response Protocol for Students at Risk of Harm or Emotional Vulnerability), a new protocol for coordinated management of student crisis events, including sudden bereavement, will be developed;
- A new holistic and tightly coordinated Student Health & Well-Being Strategy that combines development of a support framework and referrals protocol with inculcation of resilience and self-care principles will be developed;
- A fully integrated Transition Management Programme - Tús Maith - will be introduced as part

The function and organisational structure of the Placement Office is central to these composite pieces of work which will be led by the VPAA. Development of a new Academic Plan will be linked to this work. Recommendation will be fully completed by the following means: Include the development of **RAPHAEL** (Rapid Response Protocol for Students at Risk of Harm or Emotional Vulnerability) in the current AOP with VPAA as owner and DSP as lead implementation (this is derived directly from the new Strategic Plan and is monitored within the ambit of the AOP, commencing 2018-19). Reference Recommendation 22 as impetus for developing the protocol.

		of the Learner Engagement & Activation Plan.			
24.0	That policies and procedures around postgraduate research student admission and recruitment and ongoing support be developed and consistently applied across the College.	A meeting has been scheduled between Vice President Academic Affairs, Research and Graduate School in early November to progress this recommendation.	Initiated	Reporting Mechanism Change	<p>Recommendation 24.0 will be included in the ToRs for the Academic Plan Taskforce.</p> <p>The harmonization of entry/regs/supports related to postgraduate study will be a core part of the Academic Plan.</p>

Table 5: Summary of Reporting Mechanism Changes

Recommendation	Reporting Mechanism Change	Action Item	Timeline
Unit E Implementation Plan	Work Package	Work Package Action Items	
<p>4.0: With the development of a new student record system it is recommended, as an early administrative task, that legacy alumni data (where possible) is backfilled into the system.</p> <p>18.0: That the new MIC Student Records Management System adhere to UL data standards and formats, and that transfer of data between MIC and UL systems be facilitated.</p>	Work Package 17	Data Transfer from SI System <ul style="list-style-type: none"> • Current Students • Backfill of Legacy alumni data (where possible) 	Initial T/fer: Q3 2020
<p>10.0: That training be put in place for all staff on interpreting and making best use of dashboards in the new student record system and that targeted reporting from the dashboard allow easy sight of focussed key information.</p>	Work Package 18	Report Development <ul style="list-style-type: none"> • Audit of Key Reporting Requirements • Report Development using Unit E Report Generator • Staff Training on Report Generator • Dashboard Development for Key Function Areas 	Q3 2019 - Q3 2020
	MIC Annual Operating Plan		
<p>15.0: That MIC formally recognise the impact of increasing the number of SPhDs on the staff resource and confirm that this is factored into staff workloads in an equitable manner.</p>	SP Priority Objective 3.1.1:	Staff research engagement will be built into an institutional workloads allocation model	AOP 18/19 & 19/20

20.0: That an annual performance management and development system be introduced, tailored to MIC requirements (which could incorporate personal research).	SP Priority Objective 6.1.1	Provide new opportunities for career development and for incentivising, supporting and rewarding professional excellence.	AOP 18/19 & 19/20
21.0: That a Workload Allocation Model be introduced in order to support fairness, equity, transparency and respect for diversity of contribution and it is recommended that a communication strategy be developed to sit alongside the delivery of the model.	SP Priority Objective 6.1.3	Create, through openness to innovation and contemporary best practice, a positive and healthy environment for all employees of the College that fosters high quality and self-reinforcing work-life balance and engagement	AOP 18/19 & 19/20
17.0 Whilst MIC is to be commended for the availability of student handbooks it is recommended that in the Faculty of Arts a further mechanism be developed to support students to independent learning for longer and more directly provide targeted, focused and timely information. This may include negotiated supervision contact time with lecturers, minimum standards for dissertation supervisor contact at UG and PGT levels and preparing for assessment	SP Priority Objective 2.1.3	We will strengthen the teacher-scholar partnership between the College and its students by increasing commitment to shared responsibility for the quality of learning outcomes and a productive culture of learning dialogue and engagement	AOP 18/19 & 19/20
22.0 : The development of placement protocols is required to assure more consistent practices including: contact between advisors/tutors and students. It is then vital that all staff responsible for supporting students on placement	SP Priority Objective 2.1.3	We will strengthen the teacher-scholar partnership between the College and its students by increasing commitment to shared responsibility for the quality of learning outcomes and a productive culture of learning dialogue and engagement	AOP 18/19 & 19/20

familiarise themselves with the placement protocol and that the tutor's role in proactively maintaining contact with students is clarified.			
Academic Plan Taskforce			
15.0: That MIC formally recognise the impact of increasing the number of SPhDs on the staff resource and confirm that this is factored into staff workloads in an equitable manner.		Incorporate into Terms of Reference	Q4 2019
21.0: That a Workload Allocation Model be introduced in order to support fairness, equity, transparency and respect for diversity of contribution and it is recommended that a communication strategy be developed to sit alongside the delivery of the model.		Incorporate into Terms of Reference	Q4 2019
24.0: That policies and procedures around postgraduate research student admission and recruitment and ongoing support be developed and consistently applied across the College.		Incorporate into Terms of Reference	Q4 2019
BA Programme Review			
17.0: Whilst MIC is to be commended for the availability of student handbooks it is recommended that in the Faculty of Arts a further mechanism be developed to support students to independent learning for longer and more directly provide		Incorporate into Terms of Reference	Q3 2019

<p>targeted, focused and timely information. This may include negotiated supervision contact time with lecturers, minimum standards for dissertation supervisor contact at UG and PGT levels and preparing for assessment</p>			
	<p>Protocol Development : RAPHAEL (Rapid Response Protocol for Students at Risk of Harm or Emotional Vulnerability)</p>		
<p>22.0 : That placement risk management and crisis response protocols be developed as a matter of urgency, and that staff and students be oriented to them.</p>	<p>A number of protocols have been developed to assist international students on placement in Ireland. These protocols have been developed for both students and staff. These protocols fall under RAPHAEL which by its nature will evolve as the nature of risk and crisis response is ever changing.</p>		<p>Ongoing</p>

Appendix 1: Completed Recommendations AY 2017/18

	Recommendation	Action Item	Status 2018
1.0	That MIC as a matter of priority move to confirm resourcing plans outlined for the Quality Office and in so doing develop an MIC quality handbook that will be applied consistently across the institution, inclusive of the St. Patrick's Thurles campus.	1.1 Appointment of a full-time Director of Quality, Quality Assurance Manager and Institutional Data Analyst.	Complete
		1.2 Establish Quality Working Group & Terms of Reference. This working group will focus on Survey and Data Management.	Complete
		1.3 Revise existing quality policies, procedures, guidelines and forms and create overarching Quality Manual	Complete
		1.4 Draft an institution-wide Institutional Review Implementation Plan (IRIP) based on the recommendations in the QQI Institutional Review Report (IRR).	Complete
2.0	That MIC continue to take into account the challenges associated with an additional campus, particularly assuring equality of student learning experience across both sites.	<p>2.1 In the 12 months leading to the formal date of incorporation, the MIC President established an executive-level incorporation implementation group to set out a critical path based on preparations that comprised due diligence, risk management, financial and budgetary integration, governance integration, staffing, operational infrastructure, programme marketing, academic standardisation and consistency of the student experience.</p> <p>Executive Team members and additional function heads with line responsibility for these areas reported on these permanent agenda items at monthly meetings and the transition to incorporation was seamless. Following that, the incorporation group was reconstituted as a permanent standing committee re-named the "Thurles Campus Liaison Group." This group meets quarterly with the purpose of ensuring that there is continuity of</p>	Complete

		<p>operational quality campus-to-campus as well as to identify strategic opportunities for development of the provision based at Thurles. This team has liaised with the Mary Immaculate College Students' Union to ensure comparable levels of student participation obtain and that student representation at Thurles have access to similar quality of administrative facilities to those in place on the Limerick campus.</p> <p>Thurles students have the same curricular, student support, participative and awards/recognition opportunities as their peers at the Limerick campus. Through consultation with students as well as through its own analysis the College has identified the need for upgrading of field sports facilities at Thurles. This goal has been incorporated in the MIC Strategic Plan 2018-2023 and will be part of a new integrated 5 year multi-campus master plan. Implementation and progress monitoring in respect of same will occur in the form of Annual Operating Plans which will be set and evaluated by the College's Strategic Planning Group. Senior campus officers situated at the Thurles campus have representation at this forum (as well as all other College bodies including Academic Council) as does the MIC Students' Union. Progress in terms of equity in and comparability of the overall student experience from the vantage point of Thurles students are being continuously monitored in these fora.</p>	
3.0	That MIC Executive consider how it might further engage with its stakeholder community regarding the strategic plan (2017/21) via the production of a communications plan to ensure staff and student ownership and engagement with the plan.	2.1 Completed and approved with the expectation that the strategic plan will be adopted and launched by December 2018	Complete
6.0	That MIC find ways to strengthen communication and consultation practices between academic staff and senior	6.1 MIC understands that as Key Performance Indicators and determinants of best practice in governance and management, consistently high levels of information dissemination, the existence of open and fit-for-purpose	Complete

managers. It is also recommended that MIC consider the role of the Deans in this process and the associated devolution of authority and empowerment to make decisions at this level.

communications channels, and effective consultation mechanisms designed to harness the perspectives of all stakeholders require to be present as constants. Moreover, these should be the subject of continuous quality improvement through testing, periodic evaluation and reconfiguration – especially in the contemporary context of flux in information and communications technologies that has caused cycles of change management to become progressively shorter. As a consequence, attention to the effectiveness of communications and consultations procedures must be ongoing. The College’s new Strategic Plan (2018-2023) recognises this in the presence of the following goals:

- Ensure efficient, effective and transparent management and decision-making that is cohesive and connected and that locates responsibility at the most appropriate levels within the institution in accordance with the principle of subsidiarity;
- Enhance the management and effectiveness of our external and internal communications, including development of information-sharing systems and service delivery for prospective learners, current students and alumni, current and retired staff, partners, peers and the wider community
- Create a new information-sharing and digital communications infrastructure;
- Create new mechanisms for assisting sustainable and consistent information flows between decision-making bodies and with the campus community through its various fora;
- Enhance the online staff information portal through improved accessibility, promotion, and relevant training;
- Develop and adopt, in consultation with staff, a set of staff engagement indicators and form a new Employee Communications & Engagement strategy that is evaluated annually;

		<ul style="list-style-type: none"> ▪ Annual Operating Plans (AOPs) assorted and coordinated across all levels of the institution that are based on Strategic Plan, approved and monitored by appropriate bodies. ▪ Appointment of the Director of Executive Operations will lead to creation of a new communications function enhancing the flow of information and inputs to decision making and strategy of the college. <p>A number of actions under these goal headings have already taken place. These include the recent appointment of a new position titled Director of Executive Operations. The post-holder will represent the President’s Office in internal and external committees connected to the delivery of executive and governance-level operations and initiatives. In this regard the duties attached to this post include coordination of the meetings, agendas and task management of the four key College bodies that principally determine the governance and executive actions of the institution - the Board of Trustees, An tÚdarás Rialaithe / Governing Authority (and its sub-committees), An Chomhairle Acadúil / Academic Council, and Executive Team. The required flow of information to and from these bodies will be facilitated by the Director of Executive Operations.</p> <p>Additionally, the role of the Deans as interlocutors, together with other executive-level officers, will be specifically considered in the formation of actions enabling the achievement of the goals listed above.</p>	
9.0	That overarching QA policy development and implementation across the institution be required to assure consistency, transparency, and the link between assessment, policy and programme development, and resource allocation.	9.1 Director of Quality membership on College Bodies including An Chomhairle Acadúil, APAC, Audit & Risk Committee.	Complete

		9.2 Quality Assurance will be one of the cross-cutting themes of the MIC Strategic Plan.	Complete
12.0	That MIC progress plans to develop an institutional policy on assessment and feedback as a matter of urgency; this will help minimise issues with inconsistencies in quality and timing of feedback on assessment to students. In addition, MIC should monitor the performance of assessments in all programmes and modules (in addition to monitoring the performance of the students) and should include these in annual programme monitoring and in periodic programmatic review. Finally, MIC should review policy and procedures regarding oral examinations in line with international best practice.	12.1 The MIC Assessment and Feedback Policy has been approved by An tÚdarás Rialaithe. The MIC Assessment and Feedback policy specifically refers to validity, reliability and fairness in assessment in addition to responsibilities for implementation, consistency of application and monitoring.	Complete
14.0	That MIC as a matter of urgency publish its schedule of internal cyclical reviews (similar to the UL model), on a 5-year rolling basis, encompassing the review of programmes, departments, faculties and related services.	14. 1 At the Annual Dialogue Meeting (ADM) with UL in December 2017 it was noted that the UL Schedule of reviews operates on a 7 year rolling basis including the institutional review in line with statutory requirements of the Qualifications and Quality Assurance (Education and Training) Act, 2012. The MIC Schedule for Academic Quality Reviews has been aligned to a 7 year cycle and published on the MIC website.	Complete

25.0	That MIC continue to implement the new strategy developed for all support services in order to increase the visibility and overall level of use of support services amongst students.	As part of enhanced communications strand of the Student Life Strategy a Student Support infographic was developed by the Student Well-being Committee in partnership with MIC Students Union. The infographic was prepared for MIC Limerick and MIC Thurles campuses. The infographic contains details of all emergency services and is aimed primarily at new entrants and hopes to provide a quick overview of key services particularly in the critical first semester of academic year when students may on occasion be making decision around attrition or progression. The infographic is displayed in high traffic student areas across both campuses. A cross-institutional social media campaign was initiated targeting both staff and students. Increased resourcing has also been provided in chaplaincy, counselling and medical services. The impact of these initiatives will be reviewed through the work of the Survey and Data Management Working group.	Complete
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MIC Survey Working Group

Membership

- Director of Quality
- Quality Assurance Manager
- Institutional Data Analyst
- Director of Teaching and Learning
- Director of Student Life
- Senior Academic Administrator, MIC Thurles
- 3 Representatives of Faculty of Arts
- 3 Representatives of Faculty of Education
- MISU President
- MISU Vice-President

Purpose

1. To reconsider and streamline the volume of student surveys undertaken at MIC
2. Analyse and utilise student survey data to inform quality enhancement at student, staff and institutional level
3. To identify key priority areas for future development
4. To inform and make recommendations to the Quality Committee based on analysis of student survey data

1. Purpose

The purpose of this procedure is to define the processes for document control for MIC Professional Service Quality Management System (QMS) documentation.

2. Scope

This procedure applies to all MIC Professional Service staff.

3. Definitions

QMS	Quality Management System, a formalised system that documents processes, procedures, and responsibilities for service delivery.
Document Control	Processes and practices for the creation, review, modification, issuance, distribution and accessibility of documents.
Document Code	A unique identification code assigned to a document.
Version Control	Version control is a system that records changes to a document over time in order to ensure that the current version is identifiable.

4. Related Procedures and Forms

QT-009	MIC Professional Service QMS Template
QT-010	MIC Policy Template
QT-011	MIC Procedure Template
QT-012	MIC Process Flow Template

5. Responsibilities

5.1 Quality Office

- 5.1.1 The quality office will maintain a Quality Management System (QMS) site within the MIC SharePoint portal and will allocate and maintain a document library for each Professional Service within this site.
- 5.1.2 The quality office will facilitate the annual review of the Professional Services Quality Management Systems.

5.2 Professional Services

- 5.2.1 Each Professional Service will create and maintain a Quality Management System document for their service using template QT-009.
- 5.2.2 Each Professional Service will document its policies, procedures and processes using templates QT-010, QT-011 and QT-012.
- 5.2.3 Each Professional Service will upload their QMS documents to their document library within the QMS site and maintain these documents on an ongoing basis.
- 5.2.4 Each Professional Service will review its QMS on an annual basis with the assistance of the Quality Office to ensure that it remains current.

6. Procedure

6.1 QMS Site – Quality Office

- 6.1.1 The Quality Office will maintain a QMS site within the MIC SharePoint portal and will allocate and maintain a document library for each Professional Service within this site. <https://micportal.mic.ul.ie/QMS/SitePages/Home.aspx>
- 6.1.2 The Quality Office will restrict access to each document library to the staff of the Professional Service and the Quality Office.
- 6.1.3 The Quality Office will create an archive folder within each document library for the retention of obsolete versions of documents.

6.2 QMS – Professional Services

- 6.2.1 Each Professional Service will nominate one member of staff to manage their QMS document library, maintain the QMS document and liaise with the Quality Office.
- 6.2.2 Each Professional Service will create and maintain a Quality Management System document for their service using template **QT-009**. The QMS document serves as a master document for the service's QMS documentation and must be kept up to date by the service so that it reflects changes to staffing, structure, processes and procedures.
- 6.2.3 Each Professional Service will document its policies, procedures and processes using templates **QT-010**, **QT-011** and **QT-012**.
- 6.2.3 Each Professional Service will upload their QMS documents to their document library within the QMS site and maintain these documents on an ongoing basis.
- 6.2.4 Each Professional Service will review its QMS on an annual basis with the assistance of the Quality Office to ensure that it remains current.

6.3 Document Control

6.3.1 Document Code

6.3.1.1 Each QMS document in MIC must have a unique code. It is up to each service to define their own document coding system. The recommended Document Codes format is as follows:

- The first letter(s) of the Code correspond to the service that owns the document e.g. Q for Quality Office
- The final letter corresponds to the type of document it is i.e. P for process or procedure, T for template, F for form.
- The number is a sequential number.
- Quality Office procedures for example have the code QP-001, QP-002, QP-003 etc.

6.3.1.2 The Quality Office will agree document codes with each service and will maintain a master list to prevent duplication of codes.

6.3.1.3 Codes for existing document can be retained if it is a unique code and the revision number system is utilised.

6.3.1.4 The document code must be included in the footer of a policy, procedure or process document.

6.3.2 Revision Number, Change History & Archive

6.3.2.1 Each version of a document is given a unique revision number. The initial version of a document is assigned Revision 0. A Quality Office procedure would for example have the code QP-001 Revision 0.

6.3.2.2 The revision number must be included in the footer of a policy, procedure or process document.

6.3.2.3 A Change History must be maintained for each Policy & Procedure document which includes:

Revision	As per 6.2.3.1 above
Document History	"Initial Release" for Revision 0, brief description of change and reason for change in subsequent revisions.
Approved By	Name and Role of person who approved the document.
Date	Date the document was approved.

6.3.2.4 Each services' folder contains an archive folder. It is important to retain previous versions of controlled documents for reference, therefore when a document is revised the new revision is added to the services' QMS folder and the previous version is moved to the archive folder.

6.3.3 Other Documents

Other documents that are important to a Professional Service should be listed in the QMS document. These may include documents such as manuals for equipment or software, codebooks for surveys, documents from other institutions.

7. Change History

Reason for the new change and what sections of the procedure are affected. Previous revision and its document/change control number.

Revision	Document History	Approved By	Date
0	Initial Release	Emma Barry Quality Assurance Manager	27 August 2019

Name of Professional Service Quality Management System

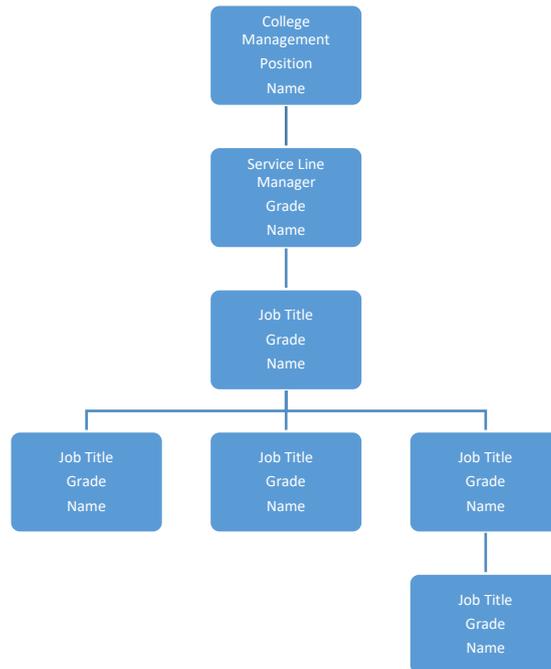


Overview

Insert a brief overview of the service.

Staff and Organisation Structure & Reporting Lines

Create an organisation chart that demonstrates how the staff are organised and how the services reports to college management and college bodies.



Representation on College Bodies (ex officio)

College Body	Staff Member

Key Functions

Add a summary of the key functions of the service – bullet points will do.

Policies

Code	Policy Title	Revision

Name of Professional Service Quality Management System



Key Processes and Procedures

List the key processes and procedures for each of the functions listed above. Each process should be documented using the [Process Flowchart Template](#). There should be a procedure document created for each key process using the [MIC Procedure Template](#).

Code	Process Title	Revision
XP-001		
XP-002		
XP-003		

Templates

List the templates that your service uses (if applicable).

Code	Template Title	Revision
XT-001		
XT-002		
XT-003		
XT-004		

Forms

List the forms that your service uses (if applicable). If the form is an online form insert the hyperlink to the form.

Code	Form Title	Revision
XF-001		
XF-002		
XF-003		
XF-004		

Other Documents

List other documents that are important to your function. These may include documents such as manuals for equipment or software, code books for surveys, documents from other institutions.

Code	Document Title	Revision
XY-001		
XY-002		
XY-003		
XY-004		

Using this Template

Text in italics is for guidance and should be removed once the document is complete.

Remember

A policy is not a procedure. Policies outlines business direction, but not the specifics of implementation. The test question to differentiate policies from procedures is:

"Will this document only need updating when the organisational structure, goals or objectives change?"

If the answer is yes, you have successfully written a policy.

1. Context

Context is typically boilerplate text that explains the nature of the organisation and its overall strategic direction.

2. Purpose

Purpose explains the business objectives of writing and enforcing this policy.

3. Benefits

Benefits outlines the benefits of realising the policy.

4. Principles

Principles provide business-level guidelines in the form of testable propositions. When a manager wants to implement a new initiative to streamline procedures, they should be able to check against each principle for a policy and quickly determine whether their new procedures are compatible.

5. Responsibilities

Responsibilities outlines who is responsible for what. Assignments should be made on the basis of function role, not by staff name.

6. Related Documents

Related documents should list all related policy documents, and any procedures or forms being used for implementation.

Using this Template

Text in italics is for guidance and should be removed once the document is complete.

1. Purpose

The reason for the procedure and the processes described within the procedure.

2. Scope

The areas or operations to which the procedure applies.

3. Definitions

Technical terms and acronyms used within the procedure.

4. Related Procedures and Forms

Other procedures referenced in the body of the procedure. Forms required for the completion of activities mentioned in the procedure.

5. Responsibilities

Areas and actions assigned to different role functions within the procedure.

5.1Area 1

5.2Area 2

5.2.1 Action A

5.2.2 Action B

6. Procedure

Key sections of the process laid out in a logical sequence, clearly and concisely identifying what actions need to be taken and by whom. All sections need a systematic numbering system. Sub-sections all of which are numbered may contain further steps, all of which are numbered.

6.1XXX

6.2XXX

6.2.1 XXX

6.2.2 XXX

7. Change History

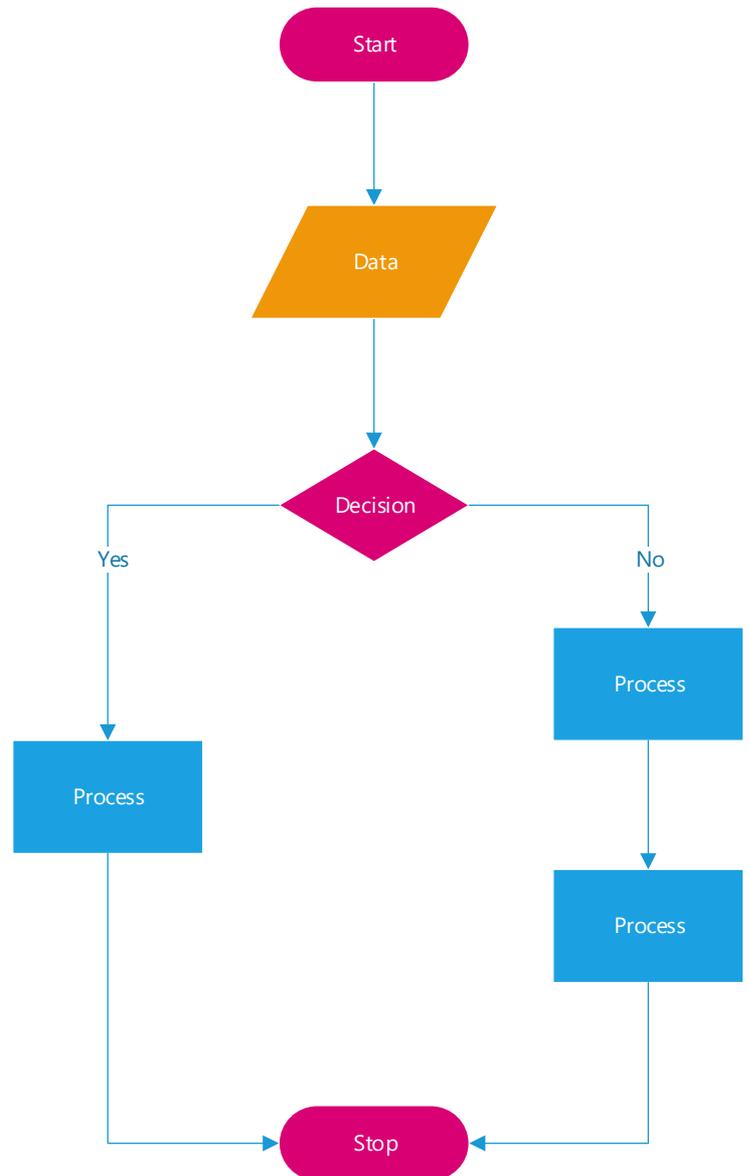
Reason for the new change and what sections of the procedure are affected. Previous revision and its document/change control number.

Revision	Document History	Approved By	Date
0	Initial Release		

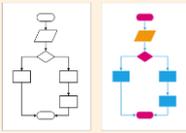
8. Appendices

Supplementary Documents supporting the understanding or application of the procedure.

Title of Process

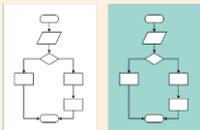


Theme



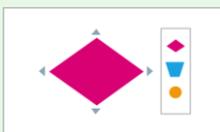
Color can add clarity and elegance. Pick a theme from the Design tab.

Background



Give your drawing a professional background. Select one on the Design tab.

Hover



Hover on a shape, then use AutoConnect arrows to connect new shapes.

Finished with these tips?

Select the Tip Pane and press Delete

Professional Services
Quality Review Schedule
2020-2025

Year	Professional Service
2020	ICT Services
	President's Office & Information Compliance
2021	Academic Learning Centre (ALC)
	Buildings & Maintenance (incl. Student Accommodation) and Health & Safety Office
	Learning Enhancement and Academic Development (LEAD) Centre
	Student Support Services (Counselling, Chaplaincy, Medical Centre, Student Support)
2022	Arts Office
	Education Office
	Thurles Campus Office
	SAA (incl. Admissions & Access Office)
2023	Corporate Communications & Marketing
	International Office
	Placement Office
2024	Human Resources Office
	Finance Office
	Oifigeach na Gaeilge
	Quality Office
2025	Library
	MISU
	Research and Graduate School Office

Each Professional Service will decide on the optimum time to begin the review process within the review year they are assigned to.

In the case of unforeseen circumstances in which a Professional Service needs to change their review slot, it will be the responsibility of the relevant Line Manager to negotiate a change of review slot with another Line Manager in order to preserve the statutory 7 year cycle for reviews.

1. Purpose

1.1 Purpose of this document

The purpose of this document is to outline the quality review process for MIC Professional Services. This document describes in detail the process for the three phases of an internal quality review:

- Self-Assessment
- Peer Review
- Quality Improvement

1.2 Purpose of the Quality Review Process

The purpose of the quality review process is:

- To provide a structured opportunity for the service 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 service's activities and processes
- To provide a framework by which the service implements quality improvements in a verifiable manner
- To provide MIC, its students, its prospective students and other stakeholders with independent evidence of the quality of the service's activities
- To ensure that all MIC professional services are evaluated in a systematic and standardised manner in accordance with good international practice and in support of the objectives of the college'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

1.3 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 and evidence-based manner. The process provides scope for recognising achievement and good practice as well as identifying potential opportunities for quality enhancement. Above all, it needs to be constructive.

2. Scope

2.1 Scope of this document

This procedure applies to the MIC Quality Office as facilitator of the quality review process and the MIC Professional Services which will engage with the quality review process as scheduled in the MIC Professional Service Quality Review Schedule, which is published on the MIC Quality Office Reviews webpage: <https://www.mic.ul.ie/about-mic/college-services/quality-office?index=3>.

2.2 Scope of the Professional Service Quality Review Process

In addition to addressing the general purpose of MIC's quality review activity, the terms of reference of the review include the following:

1. To consider and advise on the appropriateness, effectiveness and efficiency of the mission, strategy and principal activities undertaken by the service and how these support MIC's strategic direction and operations
2. To consider and advise on all aspects of the appropriateness and effectiveness of the structure, infrastructure, governance, management (including budgetary) and operation of the service
3. To consider and advise on the appropriateness and effectiveness of linkages, relationships and interactions between the service and its key stakeholders

3. Definitions and Background

3.1 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, department, service and individual (personal) level. Continual improvement is achieved by applying QA/QI on an ongoing basis.

The periodic quality review of functional areas (academic and professional service) within the college represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for professional services.

3.2 Acronyms

DoQ	Director of Quality
MISU	Mary I Students Union
PR	Peer Review
PRR	Peer Review Report
PRG	Peer Review Group
PRV	Peer Review Visit
QIP	Quality Improvement Plan
QMS	Quality Management System
QAM	Quality Assurance Manager
SA	Self-Assessment
SAR	Self-Assessment Report
SCOT	Strengths, Challenges, Opportunities, Threats
VPAF	Vice President of Administration and Finance
VPGS	Vice President of Governance and Strategy

3.3 Background

MIC's quality review process, as applied to both academic departments and professional services, was developed and continues to evolve in order to satisfy college quality policy and meet legislative QA requirements. MIC complies with the [Qualifications and Quality Assurance \(Education and Training\) Act 2012](#), which places a legal responsibility on the provider and linked provider to establish procedures in writing for quality assurance for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related 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.

4. Related Procedures and Forms

- QP-006 Peer Review Visit Preparation
- QT-004 Professional Service SAR Template
- QT-005 Professional Service PRR Template
- QT-006 Professional Service QIP Template
- QT-007 Professional Service Peer Review Visit Schedule Template

5. Responsibilities

5.1 Quality Office

It is the responsibility of the Quality Office to facilitate the quality review process as outlined in section 6 of this document.

5.2 Professional Service

The key responsibilities of the professional service under review are to:

- Engage with the self-assessment process and write the self-assessment report.
- Meet with the Peer Review Group during their visit and provide additional information requested by the group.
- Develop a Quality Improvement Plan based on the Peer Review Report and implement the action items that are actionable at the level of the Professional Service.

6. Procedure

Self-Assessment (SA)

Self-assessment is the first phase of the quality review process and takes approximately 6 months. It culminates in an analytical, evidence-based, Self-Assessment Report (SAR), which is written by the professional service using a template provided by the Quality Office, *QT-004 Professional Service SAR Template*. The SAR must be evidence-based and must include an appropriate balance of description and analysis (ideally 50/50). The SAR and its appendices are reviewed by the peer review group (PRG) in advance of the site visit and will form the basis of the PRG's assessment of the service's fitness for purpose.

The Self-Assessment Report remains confidential to the professional service, the member of senior management to whom the professional service reports, the peer reviewers and the Quality Office throughout the quality review process.

6.1.1 The Quality Assurance Manager (QAM) meets with the director /manager of the professional service 3-4 months before the quality review process is due to start. The purpose of this meeting includes:

- Overview of the quality review process
- Explore suitable dates for the events that occur during the quality review process.
- Explore a quality review timeline that takes the operational demands of the service into consideration.
- Explore a suitable date / time to meet with the service staff in advance of the commencement of quality review.

The Professional Service Quality Review Schedule is based on the calendar year so review activities will typically commence in January / February, the Peer Review Visit would typically occur in September / October and the Quality Improvement Plan would be developed by the end of the year. The timing of the phases of the quality review process may deviate from this to accommodate the operational demands placed on a service at certain times of the year.

- 6.1.2 The QAM meets with the service staff to explain the quality review process and what their role will be in the process.
- 6.1.3 The Quality Office creates a Dropbox folder for the review that will be accessible to the staff of the Quality Office and the staff of the service under review. This folder will be used by the Quality Office to disseminate guidelines, templates and institutional information and data that are required for the SAR. The service staff will use this folder to share files that are necessary for the SAR and its appendices.
- 6.1.4 The QAM and the director / manager of the professional service agree a date for a facilitated workshop that will initiate the SAR process and will be attended by the director / manager of the service and the service staff.
- 6.1.5 The Quality Office arranges the workshop including facilitator, venue, catering etc.
- 6.1.6 The Quality Office informs the campus community of upcoming Quality Reviews via email.
- 6.1.7 The facilitated workshop will cover:
- Mission and Strategy
 - Aims and Objectives
 - Stakeholders
 - SCOT Analysis – Strengths, Challenges, Opportunities and Threats
 - Delegation of SAR content and other tasks
 - Decision on the most appropriate feedback mechanism – survey, focus group etc.
 - Setting of SAR timeline including key targets and meetings
 - Supports required
- 6.1.8 If the service requires the support of a technical writer, the Quality Office will make the necessary arrangements in line with the timeline agreed at the facilitated workshop.
- 6.1.9 The Quality Office will share the workshop report via the Dropbox folder along with the list of key targets and meetings. The Quality Office will make the necessary arrangements for these meetings.
- 6.1.10 The service staff will begin to complete the SAR by inputting the relevant information in the SAR template and uploading supporting documentation to the Dropbox folder. Aspects from the workshop report, particularly the SCOT analysis will also be incorporated into the relevant sections of the SAR template.
- 6.1.11 The QAM will liaise with the director / manager of the service to develop the stakeholder feedback mechanism i.e. survey or focus group questions, format etc.
- 6.1.11.1 If the feedback mechanism is a survey, the Quality Office will design the survey and send a link to the draft survey to the service staff for review and

- feedback. Once the survey is agreed and finalised the Quality Office will administer the survey to the appropriate stakeholders, generate the survey report and share this with the service staff via the Dropbox folder.
- 6.1.11.2 If the feedback mechanism is a focus group, the Quality Office will draft the focus group questions and send them to the service staff for review and feedback. Once the questions are agreed and finalised the Quality Office will run the focus groups, generate the report and share this with the service staff via the Dropbox folder. The Quality Office will make all the focus group arrangements including recruiting participants, engaging a facilitator, recording equipment, transcription, venue, catering etc.
- 6.1.12 Following distribution of the stakeholder feedback report the QAM will meet with the service staff to review the findings, incorporate them into the relevant sections of the SAR and identify Planned Improvements and Recommendations in each section of the SAR.
- 6.1.13 Following this meeting the service staff will finalise the draft SAR and its appendices and will upload them to the shared Dropbox folder. At this stage, all service staff should be given time to review the draft SAR and its appendices for comment. To the extent that it is possible to do so, the opinions/conclusions expressed in the SAR should reflect the consensus views of the service as a whole.
- 6.1.14 If the service has opted to avail of a technical writer, the Quality Office will send the SAR and its appendices to the technical writer. The technical writer will review the draft SAR and its appendices, make the appropriate changes and suggest additions, clarifications, amendments etc. and will return the document to the Quality Office who will upload them to the shared Dropbox folder. The QAM will liaise with the service to review the suggestions made by the technical writer and implement changes where appropriate.
- 6.1.15 The Quality Office sends the SAR and its appendices to the member of senior management to whom the professional service reports seeking permission to send them to the Peer Review Group.
- 6.1.16 Once permission is granted, the Quality Office sends the SAR and its appendices to the members of the Peer Review Group (PRG). The PRG must receive the SAR at least six weeks before the Peer Review Visit.

6.2 The Peer Review Group (PRG)

6.2.1 Selection and Appointment of the Peer Review Group (PRG)

6.2.1.1 MIC takes due care to ensure that the members of the PRG are independent and impartial and, accordingly, attributes particular importance to the independence and impartial nature of the Peer Review Report. In the early stages of the SAR process, the QAM will identify potential peer reviewers through consultation with the service under review, relevant MIC staff and contacts within other institutions and organisations.

The PRG usually comprises three persons, a chairperson and two other members. For professional services that provide a service to students, one member will be a student representative. The profile of the membership is as follows:

- Chairperson: The chairperson is an external person and with knowledge of quality management systems (QMSs) generally and quality assurance processes in a higher education context. The chairperson does not need to be familiar with the work of the service being reviewed.
- One / two cognates: These persons are typically directors / managers or senior members of a similar service in another higher education institution or public or private organisation. They will have experienced similar operational issues to the service under review.
- Student representative: This person is chosen to represent the students served by the service under review. Selected based on their experience, the person can be a recently graduated alumnus (typically graduated within the last three years) or an officer of MISU.

6.2.1.2 The QAM exercises due diligence in relation to the suitability of all potential PRG members. Once they are satisfied with the calibre, impartiality and independence of the potential candidates, they will contact potential peer reviewers and peer review group chairpersons to determine their willingness and availability to be a peer reviewer / peer review group chairperson.

6.2.1.3 Once a sufficient number of available potential Peer Reviewers have been identified, the Quality Office will submit a memo to the Executive Team seeking approval of the Peer Review Group. The memo will include a list of the proposed peer reviewers and provide a brief biography for each that demonstrates their suitability to act as peer reviewers for the review.

6.2.1.4 Once the peer reviewers have been approved by Executive Team, a formal letter of appointment will be issued by the Quality Office that will confirm the dates of the review.

6.2.2 PRG Roles and Responsibilities

6.2.2.1 Roles and Responsibilities of all members of the PRG

- Read the SAR and supporting documentation prior to the site visit
- Participate in a site visit. This will require either two or three days in MIC depending on the size of the service under review.
- Write the Peer Review Report (PRR) containing both commendations and recommendations corresponding to each section of the SAR.
- Respond in a timely manner to follow-up communications after the site visit and complete and submit the PRG feedback survey.
- Make their own travel arrangements to Limerick and submit their *Expenses Claim Form* to the Quality Office in a timely manner after the review.
- Treat all documentation and knowledge shared with and by the PRG in strict confidence. Documentation received for the review must be returned at the end of the review for confidential disposal by the Quality Office.

6.2.2.2 Role the of Chairperson

The primary roles of the chairperson are:

- To manage the PRG site visit meetings and reporting process
- To ensure that the PRG review and reporting process is conducted in accordance with the MIC Professional Service Quality Review Process (this document) and that the review is independent, impartial and evidence-based
- To act as a liaison person between the PRG and the Quality Office or other stakeholders

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

- 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 PRG report.
- Facilitate the completion of commendations and recommendations for the PRG report.
- Read out in its entirety the PRG report or assign sections of the report to members of the PRG to read out at the end of the site visit.
- In the days following the visit, read and approve the PRG report.
- In the days following the visit, communicate any suggested changes in the report to the PRG (if necessary).

Peer Review (PR)

The members of the Peer Review Group (PRG) read the Self-Assessment Report and spend a number of days in the college. The review group completes a Peer Review Report (PRR) on its findings that comprises both commendations and recommendations using *QT-005 Professional Service Peer Review Report Template*. These are communicated verbally to the professional service at the end of the site visit. After the visit, the Peer Review Report is sent to the Quality Office, which forwards it to the professional service to check for factual errors. Once this is complete, the Peer Review Report is finalised. The Peer Review phase takes approximately 3 months.

- 6.3.1 Once the SAR has been sent to the PRG, the Quality Office will draft a proposed Peer Review Visit Schedule based on the SAR and *QT-007 Professional Service Peer Review Visit Schedule Template* and share this with the service staff for review and feedback. The Quality Office will then send the draft schedule to the PRG for review and feedback.
- 6.3.2 Once the Peer Review Visit Schedule is finalised the Quality Office will send invitations to relevant staff and stakeholders to meet with the PRG. The Quality office will also make all the other necessary arrangements as outlined in *QP-006 Peer Review Visit Preparation*.
- 6.3.3 The Quality Office will make the campus community aware of the peer review visit via an email to all students and staff,
- 6.3.4 The PRG will visit the college for two days and will meet with staff and stakeholders in accordance with the agreed peer review schedule.
- 6.3.5 The review group completes a Peer Review Report (PRR) on its findings, which comprises both commendations and recommendations, which are communicated verbally to the professional service at the end of the site visit. No new items may be added once the Peer Review Group has verbally communicated the Peer Review Report to the professional service.
- 6.3.6 After the visit, the Peer Review Report is sent to the Quality Office, which forwards it to the professional service staff to (i) check for factual errors and (ii) verify that the recommendations fall within the scope and purpose of the quality review process. Should issues arise as a result of the verification process, the Quality Office brings these to the attention of the Peer Review Group chair, who then works with the Peer Review Group to respond or amend the report appropriately.
- 6.3.7 The Peer Review Report is submitted to the Quality Committee and then to An tÚdarás Rialaithe (Governing Body) and permission is sought from An tÚdarás Rialaithe to make the report publicly available. Once permission is granted, the Peer Review Report is made publicly available via the MIC Quality Office website and the campus community is made aware of the publication via an email from the Quality Office.

Quality Improvement (QI)

The Quality Improvement phase comprises the following stages:

- Consideration of recommendations by the professional service and formulation of a Quality Improvement Plan (QIP)
- Identification of SMART (specific, measurable, achievable, realistic and timed) action items necessary to implement the recommendations
- Ongoing implementation of recommendations
- Interim progress report to Quality Committee

The development of the QIP takes approximately 3 months.

- 6.1.1 The QAM populates the Quality Improvement Plan template (*QT-006*) with the Peer Review Report recommendations and shares this with the service staff via the Dropbox folder.
- 6.1.2 The QAM meets with the service staff to develop the Quality Improvement Plan (QIP). The first step in the development of the Quality Improvement Plan is the categorisation of the Action Items based on the level at which action is required (e.g. service under review, other Professional Service, College Body e.g. Executive Team, An Chomhairle Acadúil.). The department then completes the QIP for Action Items categorised at the level of their service by identifying the necessary actions / sub-actions, allocating these actions and setting appropriate target dates.
- 6.1.3 The Quality Office organises a meeting between the director / manager of the service, Quality Office and the member of senior management to whom the professional service reports to discuss the QIP, in particular in relation to recommendations which fall outside of the department's remit, prior to submission of the QIP to ET for finalising.
- 6.1.4 The QIP is then submitted to the Executive Team. The Executive Team review the QIP, finalise any remaining action items by identifying the necessary actions / sub-actions, allocating these actions and setting appropriate target dates and approve the Quality Improvement Plan.
- 6.1.5 The Quality Improvement Plan is submitted to the Quality Committee for noting. The Quality Committee reports the submission of the QIP in its quarterly report to An tÚdarás Rialaithe.
- 6.1.6 The Quality Office will contact the director / manager of the service in advance of each Quality Committee meeting asking them to provide an updated version of the QIP for submission to the Quality Committee.
- 6.1.7 A meeting will take place between the director / manager of the service and the QAM 18 months after the development of the QIP with the express intention of closing out the Quality Improvement Plan. The director / manager of the service will prepare a Follow-up Summary report detailing the status of each recommendation and submit this to the Quality Office. The director / manager of the service will attend the next Quality Committee meeting to discuss the Follow-up report with the Committee. The Quality Committee must satisfy itself that the Department has implemented the QIP to the best of its ability. The Quality Committee once satisfied will sign-off on the completed QIP.
- 6.1.8 The QAM must satisfy him/herself that the department 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 department 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.

6.1.9 Although not an anticipated occurrence, if the QAM forms an evidence-based opinion that the department fails to satisfy the above obligations, s/he must discuss this with the VPGS. In consultation with the VPGS and at their joint discretion, the following actions may be considered:

- A formal 'note of concern' is forwarded by the QAM to the director / manager of the service and copied to the member of senior management to whom the professional service reports.
- A formal 'note of concern' is forwarded by the QAM to the director / manager of the service and copied to the member of senior management to whom the professional service reports, and the head of department is invited to the next meeting of Quality Committee to discuss the concerns.
- Referral to Executive Team for appropriate action.

7. Change History

The MIC Professional Service Quality Review Process is approved by the Quality Committee. This document is maintained by the Quality Office, and periodic minor updates are approved by the Quality Assurance Manager. Updates that reflect major changes to the quality review process require approval by the Quality Committee. The most up-to-date version of this document can be downloaded from the Quality Office website.

Revision	Document History	Approved By	Date
0	Initial Release	Quality Committee	01 st October 2019



Self-Assessment Report

Professional Service

Month, Year

Instructions

The purpose of this template is to provide guidance on the content of a Self-Assessment Report (SAR) for a Professional Service Quality Review.

Instructions: Remove this instructions page before finalising this document.

Cover Page: Document the following on the first (cover) page:

- The Name of the Professional Service(s)
- The month and year that the SAR is finalised.

Header/Footer: Update the footer with the Professional Service Name.

Table of Contents: Remember to update the Table of Contents (TOC) section. To update the TOC: Put cursor on TOC table and right click on the mouse, choose *Update Field* – choose *Update entire table*.

Template Sections: The document template consists of recommended headings and content guidance for each section. The content guidance should remain in the document to aid the Professional Service whilst compiling the Self-Assessment Report and then removed prior to finalising the Self-Assessment Report.

Text in *red italics* indicates that information needs to be inputted in its place e.g. the Professional Service name. The formatting of this text should be changed to that of the remainder of the paragraph prior to finalising the Self-Assessment Report.

Self-Assessment Report: The report should be short (30 - 50 pages) and should focus on the performance of the Professional Service. It should be supported by numbered appendices which will be provided to the Peer Review Group electronically along with the Self-Assessment Report. The purpose of an Appendix is for adding detailed or supplemental information that would otherwise interrupt the flow of the document.

The SAR is sent by the Quality Office to the Peer Reviewers 6 weeks before the Peer Review Group Visit.

Table of Contents

List of Appendices	4
List of Figures	4
List of Tables	4
Foreword.....	5
1.0 Introduction	6
1.1. Mary Immaculate College	6
1.2 MIC Mission.....	6
1.3 MIC Strategic Plan	6
1.4 Quality at MIC.....	6
2.0 Structure, Governance & Mission.....	8
2.1 Overview	8
2.2 Users / Stakeholders	8
2.3 Service Structure and Governance.....	8
2.4 Mission	8
2.5 Aims and Objectives.....	9
2.7 Planned Improvements	9
3.0 Professional Service Name Key Functions	10
3.1 Function 1.....	10
3.X Planned Improvements	10
4.0 Environment and Facilities.....	11
4.1 Service Facilities	11
4.2 Equipment & Systems	11
4.3 Staff Facilities	11
4.4 Opening Hours.....	11
4.5 Planned Improvements	11
5.0 Organisation and Management.....	12
5.1 Communication	12
5.2 Planning.....	12
5.3 Committees	13
5.4 Risk Assessment and Management	13
5.5 Records Maintenance and Retention	13
5.6 Quality Management System.....	13
5.7 Staff	14
5.8 Planned Improvements & Recommendations.....	14

List of Appendices

Insert list of appendices here.

List of Figures

Insert list of figures here.

List of Tables

Insert list of tables here.

Foreword

Insert a brief introduction (no more than one page) to the report here. Although this section is located at the beginning of the document it is usually written at the end when the rest of the document is complete.

1.0 Introduction

The text for all of section 1 will be provided by MIC Quality Office

The purpose of this section is to introduce the peer review group to MIC and will contain general information on MIC for context. It will also provide information on Quality at MIC and the steps taken in the Self-Assessment process.

1.1. Mary Immaculate College

General information about MIC including history and development of the college, organisational structure and key facts and figures.

1.2 MIC Mission

MIC Mission Statement

1.3 MIC Strategic Plan

An introduction to key institutional strategies and link to the current MIC Strategic Plan.

1.4 Quality at MIC

Overview of Quality at MIC including:

- The governance and management of quality at MIC
- The Quality Office
- The Quality Review process

1.4.1 Self-Assessment Process

Give a description of the self-assessment activities undertaken. Include a list of activities carried out by the Professional Service such as Surveys, Focus Groups, SCOT Analysis, Benchmarking etc. using the table template below

A range of methods may be used to gain feedback from users / stakeholders. Where large numbers of users are involved surveys may be appropriate. With smaller numbers other techniques such as interviews or focus groups may be more appropriate.

Step	Date	Purpose
Initial Meeting		Meeting between Quality Assurance Manager (QAM) and Head of Service.
Briefing Meeting		Briefing meeting between QAM and the members of the Professional Service under review.
Facilitated Workshop		Mission and Strategy Aims and Objectives Stakeholders SCOT Analysis – Strengths, Challenges, Opportunities and Threats Delegation of SAR content and other tasks Decision on the most appropriate feedback mechanism – survey, focus group etc. Setting of SAR timeline including key targets and meetings Supports required
Feedback Planning Meeting		Meeting re arrangements for stakeholder feedback.
Feedback		Gather stakeholders’ opinions on all aspects of the service with a view to resource allocation & future planning. Who was surveyed / interviewed, what was the response rate? Provide a copy of the survey / interview questions and resultant reports as appendices to the report.
Benchmarking		Benchmark service against appropriate service based on defined indicators. Provide a report which includes a rationale for your choice of benchmark service / institution the indicators examined and the outcome as an appendix to your report.
Feedback / Benchmarking Review Meeting		Review feedback and benchmarking and add it to relevant sections of SAR. Generate planned improvements based on feedback.
SAR Meeting		Workshop to review the SAR prior to sending to technical writer.

Table 1: Steps in the *Professional Service Name* Self-Assessment Process

2.0 Structure, Governance & Mission

2.1 Overview

Provide a brief overview of the service – this can be extracted from the service QMS document.

2.2 Users / Stakeholders

Identify key service users and stakeholders, the individuals, departments, services and organisations to whom the Professional Service provides a service. This may consist of a wide range of clients, both within the institution and external to it? Briefly describe the nature of the relationship. *This will be explored in the workshop.*

2.3 Service Structure and Governance

- Insert an organization chart(s) depicting the structure of the service, how it reports to senior management and how it interacts with the governance of the college.
- Insert descriptive text to provide further explanation where necessary.
- Provide information on relevant developments in recent years.
- **Consider the effectiveness of the current organisational structure and reporting lines. Does it support your mission, aims and objectives?**

2.3.1 Staff Profile

- Provide details of service staff as an appendix which includes the following information:
- Grade;
- whether the staff member is permanent or temporary;
- whether the staff member is full-time or part-time;
- the number of years the staff member has worked in the service and / or MIC;
- contract length (for staff members with temporary contracts);
- gender balance across all grades of staff;
- Consider whether your staff profile is appropriate for your service.
- Are there any potential difficulties related to succession planning, contingency planning or gender balance that need to be addressed?

2.4 Mission

What is the mission of the service?

This will be explored in the workshop.

- How does your mission align with and support the MIC Mission Statement and Strategic Plan?

2.5 Aims and Objectives

What are the aims and objectives of the service?

This will be explored in the workshop.

- What are the aims and objectives of the service? How are they determined?
- How do the aims and objectives relate to the MIC Mission Statement and Strategic Plan?
- How well do the aims and objectives reflect the needs of your stakeholders and service users?
- What provisions exist for the long-range planning and development of your service?
- What factors have influenced the implementation of your aims and objectives over the past three years?
- How do you know that the implementation of your aims and objectives has been successful? What measures, either qualitative or quantitative, support / provide evidence of success?

2.7 Planned Improvements

Summarise improvements to be implemented based on analysis of feedback from stakeholders.

-

3.0 Professional Service Name Key Functions

Provide a summary of the key functions of the service (as per service QMS).

3.1 Function 1

The sections to follow give a breakdown of each of the functions listed above. Feedback from SCOT analysis / surveys / interviews / focus groups and benchmarking relevant to each function should be included in the section related to that function.

When completing the sections consider:

- The extent to which these functions reflect the mission, aims and objectives of the service?
- Whether some functions have primacy over others?
- Is this function shared or partially dependent on another service or department? For shared / dependent functions, are ownership and responsibilities clear?
- What users / stakeholders are served by the functions provided?
- What approaches are used to measure the quality and impact of your activities?

When completing this section remember the four self-assessment questions:

- **What do you do?**
- **How do you do it?** (Reference relevant supporting policies and procedures and include them as appendices.
- **How do you know it works?** What are the Key Performance Indicators for this function? Are you meeting these (information from SCOT analysis / surveys / interviews / focus groups or other measures)?
- **How do you change in order to improve?** (Implemented or Planned Improvements)
- Repeat until all key functions are documented.

3.X Planned Improvements

Summarise improvements to be implemented based on analysis of feedback from stakeholders.

-

4.0 Environment and Facilities

4.1 Service Facilities

Provide details of the service's current facilities including offices, dedicated rooms, location etc., Include maps and drawings as appendices to illustrate location, layout etc.

Was there any feedback about the facilities from stakeholders?

4.2 Equipment & Systems

Give a description of the key equipment and systems used by staff. This may include information systems, software packages and any other relevant equipment.

Was there any feedback about equipment from stakeholders?

4.3 Staff Facilities

Give a description of the staff facilities both in general e.g. staff room and facilities specific to service staff if applicable. Include maps and drawings as appendices to illustrate location, layout etc.

Was there any feedback about the facilities from stakeholders?

4.4 Opening Hours

Describe the service opening hours and provide any feedback from stakeholders regarding the opening hours.

4.5 Planned Improvements

Summarise improvements to be implemented based on analysis of feedback from stakeholders.

-

5.0 Organisation and Management

5.1 Communication

5.1.1 Staff Communication

Describe the communication mechanisms within the service. When completing this section consider:

- How often does the service hold regular staff meetings and who attends? Do staff have the opportunity to set Agenda items? How are decisions reached? Is there a formal minute record and is there an opportunity for staff to review and agree the minutes?
- How does the service ensure that significant information coming to the service from outside is brought to the attention of all relevant staff members.
- How does the service ensure that staff are made aware of the service's functions, objectives and procedures?
- How are staff kept informed of decisions that affect the work of the service?
- Do you consider there to be effective communication among staff? How do you ensure that there is effective communication?

5.1.2 Communication with Users / Stakeholders

Describe the communication mechanisms with service users / stakeholders. When completing this section consider:

- How does the service make information about its key activities publically available (website & other methods)?
- How do manage communication with your users?
- How are users kept informed of relevant decisions?
- How does the service ensure that user groups understand the service they can expect to receive?
- How does the service ensure that your guidelines / handbooks are useful and relevant to your users? Have users been asked to evaluate their usefulness? What changes have been / will be implemented based on the feedback?
- Based on surveys / focus groups / interviews / benchmarking, what improvements could be made to your current methods of communication?

5.2 Planning

5.2.1 Annual Operating Plan

Provide details of the process for the development of annual operating plans. Who is involved in its development? How does it align with and support the MIC Strategic Plan? Provide a copy of the current AOP as an appendix.

5.2.3 Service Planning

Describe how the service plans its activities (daily, weekly, monthly, and annually) both formally

and informally. How are tasks delegated and responsibilities assigned? How are decisions made?

5.2.4 Financial Planning and Management

- How is the service funded?
- How is money allocated to the service in MIC?
- Provide details of the budget allocation process in MIC.
- How does the service develop its budget each year?
- How does the service monitor its budget to ensure transparency, accountability and best practice?
- If the service manages expenditure from a number of budgets (either budgets within the service or budgets outside of the service e.g. academic departments), how is this managed?
- Reference relevant Finance policies and procedures where applicable.

5.3 Committees

Provide a list of committees, within the service, within MIC and outside MIC that service staff are members ex officio. Provide information on their role in the committee, the terms of reference of the committee (link / appendix) and meeting frequency.

5.4 Risk Assessment and Management

How does the service identify and manage risk? How are risks evaluated, documented, mitigated, managed and monitored?

5.5 Records Maintenance and Retention

How does the service manage and retain data? How does the service ensure that it is compliant with GDPR?

5.6 Quality Management System

Provide a description of the service Quality Management System (provided by the Quality Office).

- When did the service develop its QMS?
- Who manages it?
- How are staff informed of changes to procedures?
- Will any changes be made to the QMS following the self-assessment process?
- How will the service ensure enhancement of quality on an on-going basis?
- How will you communicate changes made based on feedback to stakeholders (closing the feedback loop)?
- The service QMS document should be included as an appendix.

5.7 Staff

5.7.1 Staff Recruitment

- Describe the processes for staff recruitment.
- Are current staff consulted on upcoming appointments?

5.7.2 Staff Development

Consider the following questions when completing this section:

- What processes are in place to support staff induction within the service?
- How are staff training needs identified in relation to service needs and institutional requirements?
- What are the staff development requirements related to the achievement of the aims and objectives of the service?
- How does the service ensure that staff participate in training programmes?
- What barriers might exist to ensuring staff have the opportunity to take part in training and development courses? What has your service done to identify and eliminate potential barriers?
- Does your service have a policy of encouraging staff to gain further qualifications?
- How do staff keep up to date as regards the advent of new legislation?
- How do staff ensure that the implications of new legislation are translated into the operating environment?
- What improvements would service staff like to see in relation to training and development?
- How does the service ensure that staff are aware of required College policies and procedures such as Health & Safety, Equality & Diversity, Dignity & Respect and familiar with college-wide development initiatives such as Athena Swan?

Details of staff participation in developmental activities should be provided. These activities might include induction, conferences, workshops, exchange visits and in service training. An indication should be given of the role these activities play in the attainment of aims and objectives of the service.

5.7.3 Staff Appraisal

Provide information on the methods of staff appraisal, both formal and informal.

5.8 Planned Improvements

Summarise improvements to be implemented based on analysis of feedback from stakeholders.



Peer Review Report

Professional Service

Month, Year

Contents

Introduction	2
Peer Review Group Observations	3
Section 2: Structure Governance and Mission	4
Section 3: Professional Service Key Functions.....	5
Section 4: Environment and Facilities.....	6
Section 5: Organisation and Management	7

Introduction

The Introduction will be completed by the Quality Office and will contain the following sections:

1. Background (to MIC's quality review process)
2. The Professional Service (a brief description of the service)

Peer Review Group Observations

This section is completed by the Peer Review Group.

This section is typically one or two pages in length and provides the Peer Review Group with an opportunity to report upon:

1. The extent to which the service engaged enthusiastically, honestly and effectively in the self-evaluation exercise
2. The Service's openness during the visit
3. The quality of the self-assessment report (SAR)
4. Stakeholder feedback relating to the Service and the extent to which the Service is fulfilling stakeholder needs

Structure, Governance and Mission

Commendations

Recommendations(Please include a brief justification for the Recommendation)

Key Functions

Commendations

Recommendations (Please include a brief justification for the Recommendation)

Environment and Facilities

Commendations

Recommendations (Please include a brief justification for the Recommendation)

Organisation and Management

Commendations

Recommendations (Please include a brief justification for the Recommendation)



Mary Immaculate College
Peer Review Schedule
 <<Name of Service Here>>

Day 1 Monday <<Insert Date Here>>			
Time	Parties	Agenda	Location
19h00	Peer Review Group (PRG), Quality Assurance Manager (QAM)	Informal Introductory Meeting	<<Hotel>>
19h30	Peer Review Group (PRG)	Dinner	<<Hotel>>

Day 2 Tuesday <<Insert Date Here>>			
Time	Parties	Agenda	Location
09h00 - 09h15	PRG, QAM	Welcome & Briefing	<<Room in MIC>>
09h15 - 09h30	PRG, QAM, VPGS, SM	Welcome by VPGS and senior manager to whom the service reports	<<Room in MIC>>
09h30 - 10h15	PRG	Private meeting of the PRG Review of Preparatory Findings	<<Room in MIC>>
10h15 - 10h45	PRG, Service Staff	Introductions and welcomes Brief overview of Service	<<Room in MIC>>
10h45 - 11h00	PRG, Service Staff	Tea / Coffee Break	<<Room in MIC>>
11h00 - 12h00	PRG, Service Staff	Structure, Governance and Mission	<<Room in MIC>>
12h00 - 13h00	PRG, Service Staff	Environment and Facilities incorporating tour of facilities	<<Room in MIC>>
13h00 - 14h00	PRG	Lunch	<<Room in MIC>>
14h00 - 14h30	PRG	Review Session	<<Room in MIC>>
14h30 - 15h30	PRG	Session - Key Functions	<<Room in MIC>>
15h30 - 16h00	PRG	Tea / Coffee Break	<<Room in MIC>>
16h00 - 17h00	PRG	Review Session	<<Room in MIC>>



Mary Immaculate College
Peer Review Schedule
 <<Name of Service Here>>

Day 3 Wednesday <<Insert Date Here>>			
Time	Parties	Agenda	Location
09h00 - 09h30	PRG	Private meeting of the PRG	<<Room in MIC>>
09h30 - 10h30	PRG, Stakeholder Group 1	Session 1 with representatives of key stakeholders	<<Room in MIC>>
10h45 - 11h00	PRG	Tea / Coffee Break	<<Room in MIC>>
11h00 - 11h30	PRG	Review Session	<<Room in MIC>>
11h30 - 12h30	PRG, Stakeholder Group 2	Session 2 with representatives of key stakeholders	<<Room in MIC>>
12h30 - 13h00	PRG	Review Session	<<Room in MIC>>
13h00 - 14h00	PRG	Lunch	<<Room in MIC>>
14h00 - 15h00	PRG, Service Staff	Organisation and Management	<<Room in MIC>>
15h00 - 15h30	PRG	Review Session	<<Room in MIC>>
15h30 - 16h30	PRG, SM	Session with member of college senior management to whom the service reports	<<Room in MIC>>
16h00 - 16h30	PRG	Review Session	<<Room in MIC>>
16h30 - 17h00	PRG, Service Staff	Closing session service staff	<<Room in MIC>>

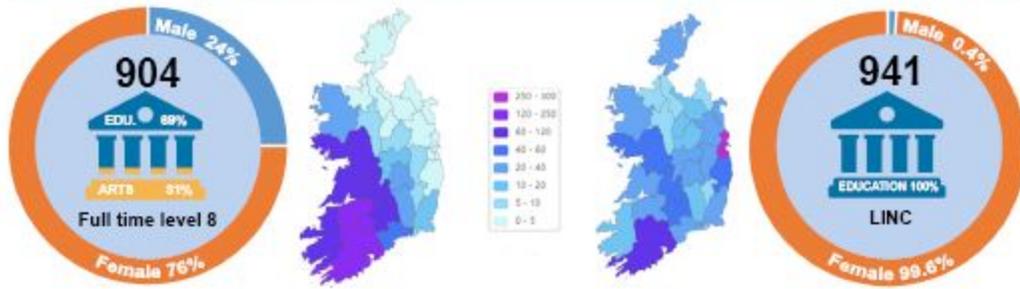
Day 4 Thursday <<Insert Date Here>>			
Time	Parties	Agenda	Location
09h00 - 10h45	PRG	Drafting Report	<<Room in MIC>>
10h45 - 11h00	PRG	Tea / Coffee Break	<<Room in MIC>>
11h00 - 13h00	PRG	Finalising Report	<<Room in MIC>>
13h00 - 14h00	PRG	Working Lunch - Proofreading	<<Room in MIC>>
14h00 - 15h00	PRG, Service Staff, VPGS, SM	Verbal Feedback of Peer Review Report	<<Room in MIC>>
15h00 - 15h30	PRG, Service Staff, VPGS, SM	Tea / Coffee following feedback	<<Room in MIC>>

PRG	Peer Review Group	
QAM	Quality Assurance Manager	
SM	Member of College Senior M	
VPGS	Vice President of Governanc	

Mary Immaculate College Key Facts and Figures 2018/19

UNDERGRADUATE NEW ENTRANTS 2018/2019

1845



18% of students are from Limerick
No change in male female ratio from 2017/18
40% of Level 8 New entrants are receiving student support

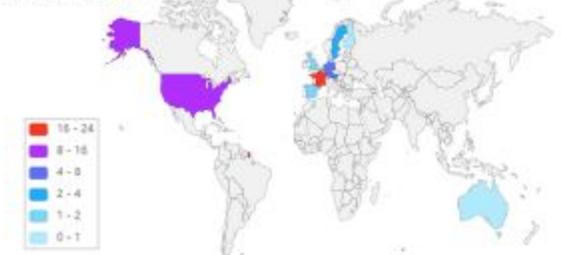
INCOMING INTERNATIONAL STUDENTS TO MIC

80

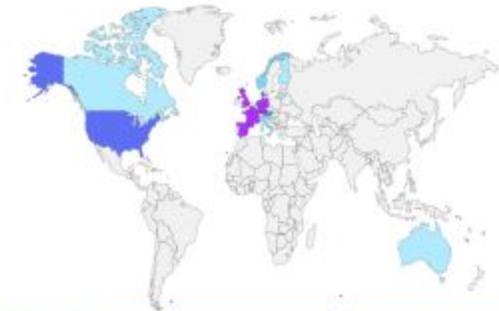


STUDENT ORIGIN & DESTINATION

INCOMING STUDENTS

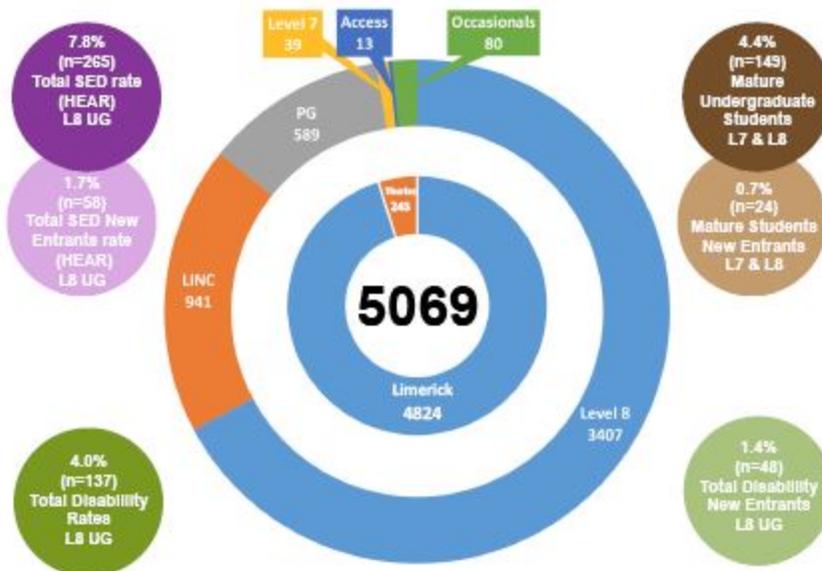


OUTGOING STUDENTS



TOTAL STUDENTS ENROLLED 2018/2019

5069



OUTGOING MIC STUDENTS

84



OTHER SHORT TERM INTERNATIONAL VISITS 2018/2019

660



*In total, the time spent at MIC is equivalent to 170 students attending for a full semester
**This data was not included in the HEA reports

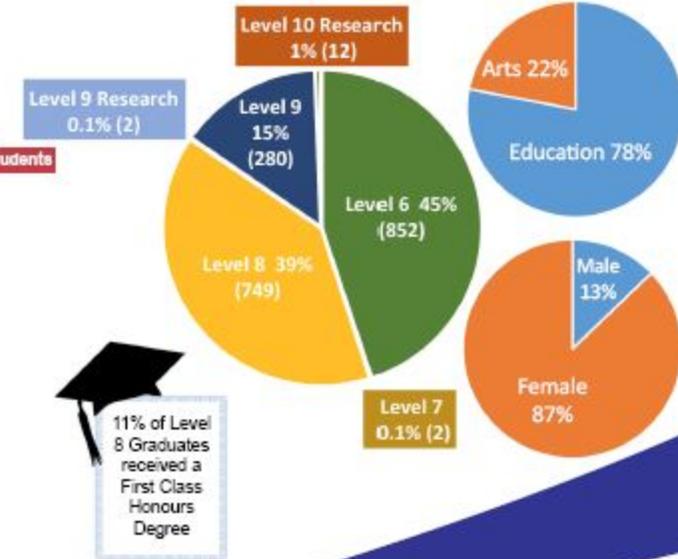
STAFFING 2018/2019

352.98



GRADUATES 2018

1897



Percentage and Number of Male and Female Students enrolled in each Full-Time Undergraduate Programme

Programme	Male (%)	Female (%)
Total	23%	77%
Bachelor of Education	22%	78%
Bachelor of Education in Education and Psychology	20%	80%
Bachelor of Arts in Education (Irish and Religious Studies)	18%	82%
Bachelor of Arts in Education (Irish and Business Studies)	30%	70%
Bachelor of Arts in Education (Business Studies and Religious Studies)	22%	78%
Bachelor of Arts in Education (Business Studies and Accounting)	36%	64%
Joint Bachelor of Arts in Early Childhood Practice (Level 7) - MIC-Tralee IT	0%	100%
Bachelor of Arts in Early Childhood Care and Education	1%	99%
Bachelor of Arts in Contemporary and Applied Theatre Studies	35%	65%
Bachelor of Arts	30%	70%



Trustees (all meetings start at 3.30pm)

Semester I	Semester II
Tuesday 29 October 2019	Tuesday 25 February 2020
Tuesday 17 December 2019	Tuesday 28 April 2020
	Wednesday 17 June 2020

An tÚdarás Rialaithe (all meetings start at 10.30am)

Semester I	Semester II
Wednesday 18 September 2019	Wednesday 29 January 2020
Wednesday 27 November 2019	Wednesday 1 April 2020
	Wednesday 17 June 2020

An Chomhairle Acadúil (all meetings start at 2.00pm)

Semester I	Semester II
	Wednesday 22 January 2020
Wednesday 11 September 2019	Wednesday 11 March 2020
Wednesday 6 November 2019	Friday 5 June 2020

Audit & Risk Committee (all meetings start at 11.30am) – President's Office

Semester I	Semester II
Tuesday 10 September 2019	Tuesday 21 January 2020
Tuesday 12 November 2019	Tuesday 10 March 2020
	Wednesday 27 May 2020 (joint meeting with FRC)

Finance & Resource Committee (all meetings start at 8.30am) – President's Office

Semester I	Semester II
Monday 7 October 2019	Monday 10 February 2020
Monday 9 December 2019	Friday 13 March 2020 (budget)
	Monday 27 April 2020 (to be confirmed)
	Wednesday 27 May 2020 (joint meeting with ARC)

Equality Committee (all meetings start at 11.30am) – President's Office

Semester I	Semester II
Friday 11 October 2019	Thursday 27 February 2020
Thursday 5 December 2019	Thursday 7 May 2020

Quality Committee (all meetings start at 2.30pm) –G-08

Semester I	Semester II
Tuesday 1 October 2019 (2.30pm)	Tuesday 25 February 2020 (11.00 pm)
Tuesday 3 December 2019 (2.30 pm)	Tuesday 21 April 2020 (2.30 pm)

Overarching Faculty Review

Summary Report

Date: 8th October 2019

Contents

1. Rationale for the Overarching Faculty Review	3
Objective of the Review:	3
2. Methodology	3
Primary Sources of Data	3
Secondary Sources of Data	3
The Review process	4
3. Standard Operating Procedure for External Examiner Process	5
4. Quality Improvement Plan	6
Module / Course Information	6
External Examiner Process	7
External Examiner Reporting.....	8

1. Rationale for the Overarching Faculty Review

The purpose of this overarching faculty review is to fulfil recommendation 16 of the Institutional Review Report 2017 which states that:

“greater clarity and transparency on access to and dissemination of External Examiner (EE) reports to staff and course teams and a clear sight of when and how the reports are responded to - including who the responsible actors are at department, faculty and institutional levels. EE reports should also be available to relevant stakeholders including students”

The review takes into account the assessment lifecycle which begins formally in Week 1 with the distribution of module outlines to the students and culminates with the Faculty/Departmental review of the External Examiner report and recommendations.

Objective of the Review:

- To conduct a review of the application of the Marks and Standards set out in Chapter 2 of the UL Handbook of Academic Regulations and Procedures through Self-Assessment and Peer Review;
- To develop a Quality Improvement Plan in conjunction with the Review Team with specific, measurable, agreed, and time-based action items with a view to establishing best practice;
- To identify benchmarks and agreed baselines that will inform indicator selection in respect of department-level quality reviews.

2. Methodology

This overarching faculty review is discrete in nature and focussed solely on the application of the Marks and Standards as set out in the [University of Limerick \(UL\) Handbook of Academic Regulations](#) in compliance with Quality and Qualifications Ireland (QQI) [Effective Practice Guidelines for External Examining \(2015\)](#).

Data for the review consisted of:

Primary Sources of Data

1. Academic Benchmark Survey – issued to all Heads of Department.
2. Discussions with Faculty Office Managers.
3. Facilitated discussion with Internal Review Team (Deans, Assistant Deans, Heads of Department, SAA Manager, Faculty Office Managers)

Secondary Sources of Data

Review of Faculty and Departmental Documentation in relation to the Marks and Standards.

Documentation included:

- a. [UL External Examiner Policy \(Taught Programmes\)](#)
- b. Policies, Procedures, templates in relation to Assessment & Grading
- c. Student Handbooks (College, Faculty, Department Level)
- d. Staff Handbook (Faculty of Education)

The Review process

Stage 1a - Quality Office

1. Define Terms of Reference and circulate to Deans/Assistant Deans for feedback.
2. Submit for approval to An Chomhairle Acadúil.
3. Publish approved Terms of Reference on Quality SharePoint portal.
4. Submit Terms of Reference to Quality Committee for noting.
5. Generate a list of indicators based on Chapter 2 of the UL Handbook of Academic Regulations and Procedures in a grid format.
6. Develop a draft survey and make available to Deans for comment.
- 7b. Make approved survey available to Deans / Assistant Deans via link to SharePoint portal.

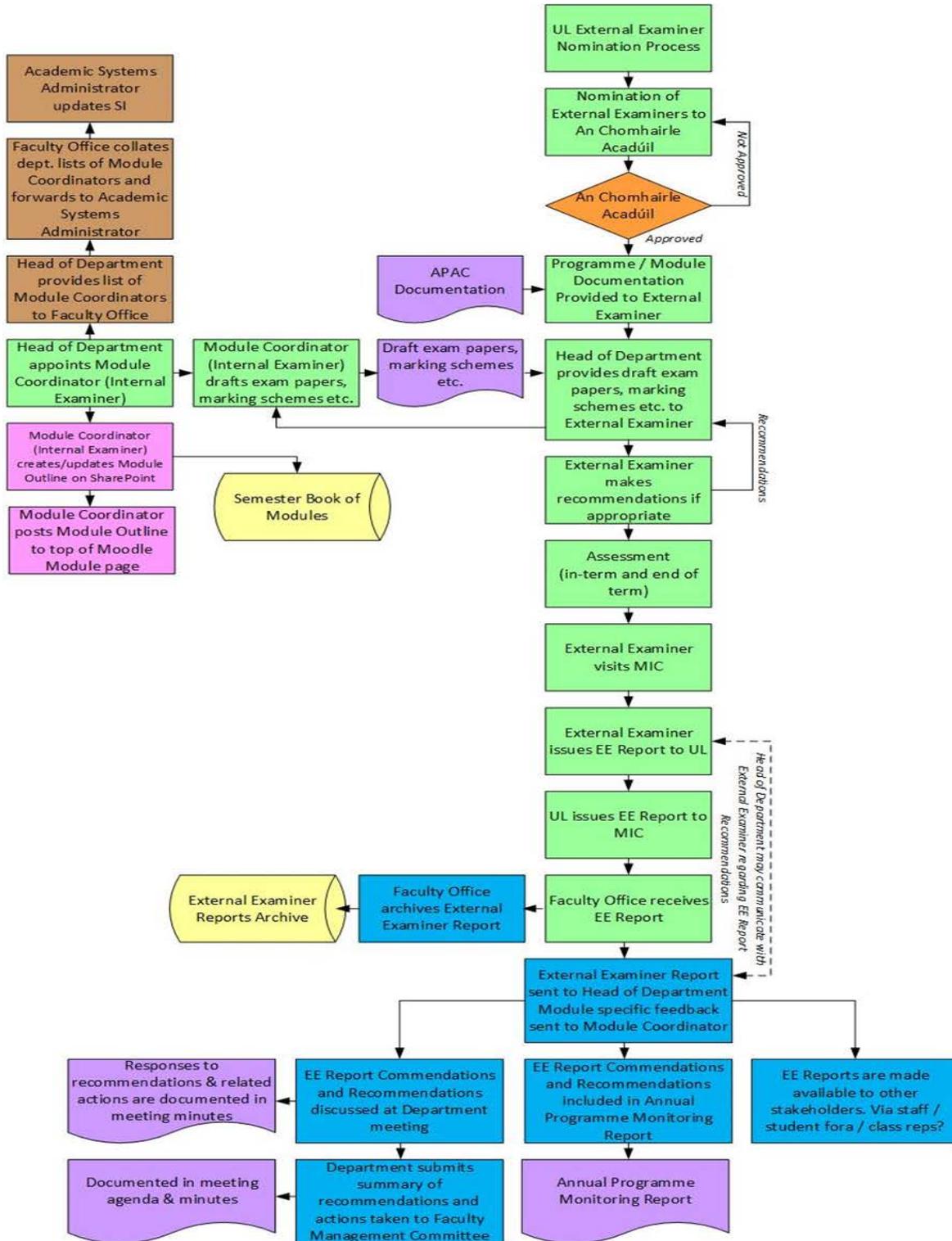
Stage 1b – Faculties, Faculty Offices, Exams Office

7. Deans / Assistant Deans circulate link to Heads of Department and Faculty Office Managers for review with the instruction to update to reflect current practices.

Stage 1c - Quality Office

8. Once the grid has been completed by all parties the Quality Office conducts a comparison of the Marks and Standards and current practice and generates a Self-Assessment Report (SAR), which is disseminated to the review team via the portal.
9. The Quality Office convenes a facilitated review of the results with the Review Team. The objective will be for the Review Team to identify and agree specific, measurable, and time-based action items that will ensure best practice. These action items will be recorded in a Standard Operating Procedure (SOP) and Quality Improvement Plan (QIP).

3. Standard Operating Procedure for External Examiner Process



4. Quality Improvement Plan

The examination of current practices and subsequent analysis indicates that there are varying practices within each faculty in relation to the External Examiner process. It is important that these processes are recorded and where possible a level of consistency is maintained across Faculties/Departments in order to improve the student experience but also to provide clarity, particularly for new staff on their roles and responsibilities in relation to assessment, grading and the External Examiner process. Set out below are a summary of the proposed action items drawn from the analysis in each section.

Module / Course Information	
1. That a standardised module outline template be used by all departments to communicate module information to students.	5.1 Academic Regulations Section 1.4.3
2. That the module outline be included in the top section of the Moodle Module page.	5.1 Academic Regulations Section 1.4.3
3. That the top section of each Moodle Module page be set out in a consistent manner.	5.1 Academic Regulations Section 1.4.3
4. As part of the Moodle Module/Course creation request process (implemented by Blended Learning Unit), staff will be sent a copy of the template for the layout of the top section of the Moodle screen. It may be possible at some point to have this template built into Moodle.	5.1 Academic Regulations Section 1.4.3
5. That a copy of the completed module outlines be inputted to SharePoint so that a book of modules might be maintained based on these.	5.1 Academic Regulations Section 1.4.3
6. Current Faculty/Departmental Handbooks be held on a Moodle Programme Page. Each student should have access to this page for the duration of their course of study.	5.1 Academic Regulations Section 1.4.3
7. The module coordinator be identified on the staff information section of the Moodle module page.	5.2 Marks and Standards Sections 2.2.1 & 2.2.2
8. That each Head of Department forward the list of Module Coordinators to the relevant Faculty Office as soon as is practicable but no later than end of Week 2.	5.2 Marks and Standards Sections 2.2.1 & 2.2.2
9. That the student information system (SI) be populated with the module coordinators no later than Week 4 to facilitate communication	5.2 Marks and Standards

Overarching Faculty Review of Marks and Standards – Summary Report

with module coordinators (e.g. MSS Reports require the identification of the module coordinator on SI).	Sections 2.2.1 & 2.2.2
10. It is proposed that an institution wide staff handbook including a link to the relevant information from the Academic Regulations and Marks and Standards and in particular the role of internal examiners/module coordinators be developed and made available to all staff.	5.3 Marks and Standards Sections 2.2.3
11. A process for ensuring that all staff have received the relevant handbook is desirable, for example, going forward this handbook could be given to staff during staff induction days.	5.3 Marks and Standards Sections 2.2.3

External Examiner Process	
12. That External Examiners are provided with guidelines on their roles and responsibilities. These guidelines should include the template for External Examiners Reports as set out by UL.	5.4 Marks and Standards Sections 2.2.4, 2.2.5 & 2.2.6
13. It is proposed that the Faculty of Education document their practice in relation to the sending and receiving of feedback on proposed assessments to External Examiners.	5.4 Marks and Standards Sections 2.2.4, 2.2.5 & 2.2.6
14. That notwithstanding the varied nature of the departments within the Faculty of Arts that assessments be sent to the External Examiners within a specified timeframe (e.g. Week 5-8) in order to ensure sufficient time for External Examiners feedback to be incorporated and to facilitate the printing and collation of exam papers by the exams office. That this process be documented and overseen by the Faculty of Arts Office.	5.4 Marks and Standards Sections 2.2.4, 2.2.5 & 2.2.6
15. The Faculty of Education have in place a rigorous approach to providing access to student assessments. For each year-group five students are chosen randomly and their in-class and terminal assessments are tracked and are provided to the External Examiner. This is possible as External Examiners are appointed to the programme as a whole. It is recommended that this process is documented.	5.5 Marks and Standards Sections 2.2.7, 2.2.8 & 2.2.10
16. Due to the autonomous nature of the departments within the Faculty of Arts and the need to comply with the requirements of different External Examiners in each department – current practices are varied but nonetheless rigorous. As with the Faculty of Education it is important that each department document their process in relation to External Examiners. These processes to be held centrally by the Faculty of Arts Office.	5.5 Marks and Standards Sections 2.2.7, 2.2.8 & 2.2.10
17. External Examiners generally spend at least one day on campus, usually at the end of the academic year. These visits and the	5.6 Marks and Standards

subsequent production of the External Examiners report are the culmination of a process which begins with the appointment of the examiner and as such should be documented as part of External Examiner process.	Sections 2.2.9 & 2.2.11
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External Examiner Reporting	
18. That each department document that external examiners reports are discussed, responded to and actioned e.g. changes to module/programmes. Agenda items and minutes of both Departmental and Faculty Management board meetings should attest to this.	5.7 Marks and Standards Sections 2.2.12
19. At Faculty Management level a summary from each department outlining that they have received the report, have discussed it at departmental level, have responded to the external examiner and brief summary of any commendations and recommendations should be included.	5.7 Marks and Standards Sections 2.2.12
20. There is some uncertainty about the process for the receipt and dissemination of EE reports which needs to be made explicit and form part of the External Examiner process.	5.7 Marks and Standards Sections 2.2.12
21. There should be a secure online central repository within each Faculty Office.	5.7 Marks and Standards Sections 2.2.12
22. As a final step in the process it should be noted that External Examiners reports form part of the Annual Programme Review Process, which ultimately will feed in to Departmental Quality reviews.	5.7 Marks and Standards Sections 2.2.12
23. Providing feedback to students is a more difficult logistical process. <ul style="list-style-type: none"> a. It is suggested that the Faculty of Education could provide summary feedback through its staff-student forum. b. Within the Faculty of Arts the class rep system might be used to facilitate summary feedback. 	5.7 Marks and Standards Sections 2.2.12