



**UNIVERSITY of LIMERICK**

**OLLSCOIL LUIMNIGH**

**Quality Review Process for  
Centre for Teaching and Learning**

**May 2017**

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## 1 Quality at the University of Limerick

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

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

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

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

### 1.2 The quality review process

#### 1.2.1 Purpose

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

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

### 1.2.2 The CTL

UL's [Centre for Teaching and Learning](#) (CTL) was established in 1999, the first such initiative in Irish higher education. Since then, the CTL has established a national and international reputation for its leadership and innovation in higher education teaching and learning. The CTL has pioneered UL's Student Evaluation of Teaching (SET) system and manages the university's teaching awards system. The centre has developed and operationalises various professional development initiatives for academic staff, including graduate diploma and masters programmes in teaching, learning and scholarship. Additional supports to academics include peer observation of teaching, teaching analysis, assisting in portfolio development and conducting focus groups. The CTL plays a lead role in developing various technology enhancement activities that underpin teaching and learning.

The CTL developed and runs the First Seven Weeks programme, which is designed to provide targeted support to first-year students as they move from second to third level. The CTL oversees a number of UL learner support centres and champions a range of additional student-focused activities, including study skills workshops and the annual all-Ireland conference of undergraduate research.

At policy level, the CTL has led the articulation of UL's Graduate Attributes Statement and Broadening the Curriculum initiative. The CTL is responsible for developing advice and guidance information for academics, such as guidelines on plagiarism, learning outcomes and engaging students in teaching and learning. The centre plays an important regional, national and international role in developing, leading and participating in various teaching and learning initiatives and activities.

### 1.2.3 The scope of the CTL quality review

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

- (i) To advise on the structure and governance of the CTL, the learner support units, the Student Engagement and Success Unit and the Technology Enhanced Learning Unit
- (ii) To advise on the interaction between the CTL and faculties
- (iii) To advise on the principal activities of the CTL, including, but not limited to:
  - Supporting students in their transition to UL
  - Promoting student success and retention
  - Supporting technology-enhanced learning

### 1.2.4 Ethos

The ethos of the quality review process is that participants proactively engage in a mutually supportive and constructive spirit and that the process be undertaken in a transparent, inclusive, independent, evidence-based and cost-effective manner. The process provides scope for recognising achievement and good practice as well as identifying opportunities for potential quality enhancement.

### 1.2.5 Background

UL's quality review process was developed and continues to evolve in order to satisfy the university's quality policy and meet legislative QA requirements. UL complies with the [Qualifications and Quality Assurance \(Education and Training\) Act 2012](#), which places a legal responsibility on universities to establish, maintain and enhance QA procedures relating to

their activities and services (Part 3, Section 28). These QA procedures must take due account of relevant quality guidelines issued by [Quality and Qualifications Ireland](#) (QQI) and/or predecessor organisations. QQI is the statutory body responsible for reviewing and monitoring the effectiveness of QA procedures adopted and implemented by higher (and further) educational institutions within Ireland.

#### **1.2.6 Process authorisation**

The UL cycle 3 quality review schedule and general process characteristics were approved by the Executive Committee on 1 March 2017. Tailored to the needs of individual units, detailed process guidelines will be prepared by the QSU as required and in consultation with the units themselves. This CTL quality review guidelines document was approved by the Vice President Academic & Registrar (VPA&R) in April 2017.

#### **1.2.7 This document**

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

## 2 The review process

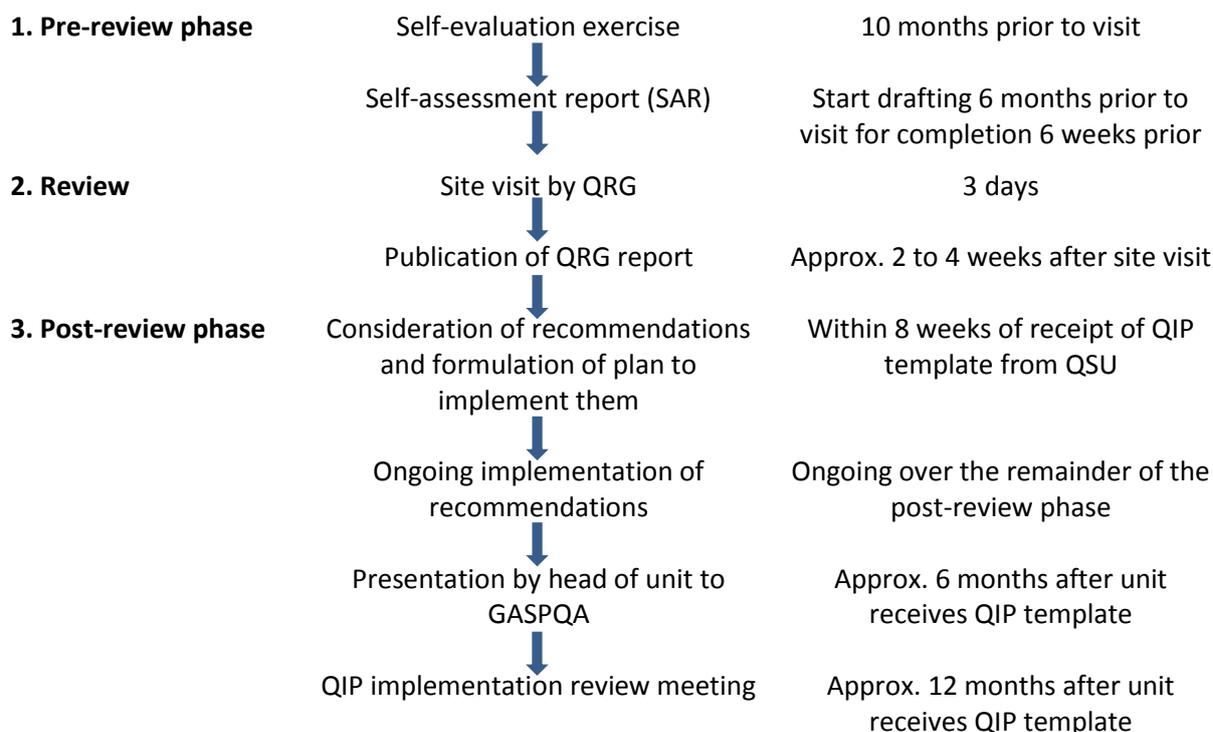
### 2.1 Overview

UL's quality review process includes an initial self-evaluation by the unit followed by peer review, leading to the formulation and implementation of enhancement activities. The scope of the review encompasses only the unit under review and any affiliated groups (e.g. Student Engagement & Success Unit, Technology Enhanced Learning Unit) and does not extend to other units or to the university as a whole, which is subject to a cyclical institutional-level quality review process. The review of the unit is conducted by an independent quality review group (QRG) comprising a chairperson, peers and student representatives.

### 2.2 Phases of the review process

The review process has three distinct phases:

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



### **2.3 Communications, inclusivity and feedback**

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

- The campus community is made aware of upcoming quality reviews via a global email from the QSU to all students and staff.
- The QSU provides the campus community with opportunities to contribute to the review process by registering their interest in:
  - Submitting commentary for consideration by the unit during the pre-review phase
  - Participating in stakeholder group meetings with the QRG during the site visit

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

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

### **3 The pre-review phase**

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

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

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

##### **3.1.1 General**

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

##### **3.1.2 Quality team**

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

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

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

- A SWOT analysis
- Gathering and analysing student feedback and other customer/stakeholder feedback via surveys, focus groups or other mechanism, as appropriate
- Data gathering and analysis (e.g. number of SETs undertaken, analysis of feedback received from participants undertaking CTL-owned workshops, courses or other initiatives)
- Any other activities that the CTL quality team believes would contribute to an evidence-based evaluation of the unit's performance

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

#### **3.2 Self-assessment report**

##### **3.2.1 General**

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

The SAR and its appendices are reviewed by the QRG in advance of the site visit and will form the basis of the QRG's assessment of the CTL's performance. The SAR is confidential to

the CTL and will not be seen by persons other than CTL staff members, the QSU and the QRG without the prior consent of the Dean of Teaching and Learning.

The suggested structure of the SAR is given in the next section. The layout and formatting of the document and quality of the writing style should be professional. To this end, it is strongly recommended that the services of a technical writer be sought at the earliest opportunity.<sup>1</sup>

### **3.2.2 Structure**

The SAR should typically be up to 40 pages in length<sup>2</sup> (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). The SAR should be structured in discrete sections (chapters). Default chapter headings are suggested below, although the final SAR structure will be determined by the CTL quality review team itself.

- Unit overview: mission, strategy and governance
- Academic support and professional development
- Student engagement and support
- Professional leadership: policy development and support, research activity, and scholarship
- Organisation and management

### **3.2.3 Content**

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

### **3.2.4 Consensus**

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

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

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

### **3.2.6 Distribution**

At least six weeks before the QRG visit, the unit must email the finalised SAR and appendices to the QSU. All unit staff must have access to the final report and appendices. This can be achieved by placing the material in a location that is accessible only to the unit, such as SharePoint or a shared drive.

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<sup>1</sup> Costs will be covered (within a predefined limit) by the QSU.

<sup>2</sup> Based on Calibri size 12, single-line spacing, MS Word standard margins

Five weeks before the review visit, the QSU sends the SAR and appendices to each member of the QRG. Before the material is sent out, the Director of Quality (or a nominee acceptable to the unit under review) reads the SAR to check for factual errors or the presence of statements that might be considered ambiguous, potentially biased or potentially misleading. Any concerns identified will be passed on in writing by the Director of Quality (or his nominee) to both the unit's quality team and the QRG for their consideration in an evidence-based manner during the site visit.

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

### **3.3 Pre-review phase timeline**

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

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<b>Self-evaluation exercise [optional items in square brackets]</b>	<b>Deadline in weeks*</b>	<b>Self-assessment report (SAR) [optional items in square brackets]</b>
Put in place a quality team and start to plan self-evaluation activities	-40	
Liaise with Director of Quality on identifying potential QRG members	-36	
Finalise plans for self-evaluation and SAR	-32	
[Engage and brief quality consultants]	-30	[Engage and brief technical writer]
Identify and request relevant data	-28	
[Engage in SWOT/strategic planning exercise]	-25	
Arrange any independently facilitated focus group meeting(s)	-25	
Finalise analysis of student and other 'customer' and stakeholder feedback	-24	
Prepare support documents and data	-23	Start drafting SAR
	-20	Finalise and brief QRG (QSU responsibility)
	-17	Finalise SAR and appendices
	-16	Draft SAR and appendices to technical writer
	-12	Circulate draft SAR within the CTL
	-10	[Draft SAR to QRG chair for review]
	-8	[Quality team leader and QRG chair discuss draft]
	-6	Deliver final draft of report and files to QSU
	-5	SAR to QRG (from QSU)
	-2	Respond to requests for additional data
	0	QRG visit

\* Number of weeks prior to QRG visit.

## **4 The review phase**

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

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

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

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

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

The QRG typically comprises five persons, the majority of whom must be external to the university. The Director of Quality consults with the head of unit and/or independently identifies potential candidates. The Director of Quality takes due diligence in relation to the suitability of all potential QRG members. Once he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the VPA&R, who then appoints the members. Once appointed and prior to the site visit, any necessary communication between the unit and members of the QRG must be facilitated by the QSU.

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

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

### **4.3 Preparatory steps**

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

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

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

#### **4.4 Visit schedule**

The visit to UL usually commences at 19h00 on a Monday evening and concludes on the following Thursday at approximately 16h00. (A sample visit schedule is provided in Appendix C.) A briefing meeting between the QRG and a member of the QSU and/or the VPA&R is undertaken on the Monday evening, after which members of the QRG convene in private session to become acquainted with each other, share their first impressions of the unit and seek clarifications, if necessary, from the chairperson. The QRG meets UL senior management and the unit's quality team and stakeholders on Tuesday and Wednesday.

Beginning on Wednesday afternoon and concluding on Wednesday evening, members of the QRG draft those sections of the report for which they are taking the lead. Thursday morning and early afternoon is spent sharing the drafts and finalising the report while working as a team. The finalised report is read back to the unit's staff at approximately 15h00.

#### **4.5 QRG report**

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

Immediately after the review visit, the QSU inserts introductory pages into the QRG report. Refer to Appendix D for further details on the QRG report, and refer to the [academic unit reports](#) and [support unit reports](#) pages of the QSU website for access to previous reports.<sup>3</sup>

#### **4.6 Report feedback to the unit**

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

1. Prior to departure on the Thursday, the QRG chairperson reads back sections 3 and 4 of the report to the unit's staff. No paper copy of the report is made available to the unit at this stage.
2. Immediately after the visit, the QRG chairperson formally approves the report. The QSU then makes it available to the unit strictly to check for factual errors.

#### **4.7 Finalisation and publication of the QRG report**

The QSU sends the QRG report to the Executive Committee, whose members (i) check the report for institutional-level factual errors, (ii) verify that the recommendations fall within the scope and purpose of the quality review process and (iii) approve its publication on the

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<sup>3</sup> These reports are from previous quality review cycles. The structure of the CTL QRG report will be substantially similar to them but will be tailored by the QSU to best suit the scope of the CTL review.

## *CTL Quality Review Guidelines*

QSU and unit websites. Should issues arise as a result of the verification process, the QSU brings these to the attention of the QRG chair, who then works with the QRG to respond or amend the report appropriately. The final report is then published on the QSU and unit's websites.

## **5 The post-review phase**

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

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

### **5.1 The QIP template**

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

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

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

### **5.2 Consideration of recommendations and formulation of implementation plan**

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

### **5.3 Ongoing implementation of recommendations**

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

### **5.4 Presentation to GASPQA**

Approximately six months after the unit was given the QIP template, the QSU submits the partially complete QIP and the QRG report to GASPQA for consideration at the committee's next meeting. The head of unit, who is responsible for project managing the implementation of the QIP, is invited to deliver a short presentation at this meeting. While the head of unit may wish to provide an initial overview commentary on the QRG report, the presentation will focus on the level 1 recommendations only, the unit's response to those recommendations, specific implementation progress made to date and planned actions, as appropriate. The presentation is then followed by a question-and-answer session with the GASPQA committee members.

### **5.5 QIP implementation review meeting**

Following the GASPQA presentation, the unit continues to implement the planned QIP recommendations. Approximately 12 months after the unit has been given the QIP template by the QSU, the Director of Quality organises a QIP implementation review meeting between the head of unit, Director of Quality and VPA&R (chair). To prepare for this meeting, the unit summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. The head of unit returns the QIP to the QSU at least two weeks before the implementation meeting. The status of resolution of each recommendation is considered at the meeting, and any further actions required are identified and recorded. The exact follow-up and reporting process relating to these further actions is at the discretion of the VPA&R. A final QIP implementation summary report is prepared by the QSU (appendix F) and is published on the QSU and unit's websites.

The implementation of the QIP must be evidence-based. The head of unit should ensure that those leading the implementation of each recommendation retain records that provide evidence of their actions (e.g., headline email correspondence, meeting minutes, etc.). In preparation for the implementation review meeting, the Director of Quality will ask the unit for a copy of the evidence records pertaining to a representative sample of recommendations.

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

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

Although not an anticipated occurrence, if the Director of Quality forms an evidence-based opinion that the unit fails to satisfy the above obligations, he must discuss this with the VPA&R. In consultation with the VPA&R and at their joint discretion, the following actions may be considered:

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

## **6 Process verification**

The effectiveness of the quality review process is evaluated through internal audits, feedback from quality reviewers (i.e., members of the QRG), the unit's head and quality team and the ongoing monitoring of key timelines by the QSU.

## Appendices

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

#### 1 Overview

The self-assessment report (SAR) should typically be up to 40 pages in length<sup>4</sup> (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). It should be supported by appendices specifying the evidence upon which the report is based.

#### 2 Structure

Default chapter headings are suggested below, although the final SAR structure will be determined by the CTL quality review team itself.

#### 3 General content and approach

Clarity and cohesion are hallmarks of a well-authored SAR. The narrative should be succinct but comprehensive. The use of imbedded links and the provision of more detailed supporting data as appendices is appropriate. Apart from the CTL itself, the document audience is the external quality review group, and the report should be written with this in mind. In addition:

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

#### 4 Sections of SAR

The CTL is encouraged to take ownership of the SAR and its structure, and the report's exact contents will likely evolve over the authorship process. However, the unit must take due cognisance of the topics listed below. These are grouped within the default chapter

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<sup>4</sup> Based on Calibri size 12, single-line spacing, MS Word standard margins

headings provided. Chapter content is not restricted to these topics/areas but should appropriately consider and address them.

- Chapter 1: Unit overview: mission, strategy and governance
- Chapter 2: Academic support and professional development
- Chapter 3: Student engagement and support
- Chapter 4: Professional leadership: policy development and support, research activity, and scholarship
- Chapter 5: Organisation and management

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

- Brief introductory overview of the university, its mission, key strategies and structures
- Introductory overview of the CTL
- CTL's mission and how it supports the university mission and strategic plan
- Clear identification of the unit's 'customers' (those to whom it provides services/supports) and stakeholders
- CTL mission implementation strategies and key implementation success indicators
- Implementation progress and any barriers to date
- How the CTL mission is periodically reviewed
- Governance and reporting structures: description, effectiveness and appropriateness. Evaluation of the extent to which the CTL has clear leadership and direction. Relationships and linkages with additional UL units/offices/officers, including 'virtual' units, and the effectiveness of these relationships in achieving CTL's and the broader university mission
- How compliance with university-level policies and procedures is ensured and monitored
- Overall evaluation of the CTL's fitness for purpose and impact on customers and the university
- Indication of key areas the unit would find reviewer input to be especially useful

#### **4.2 Chapters 2, 3 and 4**

Chapters 2, 3 and 4 effectively consider the CTL's core activities (key processes) and areas of responsibility. For each core activity, process and responsibility, it would be appropriate to consider:

- A short descriptor of the activity (what you do and how you do it) and how the activity specifically supports institutional strategy and/or policy.
- Clear identification of activity/process outputs and customers.
- How do you systematically assess the effectiveness of the activity in an evidence-based manner (*how do you know it works*)?
- How do you systematically improve the activity?
- To what extent is the activity/process documented?
- Is the activity/process underpinned by a specific CTL or broader institutional policy?
- How do you ensure the activity/process is (and remains) in compliance with relevant institutional policies?
- How do you benchmark the activity and its performance/outputs against other institutions, national or international practice, as appropriate? (*For example, how do you systematically inform yourself of relevant international good practice and*

*trends and practice/performance in other institutions? To what extent has the CTL established effective links with appropriate national and international cognates/partners?)*

- How do you close the feedback loop? *(For example, to whom do you report the activity, how do you communicate outputs to relevant stakeholders, how do you keep the campus community informed of your activities, and how do you collect, analyse and use feedback to improve the process/activity?)*
- How do the findings of the activity feed into institutional change *(impact)*?
- A brief evaluation of the extent to which the activity/process is fit for purpose.

#### **4.3 Chapter 5: Organisation and management**

This section describes how the CTL organises itself, manages its staff, resources and activities and operates in accordance with key university policies and systems. Within this chapter, it would be appropriate to consider:

- CTL organisational structure/flowchart/reporting lines, and evaluation of how organisational details support CTL's management and decision-making structures.
- Operational management *(responsibilities of head of unit and staff, effectiveness of implementation of the university's PDRS, induction processes in place for new CTL staff, succession planning)*.
- Adequacy of staffing levels and effective use of staff to underpin the CTL mission and operation.
- Adequacy and effective use of resources and facilities *(including office space, meeting rooms, etc.)* to underpin mission and operation.
- How effectively the CTL interfaces with core institutional-level operational processes and systems not already discussed *(e.g. three-year staffing plans, annual budgetary planning and processes, annual reporting regarding devolved planning, risk register review, etc.)*.
- A description and evaluation of existing business/operational processes.
- How the CTL plans, monitors and reviews its processes and operational activities *(e.g. the existence of an annual operational plan)*.
- Details of operational cross-training undertaken by staff.
- How the CTL reviews the adequacy of its overall suite of policies and guidelines documents.
- How the CTL reviews individual policies and guidelines documents.
- How the CTL encourages the use of teamwork to invoke an ethos of inclusiveness and collaboration.
- The extent to which staff are made aware of the value of their individual contribution to the effectiveness of the unit.
- If applicable, does the CTL have appropriate service level agreements (SLAs) in place with internal and/or external service providers to ensure the effective delivery of services and maintenance of functions?
- How the CTL monitors, reviews and improves its communications strategy and processes *(with customers, stakeholders and interested parties)*.
- How the CTL ensures it is achieving best value for money.
- An overall evaluation of the extent to which the CTL's organisation, management, staff and facilities are being used to ensure the unit functions at its optimal best.

**5 Consensus**

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

**6 Distribution of material to QSU**

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

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

## Appendix B: QRG composition, appointment and roles

### QRG composition

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

- **Chairperson:** The chairperson is an external person, usually from outside Ireland and with knowledge of quality assurance processes in a higher education context. The chairperson does not need to be familiar with the work of the unit being reviewed.
- **Three senior peers:** Peers should be external to the Republic of Ireland and possess the requisite knowledge and experience to render them competent to evaluate the core activities of the unit under review. Each peer typically has a significant and relevant international reputation and will have worked in leading international universities or other relevant organisations.
- **Student representative:** This person is chosen to provide a student perspective. Selected on the basis of their experience relevant to the student group, the person can be a recently graduated alumnus (typically graduated within the last three years), a current student within or external to UL or an officer of the UL Students' Union. If the representative is a current UL student, s/he cannot be a student of the unit under review.

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

### QRG appointment

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

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

### QRG roles and responsibilities

The university takes due care to ensure that the members of the QRG are independent and impartial and, accordingly, attributes particular importance to the independence and impartial nature of the QRG report. The overall role of the QRG is presented in section 4.1. The following sections outline the specific roles and responsibilities of (i) all members; (ii) the chairperson; (iii) members other than the chairperson; and (iv) the recording secretary.

### Roles of all QRG members

The university asks each member of the QRG to:

- Commit to the four-day site visit (i.e., Monday evening to Thursday afternoon)
- Read the SAR and supporting documentation prior to the site visit

- Attend the opening briefing meeting on Monday
- Arrive promptly for all meetings during the site visit
- Participate in the discussions on Thursday morning when the report is being finalised
- Attend the report read-back session with the unit at 15h00 on Thursday
- Respond in a timely manner to any post-visit communication
- Complete and submit the QRG feedback survey after the visit

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

#### **Specific role of chair**

The primary roles of the chairperson are:

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

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

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

### **Roles of QRG members other than the chair**

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

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

### **Role of the recording secretary**

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

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

### **Documentation**

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

### Appendix C: Sample site visit schedule

This sample site visit schedule is informed by the suggested SAR chapter titles (see Appendix A). The main session topics (red font below) mirror those chapter titles. The number and duration of sessions in the case of the CTL review will more than likely mirror the final CTL SAR chapter structure. The final schedule is decided by the Director of Quality.

Mins	Day 1	Monday		
	Time	Parties	Agenda	Location
30	19h00	QRG, DQ, QO	Introductory meeting and briefing	Castletroy Park Hotel (CPH)
	19h30	QRG	Dinner	CPH

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

Mins	Day 2	Tuesday		
	Time	Parties	Agenda	Location
10	08h30–08h40	QRG, VPA&R, DQ, QO	Welcome	TBD
60	08h40–09h40	QRG	Planning session. Brief overview by each of the QRG members of their findings from the self-assessment report, focusing on any big issues. Planning for topics 1 and 2 and lunchtime session.	TBD
60	09h40–10h40	QRG, QT, Dean T&L, CTL staff reps, VPA&R	Brief introductions Discussions and questions <ul style="list-style-type: none"> <li>• <b>Unit overview</b> (topic 1)</li> </ul>	TBD
20	10h45–11h05	QRG, all members of CTL staff	Coffee break with all unit staff	TBD
60	11h10–12h10	QRG, Dean T&L, CTL staff reps	Discussions and questions <ul style="list-style-type: none"> <li>• <b>Academic support and professional development</b> (topic 2)</li> </ul>	TBD
15	12h10–12h25	QRG, DQ	Planning for topic 3	TBD
60	12h30–13h30	QRG	Buffet lunch – Stakeholders: academic staff	TBD
60	13h30–14h30	QRG, Dean T&L, nominated CTL staff	Tour – brief visit to CTL	CTL and other facilities
60	14h30–15h30	QRG, Dean T&L, QR reps, staff reps	Discussions and questions <ul style="list-style-type: none"> <li>• <b>Student engagement and support</b> (topic 3)</li> </ul>	TBD
60	15h30–16h30	QRG, DQ	Coffee served at 15h30 to QRG in meeting room. Review of day's findings. Identification of questions for the following day, particularly with respect to topics 4 and 5.	TBD
	19h30	QRG, Dean T&L, QT Leader	Informal dinner	CPH
Mins	Day 3	Wednesday		
40	08h30–09h10	QRG	Private meeting of QRG to plan for topics 4 and 5	TBD

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60	09h15–10h15	QRG, Dean T&L, QR reps, staff reps	Discussions and questions <ul style="list-style-type: none"> <li><b>Professional leadership: policy development and support, research activity, and scholarship</b> (topic 4)</li> </ul>	TBD
30	10h15–10h45	QRG	Coffee, private session – time to catch up on notes	TBD
60	10h50–11h50	QRG, Dean T&L, QR reps, staff reps	Discussions and questions <ul style="list-style-type: none"> <li><b>Organisation and management</b> (topic 5)</li> </ul>	TBD
25	11h55–12h20	QRG	Break – planning for lunchtime session	TBD
60	12h30–13h30	QRG, stakeholders	Buffet lunch with students	TBD
45	13h40–14h25	QRG	Meet with additional stakeholders	TBD
30	14h30–15h00	QRG, QT Leader, Dean T&L	Closing session, discussions and questions Final questions for clarification on any issues (to be confirmed by QRG on the day, if required) Coffee served in meeting room	TBD
90	15h00–16h30	QRG	Brief recap on afternoon activities. Review of key findings in each area. Presentation by individual reviewers of their key findings in each area of responsibility. <b>Begin drafting report</b>	TBD
	18h30	QRG	Email draft commendations and recommendations to technical writer	
	19h30	QRG, DQ	Dinner – a chance to relax	A local restaurant
	<b>Day 4</b>	<b>Thursday</b>		
240	08h30–12h30	QRG, QO	Draft QRG report Finalisation of QRG commendations and recommendations (including context and rationale for level 1 recommendations) Coffee served in meeting room (10h30)	TBD
30	12h30-13h00	QRG, VPA&R, DQ	Update VPA&R on review findings	TBD
30	13h00-13h30	QRG, DQ, QO	Light lunch served	TBD
80	13h30-14h50	QRG, DQ, QO	Finalisation of QRG report	TBD
30	15h00–15h30	QRG, DQ, QO, Dean T&L and CTL staff	<b>QRG report read out</b> to unit staff	TBD
15	15h30–15h45	QRG and all CTL staff	Coffee served following report read-out	TBD
	<b>15h45</b>		<b>Conclusion of visit</b>	

### Key:

CPH	Castletroy Park Hotel	QT	Quality team
CTL	Centre for Teaching & Learning	T&L	Teaching and Learning
DQ	Director of Quality	TBD	To be determined
QO	Quality Officer	VPA&R	Vice President Academic & Registrar
QRG	Quality review group		

## Appendix D: QRG report template

### Structure

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

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

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

### Section content

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

Section 3, which is typically one or two pages in length, provides the QRG with an opportunity to report upon:

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

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

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

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

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

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

The QRG lists the recommendations as follows:

#### 4.2.1 Level 1 recommendations

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

#### 4.2.2 Level 2 recommendations

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

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

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

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

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

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

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

**Appendix E: QIP template document**

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

## Quality Improvement Plan (QIP) Template

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

**Unit:** \_\_\_\_\_

**Head of Unit:** \_\_\_\_\_

***(responsible for QIP implementation)***

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

\_\_\_\_\_  
Head of Unit

\_\_\_\_\_  
Date

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**Notes:**

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

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

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



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

<b>Acronym</b>	<b>Meaning</b>
CTL	Centre for Teaching & Learning
DQ	Director of Quality
GASPQA	Governing Authority Strategic Planning and Quality Assurance
KPI	Key performance indicator
PDRS	Performance and Development Review System
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QO	Quality Officer
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QSU	Quality Support Unit
QT	Quality team
SAR	Self-assessment report
SET	Student Evaluation of Teaching
SWOT	Strengths, weaknesses, opportunities and threats
UL	University of Limerick
VPA&R	Vice President Academic & Registrar