



# **Quality Review Process for the Faculty of Education and Health Sciences**

**Revision 3  
Oct 2020**

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# 1 Quality at the University of Limerick

The periodic quality review of functional units (academic, research and support) at the University of Limerick (UL) represents a cornerstone institutional quality assurance/quality improvement mechanism. This document provides guidelines in relation to the quality review process for the Faculty of Education and Health Sciences (sometimes referred to as 'the faculty' or 'the unit' in this document).

## 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 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.

## 1.2 UL's quality review process

### 1.2.1 Purpose

The purpose of the quality review process is:

- To provide a structured opportunity for the faculty 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 faculty's activities and processes
- To provide a framework by which the faculty implements quality improvements in a verifiable manner
- To provide UL, its students, its prospective students, staff and other stakeholders with independent evidence of the quality of the faculty'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 statement](#)
- To satisfy good international practice in the context of quality assurance in higher education and to meet statutory QA requirements as enshrined in national law

### **1.2.2 Ethos**

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

### **1.2.3 Background**

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

### **1.2.4 Process modifications**

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

### **1.2.5 This document**

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

## **2 The review of the Faculty of Education and Health Sciences**

### **2.1 Faculty of EHS**

The [Faculty of Education and Health Sciences](#) (EHS) is one of UL's four faculties. The faculty comprises three schools: [Graduate Entry Medical School](#), [School of Allied Health](#) and [School of Education](#); and three departments: [Department of Nursing & Midwifery](#), [Department of Physical Education & Sport Sciences](#) and [Department of Psychology](#).

The aim of the Faculty of EHS is to advance the wellbeing of people by graduating effective and critically reflective scientists, education and healthcare professionals and by creating and disseminating knowledge through research and scholarship that impacts on the social, educational and healthcare needs of people locally, nationally and globally.

## 2.2 The scope of this quality review

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

1. To consider and advise on the mission and strategy of the faculty and the effectiveness and efficiency of the implementation of same
2. To consider and advise on the appropriateness and effectiveness of all aspects of the structure, governance and management of the faculty
3. To consider and advise on the appropriateness and effectiveness of all faculty activities, including teaching, research and community engagement
4. To consider and advise on the appropriateness and effectiveness of linkages, relationships and interactions between the faculty and its key stakeholders
5. To consider and advise on the overall fitness for purpose of the faculty and on the quality of its outputs and performance and to make recommendations aimed at quality enhancement

Note: This review of the Faculty of EHS is a review of the entire faculty, i.e., the faculty and its constituent schools and departments, and not just the faculty office. However, the focus of the review should be on the role and performance of the faculty in relation to the topics to be covered in the self-assessment report and should not become an evaluation of the role and performance of each individual school/department.

## 2.3 Process authorisation

The UL cycle 3 quality review schedule and general process characteristics were approved by the Executive Committee on 1 March 2017. Tailored to suit the needs of individual units, detailed process guidelines are prepared by the Quality Support Unit (QSU) as required and in consultation with the units themselves. This guidelines document for the quality review of the Faculty of EHS was approved by the VPAASE on 18 September 2018. Minor modifications to strengthen the post-review process were approved by the UL Quality Committee on 28 May 2020.

# 3 The review process

## 3.1 Overview

UL's quality review process includes self-evaluation by the unit followed by peer review, which leads to the formulation and implementation of enhancement activities. The scope of the review encompasses only the unit under review and does not extend to other units or to UL as a whole, which is subject to a cyclical institutional-level quality review process. The unit's review is conducted by an independent quality review group (QRG) comprising a chairperson, academic peers and employer/professional and student representatives.

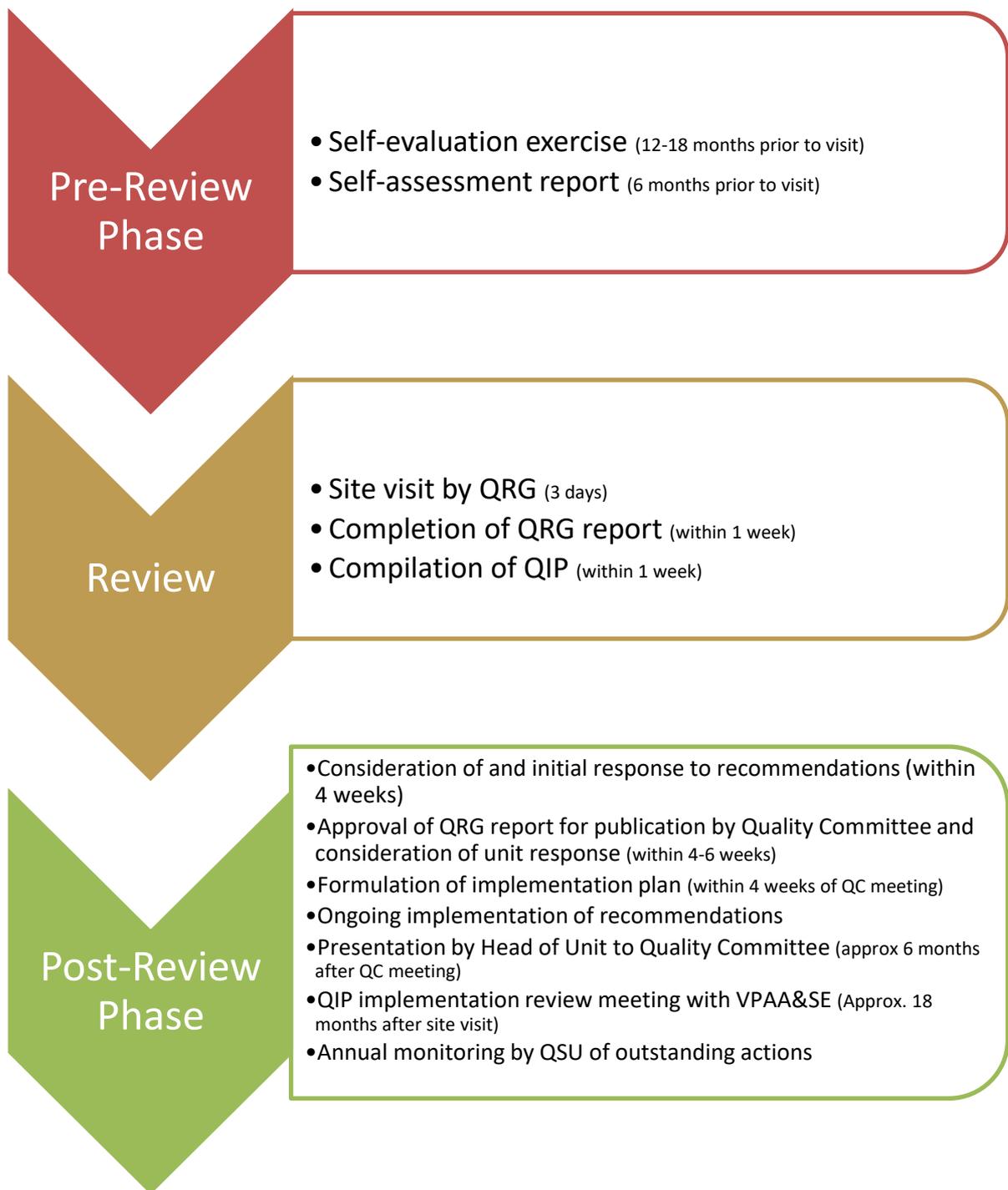
The quality review process is framed by national legislation and international good practice. In addition, enhancements to the process are driven by feedback collected systematically by the QSU from both the members of the quality review groups and each unit reviewed. Annual feedback reports, which describe the resultant planned process enhancements, are published [here](#) on the QSU website.

### 3.2 Phases of the review process

The review process has three distinct phases:

1. Pre-review phase, which includes:
  - i. A self-evaluation exercise conducted by the unit
  - ii. The production of a self-assessment report (SAR) by the unit
2. Review phase: An onsite, three-day review of the unit by the visiting QRG, culminating in the production of a QRG report
3. Post-review phase, which includes:
  - i. Consideration of, and initial response to recommendations by the unit
  - ii. Approval of QRG report for publication by Quality Committee and consideration of unit response
  - iii. Ongoing implementation of recommendations
  - iv. Presentation by Head of Unit to the Quality Committee on level 1 recommendations
  - v. Implementation review meeting with VPAASE
  - vi. Publication of summary outcome on the web.

### 3.3 Quality Review Process – Key Timelines



### 3.3 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 an emphasis on communication, inclusivity and feedback. This is achieved in a number of ways, the most notable of which are as follows:

- The campus community is made aware of upcoming quality reviews via a global email from the QSU to all students and staff. The QSU publishes the review schedule on its website.

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

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

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

## 4 The pre-review phase

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

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

### 4.1 Self-evaluation exercise

#### 4.1.1 General

Led by a quality team comprising staff members of the faculty, the self-evaluation exercise should be thorough, should involve staff<sup>1</sup>, students and stakeholder groups and should focus on all the activities and services of the faculty. 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 faculty when conducting the exercise.

#### 4.1.2 Quality team

The first step of the process is for the faculty dean (head of unit) to appoint a quality team from within the faculty. Typically comprising approximately 8 to 10 persons, the team should be put in place at least 10 months before the scheduled QRG visit. The dean must be a member of the team but does not have to act as chairperson. The chairperson of the team (referred to as the quality team leader) should be a senior member of the faculty. The quality team should be as representative as possible of the staff profile of the faculty. The faculty must inform the QSU of the names of the quality team members.

#### 4.1.3 Self-evaluation activities

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

- A SWOT analysis

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<sup>1</sup> Reference to staff members of the faculty throughout this document refers to the members of staff of the faculty office and the faculty's seven constituent academic units.

- Analysis of existing student feedback reports (e.g., student exit survey reports, module satisfaction survey (MSS) reports, Irish Survey of Student Engagement (ISSE) reports)
- Gathering and analysing stakeholder feedback via surveys, focus groups or other mechanisms, as appropriate
- Data gathering and analysis (e.g., comparative statistics [such as number of SETs undertaken, degree classification, etc.]; analysis of feedback received from participants undertaking workshops, courses or other initiatives)
- Any other activities that the quality team believes would contribute to an evidence-based evaluation of the faculty's performance

Reports gathered through the above activities should be included as appendices to the self-assessment report. The faculty should also draw on other pre-existing data, such as external examiner reports, annual programme review reports and quality review reports of the faculty's schools/departments that have previously been quality reviewed.

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

### **4.2.1 General**

Six months prior to the review, the quality team begins drafting an analytical, evidence-based self-assessment report (SAR). 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 faculty's performance. The SAR is confidential to the faculty and will not be seen by persons other than staff members of the faculty, the VPAASE, the QSU and the QRG without the prior consent of the dean.

The structure of the SAR is described 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. A contribution towards costs will be made by the QSU.

### **4.2.2 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). Chapter headings are as follows:

- Chapter 1: Mission, strategy and outcomes
- Chapter 2: Organisational structure, management and governance
- Chapter 3: Teaching and related activities
- Chapter 4: Research and related activities
- Chapter 5: Additional faculty activities and linkages

The reporting requirements for individual chapters are described in detail in Appendix A.

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

#### **4.2.3 Content**

The SAR should accurately describe the faculty's strengths and weaknesses and should specify areas that need to be improved. The QRG will expect to see evidence of routine stakeholder consultation. The details of surveys, focus groups and other feedback mechanisms should be described briefly in the relevant section and in full in the appendices.

#### **4.2.4 Consensus**

During the final drafting stages, the SAR should be made available to all members of the faculty for comment. To the extent that it is possible to do so, the opinions and conclusions expressed in the SAR should reflect the consensus views of the faculty as a whole.

#### **4.2.5 Chairperson's review of the SAR**

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

#### **4.2.6 Distribution**

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

Six weeks before the review visit, the QSU sends the SAR and appendices to each member of the QRG. Before the material is sent out, the Director of Quality (or a nominee acceptable to the faculty) reads the SAR to check for factual errors or the presence of statements that might be considered ambiguous, potentially biased or potentially misleading. Any concerns identified will be passed on in writing by the Director of Quality (or his/her nominee) to both the faculty'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 faculty must make the relevant section of the SAR available to the unit or third party and invite them to the relevant session during the site visit.

### **4.3 Pre-review phase timeline**

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

| <b>Self-evaluation exercise<br/>[optional items in square brackets]</b>  | <b>Deadline in<br/>months/<br/>weeks*</b> | <b>Self-assessment report (SAR)<br/>[optional items in square brackets]</b> |
|--|---|---|
| Put in place a quality team and start to plan self-evaluation activities | -15-18m                                   |   |
| Liaise with the QSU on identifying potential QRG members                 | -12-15m                                   |   |
| Finalise plans for self-evaluation and SAR                               | -48w                                      |   |
| [Engage and brief technical writer]                                      | -46w                                      |   |
| Identify and request relevant data                                       | -40w                                      |   |
| [Engage in SWOT/strategic planning exercise]                             | -32w                                      |   |
| Arrange focus group meeting(s)   | -31w                                      |   |
| Finalise analysis of stakeholder feedback                                | -28w                                      |   |
| Prepare support documents and data                                       | -24w                                      | Start drafting SAR  |
|  | -20w                                      | Finalise and brief QRG (QSU responsibility)                                 |
|  | -17w                                      | Finalise SAR and appendices   |
|  | -16w                                      | Give draft SAR and appendices to technical writer (if engaged)              |
|  | -12w                                      | Circulate draft SAR within the unit   |
|  | -10w                                      | [Draft SAR to QRG chair for review]   |
|  | -8w                                       | [Quality team leader and QRG chair discuss draft]                           |
|  | -7w                                       | Deliver final draft of report and files to QSU                              |
|  | -6w                                       | SAR sent to QRG (by QSU)  |
|  | -2w                                       | Respond to requests for additional data                                     |
|  | Actual dates                              | QRG visit   |

\* Number of months/weeks prior to QRG visit

## **5 The review phase**

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

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

The visit is intended to give the QRG the opportunity to further explore the faculty'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 faculty's operations. The visit enables the QRG to meet and enter into dialogue with the faculty's staff, students and other stakeholders, tour the faculty's facilities and meet UL senior management. This, in turn, allows the QRG to record its findings in an evidence-based report, at the heart of which are both commendations and recommendations to the faculty.

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

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

The QRG typically comprises five persons. In some circumstances it may be appropriate to extend the QRG panel to six members to provide a suitable breadth of expertise.

The Director of Quality consults with the faculty dean and/or independently identifies potential candidates. The Director of Quality takes due diligence in relation to the suitability of all potential QRG members. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the VPAASE, who then appoints the members. Once appointed and prior to the visit, any necessary communication between the faculty and members of the QRG must be facilitated by the QSU.

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

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

### **5.3 Preparatory steps**

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

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

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

#### **5.4 Visit schedule**

The visit to UL usually commences at 19h00 on a Monday evening and concludes 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 VPAASE 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 faculty and seek clarifications, if necessary, from the chairperson. The QRG meets UL senior management and the faculty's quality team and stakeholders on Tuesday and Wednesday.

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

#### **5.5 QRG report**

The QRG report follows a QSU report template. All members of the QRG have collective responsibility for the contents of the report. The main body of the report lists the QRG's commendations and recommendations to the faculty. 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 faculty to better achieve its mission and 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 visit the [Academic Unit Reports](#) and [Support Unit Reports](#) pages of the QSU website for access to previous reports.<sup>3</sup>

#### **5.6 Report feedback to the faculty**

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 faculty. This is achieved in three ways:

1. Prior to departure on the Thursday, the QRG chairperson reads back sections 3 and 4 of the report to the faculty's staff. No paper copy of the report is made available to the faculty at this stage.
2. Immediately after the visit, the QRG chairperson formally approves the report. The QSU then makes the report available to the dean strictly for the purpose of checking for factual errors.
3. All recommendations are extracted from the report by QSU and forwarded to the dean for initial response (i.e. 'accept in full', 'accept in part/modified form' or

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

'rejected'. Where a recommendation is rejected, it must be supported by succinct justification). This interim feedback is returned to the QSU for circulation to the Quality Committee.

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

The QSU sends the QRG report to the Quality 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 the publication of the report on the QSU and faculty's websites. The Quality Committee also review the Faculty's response to the recommendations and provide feedback where relevant. 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 faculty's websites.

## **6 The post-review phase**

Implementing the QIP is the responsibility of the faculty and, ultimately, the faculty dean. The QSU plays a largely coordinating role in the process. In addition to the dean, the Quality Committee and the VPAASE are responsible for overseeing the implementation of the QIP. Recommendations that would equally apply to one or more other faculties may be pursued at university level rather than faculty level. Responsibility for following up on such recommendations will be assigned by the VPAASE.

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

1. Consideration of and initial response to recommendations
2. Approval of QRG report for publication by Quality Committee and consideration of Faculty response
3. Formulation of implementation plan
4. Ongoing implementation of recommendations
5. Interim progress report to the Quality Committee
6. Implementation review meeting with VPAASE
7. Publication of summary outcome on the web
8. Annual monitoring by QSU of outstanding actions

### **6.1 The QIP template**

The QRG recommendations and progress with their implementation are recorded in a quality improvement plan (QIP), for which the QSU provides a template (Appendix E). Once the QRG report has been published following approval by the Quality Committee, the QSU revises the QIP template to take note of the faculty's response. The revised QIP is sent to the faculty for action.

The faculty dean is responsible for ensuring the QRG recommendations are implemented, and the QIP template is designed to facilitate the dean to do this effectively. The template, which cannot be modified by the faculty, allocates one page to each recommendation and provides space to record:

- The faculty's response to the recommendation

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

The dean will appoint a QIP implementation team to help the faculty fully implement the QIP. The QIP implementation team can comprise, for example, the faculty management committee.

## **6.2 Formulation of implementation plan**

Within four weeks of receiving the final QIP template from the QSU, the QIP implementation team meets to develop specific implementation plans and records them in section 4 of each page of the QIP. Section 4 is also used to record who is responsible for ensuring the planned actions are carried out and setting a timeframe within which the actions should be completed.

## **6.3 Ongoing implementation of recommendations**

Over the next few months, led by the QIP implementation team, the faculty works to implement the recommendations. Approximately six months after receiving the QIP template, the QIP team 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 dean then sends a copy of the QIP to the QSU. The Director of Quality forwards it to the Quality Committee for inclusion at the next meeting.

## **6.4 Presentation to Quality Committee**

The dean, who is responsible for project managing the implementation of the QIP, is invited by the Quality Committee chair to deliver a short presentation at the next committee meeting. While the dean may wish to provide an initial overview commentary on the QRG report, the presentation will focus on the level 1 recommendations only, the faculty'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 members of the Quality Committee.

## **6.5 QIP implementation review meeting**

Following the presentation to the Quality Committee, the faculty continues to implement the planned QIP recommendations. Approximately 18 months after receiving the QIP template, the Director of Quality organises a QIP implementation review meeting between the dean, Director of Quality and VPAASE (chair). The meeting may also be attended by a recording secretary and, if requested by either the Director of Quality, VPAASE or dean, additional personnel relevant to the implementation of the QIP.

To prepare for the meeting, the faculty summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. The dean 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 VPAASE. A final QIP

implementation summary report is prepared by the QSU (Appendix F) and published on the QSU and faculty's websites. Any remaining open action items are monitored annually by QSU.

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

## **6.6 The faculty's obligations**

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

If the Director of Quality forms an evidence-based opinion that the faculty has failed to satisfy the above obligations, s/he will discuss this with the VPAASE. In consultation with the VPAASE 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 dean.
- A formal 'note of concern' is forwarded by the Director of Quality to the dean, and the dean is invited to the next meeting of the Quality Committee to discuss the concerns.
- Referral to the Executive Committee for action to be taken that the committee deems to be appropriate to the circumstances.
- Subject to the approval of the Executive Committee, the faculty may undergo a special supplementary quality review or a full quality review within a period shorter than the usual seven-year cycle.

## **7 Process verification**

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

The process owner is the Director of Quality.

## 8 Revision history

| Rev. # | Date         | Approved by         | Details of change   |
|--------|--------------|---------------------|---|
| 1      | 18 Sept 2018 | VPAASE              | Initial release   |
| 2      | 28 June 2019 | Director of Quality | References to 'relevant oversight committee' changed to 'Quality Committee'<br>Section 8, Revision history, added   |
| 3      | 28 May 2020  | Quality Committee   | Post review implementation process revised to reflect role of quality committee and provide an opportunity for the unit to formally respond to the recommendations prior to report publication. |

## 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). The structure of the SAR is given in section 3 below. The SAR should be supported by appendices containing the evidence upon which the report is based.

#### 2 General content and approach

The scope and boundaries of the faculty review have been tailored to dovetail with other [cycle 3](#) quality review activities with a view to minimising overlap and repetition. Therefore, for example:

1. Pertinent institutional-wide QA systems will be considered by: (a) the UL institutional review, (b) the review of cornerstone institutional QA processes and (c) the reviews of relevant administrative and support units, such as Graduate and Professional Studies and the Office of the President. Examples of such institutional QA systems include the external examiner system, the quality review system, institutional-wide student feedback mechanisms (exit survey, MSS) and academic regulations.
2. The quality assurance of institutional-wide student and staff support structures will be considered via the quality reviews of relevant administrative and support units, including the Centre for Teaching and Learning, Student Affairs, Library & Information Services Division, Cooperative Education & Careers Division, Information Technology Division, International Education Division, Human Resources Division, Academic Registry and the two students' unions.
3. The quality assurance of many aspects of research activity regulations, procedures and supports will be considered via the quality reviews of (a) the Research Office, (b) the Finance Office, (c) Graduate and Professional Studies and (d) the research institutes.
4. The quality assurance of individual programmes at a granular level is reviewed via the annual and periodic programme review processes.

In consequence, the faculty's self-assessment exercise and SAR should not focus on institutional-wide QA systems, regulations and supports *per se*. Instead, the self-assessment exercise and SAR should focus on:

- How effectively the faculty operationalises institutional QA activities for which the faculty or its constituent schools/departments have responsibility for implementing. Examples of such activities include considering programme modification proposals, annual programme monitoring and periodic review, annual processing of research postgraduate progression, and reviewing and taking follow-up action on the results of student surveys (e.g., exit survey, MSS, ISSE).
- Faculty-level implementation of key institutional wide policies/procedures. (For example, how effectively are the UL academic workload allocation policy,

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

Performance and Development Review System (PDRS) and academic advisor system implemented within the faculty? Are there mechanisms that provide evidence to the faculty that such policies/procedures are being appropriately implemented in all of the faculty's constituent schools/departments?)

- Does the faculty have faculty-level guidelines in place to ensure that relevant institutional-level policies/procedures are consistency interpreted and applied across the faculty? For example, do all the constituent schools/departments operate the same workload allocation model or discretionary bands? If such guidelines do not exist, should they be devised?

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

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

### **3 Sections of the SAR**

The default structure of the SAR is as follows:

- Chapter 1: Mission, strategy and outcomes
- Chapter 2: Organisational structure, management and governance
- Chapter 3: Teaching and related activities
- Chapter 4: Research and related activities
- Chapter 5: Additional faculty activities and linkages

The exact structure and content of the report will most likely evolve while the report is being written. In relation to structure, should the quality team wish to change the number of chapters or the chapter titles as listed above, the quality team leader must consult with and seek approval to do so from the Director of Quality. In relation to content, the quality team must at least consider the topics listed under each chapter title in the sections to follow. The team may wish to re-order or merge topics or include additional topics in order to best 'tell the faculty's own story'. The length of individual chapters will likely vary.

### **3.1 Chapter 1: Mission, strategy and outcomes**

This chapter provides an overview of the faculty and its mission, strategy and stakeholders. The chapter should include an analysis of faculty outcomes and performance in the context of mission and strategy and should review the faculty's overall fitness for purpose and key challenges. Within this chapter, it would be appropriate to:

- Provide a brief introductory overview of UL and its mission, strategy and key organisational structures (academic organisational chart) (for context).
- Provide an overview of the faculty and its mission and strategy and evaluate how well the mission and strategy are aligned to and support those of the university.
- Outline how the faculty mission and strategy are (i) developed, (ii) implemented, (iii) monitored, (iv) reported upon and (v) reviewed. Please include details of how you evaluate the extent to which the implementation of mission and strategy is successful (e.g., via specify key implementation success indicators).
- Provide summary overview details and an evaluation of faculty-level performance/outcomes against key faculty and university strategic goals/objectives/ implementation success indicators (e.g., student numbers, progression rates, development of postgraduate programmes, research performance, internationalisation efforts, etc.). It will likely be appropriate to expand upon relevant elements of these in the remaining chapters.
- Describe and evaluate how the faculty benchmarks its activities and performance/outputs against similar national and international institutions. (For example, how does the faculty become aware of relevant international good practice, trends and performance in other universities and how does it compare its outputs and performance with national and/or international norms?)
- Clearly identify the faculty's stakeholders, both internal and external to UL.
- Provide an overview of key challenges facing the faculty. (It may be appropriate to expand upon individual challenges in later chapters of the SAR.)
- Provide an overall evaluation of the faculty's 'fitness for purpose'.
- Indicate key areas on which the faculty would find reviewer input to be especially useful.
- Provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a solely descriptive manner.

### 3.2 Chapter 2: Organisational structure, management and governance

This chapter describes and evaluates how the faculty organises and governs itself, manages its staff, resources and activities and operates in accordance with key UL policies and systems. Within this chapter, it would be appropriate to:

- Describe the faculty's organisational structure (schools/departments constituting the faculty). Evaluate the appropriateness and effectiveness of this structure in relation to implementing the faculty's and university's mission and strategy. (Issues of relevance could include school/department boundaries, school versus departmental structures, the overall cohesion of the schools/departments as an integrated whole constituting the faculty, etc.)
- Describe the structure and role of the faculty office (e.g., staff profiles and responsibilities, reporting lines). Evaluate the effectiveness of the faculty office in supporting the faculty mission and strategy.
- Describe the faculty's managerial and governance organisational structure (e.g., dean, assistant deans, heads of academic units, faculty managerial committees, faculty board, etc.). Evaluate the appropriateness and effectiveness of this structure in relation to (a) achieving effective governance and oversight at faculty level and (b) implementing the faculty and university mission, strategy and policies. (Are job descriptions and reporting lines clear? Are meetings held regularly? Does the structure facilitate the faculty to identify and consider issues within individual programmes, schools and departments in an effective manner? Does the structure effectively support faculty-level decision-making processes? Does the structure facilitate an appropriate level of cohesion in terms of faculty-wide policies and procedures? Does the structure facilitate faculty-wide adoption of good practice/innovations, etc.?)
- Refer to additional units or entities that are closely aligned to the faculty (e.g., research institutes, hubs, centres, etc.). Outline the managerial/governance relationship between the faculty and the entity (e.g., does the manager/director of the entity report to the faculty dean, etc.) Evaluate the extent to which the relationship is appropriate and effective. (For example, how does the relationship facilitate the faculty to realise its mission and implement its strategy? How could the relationship be changed to better support the faculty to realise its mission and implement its strategy?)
- Analyse how effectively the faculty ensures and monitors compliance with relevant university-level policies and procedures. (For example, how does the faculty monitor the extent to which GDPR, PDRS and workload allocation models are uniformly and systematically applied across the faculty?)
- Outline and evaluate how the faculty identifies, develops, approves, communicates, reviews and monitors the enforcement of faculty-specific policies, guidelines or other similar documents.
- Describe and evaluate the faculty's business/financial operational planning, monitoring and review process.
- Describe and evaluate the processes/mechanisms by which faculty resources are distributed and used to optimise the faculty's operations and performance (e.g., human resources/staffing plans, faculty space allocation, update and replacement of teaching equipment, etc.).

- Describe and evaluate how risks, challenges and opportunities are identified and managed at faculty level.
- Outline and evaluate how the faculty approaches succession planning in relation to key managerial roles of responsibility (e.g., how prospective deans, assistant deans and heads of schools/department are identified and trained, etc.).
- Provide a brief overall evaluation of the extent to which you consider the faculty's organisation, management, staff and facilities are being used to ensure the faculty functions optimally.
- Provide an overview of any key challenges facing the faculty in relation to its structure, organisation, management and governance.
- Please provide any further information you feel is relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a descriptive manner.

### 3.3 Chapter 3: Teaching and related activities

Within this chapter, it would be appropriate to:

- Provide an overview of the suite of taught programmes (undergraduate and postgraduate) delivered by the faculty.
- Describe and evaluate how the faculty ensures the appropriateness of its portfolio of taught programmes (e.g., how it identifies opportunities for new programmes or makes a case to modify existing programmes in response to market demand, how it reviews its programme portfolio and how it decides if a programme should be discontinued).
- Describe and evaluate how the faculty ensures that appropriate resources are in place to underpin the quality of its programmes (new and existing). (For example, equipment, facilities and, in particular, sufficient human resources in the form of an adequate number of staff with appropriate expertise and an appropriate work allocation model.)
- Describe and evaluate how the faculty ensures that entry criteria and numbers onto individual programmes are conducive to the delivery of high-quality programmes. (Please extend the discussion to CAO and non-CAO entry routes as well as, for example, common entry routes.)
- Describe and evaluate how the faculty ensures/oversees the effectiveness of faculty-specific or course-specific elements of new student induction/orientation.
- Consider and evaluate any faculty-specific processes or arrangements aimed at meeting the needs of a diverse student population (e.g., mature, part-time, international and students with disabilities).
- Describe and evaluate how the faculty assures itself of the teaching and assessment skills of current (including new and part-time) academic staff, tutors and demonstrators.
- Evaluate if faculty management has sufficient knowledge and oversight of QA findings relating to individual programmes (e.g., annual programme reports, external examiner reports, student survey reports).
- Evaluate the effectiveness of implementation, monitoring and follow-up of these QA processes at faculty level. (For example, how and by whom are external examiner reports, student survey reports and programme monitoring/review reports

considered within the faculty? How are findings acted upon, and how are students and other relevant stakeholders informed of actions taken?)

- Please provide two or three short exemplar case studies of an issue that was identified via QA processes. Include reference to how the issue was considered and acted upon within the faculty, what the end result was, and how any change in practice, etc., was communicated to the students and other relevant partners/stakeholders. (For example, outline an issue raised in an exit survey and describe how it was followed up.)
- Describe and evaluate the extent to which any pertinent student support arrangements in which the faculty plays a prominent role (e.g., the personal advisor support system) are carried out. It is not necessary to consider supports provided directly by other UL units, such as Student Counselling and the Centre for Teaching and Learning.
- Evaluate the adequacy and effectiveness of faculty and wider university supports to relevant staff members of the faculty to support them to discharge of their teaching and related activities effectively and efficiently.
- Provide an overview of key challenges facing the faculty in relation to taught programmes, teaching and related activities and how these challenges are being or could be addressed.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a solely descriptive manner.

### **3.4 Chapter 4: Research and related activities**

Within this chapter, it would be appropriate to:

- Evaluate the faculty's mission and strategy in relation to research.
- Evaluate faculty-level performance against key faculty and university research-related strategic goals/objectives/KPIs. (For example, publication output and quality, research income generated, research postgraduate numbers, numbers of research-active staff, etc.)
- Describe and evaluate the relationship between the faculty and university research institutes/centres (or cite the relevant section in chapter 1, if appropriate).
- Outline and evaluate the adequacy of institutional-level supports and arrangements in relation to the faculty's research activities.
- Outline and evaluate the appropriateness and effectiveness of any research-related QA processes operationalised by the faculty in respect of its level 9 and 10 research programmes (e.g., oversight of research progression, etc.).
- Outline and evaluate how effectively the faculty operates and ensures integrity and ethical practice when conducting research.
- Evaluate the effect of research on teaching within the faculty and vice versa, as appropriate.
- Outline the main challenges facing researchers in the faculty and how these challenges are being or could be addressed.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice.

Please present the additional material in an analytical rather than a solely descriptive manner.

### **3.5 Chapter 5: Additional faculty activities and linkages**

Within this chapter, please outline and evaluate the appropriateness, effectiveness and quality of all additional faculty activities, including:

- If it has not been addressed in previous chapters of this report, outline the nature of the relationship between the faculty and each of its stakeholders (as identified in chapter 1). Evaluate the appropriateness of the relationship, how it contributes to the faculty and UL mission and strategy and what the actual impact or outcomes of the relationship are. If not already discussed in earlier chapters, please consider internal university relationships (e.g., participation in interfaculty programmes of education) as well as external relationships (e.g., accreditation bodies, professional associations, external collaborators, etc.).
- Briefly describe and evaluate how the faculty identifies new potential partners/stakeholders of strategic importance and how it reviews and evaluates its relationship with existing partners/stakeholders.
- Describe and evaluate the profile and impact of public engagement activities undertaken by the faculty.
- Describe and evaluate marketing-related activities undertaken by the faculty.
- Describe and evaluate how the faculty monitors, reviews and improves its communications strategy and processes with all stakeholders and interested parties, both internal and external to the university.
- Outline the main challenges facing the faculty in respect of these additional faculty activities and linkages and how these challenges are being or could be addressed.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a solely descriptive manner.

### **4 Distribution of material to QSU**

Seven weeks in advance of the QRG visit, soft copies of the final submission (SAR and appendices) must be submitted to the QSU. The QSU will create an interactive file directory comprising the SAR and a table of contents hyperlinked to the appendices on OneDrive for Business / SharePoint. Six weeks prior to the site visit, each member of the QRG will be given access to these files on OneDrive for Business / SharePoint.

It is very important that everyone in the faculty has free access to the final SAR and appendices well before the QRG visit. The dean should arrange for the documents to be made available to all members of the faculty's staff.

## 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.
- **Two senior academics:** Both persons should be external to the Republic of Ireland and working in disciplines that provide them with a strong degree of familiarity with the core activities of the faculty under review. They would typically have a significant international reputation in research or teaching and would come from a prestigious international university or other appropriate institutional setting.
- **Employer representative:** The employer representative is usually somebody who holds a senior position in industry, the commercial sector or an appropriate public or private body. The person should represent an organisation that might reasonably be expected to recruit graduates from at least one of the programmes being offered by the faculty under review. Ideally such a person will have been involved in recruiting or supervising recent graduates and/or work placement students from the faculty being reviewed.
- **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 faculty under review.

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

### QRG appointment

UL 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 Director of Quality consults with the faculty dean and/or independently identifies potential QRG candidates. The Director of Quality exercises due diligence in relation to the suitability of all potential QRG members. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the VPAASE, who then appoints the group. Once appointed and prior to the site visit, any necessary communication between the faculty and members of the QRG will 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

UL asks all members of the QRG to commit to attending the four-day site visit (i.e., Monday evening to Thursday afternoon), to read the SAR and supporting documentation prior to the site visit, to arrive promptly for all meetings during the site visit and to attend the report

read-back session with the unit on Thursday afternoon. Post-visit obligations include responding in a timely manner to follow-up communications and completing and submitting the QRG feedback survey.

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.

The following sections outline the specific roles and responsibilities of (i) the chairperson; (ii) QRG members other than the chairperson; and (iii) the recording secretary.

### **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 10 weeks before the review, read the SAR and offer feedback to the faculty dean or quality team leader.
- Assign to each individual QRG member appropriate section(s) of the SAR for which the member will act as topic coordinator during the site visit.
- Prior to the site visit, outline roles and responsibilities to each member of the QRG.
- Give a verbal briefing to the QRG members at the opening meeting on Monday evening.
- Coordinate the site visit: ensure that all meetings are conducted according to the schedule.
- Encourage reviewers to draft their commendations and recommendations after each session.
- Write the introductory section of the QRG report.
- Facilitate the completion on Thursday morning of commendations and recommendations for the QRG report.
- Read out in its entirety the QRG report or assign sections of the report to members of the QRG to read out at the final meeting with the faculty 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).

In addition, the chair may be requested by the Director of Quality to evaluate and lead on one assigned SAR chapter or topic.

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

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

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

### **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.

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 schedule is included as a guideline only. The final schedule will be circulated closer to the review site visit. The final schedule is set by the Director of Quality.

| <b>Day 1</b>     |                             |  |                             |
|------------------|-----------------------------|--|-----------------------------|
| <b>Monday</b>    |                             |  |                             |
| <b>Time</b>      | <b>Parties</b>              | <b>Agenda</b>  | <b>Location</b>             |
| 19h00            | QRG, DQ, QO                 | Introductory meeting and briefing  | Castletroy Park Hotel (CPH) |
| 19h30            | QRG                         | Dinner   | CPH                         |
| <b>Day 2</b>     |                             |  |                             |
| <b>Tuesday</b>   |                             |  |                             |
| <b>Time</b>      | <b>Parties</b>              | <b>Agenda</b>  | <b>Location</b>             |
| 08h30–08h40      | QRG, VPAASE, DQ, QO         | Welcome  | TBD                         |
| 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 individual meetings.                         | TBD                         |
| 09h40–16h30      | QRG, Dean, staff reps       | Meetings with unit staff, students and stakeholders<br>Lunch and coffee served   | TBD                         |
| 15h30–16h30      | QRG, DQ                     | Review of day's findings. Identification of questions for the following day.   | TBD                         |
| 19h30            | QRG, Dean, QT Leader        | Informal dinner  | CPH                         |
| <b>Day 3</b>     |                             |  |                             |
| <b>Wednesday</b> |                             |  |                             |
| 08h30–09h10      | QRG                         | Private meeting of QRG to plan days sessions   | TBD                         |
| 09h15–14h45      | QRG, Dean, staff reps       | Meetings with unit staff, students and stakeholders<br>Lunch and coffee served   | TBD                         |
| 14h45–16h30      | 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.<br><b>Begin drafting report</b> | TBD                         |
| 18h30            | QRG                         | Email draft commendations and recommendations to technical writer  |                             |
| 19h30            | QRG, DQ                     | Dinner – a chance to relax   | TBD                         |
| <b>Day 4</b>     |                             |  |                             |
| <b>Thursday</b>  |                             |  |                             |
| 08h30–14h45      | QRG, QO                     | Finalisation of QRG commendations and recommendations (including context and rationale).<br>Update VPAASE on review findings   | TBD                         |
| 15h00–15h30      | QRG, DQ, QO, Dean and staff | <b>QRG report read out</b> to unit staff   | TBD                         |

### Key:

|     |                       |        |  |
|-----|-----------------------|--------|--|
| CPH | Castletroy Park Hotel | QT     | Quality team   |
| DQ  | Director of Quality   | TBD    | To be decided  |
| QO  | Quality Officer       | VPAASE | Vice President Academic Affairs & Student Engagement |
| 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 faculty, 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

### Section content

Section 1 is a standard introduction to UL's quality review process. Section 2 is a brief description of the faculty by the faculty 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 faculty at the conclusion of the site visit. Appendices specify the members of the QRG and the faculty's quality team. It is the responsibility of the QSU to complete sections 1 and 2 and the appendices after the visit has been concluded.

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

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

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

- The drafting of the mission statement by all departmental members, following a SWOT analysis, thereby reflecting consensus among staff on a mission that all can identify with and follow, which is very important for cohesion within the School.
- The interdisciplinary, multilingual and research-informed approach to curriculum design and teaching across the School and in collaboration with other UL units.
- The cross-School commitment to the development of technology-enhanced innovations in teaching, learning and assessment, as exemplified by the well-attended regular seminars and the widespread and versatile use of technology developed through empirical research.

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

Section 4.2 lists the QRG's recommendations to the faculty. 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 achieve its mission and 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 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 QRG lists the recommendations as follows:

#### 4.2.1 Level 1 recommendations

| No. | Recommendation | Commentary |
|-----|----------------|------------|
| 1.  |                |            |
| 2.  |                |            |
| 3.  |                |            |
| 4.  |                |            |
| 5.  |                |            |

#### 4.2.2 Level 2 recommendations

| No. | Recommendation | Commentary |
|-----|----------------|------------|
| 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 20 would be appropriate. The inclusion of more than 20 recommendations should be considered very carefully by the QRG in terms of practical implementation.

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

- Articulate clear plans for inter-professional learning, e-learning, distance learning and blended learning.
- Speed up the development of a shared and collectively owned School research strategy.
- Liaise more comprehensively and strategically with Buildings and Estates and with other relevant units to identify needs in terms of space facilities for staff and teaching and the opening hours of buildings.

When writing recommendations, the QRG should bear in mind that the review is of the faculty 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 faculty. The dean 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 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 the Quality Committee:
5. Date on which implementation review meeting with DQ and VPAASE was held:

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

\_\_\_\_\_  
Date

**Notes:**

- + denotes time after the unit receives the QIP template from the Quality Support Unit (QSU)
- DQ = Director of Quality
- 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 Quality Committee |                 |   |                         |                     |                        |
| 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><br>Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved, underline the most appropriate score:<br>0 1 2 3 4 5<br>Any additional comments if appropriate: |                         |                     |                        |

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



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

| <b><u>Acronym</u></b> | <b><u>Meaning</u></b>                                |
|-----------------------|--|
| EHS                   | (Faculty of) Education and Health Sciences           |
| CAO                   | Central Applications Office                          |
| CPH                   | Castletroy Park Hotel                                |
| DQ                    | Director of Quality                                  |
| GDPR                  | General Data Protection Regulation                   |
| ISSE                  | Irish Survey of Student Engagement                   |
| KPIs                  | Key performance indicators                           |
| MSS                   | Module satisfaction survey                           |
| PDRS                  | Performance and Development Review System            |
| QA                    | Quality assurance                                    |
| QI                    | Quality improvement                                  |
| QIP                   | Quality improvement plan                             |
| QQI                   | Quality and Qualifications Ireland                   |
| QRG                   | Quality review group                                 |
| QSU                   | Quality Support Unit                                 |
| QO                    | Quality Officer                                      |
| QT                    | Quality team   |
| SAR                   | Self-assessment report                               |
| SET                   | Student Evaluation of Teaching                       |
| SWOT                  | Strengths, weaknesses, opportunities and threats     |
| UL                    | University of Limerick                               |
| VPAASE                | Vice President Academic Affairs & Student Engagement |