



Quality Review Process for UL Engage

**Revision 1
May 2022**

Contents

1	Quality at the University of Limerick	3
1.1	What do we mean by ‘quality’, ‘quality assurance’ and ‘quality improvement’?.....	3
1.2	UL’s quality review process	3
2	The review of UL Engage	4
2.1	UL Engage	4
2.2	The scope of this quality review	4
2.3	Process authorisation	5
3	The review process	5
3.1	Overview.....	5
3.2	Phases of the review process	5
3.3	Quality Review Process – Key Timelines	6
3.3	Communications, inclusivity and feedback	7
4	The pre-review phase	7
4.1	Self-evaluation exercise.....	7
4.2	Self-assessment report (SAR)	8
4.3	Pre-review phase timeline.....	9
5	The review phase	11
5.1	Purpose of the visit and role of QRG	11
5.2	Composition and appointment of the QRG.....	11
5.3	Preparatory steps	11
5.4	Visit schedule.....	12
5.5	QRG report	12
5.6	Report feedback to the unit	12
5.7	Finalisation and publication of the QRG report	13
6	The post-review phase	13
6.1	The QIP template.....	13
6.2	Formulation of implementation plan	14
6.3	Ongoing implementation of recommendations.....	14
6.4	Presentation to Quality Committee	14
6.5	QIP implementation review meeting	14
6.6	The unit’s obligations	15
7	Process verification	15
8	Revision history	15
	Appendix A: Self-assessment report (SAR).....	16
	Appendix B: List of acronyms used in this document	21

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 UL Engage (sometimes referred to as ‘the unit’ 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 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, staff 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 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](#), as amended by the *Qualifications and Quality Assurance (Education and Training) (Amendment) Act 2019*, 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 Provost and Deputy President (PDP) 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 UL Engage. 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 UL Engage

2.1 UL Engage

UL Engage was established in September 2015. The aim of UL Engage is to integrate civic and community engagement into the University's core missions in research and teaching. It serves as the hub for civic engagement activities across campus and works with all divisions and faculties to amplify, incubate and co-ordinate the various ways that students, faculty and staff in the University of Limerick can work to make a difference.

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 for the UL Engage review incorporate the following:

1. To advise on the structure and governance of UL Engage

2. To advise on the interaction between UL Engage, faculties, professional services units and key stakeholders
3. To advise on the principal activities of UL Engage, including, but not limited to:
 - Engaged Learning
 - Engaged Research
 - Engaged Projects
4. To consider and advise on all aspects of the appropriateness and effectiveness of the structure, infrastructure, governance, management (including budgetary) and operation of UL Engage.
5. To consider the future development of UL Engage in light of the change in line reporting and organisational structure made in September 2020 (i.e. the creation of a new Vice President Global and Community Engagement overseeing UL Global and UL Engage) and the ambitious plans set out in Goal 4 of the recalibrated UL@50 Strategic Plan (approved by the Governing Authority in February 2022) and make recommendations as appropriate.

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. Inclusion of UL Engage in the quality review schedule was approved by the UL Quality Committee on 9th March 2022. 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 UL Engage was approved by the Vice President Global & Community Engagement (Interim) on 8th April 2022 and by the Provost/Deputy President (PDP) on 27th April 2022.

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.

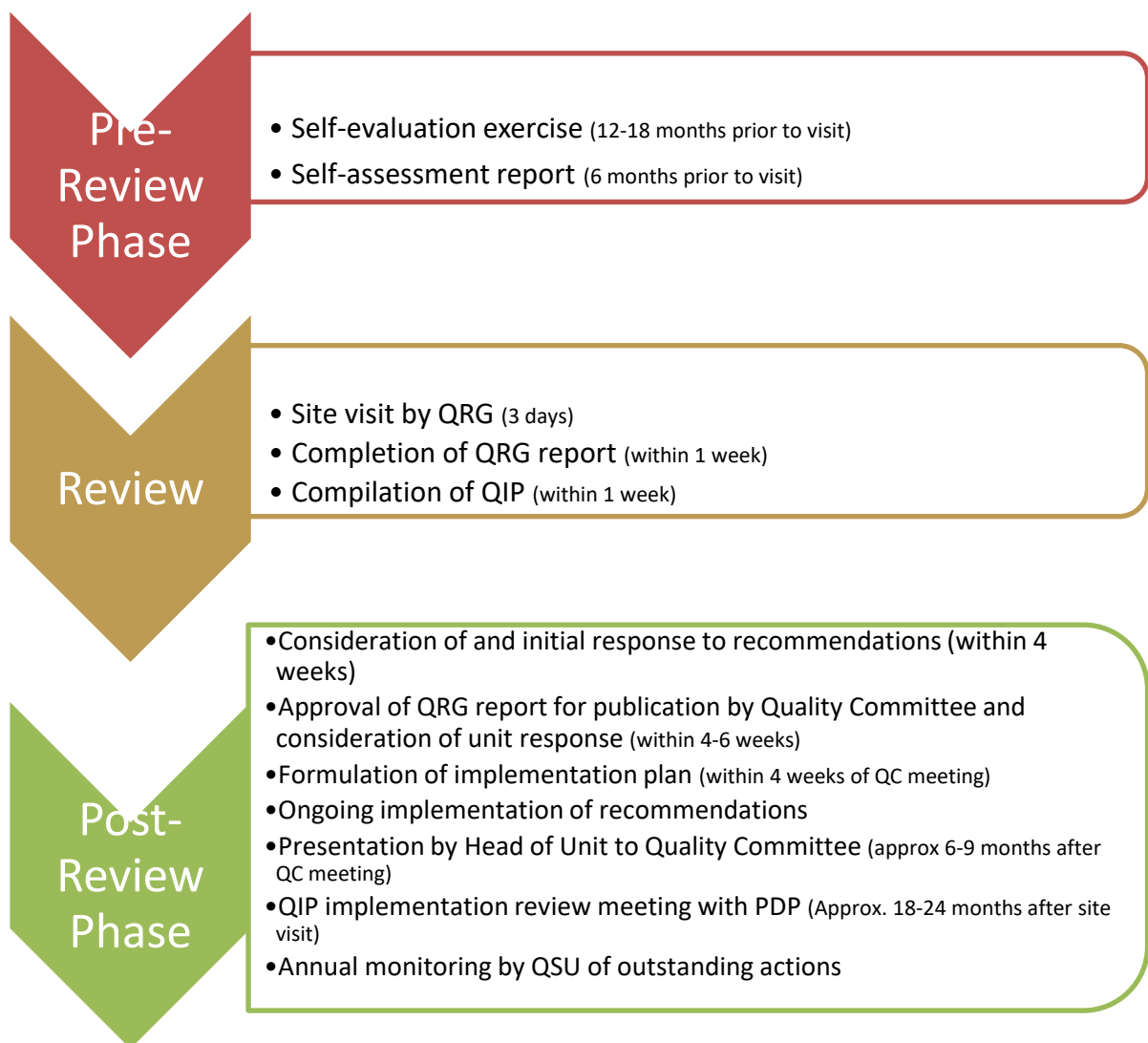
3.2 Phases of the review process

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 onsite¹, 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 PDP
 - vi. Publication of summary outcome on the web.

3.3 Quality Review Process – Key Timelines



¹ On a case by case basis some or all of the review visit may take place online over a 5 day period using MS Teams. A decision will be made on this depending on the prevailing public health guidance or other operational reasons.

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 unit
2. The production of a self-assessment report (SAR) by the unit

4.1 Self-evaluation exercise

4.1.1 General

Led by a quality team comprising staff members of the unit, the self-evaluation exercise should be thorough, should involve staff², students and stakeholder groups and should focus on all the activities and services of the unit. The use of an external facilitator with relevant experience of SWOT (strengths, weaknesses, opportunities and threats) analysis and strategic planning can be beneficial to the unit when conducting the exercise.

4.1.2 Quality team

The first step of the process is for the Head of Unit to appoint a quality team from within the unit. Where the unit is small or the review topic spans a range of units, the quality team may be drawn from representative units. Typically comprising approximately 8 to 10 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 of the team (referred to as the quality team leader) should be a senior member of the unit. The quality team should be as representative as possible of the staff profile of the unit. The unit must inform the QSU of the names of the quality team members.

² Reference to staff members of the unit throughout this document refers to the members of staff of the unit office and the unit's seven constituent academic units.

4.1.3 Self-evaluation activities

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

- A SWOT analysis
- 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 unit's performance

Reports gathered through the above activities should be included as appendices to the self-assessment report. The unit should also draw on other pre-existing data, such as external examiner reports, annual programme review reports and quality review reports of the unit'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 unit's performance. The SAR is confidential to the unit and will not be seen by persons other than staff members of the unit, the PDP, the QSU and the QRG without the prior consent of the Head of Unit.

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.

4.2.2 Structure

The SAR should typically be up to 40 pages in length³ (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). 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: Engaged learning, research and related activities
- Chapter 4: Additional unit activities and linkages

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

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

4.2.3 Content

The SAR should accurately describe the unit'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 unit 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 unit 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 unit must email the finalised SAR and appendices to the QSU. All staff in the unit must have access to the final report and appendices. This can be achieved by placing the material in a location that is only accessible to the unit'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 unit) reads the SAR to check for factual errors or the presence of statements that might be considered ambiguous, potentially biased or potentially misleading. Any concerns identified will be passed on in writing by the Director of Quality (or his/her nominee) to both the unit's quality team and the QRG for their consideration in an evidence-based manner during the site visit.

If the SAR makes negative reference to the services (or lack thereof) provided by another UL unit or third party, the unit 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.

Self-evaluation exercise [optional items in square brackets]	Deadline in months/ weeks*	Self-assessment report (SAR) [optional items in square brackets]
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	Circulate draft SAR within unit for consultation/feedback
	-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
	-7w	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 unit 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 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 report, at the heart of which are both commendations and recommendations to the unit.

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 Unit Head of Unit and/or independently identifies potential candidates. The Director of Quality takes due diligence in relation to the suitability of all potential QRG members. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the PDP, who then appoints the members. Once appointed and prior to the 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.

5.3 Preparatory steps

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

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

These brief overviews are circulated to all members of the QRG before the visit and form the basis of the initial questioning and discussions during the visit. These briefs will *not* be

made available to the unit. It may be the case that additional material is required; if so, the chair requests the unit, through the QSU, to prepare and provide such material.

5.4 Visit schedule⁴

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

Beginning on Wednesday afternoon and concluding on Wednesday evening, members of the QRG draft those sections of the report for which they are taking the lead. Thursday morning is spent sharing the drafts and finalising the report while working as a team. The finalised report is read back to the unit'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 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 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 the [Academic Unit Reports](#) and [Support Unit Reports](#) pages of the QSU website for access to previous reports.⁵

5.6 Report feedback to the unit

It is key to the success of the review that the findings of the QRG be made available promptly to all staff members of the unit. This is achieved in three 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 the report available to the Head of Unit strictly for the purpose of checking for factual errors.
3. All recommendations are extracted from the report by QSU and forwarded to the Head of Unit for initial response (i.e. 'accept in full', 'accept in part/modified form' or 'rejected'. Where a recommendation is rejected, it must be supported by succinct

⁴ These timelines are indicative and may change if the review takes place online

⁵ These reports are from previous quality review cycles. The structure of the unit QRG report will be substantially similar to them but will be tailored by the QSU to best suit the scope of the unit review.

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 unit's websites. The Quality Committee also review the Unit'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 unit's websites.

6 The post-review phase

Implementing the QIP is the responsibility of the unit and, ultimately, the Unit Head of Unit. The QSU plays a largely coordinating role in the process. In addition to the Head of Unit, the Quality Committee and the PDP 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 unit level. Responsibility for following up on such recommendations will be assigned by the PDP.

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 Unit response
3. Formulation of implementation plan
4. Ongoing implementation of recommendations
5. Interim progress report to the Quality Committee
6. Implementation review meeting with PDP
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. Once the QRG report has been published following approval by the Quality Committee, the QSU revises the QIP template to take note of the unit's response. The revised QIP is sent to the unit for action.

The Unit Head of Unit is responsible for ensuring the QRG recommendations are implemented, and the QIP template is designed to facilitate the Head of Unit to do this effectively. The template, which cannot be modified by the unit, 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

The Head of Unit will appoint a QIP implementation team to help the unit fully implement the QIP. The QIP implementation team can comprise, for example, the unit 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 unit 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 Head of Unit 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 Head of Unit, 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 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 members of the Quality Committee.

6.5 QIP implementation review meeting

Following the presentation to the Quality Committee, the unit continues to implement the planned QIP recommendations. Approximately 18-24 months after receiving the QIP template, the Director of Quality organises a QIP implementation review meeting between the Head of Unit, Director of Quality and PDP (chair). The meeting may also be attended by a recording secretary and, if requested by either the Director of Quality, PDP or Head of Unit, additional personnel relevant to the implementation of the QIP.

To prepare for the 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 PDP. A final QIP implementation summary report is prepared by the QSU and published on the QSU and unit's websites. Any remaining open action items are monitored annually by QSU.

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

6.6 The unit’s obligations

The Director of Quality must be assured that the unit 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 unit has genuinely made all reasonable efforts to implement the QIP and that the unit 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 unit has failed to satisfy the above obligations, s/he will discuss this with the PDP. In consultation with the PDP 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.
- A formal ‘note of concern’ is forwarded by the Director of Quality to the Head of Unit, and the Head of Unit 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 unit 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 Unit Head of Unit and unit 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	5 May '22	VPGCE PDP	Initial release

Appendix A: Self-assessment report (SAR)

1 Overview

The self-assessment report (SAR) should typically be up to 40 pages in length⁶ (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 unit 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 unit'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 unit operationalises institutional QA activities for which the unit 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).
- Unit-level implementation of key institutional wide policies/procedures. (For example, how effectively are the UL academic workload allocation policy, Performance and Development Review System (PDRS) and academic advisor system implemented within the unit? Are there mechanisms that provide evidence

⁶ Based on Calibri size 12, single-line spacing, MS Word standard margins

to the unit that such policies/procedures are being appropriately implemented in all of the unit's constituent schools/departments?)

- Does the unit have unit-level guidelines in place to ensure that relevant institutional-level policies/procedures are consistency interpreted and applied across the unit? 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 unit 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 unit.
- The self-assessment of the quality of the unit's activities must include a clear and prominent focus upon the unit's overall fitness for purpose and performance (e.g., setting key performance indicators (KPIs) where appropriate, attaining targets and evaluating the unit'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 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, the PDP 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.

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: Engaged learning, research and related activities
- Chapter 4: Additional unit 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 unit'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 unit and its mission, strategy and stakeholders. The chapter should include an analysis of unit outcomes and performance in the context of mission and strategy and should review the unit'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 summary overview details and an evaluation of unit-level performance/outcomes against key unit and university strategic goals/objectives/implementation success indicators.
- Describe and evaluate how the unit benchmarks its activities and performance/outputs against similar national and international institutions. (For example, how does the unit 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 unit's stakeholders, both internal and external to UL.
- Provide an overview of key challenges facing the unit. (It may be appropriate to expand upon individual challenges in later chapters of the SAR.)
- Provide an overall evaluation of the unit's 'fitness for purpose'.
- Indicate key areas on which the unit 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 unit 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 structure and role of the unit (e.g., staff profiles and responsibilities, reporting lines). Evaluate the effectiveness of this structure in relation to (a) achieving effective governance and oversight at unit level and (b) implementing the unit and university mission, strategy and policies. (Are job descriptions and reporting lines clear? Are meetings held regularly? Does the structure facilitate the unit to identify and consider issues within individual programmes, schools and departments in an effective manner? Does the structure effectively support unit-level decision-making processes? Does the structure facilitate an appropriate level of cohesion in terms of unit-wide policies and procedures? Does the structure facilitate unit-wide adoption of good practice/innovations, etc.?)
- Analyse how effectively the unit ensures and monitors compliance with relevant university-level policies and procedures. (For example, how does the unit monitor the extent to which GDPR, PDRS and workload allocation models are uniformly and systematically applied across the unit?)

- Describe and evaluate the unit's business/financial operational planning, monitoring and review process.
- Describe and evaluate the processes/mechanisms by which unit resources are distributed and used to optimise the unit's operations and performance (e.g., human resources/staffing plans, unit space allocation etc.).
- Describe and evaluate how risks, challenges and opportunities are identified and managed at unit level.
- Provide a brief overall evaluation of the extent to which you consider the unit's organisation, management, staff and facilities are being used to ensure the unit functions optimally.
- Provide an overview of any key challenges facing the unit 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: Engaged learning, research and related activities

Within this chapter, it would be appropriate to:

- Provide an overview of the suite of teaching, research and related activities undertaken by the unit.
- Evaluate the unit's mission and strategy in relation to engaged activity.
- Consider and evaluate any unit-specific processes or arrangements aimed at meeting the needs of a diverse student/community population (e.g., mature, part-time, international and students with disabilities).
- 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 unit, what the end result was, and how any change in practice, etc., was communicated to the students and other relevant partners/stakeholders.
- Describe and evaluate the relationship between the unit and university faculties, research institutes/centres and professional service units (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 unit's engaged activities.
- Outline and evaluate how effectively the unit operates and ensures integrity and ethical practice when conducting research and community engagement.
- Evaluate the effect of research on teaching within the unit and vice versa, as appropriate.
- Provide an overview of key challenges facing the unit in relation to teaching, research 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: Additional unit activities and linkages

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

- If it has not been addressed in previous chapters of this report, outline the nature of the relationship between the unit and each of its stakeholders (as identified in chapter 1). Evaluate the appropriateness of the relationship, how it contributes to the unit 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 as well as external relationships.
- Briefly describe and evaluate how the unit 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 unit.
- Describe and evaluate marketing-related activities undertaken by the unit.
- Describe and evaluate how the unit 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 unit in respect of these additional unit 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 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 available to all members of the unit's staff.

Appendix B: List of acronyms used in this document

<u>Acronym</u>	<u>Meaning</u>
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
PDP	Provost and Deputy President
PDRS	Performance and Development Review System
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QSU	Quality Support Unit
QT	Quality team
RC	Review Coordinator
SAR	Self-assessment report
SET	Student Evaluation of Teaching
S&E	(Unit of) Science and Engineering
SWOT	Strengths, weaknesses, opportunities and threats
UL	University of Limerick
VPGCE	Vice President Global & Community Engagement (Interim)