



# Report of the Quality Review Group to the Health Research Institute

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UL QSU Website	<a href="http://www.ul.ie/quality">www.ul.ie/quality</a>
Unit Website	<a href="https://www.ul.ie/hri/">https://www.ul.ie/hri/</a>
QQI Website	<a href="http://www.qqi.ie">www.qqi.ie</a>

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## The UL Quality Review Process

The University of Limerick (UL) follows an established process for quality assurance (QA) and quality improvement (QI) in line with that originally developed jointly by the Irish Universities Association (IUA) and the Irish Universities Quality Board (IUQB), the latter whose functions are now carried out by Quality and Qualifications Ireland ([QQI](#)). The review process involves an approximate seven-year cycle during which each unit works to improve the quality of its programmes and services and undergoes a rigorous self-evaluation prior to a quality review by internationally recognised experts in the relevant field.

The common framework adopted by the Irish universities for their QA/QI systems is consistent with both legislative requirements and international good practice. The process itself evolved as a result of the Universities Act, 1997, in which the responsibility for QA/QI was placed directly on the individual universities. The process now 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](#). The UL Quality Support Unit (QSU) website ([www.ul.ie/quality](http://www.ul.ie/quality)) provides details on the process.

Academic units are reviewed against international standards as described in the document *Quality Review Process for Academic Units*, which is available on the [QSU website](#). The planned schedule of quality reviews for both academic and support units is available on the [QSU website](#).

The UL quality review process comprises the following three phases:

1. Pre-review phase, in which the unit under review conducts a self-evaluation exercise and writes a self-assessment report (SAR).
2. Review phase, in which a quality review group comprising external experts, both national and international, review the SAR, visit the unit, meet with stakeholders and produce a report (this report), which is made publicly available on the [QSU website](#).
3. Post-review phase, in which the unit considers the report and responds to the recommendations of the QRG, devises plans to implement them and reports implementation progress to the University Quality Committee and UL senior management.

The recommendations made by the quality review group (QRG) form the basis of a quality improvement plan (QIP) prepared by the QSU for the unit under review. Once the site visit is over, the unit sets about evaluating and implementing the recommendations, as appropriate.

Approximately seven to nine months after receiving the QIP template from the QSU, the head of unit provides a summary overview of progress to the university's Quality Committee. Committee members are afforded the opportunity to discuss and evaluate progress.

Approximately 18 months after receiving the QIP template, the head of unit, Provost and Deputy President, Vice President Research, Dean (where relevant) and Director of Quality meet to formally review progress and to agree on any remaining actions to be taken.

## Summary Details of the Health Research Institute

The University of Limerick (UL) was founded as the National Institute for Higher Education, Limerick in 1972 and was granted university status in 1989. UL has grown continually since its founding, and now has more than 16,500 registered students, of whom over 800 are postgraduate research students. There are 735 academic staff and research staff. The 148-hectare campus has benefited from both government and private investment from overseas donors, which has, collectively, funded the construction of buildings with a total floor area of over 250,000 square meters, including 409 laboratories. UL's programmes are offered through [24 academic units](#) grouped into four faculties: Arts, Humanities & Social Sciences; Business; Education & Health Sciences; and Science & Engineering.

While the main focus of UL during the late 20th century was science and technology, the first decade of the 21st century saw the University launch undergraduate programmes in nursing and midwifery, allied health disciplines and graduate-entry medicine. As the staff base in these disciplines increased, the health-related research of these and other academic departments contributed significantly to the University's research portfolio.

The [Health Research Institute](#) (HRI) was founded in 2014 to encapsulate health-related research from UL, the affiliated University of Limerick Hospitals Group (ULHG) and the MidWest Community Healthcare Organisation (MWCHO). ULHG comprises six hospital sites in the mid-west, serving a population of 473,269. The MWCHO provides community health and personal social services to a population of 384,988.

The development of the HRI was supported by a donation from Atlantic Philanthropies, a US-based philanthropic organisation that has contributed to the expansion of UL. A total of €10 million in support, invested through the University of Limerick Foundation, was given by Atlantic Philanthropies to developing the HRI at a rate of €1 million per annum from 2014. From the time this funding concludes at the end of the 2022/23 academic year, the HRI's operations will be funded directly by the UL Research Office and from a share of the overheads from external research funding awards.

The HRI has been built upon the unique blend of research disciplines that emerged during the development of health-related teaching and activity across UL. These disciplines are encapsulated in three research themes (on which section 1.3.1 provides details).

The HRI Clinical Research Support Unit ([HRI-CRSU](#), referred to as CRSU from here on) was established in 2014 as an integral part of the HRI. Since 2017, the CRSU is based in the University Hospital Limerick (UHL)/UL shared Clinical Education and Research Centre (CERC) based on the UHL campus (see section 2.1.3 for details). The UL-supported CRSU supports HRI members to carry out clinical research projects. The Clinical Research Unit (CRU), which is jointly supported by the Health Service Executive (HSE) and UL, works to support externally funded clinical research studies in UHL and in satellite ULHG hospitals. The work of the CRU occurs in the CRSU facility

The HRI is governed by an Executive Committee and led by a director. The HRI Director reports to the UL Vice President (VP) Research and Dean of the Faculty of Education & Health Sciences (EHS).

## Preliminary Comments of the Quality Review Group (QRG)

The Quality Review Group (QRG) wishes to express its gratitude to the staff of the Health Research Institute (HRI) for their engagement with the quality review process. The HRI Director and colleagues produced an excellent self-assessment report (SAR) which reflects their open and analytical approach to the process. The HRI also provided a library of supporting documents and responded readily to the QRG's requests for additional information and documents. Their frank and cordial engagement with the QRG during the virtual site visit, and that of their stakeholders, both internal and external to the University of Limerick (UL), greatly facilitated the work of the QRG.

It is clear that the HRI has had a substantial impact since its establishment in 2014. The QRG welcomes the timing of this review in providing an opportunity for the HRI to 'take stock' and to refocus its strategic and operational plans in the short to medium term. The QRG members, acting as 'critical friends' of the Institute, hope that their recommendations will complement and synergise with those of the recent scientific review of the HRI in setting out a roadmap for future development.

The multidisciplinary nature of the HRI is a real strength from a strategic perspective, joining laboratory, clinical and applied research with policy and practice, and it is entirely coherent with the University's strategy. However, as the Institute has developed, the initial basis of research themes has morphed into parallel research programmes driven by clusters which arguably dilutes the clarity of focus. The implementation of a new membership structure is timely and should provide an important opportunity to recognise more appropriately the importance of research-active healthcare professional colleagues and of early-/mid-career researchers to the HRI. It was abundantly clear to the QRG that the HRI is a valued partner within the 'ecosystem' that comprises UL, the University of Limerick Hospitals Group (ULHG) and the Mid-West Community Healthcare Organisation (MWHCO), with many excellent examples of collaborative research, and that the Institute and its members enjoy positive working relationships both inside and beyond the University. However, it was clear also that some stakeholders perceive a sub-optimal alignment of the current HRI strategy with clinical research priorities; the ongoing strategic planning process should provide an opportunity to address this issue.

One of the key issues identified by the Institute and endorsed by the QRG is that of the sustainability of the HRI following expiration of the current Atlantic Philanthropies grant funding which, directly or indirectly, accounts for some 84 per cent of the Institute's annual income. The QRG encourages the HRI to work with the University to ensure long-term core funding support, perhaps in the context of the development of a unified funding model for UL's research institutes.

The QRG is grateful to the Review Coordinator, the Director of Quality and the Quality Support Unit (QSU) staff for their support and guidance throughout the review process. The review followed a clear and well-structured timeline, and the work of the QRG was facilitated by regular communications from the Review Coordinator, excellent guidance documents and impressive use of technology. Given the ongoing constraints imposed by the COVID-19 pandemic, the review site visit took place virtually. The manner in which this was managed and supported by the QSU permitted the QRG to maximise their interactions with staff and stakeholders, thereby losing little of the face-to-face experience. The QRG appreciated the opportunity to meet with members of the University senior management at the start of the site visit, which provided an essential strategic overview.

## QRG Commendations and Recommendations

### Commendations

The QRG commends the following:

1.	The excellent progress in the HRI's activities and impact in the eight years since the Institute was established.
2.	The HRI's inclusive approach to membership to date and the recognition that changes are required now to membership structure.
3.	The coherent and well-structured composition and reporting lines for the HRI Executive.
4.	The committed and well-structured Operations Team with complementary roles, skill sets and expertise providing a comprehensive range of services to Institute members and stakeholders.
5.	The very well-documented policies and procedures across the range of HRI operations.
6.	The good access to and interaction with UL support functions, in particular the Research Office.
7.	The clearly beneficial promotion by the HRI of opportunities for networking and interdisciplinary collaboration in the health research space among UL and ULHG staff, with, for example, the monthly seminar/lunch for members providing a good opportunity for HRI members to get to know others in the Institute.
8.	The valuable support for research clusters which has been highly effective in promoting outputs, in particular for newly emerging areas.
9.	The development of the PG/PD Hub which has greatly benefited the postgraduate students in particular and has strengthened their involvement with the HRI.
10.	The HRI's engagement with an external scientific review of the Institute and its commitment to including the results of that review in the future strategy for the HRI.
11.	The Institute's recent steps to establish an international advisory board.

## Recommendations

The QRG recommends the following:

### Level 1 recommendations

No.	Recommendation	Commentary
1.	Work with the University to ensure long-term core funding support, perhaps in the context of the development of a unified funding model for UL's research institutes.	The HRI has depended heavily since its inception on funding derived from, or substituting for, external philanthropic support. The future development of the HRI (and of the University's other institutes) will be crucially dependent on secure, ongoing core funding from UL.
2.	Review the research focus of the HRI and ensure alignment with the UN sustainable development goals (SDGs) and with the research priorities of relevant stakeholders in the University.	The University is explicitly including SDGs in its strategic planning; therefore, aligning with this approach will make sense for the HRI. Currently, the research priorities of some stakeholders in the University, specifically the School of Medicine, are not fully recognised.
3.	Implement a new HRI membership structure and, inter alia, consider a) According full membership status to research fellows, postdoctoral researchers and research collaborators in the ULHG and MWCHO. b) Removing the requirement for members to hold permanent, full-time contracts with UL.	A new HRI membership structure will be key to reinforcing the importance and status of Institute membership. The QRG welcomes the new membership model put forward by the HRI but considers that, in its current form, it does not go far enough to foster the meaningful involvement of early-/mid-career researchers and clinicians. The requirement for members to hold permanent, full-time contracts with UL excludes researchers who may have a lot to offer and to gain from the HRI.
4.	Review and clarify the relative functions and terms of reference for the HRI and the Health Sciences Academy (HSA), and optimise governance arrangements to promote collaboration.	Clarification of the character of these two entities will allow them to grow mutually beneficial relationships. There is space to increase collaboration and synergies between the HRI and the HSA, and to increase mutual awareness between the two groups.
5.	Work with the University to strengthen the HRI's role in faculty appointment strategy and decision making, including creating more joint appointments between UL and the Health Service Executive (HSE) in line with HRI research priorities.	This will allow the HRI to build its research strength through strategic appointments within UL faculties and between UL and the HSE. Growing the number of joint appointments between UL and the HSE will increase the likelihood of appointing research-active clinicians and will enable clinical careers with protected time for research.
6.	Pursue plans and funding opportunities to build a shared facility for core HRI staff, for some research	In the long term, despite the changes to work patterns forced by the pandemic, a shared facility for researchers within the Institute will be critical to long-term identity and cohesion. It will increase visibility of the HRI and provide vital resources (such as lab space,

	groups/clusters and for HRI shared resources and activities.	meeting rooms and 'hot-desk' facilities) to enable a vibrant research portfolio.
7.	Seek to reposition and reconfigure the Clinical Research Support Unit (CRSU) as a shared resource for the HRI, the ULHG and the MWCHO.	This will increase the likelihood of developing 'critical mass' to attract significant industry-funded clinical trials of new therapeutic agents and medical devices and strengthen links with clinical researchers including those in the Cancer Clinical Trials Unit. The QRG recognises that this may involve applications for funding to support the recruitment of additional full-time equivalent staff within the CRSU.
8.	Reconsider performance metrics for documenting members' output, increasing the emphasis on actual impact on health in addition to traditional academic metrics such as journal impact factors.	The assessment of output, impact and research performance is a rapidly moving area, and it will be important for HRI processes to keep pace with developments such as the Declaration on Research Assessment (DORA).

## Level 2 recommendations

No.	Recommendation	Commentary
1.	Include representatives of the UL School of Medicine, the ULHG, the MWCHO and the HSA in the ongoing process to finalise the HRI Strategic Plan.	This will permit the broader perspectives of these key stakeholders to be taken into account in shaping the development of the Institute in the short to medium term.
2.	Expand membership of the HRI Executive to include representation of the ULHG, the MWCHO and the UL School of Medicine.	Given the Institute's mission to enhance health and wellbeing through person-centred research, these entities should, in the view of the QRG, have a role in the management of the Institute in order to promote the engagement of clinicians.
3.	Include a PG and a PD researcher representative as members of the HRI Executive and on other relevant boards and committees.	PG and PD researchers make up a significant proportion of the Institute's members, and their involvement in its management and governance will recognise their role and importance.
4.	Work with the University and the ULHG to seek representation for the HRI on the Clinical Education and Research Centre (CERC) Management Board.	As an important partner within CERC, the HRI should be represented in the governance structure.
5.	Support all researchers in the HRI to secure external research funding and	The availability of seed funding has been crucial to the development of current and emerging clusters. However, in the future, limiting dependence on UL



	reduce dependence on internal UL funding.	funding will be key to husbanding the resources of the HRI.
6.	Simplify HRI application procedures for financial support for Open Access (OA) publishing, review selection criteria and ensure alignment with UL agreements with publishers.	The selection criteria seem, in the view of the QRG, to be too exclusive. Simplifying and promoting OA publishing will maximise the research impact of HRI outputs.
7.	Refocus support initiatives within the HRI to prioritise explicitly the development of early-/mid-career researchers. An example would be to limit eligibility for financial support for conference attendance to PG and PD researchers.	This would provide real benefits to the PG and PD researcher cohorts within the HRI, while also recognising their importance to the Institute.
8.	Provide administrative support for the PG/PD Hub as required.	The PG/PD Hub has had a very positive impact on the PhD students and postdocs. To guarantee continuing viability, some additional supports appear to be needed.
9.	Work with the University to develop mechanisms and resources to support collaboration with industry partners.	Existing industry partners speak positively about collaborations with the HRI and expressed a desire to develop further collaborative work. There are considerable opportunities for collaboration with locally based industry partners which could leverage benefits for the HRI and UL.
10.	Work with the University to explore the possibility of developing a framework agreement with clinical partners who are not HRI members to facilitate project 'ownership', management of research funds and data sharing.	Some collaborative research projects with hospital- and community-based partners will not fit within the University's research management structures, and a broader framework will be necessary to allow them to proceed in parallel.
11.	Work with the University to ensure coherence in the promotion of research ethics and integrity between research institutes, schools and faculties within UL.	The QRG recognises the priority placed on research integrity by the HRI but was made aware of some inconsistencies in policies and procedures more broadly.

## Appendices

### A Membership of the QRG

Prof David Croke	Retired Director of Quality Enhancement, RCSI, Professor Emeritus, RCSI
Prof Sarah Purdy	Pro Vice-Chancellor for Student Experience, University of Bristol
Prof Molly Byrne	Professor of Health Psychology, NUI, Galway
Prof Jaap van Dieën	Head of Department, Faculty of Behavioural and Movement Sciences, Vrije Universiteit Amsterdam
Ms. Eimear Curtin	Postgraduate Students, NUI Galway
Ms. Ailish O'Farrell (Recording secretary)	Technical Writer, Ireland

### B Membership of Health Research Institute Quality Team

Name	Role
Prof. Alan Donnelly	HRI Director and Professor in the Department of Physical Education and Sport Science
Ms. Goretti Brady	HRI Operations Manager
Ms Marie-Therese Hayes	HRI Clinical Operations Manager
Dr Imelda Doolan	Research Funding Officer, HRI
Dr Pepijn van de Ven	Senior Lecturer in the department of Electronic & Computer Engineering, Faculty of Science and Engineering, at the University of Limerick (UL)
Prof. Rose Galvin	Senior Lecturer in Physiotherapy, UL
Ms. Gene O'Sullivan	Senior Administrator – Projects Coordinator, HRI