



Quality Review Process of Professional Support for Research at UL

July 2022

Contents

1	Quality at the University of Limerick	1
1.1	What do we mean by ‘quality’, ‘quality assurance’ and ‘quality improvement’?.....	1
1.2	UL’s quality review process	1
2	The review of Professional Support for Research at UL	2
2.1	Professional Support for Research at UL.....	2
2.2	The scope of this quality review	3
2.3	Process authorisation	4
3	The review process	4
3.1	Overview.....	4
3.2	Phases of the review process	4
3.3	Quality Review Process – Key Timelines	5
3.3	Communications, inclusivity and feedback	6
4	The pre-review phase	6
4.1	Self-evaluation exercise.....	6
4.2	Self-assessment report (SAR)	7
4.3	Pre-review phase timeline and responsibilities	8
5	The review phase	10
5.1	Purpose of the visit and role of QRG	10
5.2	Composition and appointment of the QRG.....	10
5.3	Preparatory steps	10
5.4	Visit schedule and responsibilities.....	11
5.5	QRG report	11
5.6	Report feedback to the project team, relevant staff and stakeholders.....	12
5.7	Finalisation and publication of the QRG report	12
6	The post-review phase	12
6.1	The QIP template.....	13
6.2	Formulation of implementation plan	13
6.3	Ongoing implementation of recommendations.....	14
6.4	Interim presentation of progress to Quality Committee	14
6.5	QIP implementation review meeting	14
6.6	Engagement with the quality review process	14
7	Process verification	15
8	Revision history	15
	Appendix A: Self-assessment report (SAR).....	16
	Appendix B: Rationale for areas out of scope	23
	Appendix C: List of acronyms used in this document	24

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. Often areas of enhancement can be found where a process crosses functional boundaries. In some areas, a more thematic or process-based approach to review may be appropriate. This document provides guidelines in relation to the 'thematic' quality review process of Professional Support for Research at UL (referred to as 'thematic area' in this document), considering cross-university professional supports for research. This is the first 'thematic' quality review that has been conducted as part of the internal quality assurance framework at UL.

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, thematic 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 professional 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. An example of a thematic area process improvement would be analysing where the professional support post-award for research crosses the functional boundaries of the Vice President Research (VPR) office and that of HR, with a view to identifying and implementing ways of improving services to researchers.

1.2 UL's quality review process

1.2.1 Purpose

The purpose of the quality review process, with a specific emphasis on thematic review, is to:

- Provide a structured opportunity to engage in periodic and strategic evidence-based self-reflection and assessment of the quality of activities and processes within the 'thematic area' and to identify opportunities for quality improvement
- 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 activities and processes within the 'thematic area'
- Provide a framework by which quality improvements are implemented within the 'thematic area' in a verifiable manner

- Provide UL, its researchers, staff and other stakeholders with independent evidence of the quality of the cross functional activities undertaken within the ‘thematic area’
- Ensure that all UL units and ‘thematic areas’ 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](#)
- Satisfy good international practice in the context of quality assurance in higher education and research, meeting statutory QA requirements as enshrined in relevant national or European 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 Vice President Research. If agreement cannot be reached, the matter is referred to the Provost and Deputy President (PDP) for a final decision. Any such modifications are noted at the Quality Committee

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 thematic area of Professional Support for Research at UL. 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 Professional Support for Research at UL

2.1 Professional Support for Research at UL

The ‘thematic area’ of Professional Support for Research at UL incorporates the policies, processes, procedures and systems that enable funded (external or internal) research and

knowledge transfer to take place. It encompasses cross-university professional supports for research including those provided by Office of the Vice President Research, Research Finance, Research Contracts, Technology Transfer Office, Procurement and Human Resources.

2.2 The scope of this quality review

The scope of this thematic quality review is to focus on the systems and processes which enable funded (external or internal) research and knowledge transfer to take place. In order to examine this, the effectiveness of the policies, processes, procedures and systems that relate to research and knowledge transfer across the following divisions/units will be reviewed and areas for improvement identified:

- Office of the Vice President Research
- Research Finance
- Research Legal support unit (LSU)
- Technology Transfer Office
- Procurement
- Human Resources

A team (referred to as 'project team' in this document) comprising key stakeholders from each of these divisions/units will lead on the quality review process and take responsibility for the synthesis of a self-assessment report (SAR). This scope is informed by related reviews of our Institutes, Centres, Faculties together with ongoing stakeholder feedback throughout 2020-2022 as part of the UL@50 institutional strategy and research strategy 2022-2027 consultation activity.

The terms of reference for the thematic review of Professional Support for Research at UL requires the project team to consider and advise on the appropriateness and effectiveness of the following:

- existing and planned strategy and policy development and implementation in support of research.
 - This area will examine research performance monitoring, strategic planning implementation, workforce/recruitment planning, capital & systems infrastructure planning, operational model, policy development and implementation.
- existing pre-award supports for the research lifecycle with specific focus on research funding, budget development and approval.
- existing post-award supports for the research lifecycle with specific focus on research projects technology transfer, procurement, financial set up and reporting, research contracts and legal.
- recruitment and onboarding and set-up support for research-funded staff and principal investigators.
- supports for compliance with regulatory and statutory obligations.
- supports for research performance reviews (including reporting).

Out of Scope

The following are out of the scope of this quality review¹:

- Postgraduate Research Students
- Research integrity & ethics
- Glucksman Library
- Overheads Policy
- Faculty/Institute/Externally Funded Centre
- Intellectual Property (IP) Policy

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. This thematic approach to the review of the Research Office as a review of Professional Support for Research at UL was approved by the UL Quality Committee on 5th May 2021. The Quality Committee approved the scope of the review on 1st June 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/'thematic areas' themselves. This guidelines document for the quality review of Professional Support for Research at UL was approved by the Provost/Deputy President (PDP) on 25th July 2022 and by the VPR on 28th July 2022.

3 The review process

3.1 Overview

UL's thematic quality review process begins with self-evaluation of the 'thematic area' by the project team. This is followed by peer review, which leads to the formulation and implementation of enhancement activities. The scope of the review encompasses only the 'thematic area' under review but extends to related activities of other units, as specified in the scope. It does not extend to areas not specified in the scope or to UL as a whole, which is subject to a cyclical institutional-level quality review process. The peer review of the thematic area is conducted by an independent quality review group (QRG) comprising a chairperson, senior peers, internal UL representative 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 the internal project teams.

3.2 Phases of the review process

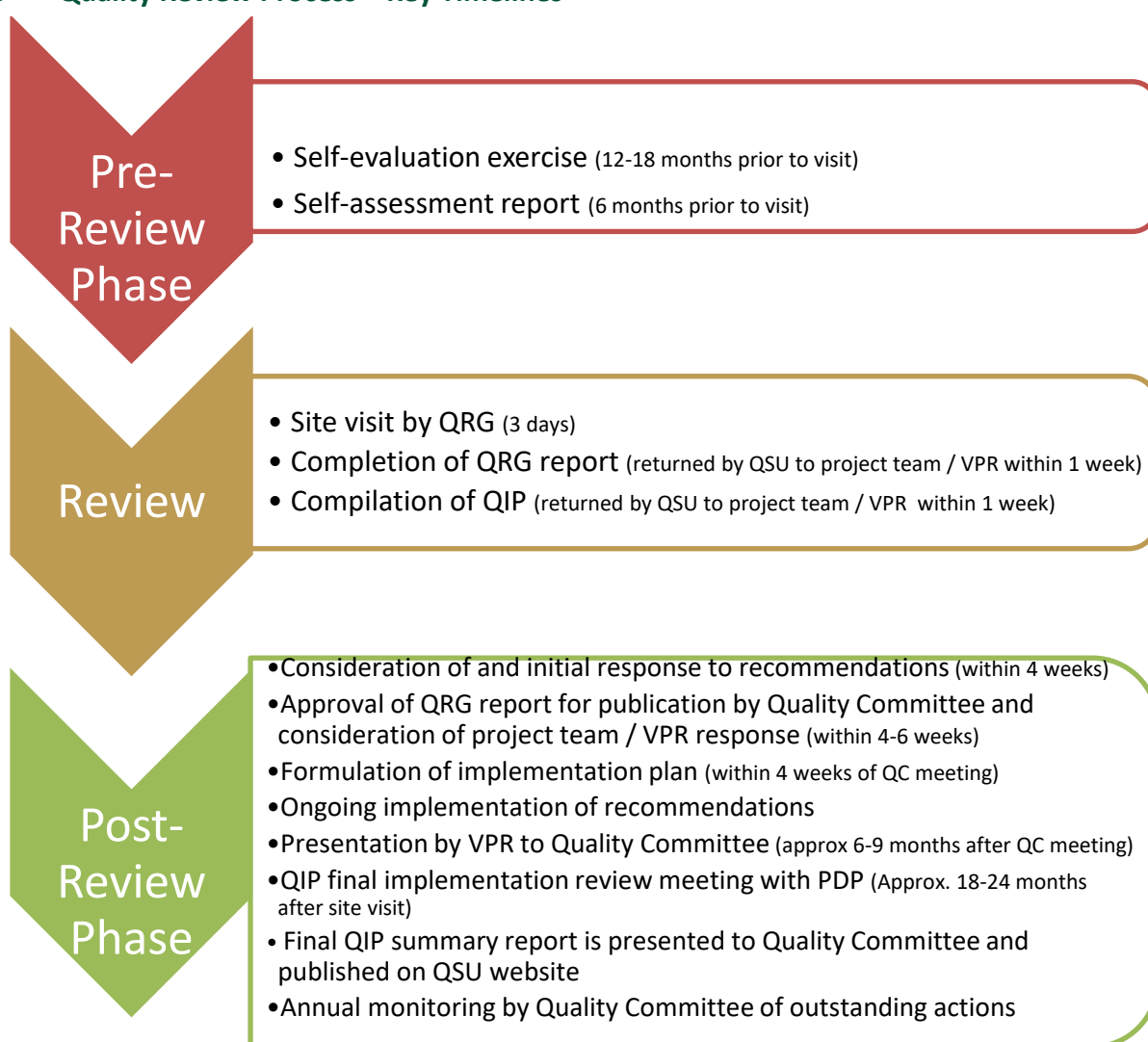
The review process has three distinct phases:

1. Pre-review phase, which includes:
 - i. A self-evaluation exercise conducted by the project team on the thematic area
 - ii. The production of a self-assessment report (SAR) by the project team

¹ Refer to Appendix B for rationale on out-of-scope areas

2. Review phase: An onsite², three-day review of the thematic area 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 project team, led by the VPR
 - ii. Approval of QRG report for publication by Quality Committee and consideration of project team response
 - iii. Ongoing implementation of recommendations
 - iv. Presentation by the VPR to the Quality Committee on all recommendations
 - v. Implementation review meeting with PDP
 - vi. Publication of quality improvement plan summary outcome on the QSU website.

3.3 Quality Review Process – Key Timelines



² 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 project team take due cognisance of any such input received during the process.
- The QRG report and final QIP implementation summary report are published on the QSU website, 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 of the thematic area conducted by the project team
2. The production of a self-assessment report (SAR) on the thematic area by the project team

4.1 Self-evaluation exercise

4.1.1 General

Led by a project team comprising staff members representing each of the units outlined in the scope, the self-evaluation exercise should be thorough, and reflect input of relevant staff³, researchers and stakeholder groups and should focus on all the activities and services contributing to the thematic area.

4.1.2 Project team

The first step of the process is for the VPR to appoint a project team with representatives from each of the areas specified in the scope. These representatives should have knowledge and direct experience within the thematic area. Typically comprising approximately 8 to 10 persons, the team should be put in place at least 10 months before the scheduled QRG visit. The VPR must be a member of the team but does not have to act as chairperson. The chairperson of the team (referred to as the project team leader) should be a senior member within the VPR Office. The project team should be as representative as possible of the staff

³ This refers to all relevant staff across all units referred to in the scope, that contribute to the thematic area under review.

profile across the areas specified in the scope. The project team lead must inform the QSU of the names and roles of the project team members.

4.1.3 Self-evaluation activities

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

- A SWOT (strengths, weaknesses, opportunities and threats) analysis
- Analysis of related reviews of Research Institutes, Centres, Faculties together with ongoing stakeholder feedback throughout 2020-2022 as part of the UL@50 institutional strategy and research strategy planning consultation activity.
- Gathering and analysing stakeholder feedback via surveys, focus groups or other mechanisms, as appropriate
- Data gathering and analysis (e.g. comparative statistics; analysis of feedback received from participants undertaking workshops, courses or other initiatives; stakeholder feedback throughout 2020-2022 as part of the UL@50 institutional strategy and research strategy planning consultation activity)
- Any other activities that the project team believes would contribute to an evidence-based evaluation of the performance of professional support for research at UL.

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

4.2 Self-assessment report (SAR)

4.2.1 General

Six months prior to the review, the project 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 thematic area's performance. The SAR is confidential and will not be seen by persons other than the project team, relevant staff members of the contributing areas, the PDP, the QSU and the QRG without the prior consent of the VPR.

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 length⁴ (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: Strategy and policy development
- Chapter 2: Pre-award supports for research
- Chapter 3: Post-award supports for research

⁴ Based on Calibri size 12, single-line spacing, MS Word standard margins

- Chapter 4: Recruitment and onboarding
- Chapter 5: Supports for regulatory, statutory and compliance reviews
- Chapter 6: Supports for research performance reviews (including reporting)

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

4.2.3 Content

The SAR should accurately describe the strengths and weaknesses of the thematic area 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 relevant members of the thematic area 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 thematic area 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 be followed by a telephone discussion between the project 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 project team must upload the finalised SAR and appendices to online portal provided by the QSU. All relevant members of the thematic area 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 relevant members of staff, such as SharePoint or a shared drive.

Six weeks before the review visit, the QSU grants each member of the QRG access to the SAR and appendices to. Before granting access to the documentation, 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 project 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 project team 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 and responsibilities

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 project 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	[Project team leader and QRG chair discuss draft]
	-7w	Upload final draft of report and files to online portal provided by QSU
	-7w	**QRG granted online access to SAR (QSU responsibility)
	-2w	Respond to requests for additional data
	Actual dates	QRG visit

* Number of months/weeks prior to QRG visit

** QSU responsibility

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 UL senior management, the project team, representatives of the units involved in the thematic area 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 activities and processes within the thematic area, to investigate issues identified in the SAR and to reassure themselves that the SAR is a comprehensive and accurate reflection of the operations of the thematic area. The visit enables the QRG to meet and enter dialogue with staff, researchers and other stakeholders, tour the relevant 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 for the thematic area.

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 VPR 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 VPR. Once approved by the VPR, the PDP appoints the QRG members. Once appointed and prior to the visit, any necessary communication between members of the project team (and/or staff within units contributing to the thematic area) 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 uploaded to the online Quality Review portal and the QSU grant the QRG access to this portal. 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. The QSU will provide an online template to the QRG via the Quality Review portal prior to the site visit. Individual QRG members will be asked to contribute to this online template by completing 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 identified for further enhancement in the SAR
- Potential questions to be posed for each topic

The online template will be available to all members of the QRG before the visit and will form the basis of the initial questioning and discussions during the visit. The QRG briefs will *not* be made available to the project team. It may be the case that additional material is required; if so, the chair requests the project team, through the QSU, to prepare and provide such material.

5.4 Visit schedule⁵ and responsibilities

The Director of Quality (and/or nominee) will develop a schedule for the Quality Review in consultation with the QRG chair. The chair of the QRG will approve the final site visit schedule. The QSU will invite the appropriate members of the University Executive to the introductory session on the first day and to the senior management feedback session on the final day. It is the responsibility of the project team/their nominee(s) to identify and invite all other stakeholders to meet with the QRG during the site visit⁶.

The visit to UL usually commences on Tuesday morning and concludes on Thursday at approximately 16h00. The QSU will organise an online briefing meeting with the QRG one week in advance of the site visit. During the site visit, the QRG meets UL senior management, the project team, relevant staff members contributing to the thematic area 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 thematic area 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. [Previous Quality Review Group reports](#) are available on the QSU website for the [current review cycle](#) and [previous review cycle](#).⁷

⁵ These timelines are indicative and may change if the review takes place online

⁶ Where a review is being held virtually via MS Teams, the QSU will send online meeting links to participants to join the relevant sessions. The unit under review/thematic area is responsible for providing a list of participants for each session on the site visit schedule to the QSU. It is important that unit under review/thematic area has contacted each of the participants on the list in advance to ensure that they agree to meet with the QRG prior to providing the list to the QSU.

⁷ The structure of the unit QRG report will be substantially similar to these reports but will be tailored by the QSU to best suit the scope of the specific review.

5.6 Report feedback to the project team, relevant staff and stakeholders

It is key to the success of the review that the findings of the QRG be made available promptly to all relevant staff members contributing to the thematic area under review. 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 all relevant staff members contributing to the thematic area under review. No paper copy of the report is made available at this stage.
2. Immediately after the visit, the QRG chairperson formally approves the report. The QSU then makes the report available to the VPR and/or project team lead strictly for the purpose of checking for factual errors.
3. All recommendations are extracted from the QRG report by QSU into an online QIP template and shared with the VPR and/or nominee(s) 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 justification. The online QIP template is updated the VPR and/or nominee(s) and is circulated by the QSU to 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) recommend to Executive Committee that the QRG report for publication on the QSU website. The Quality Committee also review the VPR'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.
- (iv) After approval by Executive Committee, the final report is published on the QSU website.

6 The post-review phase

Implementing the QIP is the responsibility of the project team, relevant staff members contributing to the thematic area and, ultimately, the VPR. The QSU plays a largely coordinating role in the process. In addition to the VPR, 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 units/thematic areas may be pursued at university level rather than at thematic area 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 VPR's 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. Final QIP implementation summary is presented to Quality Committee
8. Publication of QIP implementation summary on the web

6.1 The QIP template

The QRG recommendations and progress towards their implementation are recorded in a quality improvement plan (QIP). An online QIP template that is pre-populated with the QRG recommendations is shared by the QSU with the VPR and/or nominee(s) of the VPR. This happens within one week of the conclusion of the site visit. The project team, led by the VPR, provides an initial response to each of the recommendations, as outlined in Section 5.6 of this document. Both the initial response and the QRG report are presented by the QSU to Quality Committee. The Quality Committee will:

1. Consider the initial response and may provide feedback on same to the VPR.
2. Approve the QRG report and recommend to Executive Committee the publication of same on the QSU website.

The QIP on the QSU SharePoint site is the master version and is updated by the VPR and/or nominee(s) as appropriate. The current version of the QIP is presented to Quality Committee at key stages in the post-review process.

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

- The VPR's response to the recommendation
- Specific actions to be taken by the VPR and/or nominee(s) 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 VPR will appoint a QIP implementation team to lead the implementation of the QIP. The QIP implementation team can comprise, for example, the project team and relevant staff from areas contributing to the thematic area.

6.2 Formulation of implementation plan

Within four weeks of receiving the 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, the cross-functional QIP implementation team leads on the implementation of the recommendations, updating the QIP template accordingly. Approximately six months after receiving the online QIP template, the QIP implementation team carries out a brief, interim self-assessment of progress made in relation to the implementation of recommendations and records the assessment in sections 5 and 6 of each page of the QIP. The VPR reviews the online QIP and confirms with the QSU that this can be shared with Quality Committee.

6.4 Interim presentation of progress to Quality Committee

The VPR, who is responsible for the implementation of the QIP, is invited by the Quality Committee chair to deliver a short presentation at the next committee meeting. The VPR may invite additional personnel relevant to the implementation of the QIP to this meeting. While the VPR may wish to provide an initial overview commentary on the QRG report, the presentation will focus on 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 VPR 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 VPR, 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 VPR, additional personnel relevant to the implementation of the QIP.

To prepare for the meeting, the VPR and/or nominee(s) summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. The VPR and/or nominee(s) updates the QIP 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, presented to Quality Committee and published on the QSU website.

The implementation of the QIP must be evidence-based. The VPR 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 for 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 QIP implementation team in the completed QIP.

6.6 Engagement with the quality review process

The Director of Quality must be assured that the VPR, project team and relevant staff contributing to the thematic area have 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

all reasonable efforts have been made to implement the QIP and that a sufficiently compelling justification has been provided in cases where a recommendation has been rejected.

If the Director of Quality forms an evidence-based opinion that the above obligations have not been satisfied, 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 VPR.
- A formal 'note of concern' is forwarded by the Director of Quality to the VPR, and the VPR 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 thematic area 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 VPR and project 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	28 th July 2022	VPR PDP	Initial release

Appendix A: Self-assessment report (SAR)

1 Overview

The self-assessment report (SAR) should typically be up to 40 pages in length⁸ (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 thematic 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 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 Office of the Vice President Research (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 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:

- Thematic area implementation of key institutional wide policies/procedures. Are there mechanisms that provide evidence that such policies/procedures are being appropriately implemented across the areas contributing to the professional supports for research at UL?
- Are there guidelines in place to ensure that relevant institutional-level policies/procedures are consistency interpreted and applied across the areas contributing to the professional supports for research at UL?

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 areas contributing to the professional

⁸ Based on Calibri size 12, single-line spacing, MS Word standard margins

supports for research at UL, 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 project team.
- The self-assessment of the quality of the activities within the thematic area must include a clear and prominent focus upon the overall fitness for purpose and performance (e.g. setting key performance indicators (KPIs) where appropriate, attaining targets and evaluating the outputs and their impact, particularly upon researchers 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 areas contributing to the professional supports for research and university. The review ethos emphasises the mutually supportive and constructive spirit underpinning interaction between the thematic area staff, stakeholders, 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: Strategy and policy development
- Chapter 2: Pre-award supports for research
- Chapter 3: Post-award supports for research
- Chapter 4: Recruitment and onboarding
- Chapter 5: Supports for compliance with regulatory and statutory obligations
- Chapter 6: Supports for research performance reviews (including reporting)

The exact structure and content of the report will most likely evolve while the report is being written. In relation to structure, should the project team wish to change the number of chapters or the chapter titles as listed above, the project team leader must consult with and seek approval to do so from the Director of Quality. In relation to content, the project 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 thematic area's own story'. The length of individual chapters will likely vary.

3.1 Chapter 1: Strategy and policy development

This chapter provides an overview of existing and planned strategy and policy development and implementation in support of research. It should include an analysis of research outcomes and performance in the context of research mission and strategy and should review the overall fitness for purpose and key challenges.

Within this chapter, it would be appropriate to:

- Describe and evaluate:
 - strategic planning implementation
 - the structure and role of the team for research (e.g. staff profiles and responsibilities, reporting lines).
 - policy development and implementation
 - research performance monitoring
 - workforce/recruitment planning
 - capital and systems infrastructure planning
 - the operational model (operational aspects in support of policy)
 - how the thematic area benchmarks its activities and performance/outputs against similar national and international institutions. (For example, how does the thematic area 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?)
- Provide:
 - a brief introductory overview of UL and its research mission, strategy and key organisational structures (for context).
 - a summary overview and an evaluation of research performance/outcomes against key university strategic goals/objectives/ implementation success indicators.
 - an overview of key challenges facing the thematic area. (It may be appropriate to expand upon individual challenges in later chapters of the SAR.)
 - an overall evaluation of the ‘fitness for purpose’ of the professional supports for research at UL.
- Clearly identify the thematic area’s stakeholders, both internal and external to UL.
- Indicate key areas where reviewer input would 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: Pre-award supports for research

This chapter describes and evaluates how the pre-award supports for research are organised and governed, and how resources and activities operate in accordance with key UL policies and systems.

Within this chapter, it would be appropriate to:

- Describe and evaluate:
 - the structure and role of the pre-awards support for research (e.g. staff profiles and responsibilities, reporting lines) and the effectiveness of this structure in relation to:
 - achieving effective governance and oversight at thematic area level and
 - implementing the research and university mission, strategy and policies.
 - Are job descriptions and reporting lines clear?
 - Are meetings held regularly?
 - Does the structure facilitate the identification and consideration of issues within individual unit and across the functional boundaries of related units/divisions?
 - Does the structure effectively support decision-making processes that impact the performance of professional support for research across UL?
 - Does the structure facilitate an appropriate level of cohesion in terms of policies and procedures across all areas involved in the professional support for research across UL?
 - Does the structure facilitate adoption of good practice/innovations, etc.?)
 - how effectively compliance with relevant university-level policies and procedures is ensured and monitored across all areas contributing to professional support of research across UL. (For example, how GDPR and research policies are uniformly and systematically applied across relevant areas?)
 - the business/financial operational planning, monitoring and review process.
 - the processes/mechanisms by which resources are distributed and used to optimise the operations and performance (e.g. human resources/staffing plans, RSS, Finance, HR, Legal etc.).
 - how risks, challenges and opportunities are identified and managed.
- Provide:
 - a brief overall evaluation of the extent to which you consider how organisation, management, staff and facilities are being used to ensure the professional support functions optimally.
 - an overview of any key challenges faced in relation to structure, organisation, management and governance of the pre-award support function.

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: Post-award supports for research

This chapter describes and evaluates how the post-award supports for research are organised and governed, and how resources and activities operate in accordance with key UL policies and systems.

Within this chapter, it would be appropriate to:

- Describe and evaluate:
 - the structure and role of the post awards support for research (e.g. staff profiles and responsibilities, reporting lines) and the effectiveness of this structure in relation to:
 - achieving effective governance and oversight at thematic area level and
 - implementing the research and university mission, strategy and policies.
 - Are job descriptions and reporting lines clear?
 - Are meetings held regularly?
 - Does the structure facilitate the identification and consideration of issues within individual unit and across the functional boundaries of related units/divisions?
 - Does the structure effectively support decision-making processes that impact the performance of professional support for research across UL?
 - Does the structure facilitate an appropriate level of cohesion in terms of policies and procedures across all areas involved in the professional support for research across UL?
 - Does the structure facilitate adoption of good practice/innovations, etc.?) the business/financial operational planning, monitoring and review process.
 - the processes/mechanisms by which resources are distributed and used to optimise the operations and performance (e.g. human resources/staffing plans.).
 - how risks, challenges and opportunities are identified and managed.
- Provide:
 - a brief overall evaluation of the extent to which you consider how organisation, management, staff and facilities are being used to ensure the professional support functions optimally.
 - an overview of any key challenges faced in relation to structure, organisation, management and governance of the post-award support function.

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.

3.4 Chapter 4: Recruitment and onboarding

This chapter describes and evaluates how the recruitment and onboarding supports for research are organised and governed, and how resources and activities operate in accordance with key UL policies and systems.

Within this chapter, it would be appropriate to describe and evaluate:

- the formal processes surrounding recruitment.
- a typical onboarding process and the various additional requirements for research contracts.
- these processes with respect to their responsiveness and agility, and how they support the specific requirements of recruitment for research projects by way of SWOT analysis.

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: Supports for compliance with regulatory and statutory obligations ~~review~~

This chapter describes and evaluates the organisation and governance of the supports for compliance with regulatory and statutory obligations, and compliance with UL policies and procedures. The chapter also describes and evaluates how resources and activities operate in accordance with key UL policies and systems.

Within this chapter, it would be appropriate to describe and evaluate:

- the processes in place for ensuring compliance with regulatory obligations
- the processes in place for ensuring compliance with statutory obligations
- how compliance is ensured and facilitated to allow PIs be able to focus on the science/research?
- how effectively compliance with relevant university-level policies and procedures is ensured and monitored across all areas contributing to professional support of research across UL. (For example, how GDPR and research policies are uniformly and systematically applied across relevant areas?)

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.

3.6 Chapter 6: Supports for research performance reviews (including reporting)

This chapter describes and evaluates how the support for research performance reviews are organised and governed, and how resources and activities operate in accordance with key UL policies and systems. Within this chapter, it would be appropriate to describe and evaluate the:

- processes surrounding support for research performance reviews

- processes surrounding support for research performance reporting and matrices (rankings etc.)
- process by which research performance data is made available at a department and an institutional level.

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, the SAR and appendices must be uploaded by the project team to the online portal provided by the QSU. The QSU will create a separate online quality review portal for the QRG. Six weeks prior to the site visit, each member of the QRG will be given access to this online quality review portal with all of the relevant documentation pertinent to the quality review.

It is very important that all staff members contributing to the thematic area have access to the final SAR and appendices well before the QRG visit. The VPR and/or nominee(s) should arrange for the documents to be made available to all members of the unit's staff.

Appendix B: Rationale for areas out of scope

- **Postgraduate Research Students**
 - Processes to support postgraduate research students are outside of scope of this review. While the access to research funding to recruit postgraduate research students falls within the remit of pre-award, the relationship focus for these divisions is with the principal investigator involved. The postgraduate research student relationship lies with Graduate and Professional Studies and the Departments and Faculties.
- **Research integrity & ethics**
 - The areas of research integrity & research ethics are subject to internal and external review through our membership of the National Research Integrity Forum and UL Research Ethics Group (ULREG) reporting to Academic Council. The Research Integrity Policy was audited and approved by UL Internal Audit in December 2020.
- **Glucksman Library**
 - The Glucksman Library were subject to a quality review in 2019. It is proposed that the recommendations from this review are examined and referenced as supplementary information in this review.
- **Overheads Policy**
 - The research overheads policy is currently being reviewed via UL's internal policy development and review process.
- **Faculty/Institute/Externally Funded Centre**
 - Faculty-level, Institute and externally funded centre support functions are outside of the scope of the review. Faculty-level supports are incorporated as part of faculty quality reviews. Institute level supports are also incorporated into their own quality reviews (Bernal quality review completed in 2021, HRI external review in 2021, and HRI quality review scheduled in 2022). However, recommendations from the Bernal and HRI quality reviews together with faculty reviews and other relevant internal/external reviews will inform this activity providing key stakeholder feedback. Externally funded centres are subject to substantial funder reviews, recommendations from these reviews will also inform this exercise.
- **Intellectual Property (IP) Policy**
 - A range of adjustments were made to the UL IP Policy in 2020 to align our knowledge transfer related policies and procedures with HEA Governance Statement requirements, the National IP Protocol and also recommendations made by UL auditors. UL's activity in this area is subject to ongoing external review as part of external funding via Knowledge Transfer Ireland.

Appendix C: List of acronyms used in this document

<u>Acronym</u>	<u>Meaning</u>
DQ	Director of Quality
GDPR	General Data Protection Regulation
HR	Human Resources Division
IP	Intellectual Property
KPIs	Key performance indicators
PDP	Provost and Deputy President
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QSU	Quality Support Unit
SAR	Self-assessment report
SWOT	Strengths, weaknesses, opportunities and threats
TTO	Technology Transfer Office
UL	University of Limerick
UL@50	UL Strategic Plan 2019-2024
VPR	Vice President Research