
# Quality Review Process of Research Ethics at UL

November 2023

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# 1 Quality at the University of Limerick

The periodic quality review of functional units (academic, research and support) at the University of Limerick (UL) represents a cornerstone institutional quality assurance/quality improvement mechanism. 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 Research Ethics at UL. 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 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 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 Research Ethics 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 Research Ethics at UL

## 2.1 Research Ethics at UL

The 'thematic area' of Research Ethics at UL incorporates the governance, policies, processes, procedures, systems and supports that ensure ethical research at UL.

## 2.2 The scope of this quality review

The scope of the review is to focus on the systems and processes which support the implementation of good ethical approval processes and management of research ethics promotion, procedures, and advice in the University. In order to examine this, the effectiveness of the governance documents, processes, procedures and systems that relate to research ethics as managed by the UL Research Ethics Governance committee (ULREG), Faculty Research Ethics Committees (RECs), and the animal science REC will be reviewed and areas for improvement identified. This scope is informed by engagement between the Quality Support Unit and ULREG (which oversees the above-named RECs), the outcomes of the recent thematic review of professional supports for research, and good governance practice nationally and internationally.

The review will

- Consider and advise on the appropriateness and effectiveness of existing processes in the area of research ethics. This area will examine research ethics application adjudication, strategic oversight of research ethics processes, and appeals processes.
- Consider and advise on the appropriateness and effectiveness of existing research ethics governance structures.
- Consider and advise on the appropriateness and effectiveness of existing research ethics systems infrastructure.
- Consider and advise on the appropriateness and effectiveness of research ethics policy and procedure development, and implementation.

**Out of scope:**

**Research integrity, data protection, and other research-related University policy:** The area of research integrity is subject to internal and external review through our membership of the National Research Integrity Forum and as described through the UL Policy Management Framework. Similarly, policies such as those in the area of Intellectual Property, Conflict of Interest and health research are managed in line with the Policy Management Framework and the requirements of external parties (such as Knowledge Transfer Ireland in the case of IP and CofI).

## 2.3 Process authorisation

This thematic approach to the review of the Research Ethics was approved by the UL Quality Committee on 13th September 2023. It was approved by Academic Council on 4th October 2023. 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 Research Ethics at UL was approved by the Vice President Research on 24th November 2023 and by the Provost/Deputy President (PDP) on 27th November 2023.

# 3 The review process

## 3.1 Overview

UL's thematic quality review process beings 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 all faculties, as specified in the scope. It does not extend to areas specified as 'out of scope'. 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.

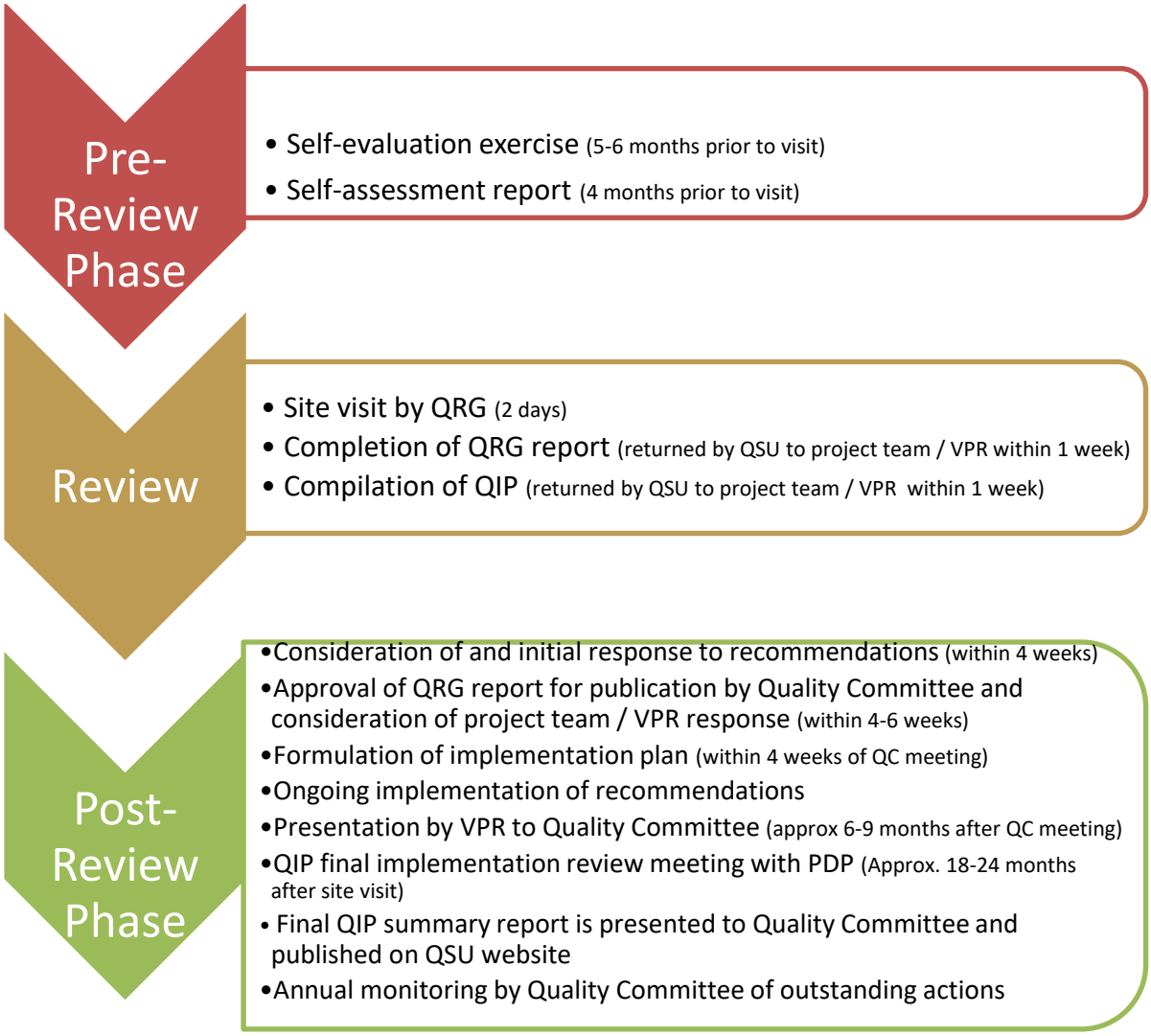
The quality review process is framed by national legislation and international good practice. In addition, enhancements to the process are driven by feedback collected systematically by the QSU from both the members of the quality review groups and the internal project teams.

## 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
2. Review phase: An onsite, 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




### 3.4 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 the Office of VP Research and the four faculties, the self-evaluation exercise should be thorough, should involve all relevant staff[1], researchers and stakeholder groups and should focus on all the activities and services contributing to the thematic area. The use of an external facilitator with relevant experience of SWOT (strengths, weaknesses, opportunities and threats) analysis and strategic planning can be beneficial when conducting the exercise.

### 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 approximately 5 months before the scheduled QRG visit. 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 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 analysis
- Analysis of related reviews of Research Institutes and Faculties, Thematic Review of Professional Supports for Research, together with ongoing stakeholder feedback throughout 2020-2022 as part of the UL@50 institutional strategy and research strategy planning consultation activity.
- Analysis of recommendations arising from inter-department audit of Research Ethics at UL.
- Gathering and analysing stakeholder feedback via surveys, focus groups or other mechanisms, as appropriate.

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

- Any other activities that the project team believes would contribute to an evidence-based evaluation of the performance of research ethics 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

Four to five 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 25-30 pages in length[2] (approx. 10,000–12,000 words) and must not exceed 40 pages. The SAR should be structured in discrete sections (chapters). Chapter headings are as follows:

- Chapter 1: Research Ethics Governance Structures
- Chapter 2: Research Ethics Policy and Procedure Development and Implementation
- Chapter 3: The Research Ethics Application Process
- Chapter 4: Research Ethics Systems Infrastructure

### 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, audits, 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.

[2] Based on Calibri size 12, single-line spacing, MS Word standard margins

### 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 8 weeks before the review visit. This can beneficially 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

Six 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.

Once uploaded, 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 5-6 months (22 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 | -5-6m | |
| Liaise with the QSU on identifying potential QRG members | -5-6m | |
| Finalise plans for self-evaluation and SAR | –24w | |
| [Engage and brief technical writer] | –24w | |
| Identify and request relevant data | –22w | |
| [Engage in SWOT/strategic planning exercise] | –22w | |
| Arrange focus group meeting(s) | –22w | |
| Finalise analysis of stakeholder feedback | –20w | |
| Prepare support documents and data | –20w | Start drafting SAR |

| | | |
|---|---|---|
| | -18w | Circulate draft SAR within unit for consultation/feedback |
| | –17w | **Finalise and brief QRG (QSU responsibility) |
| | –16w | Finalise SAR and appendices |
| | –15w | Give draft SAR and appendices to technical writer (if engaged) |
| | –10w | Circulate draft SAR within the unit |
| | –8w | [Draft SAR to QRG chair for review] |
| | –7w | [Project team leader and QRG chair discuss draft] |
| | –6w | Upload final draft of report and files to online portal provided by QSU |
| | –6w | **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 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 for this thematic review will consist of 3 members.

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 two members; this decision will be taken by the Director of Quality in consultation with the QRG chairperson.

### 5.3 Preparatory steps

Six 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 schedule 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 visit.

The visit to UL for this review will be for 2 days. 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.

Members of the QRG draft those sections of the report for which they are taking the lead. The afternoon of the second day will be spent sharing the drafts and finalising the report while working as a team. The finalised report is read back to the unit's staff on the final afternoon.

### 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. 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.[3]

### 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 second day, 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 Quality 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

[3] 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.

QRG chair, who then works with the QRG to respond or amend the report appropriately.

(iv) After approval by Quality 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, Academic Council 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 by Quality Committee and Academic Council.
3. Formulation of implementation plan
4. Ongoing implementation of recommendations
5. Interim progress report to the Quality Committee and Academic Council
6. Implementation review meeting with PDP
7. Final QIP implementation summary is presented to Quality Committee and Academic Council
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 Chair of ULREG, provides an initial response to each of the recommendations, as outlined in Section 5.6 Report feedback to the project team, relevant staff and stakeholders 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 and Chair of ULREG.

2. Approve the QRG report and recommend to the Quality 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 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 presented to Quality Committee. The Director of Quality/nominee presents this to the Quality Committee agenda at the next scheduled meeting.

### 6.4 Interim presentation of progress to Quality Committee and Academic Council

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. A similar presentation shall be made to Academic Council.

### 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 Academic Council 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 | 28th July 2022 | VPR<br>PDP | Initial release |
| 2 | 24 Nov '23<br>27 Nov '23 | VPR<br>PDP | Minor modifications specifically tailored to thematic review of Research Ethics.<br>Post implementation section includes oversight of implementation by Academic Council in addition to Quality Committee |