



Quality Review Process for UL Postgraduate Students' Union

June 2024

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1 Quality at the University of Limerick

1.1 What do we mean by ‘quality’, ‘quality assurance’ and ‘quality improvement’?

The quality of an activity or process is a measure of its ‘fitness for purpose’. ‘Quality assurance’ (QA) refers to actions taken to monitor, evaluate and report upon the fitness for purpose of a particular activity in an evidence-based manner, while ‘quality improvement’ (QI) (sometimes referred to as ‘quality enhancement’) refers to initiatives taken to improve the fitness for purpose of the target activity/process. QA and QI are intrinsically linked, and often the term QA is taken to incorporate QI activity. QA/QI activities are applied at institutional, unit and individual (personal) level. Continual improvement is achieved by applying QA/QI on an ongoing basis.

In a university context, typical activities or processes include teaching and assessment, research, curriculum development and a myriad of support services provided by support units. At the University of Limerick (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.

The periodic quality review of functional units (academic and support) within the university represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for the ULPSU (‘the unit’).

1.2 The quality review process

1.2.1 Purpose

The general purpose of the university’s unit-level quality review process is:

- To provide a structured opportunity for the unit to engage in periodic and strategic evidence-based self-reflection and assessment in the context of the quality of its activities and processes and to identify opportunities for quality improvement
- To provide a framework by which external peers, in an evidence-based manner, can independently review, evaluate, report upon and suggest improvements to the quality of the unit’s activities and processes
- To provide a framework by which the unit implements quality improvements in a verifiable manner
- To provide UL, its students, its prospective students and other stakeholders with independent evidence of the quality of the unit’s activities
- To ensure that all UL units and units associated with or linked to UL, as appropriate, are evaluated in a systematic and standardised manner in accordance with good international practice and in support of the objectives of UL’s [quality statement](#)
- To satisfy good international practice in the context of quality assurance in higher education and to meet statutory QA requirements as enshrined in national law

1.2.2 Ethos

The ethos of the quality review process is that participants proactively engage in a mutually supportive and constructive spirit and that the process 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 opportunities for potential quality enhancement.

1.2.3 Background

UL's quality review process was developed and continues to evolve in order to satisfy the university's [quality statement](#) and meet legislative QA requirements. UL complies with the [Qualifications and Quality Assurance \(Education and Training\) Act 2012 as amended, 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 may arise that 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 may be instigated directly by the Director of Quality. Substantive modifications require agreement between the Director of Quality and head of unit. If agreement cannot be reached, the matter is referred to the Provost/Deputy President (PDP) for a final decision.

1.2.5 This document

The purpose of this document is to outline UL's quality review process in general terms and to describe in detail the process as it relates to the UL Postgraduate Students' Union (ULPSU). 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 Postgraduate Students' Union

2.1 The UL Postgraduate Students' Union

The constitution of the ULPSU states that the union shall represent and defend the interests of UL postgraduate students on departmental, faculty, university and other committees and shall be empowered to negotiate on all matters concerning both the employment of postgraduate students and the remuneration for such employment within UL.

The ULPSU is an affiliate unit at UL – this means that it is closely associated with the university but is a distinct legal entity. The ULPSU is recognised by UL and UL Student Life as being fully autonomous and as the representative body of all UL postgraduate students on postgraduate issues.

Throughout this document, reference to the 'head of unit' can be taken to mean either the ULPSU President or Secretary General.

Aims and objectives

The aims and objectives of the ULPSU are to:

- Represent postgraduate students (collectively and individually) in all matters relating to the postgraduate experience
- Provide a means of communication between postgraduate students and the academic community, UL administration and other bodies concerned with postgraduate study
- Promote the development of a postgraduate 'culture' and community at UL and at national and international fora
- Elect or nominate postgraduate students to representative committees, both within UL and elsewhere, where provision has been made for ULPSU representatives
- Promote and actively pursue the betterment of the welfare of ULPSU members
- Offer a space for use by postgraduates looking for down time away from their studies/workspace.

These aims and objectives shall apply without discrimination on the grounds of ability, age, creed, gender, medical condition, nationality, political orientation, race, and/or sexual orientation. The ULPSU shall strive to achieve the above aims and objectives independent of any political party or religious organisation.

Financial support

The ULPSU offers financial support through the provision of interest-free hardship loans and childcare bursaries.

2.2 The scope of the ULPSU quality review

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

1. To consider and advise on the mission, strategy and principal activities undertaken by ULPSU

ULPSU Quality Review Guidelines

2. To consider and advise on all aspects of the structure, governance, management and operation of ULPSU
3. To consider and advise on the linkages, relationships and interactions between ULPSU and its key stakeholders, most notably UL and UL Student Life.
4. To consider and advise on progress since the last quality review (2018), overall effectiveness of ULPSU and how this could be enhanced

2.3 Process authorisation

The provisional cycle 4 quality review schedule and general process characteristics were approved by the Quality Committee on 13 November 2024. Tailored to suit UL Postgraduate Students' Union quality review, this guidelines document was approved by the ULPSU Executive Committee on 1 May 2024 and ULPSU Student Council on 1 May 2024.

3 The review process

3.1 Overview

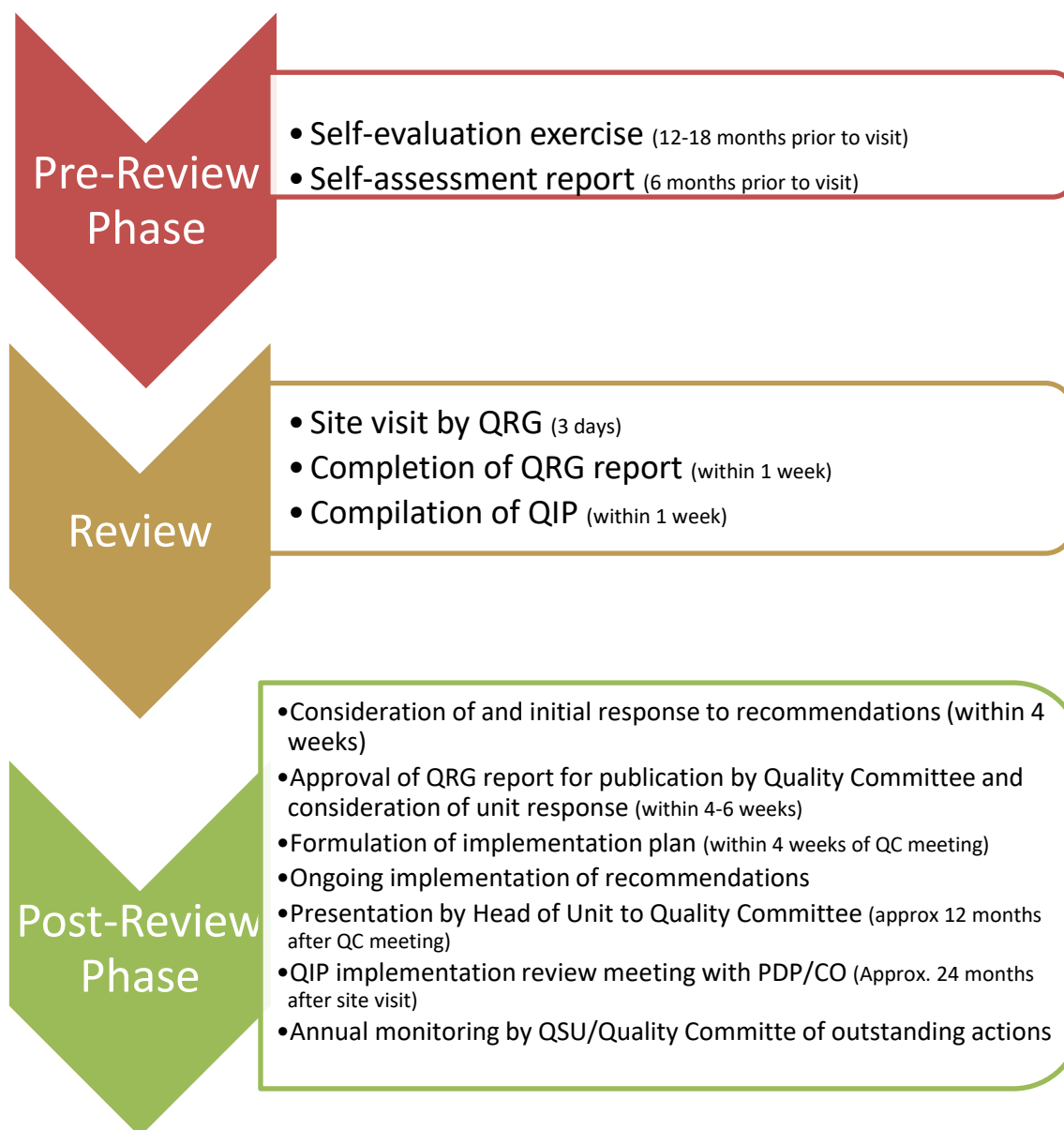
UL's quality review process includes an initial self-evaluation by the unit followed by peer review, leading to the formulation and implementation of enhancement activities. The scope of the review encompasses only the unit under review and any groups affiliated to it. The review of the unit is conducted by an independent quality review group (QRG) comprising a chairperson, peers and student representatives.

3.2 Phases of the review process

The review process has three distinct phases:

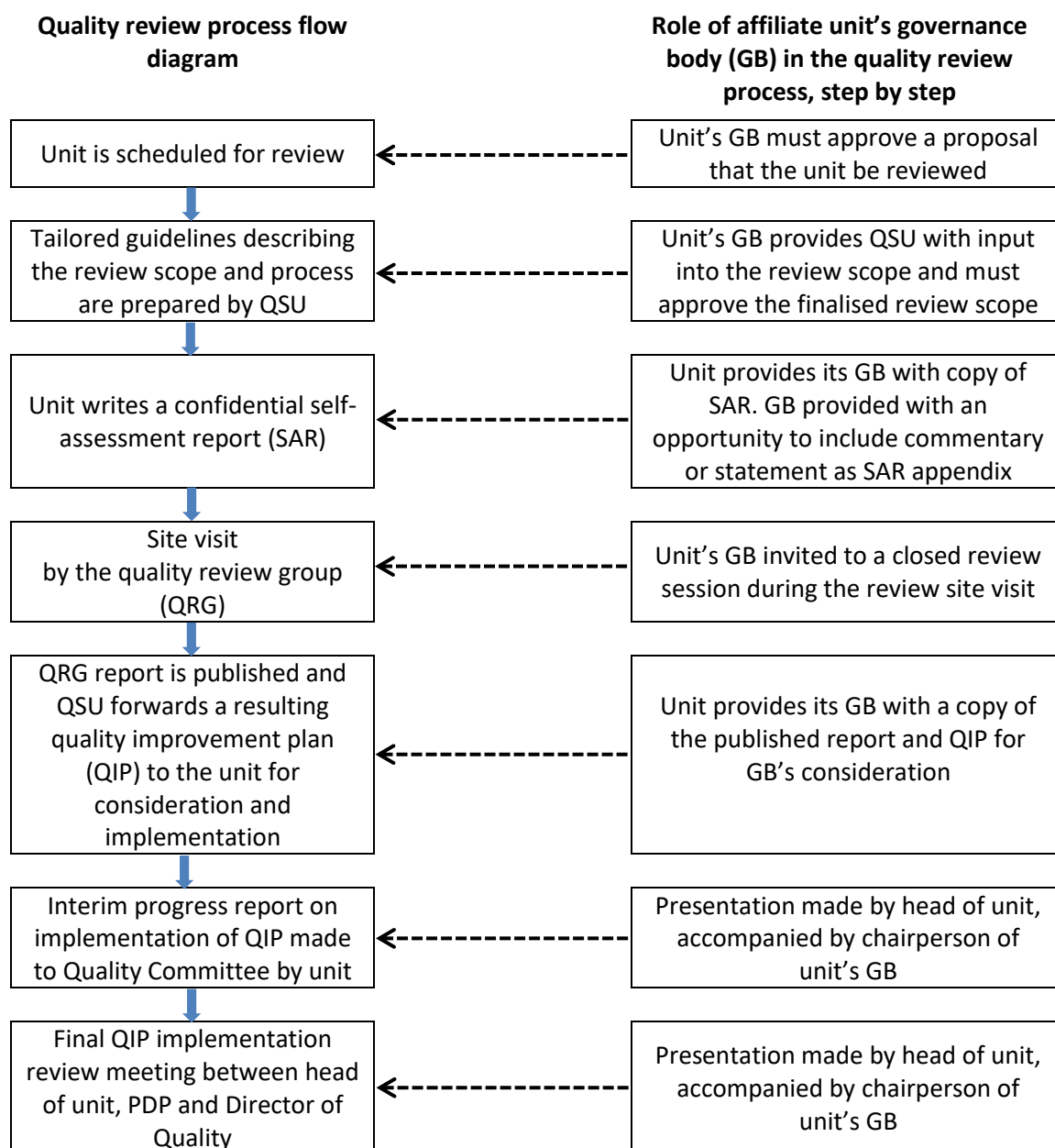
1. Pre-review phase, which includes:
 - i. A self-evaluation exercise conducted by the unit
 - ii. The production of a self-assessment report (SAR) by the unit
2. Review phase: An onsite, three-day review of the unit by the visiting QRG, culminating in the production and publication of a QRG report
3. Post-review phase, which is recorded in a quality improvement plan (QIP) template document. Stages in this phase include:
 - Consideration of, and initial response to recommendations by the unit
 - Approval of QRG report for publication by Quality Committee and consideration of unit response
 - Formulation of implementation plan by unit
 - Ongoing implementation of the recommendations
 - Presentation by Head of Unit to Quality Committee on all recommendations
 - Implementation review meeting with PDP/CO
 - Publication of summary outcome on the web

Quality Review Process – Key Timelines



3.3 Role of ULPSU governance body

The quality review process for affiliate units is very similar to that for core units. However, because an affiliate unit is a distinct legal entity, the unit’s governance body (or a subgroup appointed by the governance body) is required to play a role in the review process. The stages of the review process requiring action by the ULPSU governance body are outlined below. For the purposes of this quality review, the ULPSU governance body comprises members of the ULPSU Executive Committee and Student Council.



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 Quality Support Unit (QSU) to all students and staff.

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

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

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

4 The pre-review phase

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

1. A self-evaluation exercise conducted by the unit
2. The production of a self-assessment report by the unit

4.1 Self-evaluation exercise

4.1.1 General

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

4.1.2 Quality team

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

4.1.3 Self-evaluation activities

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

- A SWOT analysis
- Gathering and analysing student feedback and other customer/stakeholder feedback via surveys, focus groups or other mechanisms, as appropriate
- Any other activities that the ULPSU quality team believes would contribute to an evidence-based evaluation of the unit's performance

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

4.2 Self-assessment report

4.2.1 General

Five to six months prior to the review, the quality team writes an analytical, evidence-based self-assessment report (SAR). The reporting requirements for each main section are described in detail in Appendix A.

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 ULPSU's performance. The SAR is confidential to ULPSU and will not be seen by persons other than ULPSU staff and governance body members, the QSU and the QRG without the prior consent of the PSU President.

The suggested structure of the SAR is given 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 can typically be up to 40 pages in length¹ (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). As agreed with ULPSU, the SAR should be structured in discrete sections (chapters), as follows:

- Unit overview: mission, strategy and governance
- Functions, activities and processes
- Service users and feedback
- Relationships and external engagement

4.2.3 Content

The SAR should accurately describe ULPSU's strengths and weaknesses and should specify plans for continual improvement. Planned improvements should be specified within appropriate sections of the SAR, summarised in bullet points at the end of each relevant section and listed in a quality improvement plan (QIP), which should be included as an appendix to the SAR. 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

The SAR should reflect the input of all ULPSU staff and must be available to all ULPSU staff for comment during the final drafting stages.

4.2.5 Chairperson's review of the SAR

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

¹ Based on Calibri size 12, single-line spacing, MS Word standard margins

4.2.6 Distribution

At least seven weeks before the QRG visit, the unit must email the finalised SAR and appendices to the QSU. All unit staff must have access to the final report and appendices. This can be achieved by placing the material in a location that is accessible only to the unit, such as SharePoint or a shared drive. The head of unit must provide the governance body with a copy of the SAR for information.

Seven weeks before the review visit, the QSU sends the SAR and appendices to each member of the QRG. Before the material is sent out, the Director of Quality (or a nominee acceptable to the unit under review) 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 nominee) to both the unit's quality team and the QRG for their consideration in an evidence-based manner during the site visit.

If the SAR makes negative reference to the services (or lack thereof) provided by another UL unit or third party, ULPSU must make the relevant section of the SAR available to the unit or third party and invite them to the relevant session during the site visit.

4.3 Pre-review phase timeline

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

ULPSU Quality Review Guidelines

Self-evaluation exercise [optional items in square brackets]	Deadline in weeks*	Self-assessment report (SAR) [optional items in square brackets]
Put in place a quality team and start to plan self-evaluation activities	-40	
Liaise with Director of Quality on identifying potential QRG members	-36	
Finalise plans for self-evaluation and SAR	-32	
[Engage and brief quality consultants]	-30	[Engage and brief technical writer]
Identify and request relevant data	-28	
[Engage in SWOT/strategic planning exercise]	-25	
Arrange independently facilitated focus group meeting(s)	-25	
Finalise analysis of student and other 'customer' and stakeholder feedback	-24	
Prepare support documents and data	-23	Start drafting SAR
	-20	Finalise and brief QRG (QSU responsibility)
	-17	Finalise SAR and appendices
	-16	Give draft SAR and appendices to technical writer
	-12	Circulate draft SAR within ULPSU
	-10	[Draft SAR to QRG chair for review]
	-8	[Quality team leader and QRG chair discuss draft]
	-7	Deliver final draft of report and files to QSU
	-6	SAR to QRG (from QSU)
	-2	Respond to requests for additional data
	0	QRG visit

* Number of weeks prior to QRG visit.

5 The review phase

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

5.1 Purpose of the visit and role of QRG

The visit is intended to give the QRG members the opportunity to further explore the unit's activities and processes, to investigate issues identified in the SAR and to reassure themselves that the SAR is a comprehensive and accurate reflection of the unit's operations. The visit enables the QRG to meet and enter into dialogue with the unit's staff, student members, members of governance body and other stakeholders, tour the unit's facilities and meet UL senior management. This, in turn, allows the QRG to record its findings in an evidence-based QRG report, at the heart of which are both commendations and recommendations to the unit.

5.2 Composition and appointment of the QRG

The QRG for the ULPSU quality review will comprise a chairperson (typically international), two senior peers (typically international), a student representative and a UL staff representative. The Director of Quality consults with the head of unit and/or independently identifies potential candidates. The Director of Quality takes due diligence in relation to the suitability of all potential QRG members. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the PDP, who then appoints the members. Once appointed and prior to the site visit, any necessary communication between the unit and members of the QRG must be facilitated by the QSU.

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

5.3 Preparatory steps

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

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

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

5.4 Visit schedule

A typical quality review site visit to UL usually commences at 19h00 on a Monday evening and concludes on the following Thursday at approximately 16h00. Because of the small size of ULPSU, the review will be conducted during the same week and by the same QRG as for the ULPSU review. The QRG will meet over dinner to become acquainted with each other, share their first impressions of the units (i.e. ULPSU and ULPSU) and seek clarifications, if necessary, from the chairperson. The QRG will meet UL senior management on Monday, the ULPSU's quality team and stakeholders on Monday and Tuesday and the ULPSU's quality team and stakeholders on Wednesday.

The QRG will begin drafting the ULPSU report on Tuesday afternoon and the ULPSU report on Wednesday afternoon and will conclude both reports on Thursday. Thursday morning and early afternoon is spent sharing drafts and finalising the reports while working as a team. The finalised ULPSU QRG report will be read back to ULPSU staff at approximately 15h30.

A detailed schedule will be compiled by QSU for the review site visit and shared with all relevant stakeholders.

5.5 QRG report

The QRG report follows a QSU report template. All members of the QRG have collective responsibility for the contents of the report. The main body of the report lists the QRG's commendations and recommendations to the unit. Recommendations are divided into two categories, level 1 and level 2. Level 1 recommendations are those that the QRG believes to be particularly significant in assisting the unit to better meet the needs of its stakeholders.

Immediately after the review visit, the QSU inserts introductory pages into the QRG report. Sample QRG reports are available on the QSU [website](#).

5.6 Report feedback to the unit

It is key to the success of the review that the findings of the QRG be made available promptly to all staff members of the unit. This is achieved in two ways:

1. Prior to departure on the Thursday, the QRG chairperson reads back sections 3 and 4 of the report to the unit's staff. No paper copy of the report is made available to the unit at this stage.
2. Immediately after the visit, the QRG chairperson formally approves the report.

Following the site visit, the QSU makes the report available to the unit strictly for the purpose of checking for factual errors.

5.7 Finalisation and publication of the QRG report

The QSU sends the QRG report to the UL Quality Committee, whose members (i) check the report for institutional-level factual errors, (ii) verify that the recommendations fall within the scope and purpose of the quality review process and (iii) approve its publication on the QSU website. 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 to or amend the report, as appropriate. The final report is then published on the QSU website.

The ULPSU President should alert the governance body that the report has been published.

6 The post-review phase

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

1. Consideration of and initial response to recommendations
2. Approval of QRG report for publication by Quality Committee and consideration of unit response
3. Formulation of implementation plan
4. Ongoing implementation of recommendations
5. Interim presentation by Head of Unit to Quality Committee
6. QIP implementation review meeting with PDP
7. Publication of summary implementation report
8. Annual monitoring by QSU of outstanding actions

6.1 The QIP template

The QRG recommendations and progress with their implementation are recorded in a quality improvement plan (QIP), for which the QSU provides a template. Within one week following the site visit, the QSU copies the recommendations from the QRG report into sections 1 and 2 the QIP template. Once the QRG report has been published, the QSU forwards the template to the unit for consideration and follow up.

The ULPSU President is responsible for implementing the QRG recommendations, and the QIP template is designed to facilitate him to do this effectively. The template allocates one page to each recommendation and provides space to record:

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

6.2 Consideration of recommendations and formulation of implementation plan

Within six weeks of receiving the QIP template from the QSU, the unit meets to formally consider and respond to each recommendation. The unit records its response by completing section 3 of each page of the QIP. At that meeting or as a follow-up action, the unit develops 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 the timeframe for completion.

6.3 Ongoing implementation of recommendations

Over the next few months, the unit works to implement the recommendations. Nine to ten months after receiving the QIP template, the unit carries out a brief, interim self-assessment of progress made in relation to progress made to date on implementation of the recommendations. The head of unit then sends a copy of the QIP to the QSU.

6.4 Presentation to Quality Committee

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

response to those recommendations, specific implementation progress made to date and planned actions, as appropriate. The presentation is then followed by a question-and-answer session with the members of the Quality Committee.

5.5 QIP implementation review meeting

Following the Quality Committee presentation, the unit continues to implement the planned QIP recommendations. Approximately 18 months after receiving the QIP template, the Director of Quality organises a QIP implementation review meeting between the head of unit, the head of unit's line manager, the Director of Quality and the PDP. The meeting will also be attended by a recording secretary and, if requested by the head of unit, the quality team leader.

To prepare for this meeting, the unit summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. The Director of Quality may invite additional persons to the meeting as he/she feels appropriate. The head of unit returns the QIP to the QSU at least two weeks before the implementation meeting. The status of resolution of each recommendation is considered at the meeting, and any further actions required are identified and recorded. The exact follow-up and reporting process relating to these further actions is at the discretion of the PDP. A final QIP implementation summary report is prepared by the QSU and, after the unit has checked for factual errors, is published on the QSU and unit's websites. Any remaining open action items are monitored annually by the QSU.

The implementation of the QIP must be evidence-based. The head of unit should ensure that those leading the implementation of each recommendation retain records that provide evidence of their actions (e.g., headline email correspondence, meeting minutes, etc.). In preparation 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 (in particular when insufficient detail is given in the plan on progress made to date) and/or copies of key documents cited by the unit in the completed QIP.

6.6 The unit's obligations

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

Although not an anticipated occurrence, if the Director of Quality forms an evidence-based opinion that the unit fails to satisfy the above obligations, he must discuss this with the PDP and senior ULPSU governance officers. Using their joint discretion, this group may recommend that specific follow-up action be taken.

7 Process verification

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

8 Revision history

Rev.	Date	Approved by	Details of change
1	1 March 2017	UL Executive	Quality review guidelines for Cycle 3 reviews
2	September 2017	VPA&R	Tailored guidelines for UL Postgraduate Students' Union
3	June 2024	UL Quality Committee	Minor modifications made to guidelines for Cycle 4 reviews

Appendices

Appendix A: Self-assessment report (SAR)

1 Overview

The self-assessment report (SAR) can typically be up to 40 pages in length² (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). It should be supported by appendices specifying the evidence upon which the report is based.

2 Structure

The SAR chapter headings, which have been agreed with ULPSU , are given below in section 4.

3 General content and approach

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 ULPSU itself, the document audience is the external quality review group, and the report should be written with this in mind. In addition:

- The writers of the SAR must take due account of the scope of the review.
- The narrative should be data/evidence-based and analytical. The report should provide an appropriate balance of information and analysis and should include the ultimate conclusions drawn by the unit.
- The self-assessment of the quality of the unit's activities must include a clear and prominent focus upon the unit's overall fitness for purpose and performance (e.g. setting key performance indicators (KPIs), attaining targets and evaluating the unit's outputs and their impact, particularly upon 'customers' 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 members and to allow them to appropriately prepare for the site visit and ultimately to produce a report that is of maximum benefit to the unit and university. The review ethos emphasises the mutually supportive and constructive spirit underpinning interaction between the unit, the reviewers and the university. The SAR is confidential to the unit, the reviewers 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.

4 Sections of the SAR

As agreed with ULPSU , the structure of the SAR is as follows:

- Chapter 1: Unit overview: mission, strategy and governance
- Chapter 2: Functions, activities and processes

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

- Chapter 3: Service users and feedback
- Chapter 4: Relationships and external engagement

4.1 Chapter 1: Unit overview: mission, strategy and governance

Chapter 1 focuses on ULPSU's mission, strategy and governance structures. Issues/topics to address include:

- Brief introductory overview of ULPSU and its mission
- Mission implementation strategies (i.e. strategic planning) and key implementation success indicators
- How the mission and strategic plan complement the UL mission and strategic plan
- Governance (including financial governance) and reporting structures: description, effectiveness and appropriateness. Evaluation of the extent to which ULPSU has clear leadership and direction and how ULPSU's statutory obligations are met.
- Clear identification of ULPSU's 'customers' (those to whom it provides services/supports) and stakeholders
- Overall evaluation of ULPSU's fitness for purpose and impact on customers and the university and how it ensures sustainability
- Indication of key areas on which ULPSU would find reviewer input to be especially useful

4.2 Chapter 2: Functions, activities and processes

Chapter 2 focuses on ULPSU's core activities (key processes) and areas of responsibility. For each core activity, process and responsibility, it would be appropriate to include:

- A short description of the activity (what you do and how you do it) and how the activity specifically supports ULPSU strategy and/or policy
- How ULPSU systematically assesses the effectiveness of the activity in an evidence-based manner (how do you know it works?)
- How ULPSU systematically improves the activity
- The extent to which the activity/process is documented
- Whether or not the activity/process is underpinned by a specific ULPSU (or broader UL) policy
- How ULPSU ensures the activity/process is (and remains) in compliance with ULPSU policies and, if applicable, UL policies
- How ULPSU ensures transparency, accountability and best practice in relation to its budgetary and financial practices
- How ULPSU ensures it is achieving best value for money
- The adequacy and effective use of resources and facilities (including office space, meeting rooms, etc.) to underpin mission and operation
- How risk is identified and managed
- How ULPSU ensures that its democratic processes are efficient, fair and robust
- How ULPSU benchmarks its activities and performance/outputs against other students' unions, national or international. (For example, how do you systematically inform yourself of relevant international good practice and trends and practice/performance in other unions? To what extent has ULPSU established effective links with appropriate national and international cognates/partners?)
- A brief evaluation of the extent to which the activity/process is fit for purpose

4.3 Chapter 3: Service users and feedback

Chapter 3 outlines how ULPSU seeks feedback from its service users and what it does with that feedback. Issues to consider include:

- How ULPSU gathers feedback from members, stakeholders, officers and staff
- How students' opinions help shape union policy
- How ULPSU ensures that its services match the needs of its members in terms of the services themselves and how they are delivered
- The extent to which channels of communication between ULPSU and its members are open
- How ULPSU measures member satisfaction and improves the opportunities it offers
- Changes that have been made as a result of feedback
- How feedback loops are closed. (For example, to whom do you report the activity, how do you communicate outputs to relevant stakeholders, how do you keep the campus community informed of your activities and how do you collect, analyse and use feedback to improve the process/activity?)

4.4 Chapter 4: Relationships and external engagement

Chapter 4 outlines how ULPSU builds and maintains meaningful relationships and engages with external stakeholders. Issues to consider include:

- The nature of the relationship between ULPSU and UL
- ULPSU's external partners and key stakeholders
- How ULPSU communicates with its partners and key stakeholders
- The measures taken to ensure two-way communication
- The ways in which external relations with the wider community, including other educational institutions in Ireland and abroad, have been developed and maintained
- Plans or recommendations to improve relationships and external engagement

5 Consensus

The SAR should reflect the opinions of all ULPSU staff members and must be available to all staff for comment during the final drafting stages.

6 Distribution of material to QSU

Seven weeks in advance of the QRG visit, soft copies of the final submission (SAR and appendices) must be submitted to the QSU. QSU uploads the SAR and all supporting documentation to a dedicated Teams site, to which all QRG members have access.

It is very important that everyone in the unit has free access to the final SAR and appendices well before the QRG visit. The head of unit should arrange for the documents to be made accessible to all unit staff.

Appendix B: List of acronyms used in this document

Acronym	Meaning
CPH	Castletroy Park Hotel
DQ	Director of Quality
GB	Governance body
KPI	Key performance indicator
PDP	Provost/Deputy President
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QO	Quality Officer
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QSU	Quality Support Unit
QT	Quality team
SAR	Self-assessment report
SLA	Service level agreement
SWOT	Strengths, weaknesses, opportunities and threats
UL	University of Limerick
ULPSU	University of Limerick Postgraduate Students' Union
VPA&R	Vice President Academic & Registrar