Quality Review Process for Academic Departments

Revision 1
September 2024

Contents

1   Quality at the University of Limerick

The periodic quality review of functional units (academic, research and support) and programmes at the University of Limerick (UL) represents two cornerstone institutional quality assurance/quality enhancement mechanisms. This document sets out the proposed scope of a combined academic department / programme review, which will apply in the next cycle of systematic review (Cycle 4). This approach was approved in principle by Academic Council in December 2021

1.1   What do we mean by 'quality', 'quality assurance' and 'quality enhancement'?

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 enhancement' (QE) refers to initiatives taken to improve the fitness for purpose of the target activity/process. QA and QE are intrinsically linked, and often the term QA is taken to incorporate QE activity. QA/QE activities are applied at institutional, unit and individual (personal) level. Continual improvement is achieved by applying QA/QE on an ongoing basis.

In a university context, typical activities or processes include teaching and assessment, research, curriculum development and a myriad of support services provided by support units. At UL, an example of an academic QA/QE 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/QE process is the gathering and analysis of customer feedback with a view to identifying and implementing ways of improving services to those stakeholders.

1.2   Quality Reviews

1.2.1   Purpose of the Quality Review

The purpose of the quality review is:
- To provide a structured opportunity for the department to engage in periodic and strategic evidence-based self-reflection and assessment in the context of the quality of its activities, its programmes and processes and to identify opportunities for quality enhancement
- To provide a framework by which internal and external peers, in an evidence-based manner, can independently review, evaluate, report upon and suggest improvements to the quality of the department's activities, programmes and processes
- To provide a framework by which the department implements enhancements to quality in a verifiable manner
- To provide UL, its students, its prospective students, staff and other stakeholders with independent evidence of the quality of the department's activities and programmes

- To ensure that all UL units are evaluated in a systematic and standardised manner in accordance with good international practice and in support of the objectives of the university's quality statement
- To satisfy good international practice in the context of quality assurance in higher education and to meet statutory QA requirements as enshrined in national law
- To demonstrate evidence-based enhancements to University systems, services and processes

1.2.2 Ethos

The ethos of the quality review is that participants proactively engage in a mutually supportive and constructive spirit and that the process is 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 academic, research institutes, professional services units, affiliates and thematic, 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 reference the European Standards & Guidelines for Quality Assurance in the Higher Education Area (ESGs) and must take due account of relevant quality guidelines issued by Quality and Qualifications Ireland (QQI). 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.

The University's Academic Programme Review policy specifies a requirement for programmes to undergo a programme review within 5 years of its initial accreditation.

1.2.4 Focus of Cycle 4 reviews

Academic departments[1] were systematically reviewed during Cycle 2 (2009-2016). Programmes have undergone routine modifications through quality assurance processes such as major and minor modifications through Academic Programme Review Committee (APRC) and where relevant through Professional, Statutory or Regulatory Body (PSRB) evaluations and accreditations.

Cycle 4 will combine academic departmental and periodic programme review, recognising the synergies between both and that a 'one-size fits all' approach cannot apply due to the varying sizes of departments and the continuing need for some programmes to undergo external accreditation. In accordance with the Policy for Management and Reporting on

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[1] Where the academic area under review is a "School" references to department should be understood to mean School or where relevant, Head of School. In reference to Irish World Academy of Music and Dance, references to department should be understood to mean Academy or where relevant, Director of Academy.

Professional, Statutory and Regulatory Bodies (PSRB) Cycle 4 will facilitate, where appropriate, the recognition of external accreditation in place of the internal quality assurance process. However, in all cases the requirements of the university and the scope/terms of reference of departmental and periodic programme review must be demonstrated to be fulfilled. In cases where there are gaps between the requirements of the university and those of a PSRB, a tailored scope of internal review will be agreed with the Head of Department (HOD) and approved by Quality Committee and Academic Council.

Cycle 4 also facilitates the implementation of the University's Integrated Curriculum Development Framework (ICDF) allowing existing programmes to be benchmarked against the principles of the ICDF.

1.2.5   Programme Families

Where the number of programmes offered by a department requires the running of parallel programme reviews, programmes will be clustered into programme families. The composition of programme families will be agreed with the HOD at the beginning of the pre-review phase of the process. Programmes may be clustered by subject, by programme level or other natural grouping identified by the HOD.

1.2.6   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 approved directly by the Director of Quality. Substantive modifications require agreement between the Director of Quality and head of unit. If agreement cannot be reached, the matter is referred to the Provost and Deputy President (PDP) for a final decision.

1.2.7   Purpose of this document

The purpose of this document is to outline UL's quality review process in general terms and to describe in detail the scope as it relates to the review of academic departments and programmes. 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.

1.2.8   Process authorisation

The Cycle 4 Quality Review Framework was approved by Academic Council in June 2023 and by Governing Authority in September 2023.

At the discretion of the Director of Quality, process guidelines may be tailored to suit the needs of individual departments, in consultation with the departments themselves.

2   The Scope of this Quality Review

In addition to addressing the general purpose of UL's unit-level quality review activity, the terms of reference of the combined academic department and periodic programme review will incorporate the terms of reference set out below.

2.1   Departmental Review

The terms of reference of the department review must include the consideration of, and alignment to, university strategies and policies, and consider and advise on the:
   a) Mission and strategy of the department and the effectiveness and efficiency of the implementation of same
   b) Appropriateness and effectiveness of all aspects of the structure, governance and management of the department
   c) Appropriateness and effectiveness of the department's academic curriculum to ensure relevance, currency and conducting of national and international benchmarking
   d) Appropriateness and effectiveness of all department activities, including teaching, research and community engagement
   e) Appropriateness and effectiveness of linkages, relationships and interactions between the department and its key stakeholders
   f) Overall fitness for purpose of the department and on the quality of its outputs and performance and to make recommendations aimed at quality enhancement

2.2   Programme Review

In accordance with ESG standard (1.9), the programme review will include an evaluation of the programme's performance, programme management, assessment, student engagement and learning environment. Specific to UL, the use of learning technologies and learning analytics, alignment to the NFQ, UL Academic Model and UL's Integrated Curriculum Development Framework (ICDF)will be evaluated. An expanded scope is presented in Appendix B.

3   The Quality Review Process

3.1   Overview

The quality review process is framed by national legislation and international good practice. UL's quality review process includes self-evaluation by the unit followed by peer review, which leads to the formulation and implementation of enhancement activities. The scope of the review encompasses only the unit under review and the programmes agreed with the HOD. The Department's review is conducted by an independent quality review group (QRG) and where relevant, a programme review group (PRG) comprising a chairperson, academic peers and employer/professional and student representatives.

3.2   Phases and Timelines 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 Department
   ii.   The production of a departmental level self-assessment report (DSAR) by the Department
   iii. The production of individual programme self- assessment reports (PSARs) for each programme family agreed with the Head of Department at the beginning of the review planning process
2.   Review phase: An onsite[2], review of the unit by the visiting QRG, culminating in the production of a QRG report. The duration of the onsite visit will vary depending on the size of the department and number of programmes under review. The minimum duration is 3 days.
3.   Post-review phase, which includes:
   i.   Consideration of, and initial response to recommendations by the Department
   ii.   Approval of QRG report for publication by Quality Committee and consideration of unit response
   iii. Ongoing implementation of recommendations
   iv.   Presentation by Head of Unit to the Quality Committee on all recommendations
   v.   Implementation review meeting with PDP
   vi.   Publication of summary outcome on the web

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[2] On a case-by-case basis some or all of the review visit may take place online using MS Teams. A decision will be made on this depending on the prevailing public health guidance, the number of programme families or other operational reasons.

3.2.1 Departmental

Pre-Review Phase

- Self-evaluation exercises (12-18 months prior to visit)
- Self-assessment reports (department/programme) (6 months prior to visit)

Review

- Site visit by QRG (3 days)
- Completion of QRG report (within 2 weeks)
- Compilation of QIP (within 1 week)

Post-Review Phase

- Consideration of and initial response to recommendations (within 4 weeks)
- Approval of QRG report for publication by Quality Committee and consideration of department response (within 4-6 weeks)
- Formulation of implementation plan (within 4 weeks of QC meeting)
- Ongoing implementation of recommendations
- Presentation by Head of Department to Quality Committee (approx 9 - 12 months after QC meeting)
- QIP implementation review meeting with PDP (Approx. 18 - 24 months after site visit)
- Annual monitoring by QSU of outstanding actions

Figure 1: Overview of Departmental Phases and Timelines

3.2.2 Programme

Pre-Review Phase
- Confirmation where relevant of acceptance of PSRB review (18 months prior to visit)
- Decision on Programme Family (12 - 18 months prior)
- Self Assessment Exercises (8 - 10 months prior)
- Self Assessment Report to include recommendations for programme modification

Review
- QRG/PRG desk review and provide provisional report (3 weeks prior to visit)
- QRG/PRG visit (3 days, 1 day with programme focus)
- QRG/PRG report with recommendations

Post-Review Phase
- Consideration of report and response
- Submission to APRC
- APRC recommendation to AC
- Ongoing implementation of recommendations
- Systems update (SI, Website, Book of Modules)
- Monitoring via APR

Figure 2: Overview of Programme Review Phases and Timelines

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 UL Connect from the QSU to staff and via targeted communications strategies with student groups.
- 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 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.
- The campus community is made aware of these publications via UL Connect.

4   Key Roles and Responsibilities[3]

Table 1 below outlines the key roles within the quality review process and responsibilities of those taking on the role.

Role	From where	Appointed By	When	How many	Responsibilities
Quality team	Within department	Head of Department	10 -12 months before site visit	8-10 people	Lead the self-evaluation exercise and produce DSAR. Identify & invite suitable stakeholders to meet with QRG for site visit.
Quality Team Leader	Within department	Head of Department	10 -12 months before site visit	1	Project manage the production of the DSAR and PSARs. Liaison point with QSU Review Co-ordinator
Course Board	Extended teaching team or Course Board	Head of Department	10 -12 months before site visit	Dependent on number of programmes	Lead the self-evaluation activities for each programme, produce the PSAR. Identify students to meet with QRG for site visit.
Review Co-ordinator	QSU	Director of Quality	Start of review cycle	1	Works with the Quality Team leader to manage preparation for the review and the co-ordination of the review event. Point of contact between QRG and unit under review
Quality Review Group (QRG)		Director of Quality consults with the HOD and/or independently identifies potential candidates	12 -15 months before site visit	~6	See Appendix C

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[3] See Appendix C QRG composition, appointment and roles for a more detailed outline of the roles and responsibilities.

Role	From where	Appointed By	When	How many	Responsibilities
Director of Quality	QSU	Ex Officio	-	1	Due Diligence
Quality Review Group Chair		Director of Quality consults with the HOD and/or independently identifies potential candidate	12 -15 months before site visit	1	See Appendix C
Programme Review Group (PRG)	An extension of the QRG if required		12 – 15 months before site visit	Depends on the number of programme families being reviewed	To conduct a parallel review of the programme families within a department
Programme Review Group Chair	Will be a HOD from UL	QSU	12 -15 months before site visit	1	Chair stream of programme meetings if required

Table 1: Overview of Roles and Responsibilities within the Quality Review Process

4.1 Quality team within Department

The first step of the process is for the HOD to appoint a quality team from within the department. The role of the quality team is to lead on self-evaluation activities and to produce a final DSAR. Typically comprising approximately 8 to 10 persons, the team should be put in place at least 10 months before the scheduled QRG visit. The HOD must be a member of the team but does not have to act as chairperson. The chairperson of the team (referred to as the quality team leader) should be a senior member of the department. The quality team should be as representative as possible of the staff profile of the department. The department must inform the QSU of the names of the quality team members.

4.2 Course Board

Members of the Course Board and the programme teaching team should be considered as the quality team for each programme. Led by the course director, their role in this process is to evaluate the programme(s) and to produce a PSAR for each programme.

4.3 Review Co-ordinator

A member of the Quality Support Unit who is the liaison between the Department and Course Director/Course Board is appointed by the Director of Quality and works with the Quality Team leader to manage preparation for the review and the co-ordination of the review event.

4.4 Quality Review Group (QRG)

The QRG typically comprises of six to seven persons; usually this comprises of a Chair, 2 senior peers, an employer representative, a Head or Department (or equivalent) from UL and a student representative. The exact composition and the roles of the Quality Review Group is approved by the Director of Quality in conjunction with the department during the preparation for the quality review.

Where more than one programme family is included in the scope of review the membership of the QRG may be extended to provide a suitable breadth of expertise to facilitate the parallel running of programme specific meetings.

The Director of Quality consults with the HOD and/or independently identifies potential candidates. The Director of Quality/nominee carries out due diligence in relation to the suitability of all potential QRG members. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the PDP, who then appoints the members. Once appointed and prior to the visit, any necessary communication between the department 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 a quorum; this decision will be taken by the Director of Quality in consultation with the QRG chairperson. If the chairperson withdraws the Director of Quality will appoint a replacement chair, normally from outside of the University.

The composition of the QRG and the procedure for appointing people to the group is described in detail in Appendix C.

4.7   Programme Review Group (PRG)

Depending on the number of programme families being reviewed within a department an extension of the QRG may be required to create a Programme Review Group (PRG) as a sub-committee of the QRG. This extension will allow the parallel review of the programme families within the normal review timeframe of 2-3 days. In order to preserve continuity between the departmental and programme focus, the PRG will always have a representative from the QRG as a member. The PRG will be chaired by the QRG chair or a senior academic staff member within UL (normally another HOD).

4.8   Programme Review Group Chair

The role of the Programme Review Group Chair is to manage the evaluation of the specific review of a programme family in accordance with scope of the programme review set out in 2.2 above. This includes ensuring that the report in completed according to the template provided.

5   The pre-review phase

The pre-review phase of the quality review process comprises the following activities:
1. A self-evaluation exercise conducted by the department
2. The production of a self-assessment report (SAR) by the department
3. A self-evaluation exercise led by the Course Director and comprising members of the course boards for each of the programmes agreed in 2.1
4. The production of a programme self-assessment report (PSAR) for each programme

5.1   Self-evaluation activities

Led by a quality team comprising staff members of the department, the self-evaluation exercises should be thorough, should involve staff, students and stakeholder groups and should focus on all the activities and services of the department and in the case of programmes, on its overall performance, relevance of curriculum, linkages to research and approaches to learning, teaching and assessment. 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 department and course boards when conducting these exercises. Course Boards are required to consult with CTL when evaluating their programme.

Advice and guidance on the self-evaluation activities to be undertaken by the department is available from the QSU. These activities, include at both department and programme level, but are not limited to:
- A SWOT analysis
- Analysis of existing student feedback reports (e.g. institutional/department student feedback reports, Irish Survey of Student Engagement (studentsurvey.ie) reports)
- Gathering and analysing stakeholder feedback via surveys, focus groups or other mechanisms, as appropriate

- Data gathering and analysis (e.g., comparative statistics [such as number of SETs undertaken, degree classification, etc.]; analysis of feedback received from participants undertaking workshops, courses or other initiatives); analysis of annual programme review reports
- Any other activities that the quality team believes would contribute to an evidence-based evaluation of the department's performance

Reports gathered through the above activities should be included as appendices to the self-assessment report. The department should also draw on other pre-existing data, such as external examiner reports, annual programme review reports and quality review/accreditation reports of the department's schools/departments that have previously been quality reviewed.

5.2   Self-Assessment Reports (SARs)

5.2.1 Departmental Self-assessment report (DSAR)

5.2.1.1 General

Six to nine months prior to the review, the quality team begins drafting an analytical, evidence-based departmental self-assessment report (DSAR). The DSAR 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 department's performance. The DSAR is confidential to the department and will not be seen by persons other than staff members of the department, the PDP, the QSU, the PRG and the QRG without the prior consent of the HOD.

5.2.1.2 Style and Structure

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.

The DSAR should typically be up to 40 pages in length[4] (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). The DSAR should be structured in discrete sections and normally follow the template provided by QSU.

5.2.1.3 Content

The DSAR should accurately describe the department's strengths and weaknesses and should specify areas that need to be enhanced. 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.

The Department is invited to provide case studies of enhancements made to processes, services and/or programmes for consideration by the QRG. These can be provided in text or recorded presentations.

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

The departmental review must include the consideration of, and alignment to, university strategies and policies, and consider and advise on;

a. the extent to which the mission of the department (i.e. its broad educational and research aims) is being achieved, with reference to

    i. UL's overall strategy and other strategies including Learning, Teaching & Assessment strategy, Research strategy, Equality and Human Rights strategy, UL's sustainability framework, academic integrity framework, the Department strategy and other strategies as they are developed

    ii. Educational needs of society, economy & industry

b. the management and organisational structures within the department including programme management and interaction with department boards and department management structures

c. how the programme portfolio and lifecycle is managed and how curriculum is maintained, benchmarked nationally and internationally, updated and communicated to support the aims of the department with particular reference to the current Learning, Teaching & Assessment and Research strategies

d. the department's approach to learning, teaching and assessment with particular reference to the current learning, teaching & assessment strategy

e. service teaching of modules to other departments and faculties

f. how the department's research is planned and linked to university research strategy

g. staffing, staff career development, and resources available to staff within the department with specific reference to university policies on work allocation, HR/EDI and staff development

h. how the department manages and uses its facilities and learning resources, including shared resources

i. how the department plans for future resource requirements (recruitment, facilities, budgetary requirements) within academic cycles

j. the centralised and local supports and guidance available to students with specific reference to university policies on HR/EDI and Learning, Teaching & Assessment or student related strategies

k. how the department responds to and acts on student and staff feedback

l. Relationships within broader university – how relationships across departments, professional support units and institutional structures are developed, maintained and managed

m. how the department manages external stakeholder relationships for example with employers (Cooperative Education, graduates, teaching practice) / alumni and how these relationships inform the direction of the department/programme design/delivery

5.2.2 Programme Self-Assessment Report (PSAR)

The PSAR should follow the template provided by QSU which aligns with the scope of the review (Appendix B). The PSAR shall describe the programmes strengths, alignment with key university strategies and academic model and identify areas for enhancement. The PSAR

may refer to departmental DSAR, but it is not anticipated that it will duplicate information provided in the DSAR. The PSAR should identify where relevant, recommendations for the removal, addition or modification of modules to be delivered on the revised version of the programme. The PSAR may recommend that a programme be withdrawn from the programme portfolio of the Department.

5.2.3   Consensus

During the final drafting stages, the DSAR/PSARs should be made available to all staff of the department for comment. It is acknowledged that it may not be appropriate to circulate some sections of the DSAR/PSARs e.g. business sensitive information. These sections may be removed from the DSAR/PSARs circulated.

To the extent that it is possible to do so, the opinions and conclusions expressed in the DSAR/PSARs should reflect the consensus views of the department as a whole.

5.2.4   Distribution

At least seven weeks before the QRG site visit, the finalised SARs and appendices are made available to the QSU on a secure shared repository. All staff in the department must have access to the final reports and appendices.

Seven weeks before the review visit, the QSU make the SARs and appendices available to each member of the QRG on the online quality review platform (MS Teams). Prior to circulation, the Director of Quality (or a nominee from within the QSU) 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 department's quality team and the QRG for their consideration in an evidence-based manner during the site visit.

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

5.3   Pre-review phase timeline

It is recommended that planning for the self-evaluation exercise commence no later than 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 SARs.

Self-evaluation exercise [optional items in square brackets]	Deadline in months/ weeks*	Self-assessment report (SAR) [optional items in square brackets]
Put in place a quality team and start to plan self-evaluation activities	–15-18m	
Liaise with the QSU on identifying potential QRG members	–12-15m	
Finalise plans for self-evaluation and SAR	–48w	
[Engage and brief technical writer]	–46w	
Identify and request relevant data	–40w	
[Engage in SWOT/strategic planning exercise]	–32w	
Arrange focus group meeting(s)	–31w	
Finalise analysis of stakeholder feedback	–28w	
Prepare support documents and data	–24w	Start drafting SARs
	–20w	Circulate draft SARs within department for consultation/feedback
	–20w	Finalise and brief QRG (QSU responsibility)
	–17w	Finalise SARs and appendices
	–16w	Give draft SARs and appendices to technical writer (if engaged)
	–12w	Circulate draft SARs within the unit
	–7w	Deliver final draft of reports and appendices to QSU
	–7w	SARs sent to QRG (by QSU)
	–2w	Respond to requests for additional data
	Actual dates	QRG visit

* Number of months/weeks prior to QRG visit

6 The review phase

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

6.1 Purpose of the visit and role of QRG/PRG

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

The details of the visit schedule are arranged between the QRG chair and the Director of Quality in advance of the visit.

6.2 Visit schedule[5]

The visit to UL normally commences at 19h00 on a Monday evening and concludes the following Thursday at approximately 16h00. A briefing meeting between the QRG and a member of the QSU and/or the PDP is undertaken at least 1 week before the site visit, after which members of the QRG convene in private session to become acquainted with each other, share their first impressions of the department and seek clarifications, if necessary, from the chairperson. The QRG meets UL senior management and the department's quality team and stakeholders on Tuesday and Wednesday.

Beginning on Wednesday afternoon and concluding on Wednesday evening, members of the QRG draft those sections of the report for which they are taking the lead. Thursday morning is spent sharing the drafts and finalising the preliminary feedback report while working as a team. The preliminary feedback report is read back to the department's staff at approximately 15h00.

6.2.1 Review Visit Models

The model of the review visit used will be dependent on the number of programme families included in the scope of review. There are three models envisaged

- Single
- Dual
- Multiple

Figure 3 outlines the single model where the review takes place over a 3- day period and the QRG takes on the role of departmental and programme quality review group.

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[5] These timelines are indicative and may change if the review takes place online or if the number of programme families requires more than 1 parallel sitting of a programme review group
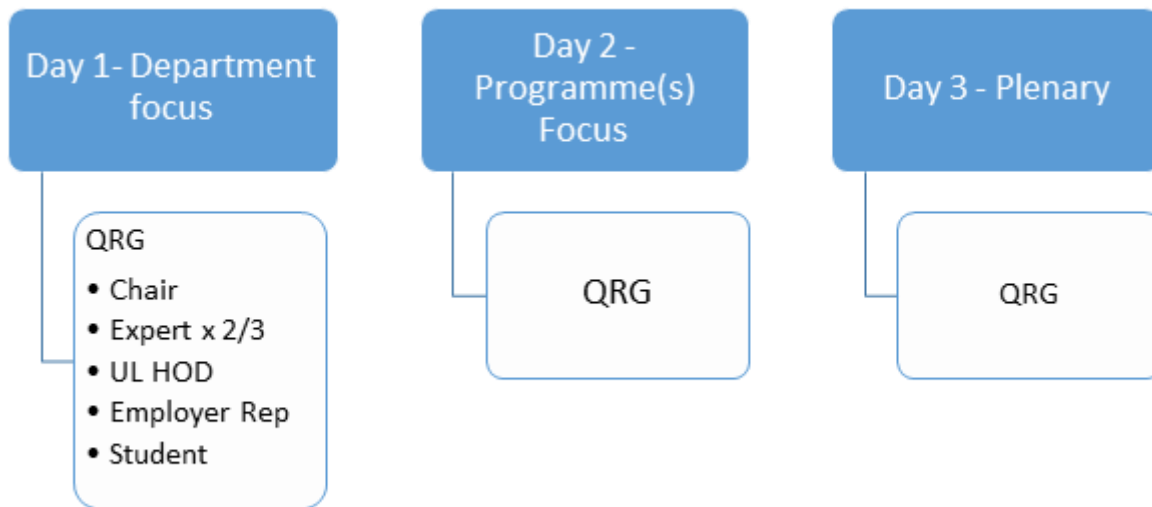
Figure 3: Single Model: QRG Configuration for Review with 1 programme family

Figure 4 below outlines the Dual/Multiple model where the core QRG splits into two groups to evaluate programmes and reconvenes on day 3 to bring their findings together.
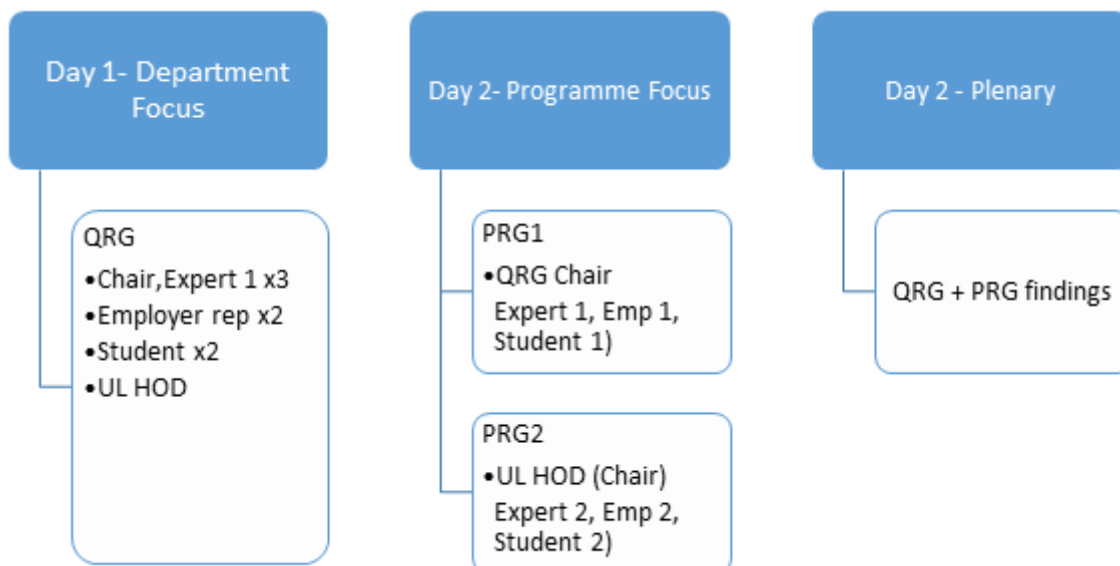
Figure 4: Dual/Multiple model QRG Configuration for Review with 2 programme families

The model will be scaled to support multiple programme families, however if the number of families exceeds three, a second week of reviews may be required to be scheduled.

6.3   Preparatory steps

Seven weeks prior to the visit, the DSAR, PSARs and appendices are sent by the QSU to the members of the QRG/PRG. The QRG chairperson asks each member of the QRG/PRG to study the entire DSAR but to take special interest in specific assigned DSAR chapters and where relevant, programmes, 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 online 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 online brief overviews are available real-time 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 department. It may be the case that additional material is required; if so, the chair requests the department, through the QSU, to prepare and provide such material.

Each reviewer will be assigned a programme. Typically, two reviewers will be assigned per programme.

Each reviewer will be asked to complete the desk review report template three weeks before the site visit. This report will be provided to the relevant course board who will be asked to respond to the report no later than one week before the commencement of the site visit.

6.4   Review Reports

6.4.1   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 department. 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 department to better achieve its mission and meet the needs of its stakeholders.

Immediately after the review visit, the QSU inserts introductory pages into the QRG report. Refer to pages of the QSU website for access to previous reports.

6.4.2   Programme Review Reports

The PRG will issue a report for each programme outlining their recommendations and commendations for individual programmes. These recommendations may

1. endorse the recommendations for modification made by the Course Board
2. reject or modify the recommendations for modification made by the Course Board
3. add additional recommendations

These reports form the basis of recommendations to Academic Council for programme or module modification.

6.5 Report feedback to the department

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 department. This is achieved in three ways:

1. On the final day of the site visit, the QRG provides oral preliminary feedback to the department's staff.

2. Within two weeks of the conclusion of the site visit, the report will be finalised and formally approved by the QRG chairperson. The QSU then makes the report available to the HOD strictly for the purpose of checking for factual errors.

3. QSU will verify that the recommendations of the QRG are within the scope and purpose of the quality review process. 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.

4. All recommendations are extracted from the report by QSU and forwarded to the HOD for initial response (i.e. 'accept in full', 'accept in part/modified form' or 'rejected'. Where a recommendation is accepted in part or rejected, it must be supported by succinct justification). This interim feedback is returned to the QSU for circulation to the Quality Committee.

6.6 Finalisation and publication of the QRG report

The QSU provides the QRG report to the Quality Committee, whose members (i) verify that the recommendations fall within the scope and purpose of the quality review process and (ii) approve the publication of the report on the QSU website. The Quality Committee also review the Department's response to the recommendations and provide feedback where relevant. The final report is then published on the QSU website.

7 The post-review phase

The post review phase of the combined departmental and programme review splits into two parallel tracks, the development and implementation of the Departmental QIP and typically, the more immediate implementation of identified programme improvements arising from the review process.

7.1 Departmental Quality Improvement Plan (QIP)

Implementing the QIP is the responsibility of the department and, ultimately, the relevant HOD. The QSU plays a largely coordinating role in the process. In addition to the HOD, and Dean, the Quality Committee and the PDP are responsible for overseeing the implementation of the QIP. Recommendations that would equally apply to one or more other faculties may be pursued at university level rather than department 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 Departmental report for publication by Quality Committee and consideration of Department response
3. Formulation of implementation plan
4. Ongoing implementation of recommendations
5. Interim progress report to the Quality Committee
6. Implementation review meeting with PDP
7. Publication of summary outcome on the web
8. Annual monitoring by QSU of outstanding actions

7.1.1 The QIP template

The QRG recommendations and progress with their implementation are recorded in an online quality improvement plan (QIP), created by the QSU. This online QIP is referred to as the "master QIP". The department is requested to record an initial response to each of the recommendations in the master QIP. The QRG report and the department's response are presented by the Director of Quality (or nominee) at Quality Committee. After the QRG report has been published following approval by the Quality Committee, the department is requested to continue with the implementation of recommendations and recording of progress of same in the master QIP.

The HOD is responsible for ensuring the QRG recommendations are implemented, and the master QIP is designed to facilitate this. The master QIP allocates one page to each recommendation and provides space to record:
- The department's response to the recommendation
- Specific actions to be taken by the department 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 HOD will appoint a QIP implementation team to help the department fully implement the QIP. The QIP implementation team will comprise of the head of department and their nominated implementation team.

7.1.2 Formulation of implementation plan

Within four weeks of receiving the master QIP from the QSU, the QIP implementation team meets to develop specific implementation plans, specifying an owner and timeframe for each action. These are recorded in the QIP.

7.1.3 Ongoing implementation of recommendations

Over the next few months, led by the QIP implementation team, the department works to implement the recommendations. Approximately nine to twelve months after the quality review, the QIP team carries out a brief, interim self-assessment of progress made in relation to the implementation of all recommendations and records the assessment in the QIP. The HOD completes the master QIP online. The Director of Quality (or nominee) presents the QIP to the Quality Committee at the next meeting.

7.1.4 Presentation to Quality Committee

The HOD, who is responsible for project managing the implementation of the QIP, is invited by the Quality Committee chair to deliver a short presentation at the next committee

meeting. While the HOD may wish to provide an initial overview commentary on the QRG report, the presentation will focus on the review recommendations, the department'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.

7.1.5   QIP implementation review meeting

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

To prepare for the meeting, the department summarises progress to date on each recommendation and specifies outstanding matters or actions required on the master QIP. The HOD completes the online master 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 and published on the QSU website. Any remaining open action items are monitored annually by Quality Committee.

The implementation of the QIP must be evidence-based. The HOD should ensure that those leading the implementation of each recommendation retain records that provide evidence of their actions (e.g., headline email correspondence, meeting minutes, etc.). When preparing the implementation review meeting, the Director of Quality will routinely ask the department 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 department in the completed QIP.

7.1.6   The department's obligations

The Director of Quality must be assured that the department and associated Course Boards has engaged fully, constructively and in accordance with the ethos of the quality review process at all stages. In particular, s/he must be satisfied that the department has genuinely made all reasonable efforts to implement the QIP and that the department has provided a sufficiently compelling justification in cases where a recommendation has been rejected.

If the Director of Quality forms an evidence-based opinion that the department has failed to satisfy the above obligations, s/he will discuss this with the PDP. In consultation with the PDP and at their joint discretion, the following actions may be considered:
- A formal 'note of concern' is forwarded by the Director of Quality to the HOD.
- A formal 'note of concern' is forwarded by the Director of Quality to the HOD, and the HOD 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 department may undergo a special supplementary quality review or a full quality review within a period shorter than the usual seven-year cycle.

7.2   Implementation of Programme Improvement Plans (PIPs)

Responsibility for implementing the PIP lies with the Course Director and Course Board. The programme reports are presented to the Academic Programme Review Committee (APRC) for review and recommendation to Academic Council. Any modifications recommended for implementation are processed on the APRC database in accordance with the operational requirements of the University.

Monitoring of the impact of the implementation of recommendations on individual programmes takes place through annual programme review/monitoring.

8   Process verification

The effectiveness of the quality review process is evaluated through QSU QMS audits, feedback from Quality Committee, formal feedback mechanisms from quality reviewers (i.e., members of the QRG), the HOD and department quality team, and the ongoing monitoring of key timelines by the QSU. Moreover, oversight of the process by QQI occurs through the annual institutional monitoring mechanisms (annual dialogue meeting and annual quality report) and through periodic institutional quality reviews.

Annual feedback reports about the process, which describe the resultant planned process enhancements, are published on the QSU website.

An end of cycle formal evaluation is also completed to inform planning for the next cycle and to contribute to strategic and operational planning.

The process owner is the Director of Quality.

9   Revision history

Rev. #	Date	Approved by	Details of change
0.1	11 September 2024	Quality Committee	Initial release

*Finalised guidelines subject to final approval by Quality Committee and Provost and Deputy President

Appendix A: Department Self-assessment report (DSAR) Template

1   Overview

The department self-assessment report (DSAR) should typically be up to 40 pages in length[6] (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). The structure of the DSAR is given in section 3 below. The DSAR 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 quality review have been tailored to dovetail with other cycle quality review activities with a view to minimising overlap and repetition. Therefore, for example:

1. Pertinent institutional-wide QA systems will be considered by: (a) the UL institutional review, (b) the review of cornerstone institutional QA processes and (c) the reviews of relevant administrative and support units, such as Graduate and Professional Studies and the Office of the President. Examples of such institutional QA systems include the external examiner system, the quality review system, institutional/department student feedback mechanisms 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 Transformative Learning, Student Affairs, Library & Information Services Division, Cooperative Education & Careers Division, Information Technology Division, UL Global, Human Resources Division, Academic Registry and the two students' unions.
3. The quality assurance of many aspects of research activity regulations, procedures and supports will be considered via the quality reviews of (a) the Research Office, (b) the Finance Office, (c) Graduate and Professional Studies and (d) the research institutes (e) thematic reviews.
4. The quality assurance of individual programmes at a granular level is reviewed via the annual and periodic programme review processes.

In consequence, the department's self-assessment exercise and DSAR should not focus on institutional-wide QA systems, regulations and supports *per se*. Instead, the self-assessment exercise and DSAR should focus on:

- How effectively the department operationalises institutional QA activities. Examples of such activities include considering programme modification proposals, annual programme monitoring and periodic review, annual processing of research postgraduate progression, and reviewing and taking follow-up action on the results of student feedback mechanisms.
- Does the department have guidelines in place to ensure that relevant institutional-level policies/procedures are consistently interpreted and applied across the department?
- Department-level implementation of key institutional wide policies/procedures. (For example, how effectively are the UL academic workload allocation policy,

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

Performance and Development Review System (PDRS) and Personal Advisor Support System (PASS) implemented within the department? Are there mechanisms that provide evidence to the department that such policies/procedures are being appropriately and consistently implemented across the department?

Clarity and cohesion are the hallmarks of a well-written DSAR. 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 department itself, the audience for the document is the external quality review group, and the report should be written with this in mind. In addition:

- The writers of the DSAR 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 department.
- The self-assessment of the quality of the department's activities must include a clear and prominent focus upon the department's overall fitness for purpose and performance (e.g., setting key performance indicators (KPIs) where appropriate, attaining targets and evaluating the department's outputs and their impact, particularly upon students and the university as a whole).
- The report should provide evidence of the views of customers/stakeholders.
- A realistic, open and honest discussion of strengths, weaknesses, opportunities and challenges, as well as planned improvements, is vital to accurately inform the review group (QRG) members and to allow them to appropriately prepare for the site visit and ultimately to produce a report that is of maximum benefit to the department and university. The review ethos emphasises the mutually supportive and constructive spirit underpinning interaction between the department, the reviewers and the university. The DSAR is confidential to the department, the reviewers, the Dean, the PDP and the QSU and will not be shared with third parties (unless the department 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 DSAR

The default structure of the DSAR is as follows:
- Chapter 1: Mission, Strategy and Outcomes
- Chapter 2: Organisational Structure, Management and Governance
- Chapter 3: Programme Portfolio and Curriculum Management
- Chapter 4: Teaching, Assessment and Student Experience
- Chapter 5: Research
- Chapter 6: Other Stakeholder Engagement and Linkages

The exact structure and content of the report will most likely evolve while the report is being written. In relation to structure, should the quality team wish to change the number of chapters or the chapter titles as listed above, the quality team leader must consult with

and seek approval to do so from the Director of Quality. In relation to content, the quality team must at least consider the topics listed in the approved scope the sections to follow. The team may wish to re-order or merge topics or include additional topics in order to best 'tell the department's own story'. The length of individual chapters will likely vary.

3.1   Chapter 1: Mission, Strategy and Outcomes

This chapter provides an overview of the department and its mission, strategy and stakeholders. The chapter should include an analysis of department outcomes and performance in the context of mission and strategy and should review the department's overall fitness for purpose and key challenges. Within this chapter, it would be appropriate to:

- Provide a brief introductory overview of UL and its mission, strategy and key organisational structures (academic organisational chart) (for context).
- Provide an overview of the department and its mission and strategy and evaluate how well the mission and strategy are aligned to and support those of the university.
- Outline how the department mission and strategy are (i) developed, (ii) implemented, (iii) monitored, (iv) reported upon and (v) reviewed. Please include details of how you evaluate the extent to which the implementation of mission and strategy is successful (e.g., via specify key implementation success indicators).
- Provide summary overview details and an evaluation of department-level performance/outcomes against key department and university strategic goals/objectives/ implementation success indicators (e.g., student numbers, progression rates, development of postgraduate programmes, research performance, internationalisation efforts, etc.). It will likely be appropriate to expand upon relevant elements of these in the remaining chapters.
- Describe and evaluate how the department benchmarks its activities and performance/outputs against similar national and international institutions. (For example, how does the department become aware of relevant international good practice, trends and performance in other universities and how does it compare its outputs and performance with national and/or international norms?)
- Clearly identify the department's stakeholders, both internal and external to UL.
- Provide an overview of key challenges facing the department. (It may be appropriate to expand upon individual challenges in later chapters of the SAR.)
- Provide an overall evaluation of the department's 'fitness for purpose'.
- Indicate key areas on which the department would find reviewer input to be especially useful.
- Provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a solely descriptive manner.

3.2 Chapter 2: Organisational Structure, Management and Governance

This chapter describes and evaluates how the department organises and governs itself, manages its staff, resources and activities and operates in accordance with key UL policies and systems. Within this chapter, it would be appropriate to:

- Describe the department's organisational structure. Evaluate the appropriateness and effectiveness of this structure in relation to implementing the department's and university's mission and strategy.
- Describe the department's managerial and governance organisational structure (e.g., heads of academic unit, support staff, managerial committees, exam boards, department meetings etc.). Evaluate the appropriateness and effectiveness of this structure in relation to (a) achieving effective governance and oversight at department level and (b) implementing the department and university mission, strategy and policies. (Are job descriptions and reporting lines clear? Are meetings held regularly? Does the structure facilitate the department to identify and consider issues within the department and individual programmes in an effective manner? Does the structure effectively support department-level decision-making processes? Does the structure facilitate an appropriate level of cohesion in terms of department-wide procedures? Does the structure facilitate department-wide adoption of good practice/innovations, etc.?)
- Refer to additional units or entities that are closely aligned to the department (e.g., research institutes, hubs, centres, etc.). Outline the managerial/governance relationship between the department and the entity (e.g., does the manager/director/staff of the entity report to the HOD, etc.). Evaluate the extent to which the relationship is appropriate and effective. (For example, how does the relationship facilitate the department to realise its mission and implement its strategy? How could the relationship be changed to better support the department's to realise its mission and implement its strategy?)
- Analyse how effectively the department ensures and monitors compliance with relevant university-level policies and procedures. (For example, how does the department monitor the extent to which GDPR, PDRS and workload allocation models are uniformly and systematically applied across the department?)
- Outline and evaluate how the department identifies, develops, approves, communicates, reviews and monitors the enforcement of department-specific procedures, guidelines or other similar documents.
- Describe and evaluate the department's business/financial operational planning, monitoring and review process.
- Describe and evaluate the processes/mechanisms by which department resources are distributed and used to optimise the department's operations and performance (e.g. staffing plans, with specific reference to University policies on work allocation, HR/EDI and staff development, space allocation, update and replacement of teaching equipment, etc.).
- Describe and evaluate how risks, challenges and opportunities are identified and managed at department level (e.g. management, maintenance and review of department risk register).

- Outline and evaluate how the department approaches succession planning in relation to key managerial roles of responsibility (e.g., heads of department are identified and trained, career development of early and mid-career staff etc.).
- Provide a brief overall evaluation of the extent to which you consider the department's organisation, management, staff and facilities are being used to ensure the department functions optimally.
- Provide an overview of any key challenges facing the department in relation to its structure, organisation, management and governance.
- Please provide any further information you feel is relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a descriptive manner.
- Indicate key areas on which the department would find reviewer input to be especially useful.

3.3 Chapter 3: Programme Portfolio and Curriculum Management

- Provide an overview of the suite of taught programmes (undergraduate and postgraduate) delivered by the department. Include details on service teaching of modules to other departments.
- Describe and evaluate how the department ensures the appropriateness of its portfolio of taught programmes (e.g., how it identifies opportunities for new programmes or makes a case to modify existing programmes in response to market demand, how it reviews its programme portfolio and how it decides if a programme should be discontinued).
- Describe and evaluate how the department ensures that appropriate resources are in place to underpin the quality of its programmes (new and existing). (For example, equipment, facilities and, in particular, sufficient human resources in the form of an adequate number of staff with appropriate expertise and an appropriate work allocation model.)
- Describe and evaluate how the department ensures that entry criteria and numbers onto individual programmes are conducive to the delivery of high-quality programmes. (Please extend the discussion to CAO and non-CAO entry routes as well as, for example, common entry routes.)
- Evaluate how department management has sufficient knowledge and oversight of QA findings relating to individual programmes (e.g., annual programme reports, external examiner reports, student survey reports, professional/regulatory body reports).
- Describe and evaluate where relevant how the management of strategic partnerships align to the Collaborative Provision policy.
- Evaluate the effectiveness of implementation, monitoring and follow-up of these QA processes at department level. (For example, how and by whom are external examiner reports, student survey reports and programme monitoring/review reports considered within the department? How are findings acted upon, and how are students and other relevant stakeholders informed of actions taken?) (Student survey policy)

3.4 Chapter 4: Teaching, Assessment and Student Experience

Within this chapter, it would be appropriate to:

- Refer to the policy on the use of data to enhance teaching, learning and assessment (learning analytics).
- Describe and evaluate how the department ensures/oversees the effectiveness of department-specific, department-specific or course-specific elements of new student induction/orientation.
- Consider and evaluate any department-specific processes or arrangements aimed at meeting the needs of a diverse student population (e.g., mature, part-time, international and students with disabilities).
- Describe and evaluate the extent to which any pertinent student support arrangements in which the department plays a prominent role (e.g., the personal advisor support system) are carried out. It is not necessary to consider supports provided directly by other UL units, such as Student Counselling and the Centre for Teaching and Learning.
- Describe and evaluate how the department assures itself of the teaching and assessment skills of current (including new and part-time) academic staff, tutors and demonstrators.
- Evaluate the adequacy and effectiveness of department and wider university supports to relevant staff members of the department to support them to discharge of their teaching and related activities effectively and efficiently.
- Provide an overview of key challenges facing the department in relation to taught programmes, teaching and related activities and how these challenges are being or could be addressed.
- Describe and evaluate how assessment practices support achievement of learning outcomes, the principles of academic integrity and universal design for learning (UDL).
- Please provide two or three short exemplar case studies of an issue that was identified via QA processes. Include reference to how the issue was considered and acted upon within the department, what the end result was, and how any change in practice, etc., was communicated to the students and other relevant partners/stakeholders. (For example, outline an issue raised in an exit survey and describe how it was followed up.)
- 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.
- Indicate key areas on which the department would find reviewer input to be especially useful.

3.5 Chapter 5: Research

Within this chapter, it would be appropriate to:

- Evaluate the department's mission and strategy in relation to research.
- Evaluate department-level performance against key department and university research-related strategic goals/objectives/KPIs. (For example, publication output and quality, research income generated, research postgraduate numbers, numbers of research-active staff, etc.)
- Describe the planning process for deciding how the Research Strategy, Wisdom for Action, is implemented at department level, and how this is communicated to members of the department.
- Describe and evaluate the relationship between the department and university research institutes/centres (or cite the relevant section in chapter 1, if appropriate).
- Outline and evaluate the adequacy of institutional level supports and arrangements in relation to the department's research activities. (For example, have you observed any impact from the implementation of the recommendations of the thematic review of Professional Supports for Research (2023).
- Outline and evaluate the appropriateness and effectiveness of any research-related QA processes operationalised by the department in respect of its level 9 and 10 research programmes (e.g., oversight of research progression, etc.).
- Outline and evaluate how effectively the department operates and ensures integrity and ethical practice when conducting research. Refer to recommendations from the thematic review of UL Research Ethics (2024).
- Evaluate the effect of research on teaching within the department and vice versa, as appropriate.
- Outline the main challenges facing researchers (staff and students) in the department and how these challenges are being or could be addressed.
- Describe and evaluate where relevant the management of strategic partnerships associated with departmental research.
- 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.
- Indicate key areas on which the department would find reviewer input to be especially useful.

3.6 Chapter 6: Other stakeholder engagement and linkages

Within this chapter, if it has not already been addressed in previous chapters of this report, please outline and evaluate the appropriateness, effectiveness and quality of all additional

departmental activities and relationships with each of its stakeholders identified in chapter one including:

- The contribution of the relationship to the department and the University, the actual impact and outcomes and how this aligns to the mission and strategy of the University.
- Consider internal university relationships (e.g., participation in inter-department programmes of education) as well as external relationships (e.g., accreditation bodies, professional associations, external collaborators, etc.).
- Describe and evaluate
  - how the department identifies new potential partners/stakeholders of strategic importance.
  - how it reviews and evaluates its relationship with existing partners/stakeholders. Describe how the management of these strategic partnerships align to University policies.
  - the profile and impact of public engagement activities undertaken by the department.
  - marketing-related activities undertaken by the department, how these comply with University policies and guidelines.
  - how the department monitors, reviews and improves its communications strategy and processes with all stakeholders and interested parties, both internal and external to the university.
- Outline the main challenges facing the department in respect of these additional department activities and linkages and how these challenges are being or could be addressed.
- Please provide any further information you believe to be relevant to this chapter. You may present this information under headings/sub-headings of your choice. Please present the additional material in an analytical rather than a solely descriptive manner.
- Indicate key areas on which the department would find reviewer input to be especially useful.

Appendix B: Programme Self-Assessment Report (PSAR) Template

1.   Overview

In accordance with ESG standard (1.9), the programme review will include an evaluation of the programme's performance, programme management, student engagement, use of Learning Technologies and Learning Analytics, and alignment to the NFQ, UL Academic Model, and UL's Integrated Curriculum Development Framework (ICDF). Where a programme is offered on behalf of or in collaboration with another external provider, the nature of the partnership and the related agreement should also be evaluated.

2.   General Content of Programme Self-Assessment Report (PSAR)

The PSAR shall describe the programmes strengths, alignment with key university strategies and academic model and identify areas for enhancement. The PSAR may refer to departmental SAR but it is not anticipated that it will duplicate information provided in the SAR. The PSAR should identify where relevant, recommendations for the removal, addition or modification of modules to be delivered on the revised version of the programme. The PSAR may recommend that a programme be withdrawn from the programme portfolio of the Department.

3.   Sections of the Programme Self-Assessment Report

The report should be presented in chapters which addresses each of the items below.

3.1   Chapter 1: Programme Performance (max 2000)

Longitudinal analysis (five-year trend analysis where available) of the performance and sustainability of the programme - this should reference the data available in the Annual Programme Review Dashboard including:
- applications
- enrolment
- progression
- retention
- award outcomes (final degree classifications)
- student satisfaction
- graduate employability

Arising from this evaluation, recommendations should be made on whether the programme should remain within the programme portfolio of the Department. The Course Board should also comment on student profile e.g. gender, age, domicile etc. where noteworthy. Are the students employed in roles that align with the intended outcomes of the programme?

3.2   Chapter 2: Alignment with NFQ and UL Academic Model (max 1000)

The Course Board should ensure that the learning outcomes of the programme are described at the appropriate level with respect to the award type descriptors set out in the National Framework of Qualifications . Statutory Apprenticeship programmes should also align with the Professional Award Type Descriptors. Titles of awards, credit volumes and award class should align with the University Framework for Award Titles.

The programme should be evaluated against university requirements which are detailed in academic model descriptor.

3.3   Chapter 3: Alignment with UL's Integrated Curriculum Development Framework (ICDF) (max 2000)

Programme teams are required to engage with curriculum leads in CTL to assist with this element of the review process and should address UL's ICDF, in particular alignment with:

i. Graduate Attributes: The UL Graduate is an active and globally engaged citizen.
ii. Principles of Curriculum Design: The principles of curriculum design are founded on academic excellence, integrity and Universal Design for Learning (UDL).
iii. Design of the Learning Environment: The pedagogy and learning environment foster a transformative learning experience.
iv. UL's Ambitions and Strengths: The curriculum builds on the institution's existing strengths and defines a shared understanding of the curriculum, which aligns to the institutional vision and strategic goals of the University.
v. Use of Learning Technologies & Learning Analytics:
    o Evaluation of the proposed mode of delivery appropriate in light of a review of relevant student feedback and learning data to ensure optimal curriculum design.
    o Evaluation of technologies being incorporated to ensure optimal curriculum design.
vi. Student Engagement: Evaluation of the student experience optimised through engaging students as co-creators in the design of curriculum and assessment.

The Course Board should evaluate the design of the programme as a whole, not just its constituent modules, reflecting on the following:

- Is the programme coherent, does it have a programme level teaching, learning and assessment philosophy or strategy? How well does the programme incorporate the principles of the Integrated Curriculum Development Framework?

3.4   Chapter 4: Programme Management and Quality Assurance/Quality Enhancement (Max 1000)

This chapter should include an evaluation of the following:

i. how programme information is kept up-to- date and communicated to prospective and current students.
ii. how well facilities, learning resources are used.
iii. programme staffing structures and operations of the Course Board.
iv. opportunities for students, staff, external examiners and other stakeholders to provide feedback and how that feedback is acted upon.

The Course Board should propose recommendations based on this evaluation.

The programme specification and links to relevant modules in the Book of Modules should be provided.

Appendix C: QRG composition, appointment and roles

QRG composition

The QRG usually comprises six to seven persons. The profile of the membership is as follows:

- **Chairperson**: The chairperson is external to the University, usually from outside Ireland and with knowledge of quality assurance processes in a higher education context. In the case of academic reviews, the chairperson will have discipline expertise.
- **Two senior academics**: Both persons should be external to the Republic of Ireland and working in disciplines that provide them with a strong degree of familiarity with the core activities of the faculty under review. They would typically have a significant international reputation in research or teaching and would come from a prestigious international university or other appropriate institutional setting.
- **Employer/Sectoral representative**: The employer or sectoral representative is usually somebody who holds a senior position in industry, the commercial sector or an appropriate public or private body. The person should represent an organisation that might reasonably be expected to recruit graduates from at least one of the programmes being offered by the department under review. Ideally such a person will have been involved in recruiting or supervising recent graduates and/or work placement students from the department being reviewed.
- **Student representative**: This person is chosen to provide a student perspective. Selected on the basis of their experience relevant to the student group, the person can be a recently graduated alumnus (typically graduated within the last three years), a current student within or external to UL or an officer of the UL Students' Union. If the representative is a current UL student, they cannot be a student of the faculty under review.

In addition to the above positions, the Quality Support Unit (QSU) appoints a recording secretary to the group. This role is usually fulfilled by an external technical writer.

QRG appointment

UL takes due care to ensure that the members of the QRG are independent and impartial and, accordingly, attributes particular importance to the independence and impartial nature of the QRG report. The Director of Quality consults with the Head of Department and/or independently identifies potential QRG candidates. The Director of Quality exercises due diligence in relation to the suitability of all potential QRG members. Once 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 group. Once appointed and prior to the site visit, any necessary communication between the faculty and members of the QRG will be facilitated by the QSU. Members of the department under review should not contact panel members directly.

QRG roles and responsibilities

UL asks all members of the QRG to commit to attending the site visit, to read the SARs and supporting documentation prior to the site visit, to arrive promptly for all meetings during the site visit and to attend the preliminary findings read-back session with the unit on Thursday afternoon. Post-visit obligations include completion of the report, responding in a timely manner to follow-up communications and completing and submitting the QRG feedback survey.

In addition, in accordance with the QSU's travel and expenses policy, the QSU asks the members of the QRG to make their own travel arrangements to Limerick and to submit their travel expenses to the QSU in a timely manner after the review.

The following sections outline the specific roles and responsibilities of (i) the chairperson; (ii) QRG members other than the chairperson; and (iii) the recording secretary.

Specific role of chair

The primary roles of the chairperson are:
- To project manage the QRG site visit meetings and reporting process
- To ensure that the QRG review and reporting process is conducted in accordance with the review guidelines document (this document) and that the process is independent, impartial and evidence-based
- To act as a liaison person between the QRG and the QSU or other stakeholders

On a practical level, the chairperson will typically carry out the following tasks:
- Assign to each individual QRG member appropriate section(s) of the DSAR for which the member will act as topic coordinator during the site visit. The Chair may also choose to act as topic co-ordinator.
- Prior to the site visit, outline roles and responsibilities to each member of the QRG.
- Give a verbal briefing to the QRG members at the opening meeting on Monday evening.
- Coordinate the site visit: ensure that all meetings are conducted according to the schedule.
- Encourage reviewers to draft their commendations and recommendations after each session.
- Write the introductory section of the QRG report.
- Facilitate the completion on the final morning of the preliminary review findings.
- Set out the QRG's preliminary findings or assign sections of the findings to members of the QRG to read out at the final meeting with the faculty on the final afternoon.
- Within two weeks of the conclusion of the site visit, co-ordinate the finalisation of and approve the QRG report.

Role of QRG members other than the chair

The university asks each member of the QRG other than the chair to:
- Prepare a one-page, pre-visit report using the template provided for each assigned topic.

- Within the required timeframe, complete the pre-visit report.
- Act as topic coordinator for the specific sections of the DSAR that have been allocated by the chair. Being the coordinator of a topic involves:
  - Leading the questioning for that topic during the site visit
  - Consulting with other members of the QRG to gather opinions and ideas
  - Preparing first-draft commendations and recommendations relating to that topic
- Complete a programme desk review report template three weeks before the site visit.
- Submit draft commendations and recommendations to the recording secretary and the QSU as required in preparation for the discussions on the final morning.
- Participate in the discussions on final morning when the report on initial review findings is being finalised.
- Engage with the Chair and other members of the QRG to finalise the report within 2 weeks of the site visit.

Role of the recording secretary

The recording secretary generates summary notes during the quality review site visit meetings to serve as a memory aide to the group during its deliberations. The notes are confidential to the QRG and are destroyed at the finalisation of the report.

The recording secretary helps to collate and finalise the QRG report.

Documentation

All documentation and knowledge shared with and by the QRG must be treated in strict confidence by all members of the QRG. Documentation downloaded by QRG members during the review process must be securely disposed of on completion of the final report. QSU will delete all documentation related to the review in accordance with its records retention schedule.

Appendix D: Data sources

Data	Source / contact
Research publications / awards by department	Research Performance Dashboard Annual Research Performance Report
Course applications, student progression, new entrants and graduate statistics.	Annual Programme Review Data Portal Contact Quality Support Unit quality@ul.ie
Graduate Outcomes survey.	Annual Programme Review Data Portal
Integrated Curriculum Development Framework	Centre for Transformative Learning Contact Curriculum.development@ul.ie
Stakeholder feedback, e.g. student feedback (excluding department-gathered feedback)	Annual Programme Review Data Portal And for Head of Department/School level access - UL Student Exit and Satisfaction Survey interactive dashboard Studentsurvey.ie and PGRsurvey.ie
External Examiner Reports	Annual Programme Review SharePoint
MSS data / reports	Contact Quality Support Unit quality@ul.ie
Grade Distribution	Academic Registry
Utilisation of learning resources Utilisation of resources such as rooms/labs	ITD / Library Academic Registry, if centrally scheduled.
Teaching staff demographic profile	Human Resources
Resources for staff; professional development of staff (Peer Observation / Teaching Awards)	Centre for Transformative Learning
Benchmarking data	HEA Statistics

Appendix E: List of acronyms used in this document

Acronym	Meaning
AC	Academic Council
APRC	Academic Programme Review Committee
APR	Annual Programme Review
CAO	Central Applications Office
DSAR	Department Self-Assessment Report
DQ	Director of Quality
GDPR	General Data Protection Regulation
HOD	Head of Department
ICDF	Integrated Curriculum Development Framework
ISSE	Irish Survey of Student Engagement
KPIs	Key performance indicators
MSS	Module satisfaction survey
PDRS	Performance and Development Review System
PIP	Programme Improvement Plan
PDP	Provost and Deputy President
PRG	Programme Review Group
PSAR	Programme Self-Assessment Report
QA	Quality assurance
QE	Quality enhancement
QIP	Quality improvement plan
QQI	Quality and Qualifications Ireland
QRG	Quality Review Group
QSU	Quality Support Unit
QT	Quality Team
QTL	Quality Team Leader
RC	Review Coordinator
SAR	Self-assessment report
SET	Student Evaluation of Teaching
SI	Student Information System
SWOT	Strengths, weaknesses, opportunities and threats
UL	University of Limerick