# Quality Review Process for the
# Irish World Academy of Music and Dance

**6 March 2018**

# Contents

# 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 Irish World Academy of Music and Dance (sometimes referred to as 'the Academy' or 'the unit' in this document).

## 1.2 UL's quality review process

### 1.2.1 Purpose
The purpose of the 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 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

### 1.2.2 Ethos

The ethos of the quality review process is that participants would proactively engage in a mutually supportive and constructive spirit and that the process would be undertaken in a transparent, inclusive, independent, evidence-based and cost-effective manner. The process provides scope for recognising achievement and good practice as well as identifying potential opportunities for quality enhancement.

### 1.2.3 Background

UL's quality review process, as applied to both academic and support units, was developed and continues to evolve in order to satisfy university quality policy and meet legislative QA requirements. UL complies with the [Qualifications and Quality Assurance (Education and Training) Act 2012](#), which places a legal responsibility on universities to establish, maintain and enhance QA procedures relating to their activities and services (Part 3, Section 28). These QA procedures must take due account of relevant quality guidelines issued by [Quality and Qualifications Ireland](#) (QQI) and/or predecessor organisations. QQI is the statutory body responsible for reviewing and monitoring the effectiveness of QA procedures adopted and implemented by higher (and further) educational institutions within Ireland.

### 1.2.4 Process modifications

On rare occasions, circumstances can make it necessary or desirable to modify elements of the quality review process. Minor modifications that have little or no impact on the overall process can be instigated directly by the Director of Quality. Substantive modifications require agreement between the Director of Quality and head of unit. If agreement cannot be reached, the matter is referred to the Vice President Academic Affairs & Student Engagement (VPAA&SE) 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 Academy. 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 the Irish World Academy of Music and Dance

### 2.1 The Irish World Academy of Music and Dance

The Irish World Academy of Music and Dance in UL is a centre of academic and performance excellence within the Faculty of Arts, Humanities and Social Sciences. The Academy honours the energies of performance and academic reflection across a wide range of genres and disciplines. These disciplines, in turn, are informed by innovative community outreach and artist-in-residence initiatives that take the Academy to the wider community while attracting a wealth of international performance and scholarly expertise.

Founded in 1994 by Professor Mícheál Ó Súilleabháin, the Academy has come to find its true home on the beautiful banks of the River Shannon, on UL's north campus, in a state-of-the-art building that includes two theatres, a recording studio, individual practice rooms and dance studios. The Irish World Academy building provides an inspiring creative space for all those who study and work there.

The Academy has a strong international presence – more than 40 countries are represented by its current student body and alumni.

The Academy offers a suite of taught undergraduate and postgraduate programmes in music, dance and related subject areas, and its research is at the forefront of these fields of enquiry worldwide.

### 2.2    The scope of the Academy quality review

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

1. To consider and advise on the mission, vision and strategy of the Academy and the effectiveness of the implementation of same
2. To consider and advise on the effectiveness of all aspects of the structure, governance and management of the Academy
3. To consider and advise on the effectiveness of all Academy activities, including teaching, research, community engagement and additional activities
4. To consider and advise on the effectiveness of linkages, relationships and interactions between the Academy and its key stakeholders
5. To consider and advise on the overall effectiveness and 'fitness for purpose' of the Academy and how this could be enhanced

### 2.3    Process authorisation

The UL cycle 3 quality review schedule and general process characteristics were approved by the Executive Committee on 1 March 2017. Tailored to suit the needs of individual units, detailed process guidelines are prepared by the Quality Support Unit (QSU) as required and in consultation with the units themselves. This guidelines document for the quality review of the Irish World Academy was approved by the VPAA&SE on 5 March 2018.

## 3    The review process

### 3.1    Overview

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 does not extend to other units or to UL as a whole, which is subject to a cyclical institutional-level quality review process. The unit's review is conducted by an independent quality review group (QRG) comprising a chairperson, academic peers and employer/professional 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:

i. Consideration of recommendations by the unit and formulation of a plan to implement the recommendations
ii. Ongoing implementation of recommendations
iii. Interim progress report to the Governing Authority Strategic Planning and Quality Assurance (GASPQA) committee
iv. Implementation review meeting

| | | |
|---|---|---|
| **1. Pre-review phase** | Self-evaluation exercise | 10 months prior to visit |
| | ↓ | |
| | Self-assessment report (SAR) | Start drafting 6 months prior to visit; complete 7 weeks prior |
| | ↓ | |
| **2. Review phase** | Site visit by QRG | 3 days |
| | ↓ | |
| | Publication of QRG report | Approx. 2 to 4 weeks after site visit |
| | ↓ | |
| **3. Post-review phase** | Consideration of recommendations and formulation of plan to implement them | Within 6 weeks of receipt of QIP template from QSU |
| | ↓ | |
| | Ongoing implementation of recommendations | Ongoing over the remainder of the post-review phase |
| | ↓ | |
| | Presentation by head of unit to GASPQA | Approx. 6 months after unit receives QIP template |
| | ↓ | |
| | QIP implementation review meeting | Approx. 12 months after unit receives QIP template |

### 3.3 Communications, inclusivity and feedback

In line with the ethos of the quality review process (section 1.2.2) and international good practice, the process places an emphasis on communication, inclusivity and feedback. This is achieved in a number of ways, the most notable of which are as follows:

- The campus community is made aware of upcoming quality reviews via a global email from the QSU to all students and staff.

- The QSU provides the campus community with opportunities to contribute to the review process by registering their interest in:
  o Submitting commentary for consideration by the unit during the pre-review phase
  o 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 (SAR) 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 the 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. The cost of such external expertise will be refunded by the QSU to the unit subject to categorised limits specified by the QSU.

### 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 of the team (referred to as the quality team leader) 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 the unit is available from the QSU. The unit 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 mechanism, as appropriate
- Data gathering and analysis (e.g., number of SETs undertaken, analysis of feedback received from participants undertaking workshops, courses or other initiatives)
- Any other activities that the 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. Units should also draw on pre-existing data, such as previous student exit surveys, MSS reports, external examiner reports and annual programme review reports.

## 4.2 Self-assessment report (SAR)

### 4.2.1 General

Six months prior to the review, the quality team begins drafting an analytical, evidence-based self-assessment report (SAR). The finished SAR and its appendices are reviewed by the QRG in advance of the site visit and will form the basis of the QRG's assessment of the unit's performance. The SAR is confidential to the unit and will not be seen by persons other

than staff members of the unit, the relevant dean, the QSU and the QRG without the prior consent of the head of unit.

The structure of the SAR is described in the next section. The layout and formatting of the document and quality of the writing style should be professional. To this end, it is strongly recommended that the services of a technical writer be sought at the earliest opportunity. A contribution towards costs will be covered by the QSU.

### 4.2.2   Structure

The SAR should be should typically be up to 40 pages in length[1] (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). Default chapter headings are suggested below:

⸺ Chapter 1: Vision, mission, strategy and governance
⸺ Chapter 2: Organisation, management and staffing
⸺ Chapter 3: Design, content and review of curriculum
⸺ Chapter 4: The student experience
⸺ Chapter 5: Research activity
⸺ Chapter 6: Community engagement

The reporting requirements for chapter are described in detail in Appendix A.

### 4.2.3   Content

The SAR should accurately describe the unit's strengths and weaknesses and should specify areas that need to be improved. The QRG will expect to see evidence of routine stakeholder consultation. The details of surveys, focus groups and other feedback mechanisms should be described briefly in the relevant section and in full in the appendices.

### 4.2.4   Consensus

During the final drafting stages, the SAR should be made available to all members of the unit for comment. To the extent that it is possible to do so, the opinions/conclusions expressed in the SAR should reflect the consensus views of the unit as a whole.

### 4.2.5   Chairperson's review of 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.

### 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 only accessible to the unit, such as SharePoint or a shared drive.

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

Six 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/her 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, the unit under review 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 SAR.

| 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 class rep focus group meeting(s) | −25 | |
| Finalise analysis of student and, if relevant, other 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 the unit |
| | −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 sent to QRG (by QSU) |
| | −2 | Respond to requests for additional data |
| Date > | 11–14 Feb 2019 | 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 UL (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 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, students 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.

A detailed overview of the role of individual QRG members is provided in Appendix B. The details of the visit schedule are arranged between the QRG chair and the Director of Quality in advance of the visit.

## 5.2    Composition and appointment of the QRG

The QRG typically comprises five persons, the majority of whom must be external to the university. 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 VPAA&SE, 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.

In some circumstances it may be appropriate to extend the QRG panel to six members to provide a suitable breadth of expertise. In the case of a unit with significant interdisciplinary programmes, for example, an additional person may be added to the QRG at the discretion of the Director of Quality. Such a person would usually be an academic or a professional but with a different profile to those already on the panel.

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

## 5.3    Preparatory steps

Six weeks prior to the visit, the SAR and appendices are sent by the QSU to the members of 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 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

The visit to UL usually commences at 19h00 on a Monday evening and concludes the following Thursday at approximately 16h00. (A sample visit schedule is provided in Appendix C.) A briefing meeting between the QRG and a member of the QSU and/or the VPAA&SE is undertaken on the Monday evening, after which members of the QRG convene in private session to become acquainted with each other, share their first impressions of the unit and seek clarifications, if necessary, from the chairperson. The QRG meets UL senior management and the unit'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 report while working as a team. The finalised report is read back to the unit's staff at approximately 15h00.

## 5.5     QRG report

The QRG report follows a QSU report template. All members of the QRG have collective responsibility for the contents of the report. The main body of the report lists the QRG's commendations and recommendations to the unit. Recommendations are divided into two categories, level 1 and level 2. Level 1 recommendations are those that the QRG believes to be particularly significant in assisting the unit 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 Appendix D for further details on the QRG report, and visit the Academic Unit Reports and Support Unit Reports pages of the QSU website for access to previous reports.[2]

## 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. 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.

Immediately after the visit, the QRG chairperson formally approves the report. Shortly thereafter, the QSU makes the report available to the unit strictly for the purpose of checking for factual errors.

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[2] These reports are from previous quality review cycles. The structure of the Academy QRG report will be substantially similar to them but will be tailored by the QSU to best suit the scope of the Academy review.

## 5.7    Finalisation and publication of the QRG report

The QSU sends the QRG report to the Executive 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 and unit websites. 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. The final report is then published on the QSU and unit's websites.

# 6    The post-review phase

Considering and implementing the QIP is the responsibility of the unit and, ultimately, the head of unit. The QSU plays a largely coordinating role in the process. In addition to the head of unit, the relevant Governing Authority committee and the VPAA&SE are responsible for overseeing the implementation of the QIP. Recommendations that would be equally applicable to one or more other units may be pursued at university level rather than unit level. Responsibility for following up on such recommendations will be assigned by the VPAA&SE or other senior UL manager, as appropriate.

The post-review phase of the quality review process comprises the following stages:
1. Consideration of recommendations by unit and formulation of implementation plan
2. Ongoing implementation of recommendations
3. Interim progress report to GASPQA
4. Implementation review meeting

## 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 (Appendix E). 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 head of unit is responsible for implementing the QRG recommendations, and the QIP template is designed to facilitate the head to do this effectively. The template, which cannot be modified by the unit, 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. Four to five months after receiving the QIP template, the unit carries out a brief, interim self-assessment of progress made in relation to the implementation of the level 1 recommendations and records the assessment in sections 5 and 6 of each page of the QIP. The head of unit then sends a copy of the QIP to the QSU, which forwards it to the Corporate Secretary's office for circulation to committee members prior to the next GASPQA meeting.

## 6.4    Presentation to GASPQA

The head of unit, who is responsible for project managing the implementation of the QIP, is invited by the Corporate Secretary's office to deliver a short presentation to GASPQA. 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 GASPQA committee members.

## 6.5    QIP implementation review meeting

Following the GASPQA presentation, the unit continues to implement the planned QIP recommendations. Approximately 12 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, Director of Quality and VPAA&SE (chair). The meeting may also be attended by a recording secretary and, if requested by either the Director of Quality or head of unit, additional personnel relevant to the implementation of the QIP.

To prepare for the meeting, the unit summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. 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 VPAA&SE. A final QIP implementation summary report is prepared by the QSU (Appendix F) and published on the QSU and unit's websites.

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.). When preparing the implementation review meeting, the Director of Quality will routinely ask the unit for a copy of the evidence records pertaining to a representative sample of recommendations, particularly when insufficient detail is given in the plan on progress made to date, and/or copies of key documents cited by the unit in the completed QIP.

## 6.6    The unit's obligations

The Director of Quality must be assured that the unit 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 unit has genuinely made all reasonable efforts to implement the QIP and that the unit 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 unit has failed to satisfy the above obligations, s/he will discuss this with the VPAA&SE. In consultation with the VPAA&SE 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 head of unit and copied to the head of unit's line manager.
- A formal 'note of concern' is forwarded by the Director of Quality to the head of unit and copied to the head of unit's line manager, and the head of unit is invited to the next meeting of GASPQA 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 unit may undergo a special supplementary quality review or a full quality review within a period shorter than the usual seven-year cycle.

# 7 Process verification

The effectiveness of the quality review process is evaluated through internal audits, feedback from quality reviewers (i.e., members of the QRG), the 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.

# Appendices

## Appendix A: Self-assessment report (SAR)

### 1    Overview

The self-assessment report (SAR) should typically be up to 40 pages in length[3] (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). It should be supported by appendices containing the evidence upon which the report is based.

### 2    Structure

The default SAR chapter headings 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 the Academy 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 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 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.

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

## 4 Sections of the SAR

As agreed with the Academy, the structure of the SAR is as follows:
- Chapter 1: Vision, mission, strategy and governance
- Chapter 2: Organisation, management and staffing
- Chapter 3: Design, content and review of curriculum
- Chapter 4: The student experience
- Chapter 5: Research activity
- Chapter 6: Community engagement

The exact contents of the report will most likely evolve while the report is being written. However, the unit must take due cognisance of the topics listed under each chapter title below. While the scope of each chapter is not restricted to these topics, the topics must be considered and addressed.

### 4.1    Chapter 1: Vision, mission, strategy and governance

This section gives an overview of the Academy and outlines its vision, mission, strategy and governance. Within this chapter, it would be appropriate to include:
- Brief introductory overview of UL, its vision, mission, key strategies and organisational structures
- Introductory overview of the Academy, including clear identification of its 'customers' (those to whom it provides services/supports) and stakeholders
- The Academy's vision and mission and how they support the UL vision, mission and strategic plan
- Academy mission implementation strategies; how implementation is monitored and measured (e.g., key implementation success indicators)
- Implementation progress and any barriers to date
- How the Academy's vision and mission are periodically reviewed
- Governance and reporting structures: description, effectiveness and appropriateness. Evaluation of the extent to which the Academy has clear leadership and direction. Relationships and linkages with additional UL faculties/units/offices/officers and the effectiveness of these relationships in achieving the Academy's and the broader university mission
- How compliance with university-level policies and procedures is ensured and monitored
- How the Academy encourages the development of a quality culture, including how it systematically identifies and implements enhancements to its activities
- Overall evaluation of the Academy's fitness for purpose and impact on students and the university
- Summary of key recommendations from the last quality review and actions taken to address them
- Indication of key areas on which the Academy would find reviewer input to be especially useful

**4.2    Chapter 2: Organisation, management and staffing**

This section describes how the Academy organises 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 consider:

- The effectiveness of the Academy's organisational structure/flowchart/reporting lines, including an evaluation of how organisational structures support the Academy's management and decision-making structures and processes
- Operational management and its effectiveness; responsibilities of head of unit and staff, in particular those with management support roles (e.g., deputy head, programme directors, etc.).
- Adequacy and effective use of operational budget to underpin the Academy's vision, mission and operations
- Effectiveness of implementation of relevant employee-related UL management policies and processes, including PDRS and continuing professional development, workload allocation policy, induction processes in place for new staff and succession planning
- Adequacy of staffing levels and effective use of staff to underpin the Academy's vision, mission and operations
- Academic staff experience and expertise (including profiles, areas of teaching, areas of research expertise and interests, teaching/research awards, etc.)
- Benchmarking staff profiles with other institutions both nationally and internationally
- How effectively the Academy interfaces with core institutional-level operational processes and systems not already discussed (e.g., three-year staffing plans, annual budgetary planning and processes, annual reporting regarding devolved planning etc.)
- How the Academy reviews the adequacy of its overall suite of unit-level policies and guidelines documents
- How the Academy monitors, reviews and improves its communications strategy and processes (with students, stakeholders and all interested parties)
- How risk is identified and managed
- How the Academy publishes information about its activities and programmes and ensures the information is accurate, reliable and accessible
- An overall evaluation of the extent to which the Academy's organisation, management, staff and facilities are being used to ensure the Academy functions optimally

**4.3    Chapter 3: Design, content and review of curriculum**

This chapter should:

- Describe how the Academy's curricula are designed, reviewed and updated to meet their stated aims
- Evaluate the effectiveness of these processes, as applied/operationalised by the Academy
- Include evidence that these processes are being applied systematically (by including in appendices, for example, exemplar programme review documents)

- Document any enhancements the Academy intends to make in this area on foot of its self-assessment process
- Focus upon core Academy programmes but also consider programmes to which the Academy contributes but not necessarily 'owns' (e.g., interdisciplinary programmes)

Issues to consider in this chapter include:
- A summary of processes in place for the design and formal approval of programmes
- Suitability of curricula to intended undergraduate and postgraduate student profiles, including mature students, international students, students from under-represented groups, etc.
- How input from staff, external examiners, external agencies, practitioners, industry, employers, researchers and students, as appropriate, is sought and used to ensure the continuing suitability of the curricula
- The influence of academic staff's research expertise on the curriculum
- Curricular benchmarking against other institutions – national and international
- Requirements and involvement of professional bodies, if appropriate
- Recent developments in the curricula and any subsequent review of programme content
- How programmes are designed to enable smooth student progression and include well-structured placement opportunities, if appropriate
- Record of recent programme approvals, including programme objectives and intended learning outcomes
- How the Academy uses annual programme monitoring and periodic programme reviews to inform curricular change/development
- How the Academy ensures that students are involved in the design and review of its programmes

## 4.4 Chapter 4: The student experience

This chapter covers all aspects of the student experience: teaching, learning and assessment; facilities and learning resources; and student support structures.

In relation to teaching, learning and assessment, the chapter should address:
- The effectiveness of teaching, learning and assessment approaches applied by the Academy (examples of evidence to give in appendices include exemplar student feedback reports and external examiner reports)
- Alignment of teaching and assessment approaches with UL's teaching strategy
- Teaching contributions from staff, visiting lecturers, practitioners, researchers, etc. and changes made as a result of the feedback
- How the Academy's research activity enhances the teaching and learning process
- Development of teaching skills for existing, new and part-time academic staff
- Student feedback on teaching and evidence of closing the feedback loop (e.g., changes made as a result of the feedback and how these changes are communicated)
- How the Academy ensures that student feedback processes are transparent
- Mechanisms used for the appraisal of teaching (including assessment) and how appraisal information is used within the Academy to enhance the quality of activities
- Academic guidance and support for students

- Use of technology – computers, interactive video, self-learning materials, etc.
- The use of different modes of delivery
- Evidence of flexible learning paths to cater for a diverse range of students and their needs
- Mechanisms in place to assess the quality of the student learning experience
- How assessment measures the attainment of intended learning outcomes. (Consider including (in appendices) procedures for checking/authorising examination papers, examples of assessments, students' work, feedback from academic staff (e.g., marked scripts), model answers and marking schemes.)
- How the criteria for assessment and marking are published in advance
- Balance between examination, continuous assessment, projects and assignments
- Feedback to students on assessed work
- Role of external examiners, including analysis of reports (actual reports can be included in appendices)
- How assessment promotes and supports effective teaching and learning
- Student performance: progression/retention rates, grade distributions, completion rates, final awards statistics
- Process in place to collect, monitor and act on information on student progression
- Publication and unit-level operationalisation of a formal student appeals procedure
- Evidence of a review of the effectiveness of procedures for the assessment of students (e.g., is the assessment process fairly applied to all students and carried out in accordance with the stated procedures?)
- Evidence that the qualification resulting from a programme is clearly specified and communicated and that it refers to the correct level of the National Qualifications Framework for Higher Education

In relation to facilities, the chapter should address:
- How laboratories and rooms for lectures, tutorials, performing arts and seminars are planned and resourced to meet academic requirements. Identify areas needing attention.
- Facility and equipment usage related to curriculum, research and community engagement
- Budget, plans for development
- Details of technical support
- Issues such as training and safety
- The extent to which facilities are fit for purpose and are being used to ensure the Academy functions optimally

In relation to learning resources, the chapter should address:
- How the Academy plans, uses and manages learning resources, both local and central
- The library and IT support: How the Academy works with the library/IT to match the needs of the curriculum and the overall teaching strategy. This will include:
  o Access and availability for students to library/IT resources
  o Access and availability for students and staff to specialised teaching and research materials in performing arts
  o Training and induction of students in use of library and IT

In relation to student support, the chapter should address:

- The student support structures in place, both central (access, admissions, arts, chaplaincy, counselling, disability, health, mature students, student academic administration, sport and recreation) and local. (Relevant websites can be embedded in the SAR.)
- Induction programmes to university life and to the Academy
- Systems for academic guidance, including advisors and the use of relevant teaching centres
- The role of programme directors, year tutors, student representatives
- Career guidance
- How the needs of a diverse student population (e.g., mature, part-time, international) and the needs of students with disabilities are met
- What processes are in place to ensure student support processes are fit for purpose
- What mechanisms are in place for students to make representation to the Academy about matters of general concern to the student body
- How students are informed about the support processes available to them
- Evidence that the Code of Practice for the Provision of Education and Training to International Learners (if applicable) is complied with
- Overall evaluation of the effectiveness of the learning environment and support services

## 4.5    Chapter 5: Research activity

Within this chapter, please explain and evaluate:

- The Academy's research policy statement or (as an appendix) strategic plan, where applicable, and alignment to UL's research strategy
- How the Academy measures its research activity/productivity against UL's key performance indicators (KPIs) for research
- The Academy's research activity, indicating staff involved and linkages to teaching
- An evaluation of the Academy's research performance or impact and how research activities are disseminated both within the Academy and beyond
- How the Academy benchmarks its research against that of national and international comparators and how it uses the outcomes of such evaluations to continually improve performance and impact
- Linkages to UL research centres
- Numbers of publications by publication type
- Numbers of research students and research degrees awarded by category
- Sources of funding for research
- How the Academy ensures integrity and ethical practice when conducting research
- The quality assurance procedures in place around the delivery of research and support activities
- The adequacy of institutional arrangements in relation to the Academy's research activities
- The main challenges facing researchers in the Academy and how these challenges are addressed

### 4.6    Chapter 6: Community engagement

Within this chapter, please explain and evaluate:

- Community engagement at the Academy
- Principal stakeholders
- The effectiveness of the Academy's community engagement activities
- How community engagement activities support the UL mission
- How the campus community is informed of the Academy's community engagement activities

## 5    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. A memory stick that contains the SAR and appendices is then created by the QSU. Six weeks prior to the site visit, the memory stick and one hard copy of the SAR is sent by the QSU to each member of the QRG.

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 available to all unit staff.

## Appendix B: QRG composition, appointment and roles

### QRG composition

The QRG usually comprises five persons. The profile of the membership is as follows:

- **Chairperson**: The chairperson is an external person, usually from outside Ireland and with knowledge of quality assurance processes in a higher education context. The chairperson does not need to be familiar with the work of the unit being reviewed.
- **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 unit under review. They would typically have a significant international reputation in research or teaching and would come from a prestigious international university of other appropriate institutional setting.
- **Employer representative**: The employer 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 unit under review. Ideally such a person will have been involved in recruiting or supervising recent graduates and/or work placement students from the unit 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, s/he cannot be a student of the unit 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 unit 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 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 VPAA&SE, who then appoints the group. Once appointed and prior to the site visit, any necessary communication between the unit and members of the QRG will be facilitated by the QSU.

The chairperson is selected by the Director of Quality and may be drawn from a panel of standing chairpersons or appointed on a once-off basis. Standing chairpersons are appointed by the President for a four-year term, extendable by one year. Typically, a chairperson chairs no more than one quality review per year.

### QRG roles and responsibilities

UL asks all members of the QRG to commit to attending the four-day site visit (i.e., Monday evening to Thursday afternoon), to read the SAR and supporting documentation prior to the

site visit, to arrive promptly for all meetings during the site visit and to attend the report read-back session with the unit on Thursday afternoon. Post-visit obligations include 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:
- Approximately 10 weeks before the review, read the SAR and offer feedback to the unit head or quality team leader.
- Assign to each individual QRG member appropriate section(s) of the SAR for which the member will act as topic coordinator during the site visit.
- 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 Thursday morning of commendations and recommendations for the QRG report.
- Read out in its entirety the QRG report or assign sections of the report to members of the QRG to read out at the final meeting with the unit on Thursday afternoon.
- In the days following the visit, read and approve the QRG report after it has been finalised by the technical writer.
- In the days following the visit, communicate any suggested changes in the report to the QRG (if necessary).

In addition, the chair may be requested by the Director of Quality to evaluate and lead on one assigned SAR chapter or topic.

**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, email the pre-visit report to the chairperson, copying the QSU.
- Act as topic coordinator for the specific sections of the SAR 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
- Submit completed commendations and recommendations to the recording secretary and the QSU on Wednesday afternoon/evening, as appropriate.
- Participate in the discussions on Thursday morning when the report is being finalised

**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 conclusion of the visit in line with UL's Records Management and Retention Policy.

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 received for the review must be returned at the end of the review for confidential disposal by the QSU.

## Appendix C: Sample site visit schedule

This sample schedule is based on previous reviews. The final schedule is decided by the Director of Quality. Session topics (in red font) are aligned with the SAR chapter titles.

| Mins | Day 1 | Monday 11th February 2019 | | |
|---|---|---|---|---|
| | Time | Parties | Agenda | Location |
| 30 | 19h00 | QRG, DQ, QO | Introductory meeting and briefing | Castletroy Park Hotel (CPH) |
| | 19h30 | QRG | Dinner | CPH |

*Note – the unit brings relevant persons to each meeting.*

| Mins | Day 2 | Tuesday 12th February 2019 | | |
|---|---|---|---|---|
| | Time | Parties | Agenda | Location |
| 10 | 08h30–08h40 | QRG, VPAASE, DQ, QO | Welcome | TBD |
| 60 | 08h40–09h40 | QRG | Planning session. Brief overview by each of the QRG members of their findings from the self-assessment report, focusing on any big issues. Planning for topics 1 and 2 and lunchtime session. | TBD |
| 60 | 09h40–10h40 | QRG, QT, Academy Staff | Brief introductions<br>Discussions and questions<br>• **Vision, mission, strategy & governance** (topic 1) | TBD |
| 20 | 10h45–11h05 | QRG, all members of Academy staff | Coffee break with all unit staff | TBD |
| 60 | 11h10–12h10 | QRG, Academy Staff | Discussions and questions<br>• **Organisation, management and staffing** (topic 2) | TBD |
| 15 | 12h10–12h25 | QRG, DQ | Planning for topic 3 | TBD |
| 60 | 12h30–13h30 | QRG | Buffet lunch – Stakeholders: academic staff | TBD |
| 60 | 13h30–14h30 | QRG, Academy Staff | Tour – brief visit to Academy | Academy facilities |
| 60 | 14h30–15h30 | QRG, Academy Staff | Discussions and questions<br>• **Design, content and review of curriculum** (topic 3) | TBD |
| 60 | 15h30–16h30 | QRG, DQ | Coffee served at 15h30 to QRG in meeting room.<br>Review of day's findings. Identification of questions for the following day, particularly with respect to topics 4 and 5. | TBD |
| | 19h30 | QRG, HoD, QT Leader | Informal dinner | CPH |

| Mins | Day 3 | Wednesday 13th February 2019 | | |
|---|---|---|---|---|
| 40 | 08h30–09h10 | QRG | Private meeting of QRG to plan for topics 4 and 5 | TBD |
| 60 | 09h15–10h15 | QRG, Academy Staff | Discussions and questions<br>• **The Student Experience** (topic 4) | TBD |
| 30 | 10h15–10h45 | QRG | Coffee, private session – time to catch up on notes | TBD |
| 60 | 10h50–11h50 | QRG, Academy Staff | Discussions and questions<br>• **Research Activity** (topic 5) | TBD |
| 25 | 11h55–12h20 | QRG | Break – planning for lunchtime session | TBD |
| 60 | 12h30–13h30 | QRG, stakeholders | Buffet lunch with students | TBD |
| 60 | 13h40–14h40 | QRG, Academy Staff | Discussions and questions<br>• **Community engagement** (topic 6) | TBD |
| 30 | 14h45–15h15 | QRG, HoD, QT Leader, | Closing session, discussions and questions<br>Final questions for clarification on any issues (to be confirmed by QRG on the day, if required)<br>Coffee served in meeting room | TBD |
| 70 | 15h20–16h30 | QRG | Brief recap on afternoon activities. Review of key findings in each area. Presentation by individual reviewers of their key findings in each area of responsibility.<br>**Begin drafting report** | TBD |
| | 18h30 | QRG | Email draft commendations and recommendations to technical writer | |
| | 19h30 | QRG, DQ | Dinner – a chance to relax | A local restaurant |
| | **Day 4** | **Thursday 14th February 2019** | | |
| 240 | 08h30–12h30 | QRG, QO | Draft QRG report<br>Finalisation of QRG commendations and recommendations (including context and rationale for level 1 recommendations)<br>Coffee served in meeting room (10h30) | TBD |
| 30 | 12h30-13h00 | QRG, VPAASE, DQ | Update VPA&R on review findings | TBD |
| 30 | 13h00-13h30 | QRG, DQ, QO | Light lunch served | TBD |
| 80 | 13h30-14h50 | QRG, DQ, QO | Finalisation of QRG report | TBD |
| 30 | 15h00–15h30 | QRG, DQ, QO, Academy staff | **QRG report read out** to unit staff | TBD |
| 15 | 15h30–15h45 | QRG, Academy Staff | Coffee served following report read-out | TBD |
| | **15h45** | | **Conclusion of visit** | |

Key:

| | | | |
|---|---|---|---|
| CPH | Castletroy Park Hotel | QT | Quality team |
| DQ | Director of Quality | VPAASE | Vice President Academic Affairs & Student Engagement |
| QO | Quality Officer | TBD | To be determined |
| QRG | Quality review group | | |

## Appendix D: QRG report template

### Structure

The QSU provides the QRG with a report template in which to record its findings. The default template comprises four sections and appendices, as follows:

1. Background (to UL's quality review process)
2. The unit (a brief description of the unit, its roles, etc.)
3. Preliminary comments and overall findings of the QRG
4. QRG commendations and recommendations
5. Appendices – membership of the QRG and the unit's quality team

### Section content

Section 1 is a standard introduction to UL's quality review process. Section 2 is a brief description of the unit by the unit itself, usually prepared in advance of the visit. Sections 3 and 4 are written by the QRG, and these are the sections that are read back to the unit at the conclusion of the site visit. Appendices specify the members of the QRG and the unit's quality team. It is the responsibility of the QSU to complete sections 1 and 2 and the appendices after the visit has been concluded.

Typically one or two pages in length, section 3 provides the QRG with an opportunity to report upon:

- The extent to which the unit engaged enthusiastically, honestly and effectively in the self-evaluation exercise
- The unit's openness during the visit
- The quality of the self-assessment report (SAR)
- Stakeholder feedback relating to the unit and the extent to which the unit is fulfilling stakeholder needs
- The overall findings of the review

Section 4.1 lists the QRG's commendations to the unit. Commendations should be clear, concise, evidence-based and, as far as possible, single issue. Sample commendations from previous reports include:

- The drafting of the mission statement by all departmental members, following a SWOT analysis, thereby reflecting consensus among staff on a mission that all can identify with and follow, which is very important for cohesion within the School.
- The interdisciplinary, multilingual and research-informed approach to curriculum design and teaching across the School and in collaboration with other UL units.
- The cross-School commitment to the development of technology-enhanced innovations in teaching, learning and assessment, as exemplified by the well-attended regular seminars and the widespread and versatile use of technology developed through empirical research.

The total number of commendations included is at the discretion of the QRG and will be driven by the review findings but, as a general guideline, 5 to 15 could be appropriate.

Section 4.2 lists the QRG's 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 achieve its mission and meet the needs of its stakeholders. Level 1 recommendations may be more expansive than level 2 recommendations; the QRG must include a short narrative with each level 1 recommendation. The commentary should provide a context, rationale or any other elaboration that might help the unit to effectively interpret, implement and monitor the recommendation. (The inclusion of commentary with level 2 recommendations is optional.)

The QRG lists the recommendations as follows:

### 4.2.1   Level 1 recommendations

| No. | Recommendation | Commentary |
|-----|----------------|------------|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

### 4.2.2   Level 2 recommendations

| No. | Recommendation | Commentary (optional) |
|-----|----------------|------------------------|
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |

The total number of recommendations given (i.e., level 1 and level 2) is at the discretion of the QRG and will be driven by the group's findings but, as a general guideline, 15 to 25 could be appropriate. The inclusion of more than 25 recommendations should be considered carefully by the QRG in terms of practical implementation.

Recommendations should be clear, concise, evidence-based and, as far as possible, single issue. Each recommendation should ideally start with a verb. Sample recommendations from previous reports include:

- Articulate clear plans for inter-professional learning, e-learning, distance learning and blended learning.
- Speed up the development of a shared and collectively owned School research strategy.
- Liaise more comprehensively and strategically with Buildings and Estates and with other relevant units to identify needs in terms of space facilities for staff and teaching and the opening hours of buildings.

When writing recommendations, the QRG should bear in mind that the review is of the unit in question and not of other units or the university as a whole. Therefore, recommendations should be addresses solely to the unit under review. However, resolving some recommendations may require cooperation from individuals, committees or organisational units outside of the unit under review. The head of unit is responsible for ensuring that all recommendations are considered for implementation. Therefore, an appropriate wording of such recommendations could be along the lines of:

- **Work** with senior management to ensure that all staff across UL (academic, management and administrative) 'own' the UL international strategy and promote the use of KPIs by relevant units within the university.
- **Liaise** with senior management to ensure that long-term strategic goals and current funding models are better aligned to reflect the fact that some investment projects may have the characteristics of capital projects.

The quality improvement plan (QIP) template document includes an inside cover page (shown immediately below) and a single page dedicated to each recommendation (one sample page given on the next page).

# Quality Improvement Plan (QIP) Template

**QIP Implementation Record**
**(to be completed by the head of unit as each milestone is reached)**

**Unit:** _____

**Head of Unit:** _____
(*responsible for QIP implementation*)

1. Date on which QIP received from QSU:

2. Date on which unit met to discuss and ratify the QIP:

3. Date on which interim self-assessment of progress on level 1 recommendations (sections 5 and 6 in table) was returned to QSU:

4. Date on which QIP progress was presented to GASPQA:

5. Date on which implementation review meeting with DQ and VPAA&SE was held:


_____     _____

Head of Unit                        Date

**Notes:**
- \+ denotes time after the unit receives the QIP template from the Quality Support Unit (QSU)
- DQ = Director of Quality; GASPQA = Governing Authority Strategic Planning and Quality Assurance
- Sections 5 and 6 to be completed <u>for level 1 recommendations only.</u>

| | | | | | |
|---|---|---|---|---|---|
| **Sections 1 and 2 to be completed by the QSU** | | | | | |
| 1 | n/a | Rec. no. _ (Level _) | | | |
| 2 | n/a | Recommendation: | | | |
| **Sections 3 and 4 to be completed by unit** | | | | | |
| 3 | + 1 to 2 months | Unit response to recommendation: (e.g., accepted in full, accepted in part/modified form, rejected. Include succinct justification if recommendation not accepted in full) | | | |
| 4 | + 1 to 2 months | Action planned by unit (add more rows as required) | | | |
| | | Action item | Action item description | Person responsible | Target completion date |
| | | a. | | | |
| | | b. | | | |
| | | c. | | | |
| | | d. | | | |
| **Sections 5 and 6 to be completed for level 1 recommendations only. Both sections to be completed by unit and copied back to QSU prior to presentation by head of unit to GASPQA** | | | | | |
| 5 | + 4 to 5 months | Action item | Progress made | Outstanding matters | |
| | | a. | | | |
| | | b. | | | |
| | | c. | | | |
| | | d. | | | |
| 6 | + 4 to 5 months | **Self-evaluation by unit of progress to date** <br> Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved, underline the most appropriate score: <br> 0   1   2   3   4   5 <br> Any additional comments if appropriate: | | | |

| Head of unit makes presentation to GASPQA approx. + 6 months | | | | |
|---|---|---|---|---|
| **Section 7 to be completed by unit and copied back to QSU prior to implementation review meeting** | | | | |
| 7 | + 11.5 months | Action item | Progress made for level 2 recommendations and further progress made for level 1 recommendations | Outstanding matters |
| | | a. | | |
| | | b. | | |
| | | c. | | |
| | | d. | | |
| **Section 8 to be completed by DQ immediately prior to implementation review meeting** | | | | |
| 8 | +12 months | Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved: <br> 0  1  2  3  4  5 <br><br> Comments as appropriate: | | |
| Review implementation meeting between head of unit, Dean, DQ and VPAA&SE approx. + 12 months | | | | |
| **Section 9 to be completed by DQ immediately after implementation review meeting** | | | | |
| 9 | + 12 months | Actions arising from the implementation meeting (including person responsible & timeframe for completion): | | |
| **Section 10 to be completed by unit and copied back to QSU** | | | | |
| 10 | + 13-15 months | Description of actions taken since implementation review meeting: | | |
| **Section 11 to be completed by DQ on receipt of QIP from unit** | | | | |
| 11 | + 13-15 months | Final status of recommendation (Closed, Open, Rejected): | | |

**Appendix F: QIP implementation summary report**

**Unit:** _____

**Head of Unit:** _____
(*responsible for QIP implementation*)

1. Date on which QIP received from QSU:

2. Date on which unit met to discuss and ratify the QIP:

3. Date on which interim self-assessment of progress on level 1 recommendations (sections 5 and 6 in table) was returned to QSU:

4. Date on which QIP progress was presented to GASPQA:

5. Date on which implementation review meeting with DQ and VPAA&SE was held:

Summary status of recommendation implementation:

| Rec no. (level) | Recommendation | Closed | Open | Commentary |
|---|---|---|---|---|
| | | | | |
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_____     _____
Director of Quality              Date

## Appendix G: List of acronyms used in this document

| Acronym | Meaning |
| --- | --- |
| ADAA | Assistant Dean Academic Affairs |
| ADR | Assistant Dean Research |
| CEQMS | Committee for the Establishment of Quality Management Systems |
| CPH | Castletroy Park Hotel |
| DQ | Director of Quality |
| GASPQA | Governing Authority Strategic Planning and Quality Assurance |
| KPI | Key performance indicator |
| 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 |
| UL | University of Limerick |
| VPAA&SE | Vice President Academic Affairs & Student Engagement |