Quality Review Process for the National Council for Exercise and Fitness

Revision 2

May 2020

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1 Quality at the University of Limerick

The periodic quality review of functional units (academic, research, support and affiliated units) at the University of Limerick (UL) represents a cornerstone institutional quality assurance/quality improvement mechanism. This document provides guidelines in relation to the quality review process for the National Council for Exercise and Fitness (NCEF, sometimes referred to as 'the unit' in this document).

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, research and support) within the university represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for the National Council for Exercise and Fitness (sometimes referred to as 'the NCEF' 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[1], in an evidence-based manner, can independently review, evaluate, report upon and suggest improvements to the quality of the unit's activities and processes
- To provide a framework by which the unit implements quality improvements in a verifiable manner
- To provide UL, its students, its prospective students and other stakeholders with independent evidence of the quality of the unit's activities
- To ensure that all UL units and units associated with or linked to UL, as appropriate, are evaluated in a systematic and standardised manner in accordance with good international

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[1] Due to the COVID-19 pandemic, Quality Committee has sanctioned the use of virtual meetings in place of the site visit. For the purpose of this document, site visit should be interpreted as face-to-face or online meetings using supported e-conferencing tools. Current guidelines can be found at https://www.ul.ie/quality/current-review-cycle

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 academic, research 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 (VPAASE) 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 NCEF. 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 National Council for Exercise and Fitness

2.1   The National Council for Exercise and Fitness

The NCEF provides and facilitates comprehensive education and training for exercise and health fitness professional instructors in Ireland. The NCEF was established in 1987 by the Physical Education Association of Ireland (PEAI) in association with Thomond College of Education and is now an academic affiliate of UL. The initiation of the scheme was supported by the then Sports Section, Department of Education.

The NCEF has been an academic affiliate of UL since June 2006. NCEF graduates receive statutory awards (at certificate, higher certificate, diploma or degree level) from UL. The

NCEF administration office is located on the UL campus. NCEF/UL courses and modules are developed, operated and stringently monitored in line with UL's academic regulations and the demands of the exercise and health fitness industry. New policies are developed and implemented on an ongoing basis to respond to the needs of industry. In addition, courses/modules are audited and aligned by the European Health Fitness Association (EHFA), the EU-approved industry quality assurance body for the European health and fitness sector.

The UL/NCEF pathway provides an opportunity for aspiring exercise and health fitness professionals to follow a flexible learning pathway from Year 1 certificate to Year 2 higher certificate to Year 3 onwards to Year 4 degree, accumulating European Credit Transfer System (ECTS) credits on a stage-by-stage basis. Years 1 to 4 are placed at levels 6 to 8 on the National Framework of Qualifications (NFQ) and at levels 5 to 7 on the European Qualifications Framework (EQF).

The NCEF flexible learning pathway facilitates education in the area of health and fitness from entry-level Certificate Level 6 (minor) award to Bachelor of Science Level 8. Studies can be pursued on a continual basis or on a step-in, step-out basis, which offers the learner far more options.

NCEF courses/modules on the pathway operate nationwide in industry-based commercial settings and educational establishments.

2.2   The scope of the NCEF 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 appropriateness and effectiveness of the vision, mission and strategy of the NCEF, taking due account of the UL mission and strategic documents
2. To consider and advise on the appropriateness and effectiveness of all aspects of the structure, governance, quality assurance mechanisms, management and operation of the NCEF and how these align to the university's equivalent mechanisms
3. To consider and advise on the effectiveness of all NCEF activities, including teaching, outreach and additional activities, and how these comply with university regulations
4. To consider and advise on the effectiveness of linkages, relationships and interactions between the NCEF and UL and with other key external stakeholders
5. To consider and advise on the overall effectiveness and 'fitness for purpose' of the NCEF 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 NCEF was approved by the VPAASE on 10 June 2019. Minor modifications to strengthen the post-review process were approved by the UL Quality Committee on 28 May 2020.

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: A review of the unit by the QRG, culminating in the production of a QRG report. This will be held over a period of 5 days[2] and will allow a combination of desk review and online targeted meetings
3. Post-review phase, which is recorded in a quality improvement plan (QIP) template document. Stages in this phase include:
    i.   Consideration of, and initial response to recommendations by the unit
    ii.   Approval of QRG report for publication by Quality Committee and consideration of unit response
    iii. Formulation of implementation plan based on QIP
    iv.   Ongoing implementation of recommendations
    v.   Presentation by Head of Unit to the Quality Committee on level 1 recommendations
    vi.   Implementation review meeting with VPAASE
    vii. Publication of summary outcome on the web
    viii. Annual monitoring by QSU of outstanding actions.

These days may not be consecutive

3.3 Quality Review Process – Key Timelines

1. Pre-review phase

Self-evaluation exercise	10 months prior to visit
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Self-assessment report (SAR)	Start drafting 6 months prior to visit; complete 7 weeks prior

2. Review phase

Site visit by QRG	5 days
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Completion of the QRG report	Within 1 week of review
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Compilation of QIP by QSU	Within 1 week of review

3. Post-review phase

Consideration of and initial response to recommendations	Within 4 weeks
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Approval of QRG report for publication by Quality Committee and consideration of unit response	Within 4-6 weeks of review
↓	
Formulation of implementation plan	Within 4 weeks of QC meeting
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Ongoing implementation of recommendations	Ongoing post-review
↓	
Presentation by Head of Unit to Quality Committee	Approx. 6 months after QC meeting
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QIP implementation review meeting with VPAA&SE	Approx. 18 months after site visit
↓	
Annual monitoring by QSU of outstanding actions	Annually

3.4   Role of NCEF Board of Trustees

The quality review process for affiliate units is very similar to that for core units. However, because an affiliate unit is a distinct legal entity, the unit's Board of Trustees (or a subgroup appointed by the Board) is required to play a role in the review process. The stages of the review process requiring action by the NCEF Board of Trustees are outlined below.

Quality review process flow diagram	Role of NCEF Board of Trustees (BT) in the quality review process, step by step
NCEF is scheduled for review	NCEF BT must approve a proposal that NCEF be reviewed
Tailored guidelines describing the review scope and process are prepared by QSU	NCEF BT provides QSU with input into the review scope and must approve the finalised review scope
NCEF writes a confidential self-assessment report (SAR)	NCEF provides its BT with a copy of the SAR. BT is provided with an opportunity to include commentary or statement as SAR appendix
Site visit by the quality review group (QRG)	NCEF BT invited to a closed review session during the review site visit
Consideration of and initial response to recommendations	NCEF provides its BT with a copy of the QRG report. BT is provided with an opportunity to include commentary in initial response
QRG report is published and QSU forwards a resulting QIP to NCEF for consideration & implementation	NCEF provides its BT with a copy of the published report and QIP for BT's consideration
Presentation made to Quality Committee by NCEF	Presentation made by NCEF Managing Director, accompanied by BT chairperson
Final QIP implementation review meeting between NCEF Managing Director and VPAASE	Update on progress given by NCEF Managing Director, accompanied by BT chairperson

3.5 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:
- Submitting commentary for consideration by the unit during the pre-review phase
- Participating in stakeholder group meetings with the QRG during the site visit The Director of Quality must be assured that the unit under review takes due cognisance of any such input received during the process.
- The QRG report and a final QIP implementation summary report are published on the websites of the QSU and the relevant unit, and the campus community is made aware of these publications via a global email from the QSU.

4 The pre-review phase

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

- A self-evaluation exercise conducted by the unit
- 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., 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. The unit 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 NCEF, the NCEF Board of Trustees, nominated representative from the Department of Physical Education and Sport Sciences (PESS)[1], the relevant dean, the VPAASE, 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

Typically, the SAR runs to 40 pages in length[2] (approx. 15,000–17,000 words) but must not exceed 50 pages (approx. 18,000–20,000 words). The SAR should be structured in discrete sections (chapters). The chapter headings are as follows:
— Chapter 1: Vision, mission, strategy and governance
— Chapter 2: Organisation, management and staffing
— Chapter 3: Functions, activities and processes
— Chapter 4: Design, content and review of curriculum
— Chapter 5: The student experience
— Chapter 6: Relationships and engagement with UL and external stakeholders. The reporting requirements for each 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

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[1] As per NCEF Memorandum of Affiliation and Accreditation between UL and NCEF
[2] Based on Calibri size 12, single-line spacing, MS Word standard margins

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 for comment to all members of the unit and the nominated PESS representative (and any other member of PESS, as deemed appropriate by the unit). 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 quality team leader must transfer the finalised SAR and appendices to the QSU. The QSU will provide the quality team leader with access to a secure SharePoint site to facilitate this transfer. In addition, all unit staff must have access to the final report and appendices. This can be achieved by placing the material in a secure location that is accessible to the unit only, such as SharePoint or a shared drive.

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 the QSU nominee responsible for managing the 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 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 >	30 Nov – *c*7 Dec 2020	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 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 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 VPAASE, 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 before 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 VPAASE 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[3].

5.6 Report feedback to the unit

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

1. Prior to the end of site visit, the QRG chairperson reads back sections 3 and 4 of the report to the unit's staff. No paper copy of the report is made available to the unit at this stage.
2. Immediately after the visit, the QRG chairperson formally approves the report. The QSU then makes the report available to the head of unit strictly for the purpose of checking for factual errors.
3. All recommendations are extracted from the report by QSU and forwarded to the head of unit for initial response (i.e. 'accept in full', 'accept in part/modified form' or

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

'rejected'. Where a recommendation is rejected, it must be supported by succinct justification). This interim feedback is returned to the QSU for circulation to the Quality Committee.

5.7   Finalisation and publication of the QRG report

The QSU sends the QRG report to the Quality Committee, whose members (i) check the report for institutional-level factual errors, (ii) verify that the recommendations fall within the scope and purpose of the quality review process and (iii) approve the publication of the report on the QSU and unit's websites. The Quality Committee also review the unit's response to the recommendations and provide feedback where relevant. Should issues arise as a result of the verification process, the QSU brings these to the attention of the QRG chair, who then works with the QRG to respond or amend the report appropriately. 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 Quality Committee and the VPAASE 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 VPAASE.

The post-review phase of the quality review process comprises the following stages:
1. Consideration of and initial response to recommendations
2. Approval of QRG report for publication by Quality Committee and consideration of unit response
3. Formulation of implementation plan based on QIP
4. Ongoing implementation of recommendations
5. Interim progress report to the Quality Committee
6. Implementation review meeting with VPAASE
7. Publication of summary outcome on the web
8. Annual monitoring by QSU of outstanding actions

6.1   The QIP template

The QRG recommendations and progress with their implementation are recorded in a quality improvement plan (QIP), for which the QSU provides a template (Appendix E). Once the QRG report has been published following approval by the Quality Committee, the QSU revises the QIP template to take note of the unit's response. The revised QIP is sent to the unit for action. The head of unit is responsible for ensuring the QRG recommendations are implemented, and the QIP template is designed to facilitate the head of unit 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.

The head of unit will appoint a QIP implementation team to help the unit fully implement the QIP. The QIP implementation team can comprise, for example, the unit's

management team.

6.2 Formulation of Implementation Plan

Within four weeks of receiving the final QIP template from the QSU, the QIP implementation team meets to develop specific implementation plans and records them in section 4 of each page of the QIP. Section 4 is also used to record who is responsible for ensuring the planned actions are carried out and setting a timeframe within which the actions should be completed

6.3 Ongoing implementation of recommendations

Over the next few months, the unit works to implement the recommendations. Approximately six months after receiving the QIP template, the QIP team 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. The Director of Quality forwards it to the Quality Committee for inclusion at the next meeting.

6.4 Presentation to Quality Committee

The head of unit, 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 head of unit may wish to provide an initial overview commentary on the QRG report, the presentation will focus on the level 1 recommendations only, the unit's response to those recommendations, specific implementation progress made to date and planned actions, as appropriate. The presentation is then followed by a question-and-answer session with the members of the Quality Committee.

6.5 QIP implementation review meeting

Following the presentation to the Quality Committee, the unit continues to implement the planned QIP recommendations. Approximately 18 months after receiving the QIP template, the Director of Quality organises a QIP implementation review meeting between the head of unit, Director of Quality and VPAASE (chair). The meeting may also be attended by a recording secretary and, if requested by either the Director of Quality, VPAASE 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 VPAASE. A final QIP implementation summary report is prepared by the QSU (Appendix F) and published on the QSU and unit's websites. Any remaining open action items are monitored annually by QSU.

The implementation of the QIP must be evidence-based. The head of unit should ensure that those leading the implementation of each recommendation retain records that provide evidence of their actions (e.g., headline email correspondence, meeting minutes, etc.). 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 VPAASE. In consultation with the VPAASE 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 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 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.

The process owner is the Director of Quality.

8   Revision history

Rev. #	Date	Approved by	Details of change
1	5 July 2019	VPAASE	Initial release
2	28 May 2020	Quality Committee	Post review implementation process revised to reflect role of quality committee and provide an opportunity for the unit to formally respond to the recommendations prior to report publication.

9 Appendices

9.1 Appendix A: Self-assessment report (SAR)

1   Overview

Typically, the self-assessment report (SAR) runs to 40 pages in length[4] (approx. 15,000–17,000 words) but must not exceed 50 pages (approx. 18,000–20,000 words). The SAR should be supported by appendices containing the evidence upon which the report is based.

2   Structure

The chapter headings and suggested topics to address within each chapter 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 NCEF 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 prepare adequately 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 (and other stakeholders identified in section 4.2.1), the reviewers and the QSU and will not be shared with third parties (unless the unit itself elects to do so).
- The layout, formatting and writing style of the document should be consistent and professional. To this end, it is recommended that the services of a technical writer be sought early in the planning process.

4   Sections of the SAR

As agreed with the NCEF, the structure of the SAR is as follows:
- Chapter 1: Vision, mission, strategy and governance
- Chapter 2: Organisation, management and staffing

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

    ── Chapter 3: Functions, activities and processes
    ── Chapter 4: Design, content and review of curriculum
    ── Chapter 5: The student experience
    ── Chapter 6: Relationships and engagement with UL and external stakeholders

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 NCEF and outlines its vision, mission, strategy and governance. Within this chapter, it would be appropriate to include:

- Introductory overview of the NCEF, including clear identification of its 'customers' (those to whom it provides services/supports) and stakeholders
- Brief introductory overview of UL, its vision, mission, key strategies and organisational structures
- Arrangements in writing that are in place between UL and the NCEF, and the NCEF and other organisations that are involved in its course delivery, e.g., MOUs/MOAs between the NCEF and its third-party providers
- The NCEF's vision and mission and how they support the UL vision, mission and strategic plan
- NCEF mission implementation strategies; how implementation is monitored and measured (e.g., key implementation success indicators)
- Implementation progress and any barriers to date
- How the NCEF's vision and mission are periodically reviewed
- Governance and reporting structures: description, effectiveness and appropriateness. Evaluation of the extent to which the NCEF has clear leadership and direction. Relationships and linkages with other UL faculties, units, offices and officers and the effectiveness of these relationships in achieving the NCEF and broader university mission
- How compliance with university-level policies and procedures is ensured and monitored in all of NCEF activities, including outreach activities
- How the NCEF encourages the development of a quality culture, including how it systematically identifies and implements enhancements to its activities
- Overall evaluation of the NCEF's fitness for purpose and impact on students and the university
- Indication of key areas on which the NCEF would find reviewer input to be especially useful

4.2 Chapter 2: Organisation, management and staffing

This section describes how the NCEF 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 NCEF's organisational structure/flowchart/reporting lines, including an evaluation of how organisational structures support the NCEF'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, representative from PESS, etc.)
- Adequacy and effective use of operational budget to underpin the NCEF's vision, mission and operations
- Bonding for fees and any other PEL (Protection of Enrolled Learners) arrangements
- Effectiveness of implementation of relevant employee-related UL management policies and processes, including continuing professional development, induction processes in place for new staff and succession planning
- Adequacy of staffing levels and effective use of staff to underpin the NCEF'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 NCEF 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 on devolved planning, etc.)
- How the NCEF reviews the adequacy of its overall suite of unit-level policies and guidelines documents
- How the NCEF monitors, reviews and improves its communications strategy and processes (with students, stakeholders and all interested parties)
- How risk is identified and managed
- How the NCEF 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 NCEF's organisation, management, staff and facilities are being used to ensure the NCEF functions optimally

4.3   Chapter 3: Functions, activities and processes

This chapter focuses on the NCEF's core activities (key processes) and areas of responsibility.
For each core activity, process and responsibility, it would be appropriate to include:
- A short description of the activity (what you do and how you do it) and how the activity specifically supports the NCEF's strategy and/or policies
- How the NCEF systematically assesses the effectiveness of the activity in an evidence- based manner (how do you know it works?)
- How the NCEF systematically improves the activity
- The extent to which the activity/process is documented
- Whether or not the activity/process is underpinned by a specific NCEF (or broader UL) policy
- How the NCEF ensures the activity/process is (and remains) in compliance with NCEF and, if applicable, UL policies
- How the NCEF ensures transparency, accountability and best practice in relation to its budgetary and financial practices
- How risk is identified and managed
- A brief evaluation of the extent to which the activity/process is fit for purpose

4.4   Chapter 4: Design, content and review of curriculum

In this chapter:

- Describe how the NCEF's curricula are designed, reviewed and updated to meet their stated aims
- Evaluate the effectiveness of these processes, as applied/operationalised by the NCEF
- Include evidence that these processes are being applied systematically (by including in appendices, for example, exemplar programme review documents)
- Document any enhancements the NCEF intends to make in this area on foot of its self-assessment process

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/similar councils – 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 students to progress smoothly
- How programmes are structured to include placement opportunities, if appropriate
- Record of recent programme approvals, including programme objectives and intended learning outcomes
- How the NCEF uses annual programme monitoring and periodic programme reviews to inform curricular change/development
- How the NCEF ensures that students are involved in the design and review of its programmes

4.5   Chapter 5: 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 NCEF (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 NCEF's research activity enhances the teaching and learning process

- Development of teaching skills for current, new and part-time academic staff, including those employed by third parties delivering NCEF programmes
- 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 NCEF ensures that student feedback processes are transparent
- Mechanisms used for the appraisal of teaching (including assessment) and how appraisal information is used within the NCEF to enhance the quality of activities
- Academic guidance and support for students
- Management, coordination and quality assurance of offsite/remote teaching spaces/facilities
- 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 and seminars, including those off campus, are planned and resourced to meet academic requirements. Identify areas needing attention.
- Facility and equipment usage related to curriculum, research and community engagement
- Budget and plans for development
- Details of technical support
- Issues such as training and safety

- The extent to which facilities (onsite and offsite) are fit for purpose and are being used to ensure the NCEF functions optimally

In relation to learning resources, the chapter should address:
- How the NCEF plans, uses and manages learning resources, local, national and central resources and facilities
- How the NCEF works with the library/IT to match the needs of the curriculum and the overall teaching strategy. This should include the provision of access to and training in the use of library/IT resources, both on and off campus, for students

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 NCEF
- 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
- The processes in place to ensure student support processes are fit for purpose
- The mechanisms in place for students to make representation to the NCEF 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

4.6   Chapter 6: Relationships and engagement with UL and external stakeholders

Chapter 6 outlines how the NCEF builds and maintains meaningful relationships and engages with stakeholders within UL and externally. Issues to consider include:
- The nature of the relationship between the NCEF and UL
- The NCEF's partners and key UL stakeholders
- How the NCEF communicates with its partners and key UL stakeholders
- The measures taken to ensure two-way communication
- Plans or recommendations to improve relationships and engagement

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. The QSU will create an interactive file directory comprising the SAR and a table of contents hyperlinked to the appendices on OneDrive for Business. Six weeks prior to the site visit, each member of the QRG will be given access to

these files on OneDrive. In addition, one hard copy of the SAR will be sent by the QSU to each member of the QRG.

It is very important that everyone in the unit, the NCEF Board of Trustees and the nominated PESS representative have 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.

9.2   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 a relevant 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 VPAASE, 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.

All electronic copies of documentation used for the purposes of the review must be deleted by the QRG (emails, SAR and any additional information provided to the QRG) once the QRG report has been finalised.

9.3   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 30 November 2019		
	Time	Parties	Agenda	Location
30	19h00	QRG, DQ, QRO	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 1 December 2019		
	Time	Parties	Agenda	Location
10	08h30–08h40	QRG, VPAASE, DQ, QRO	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, NCEF Staff	Brief introductions Discussions and questions • **Vision, mission, strategy and governance** (topic 1)	TBD
20	10h45–11h05	QRG, all members of NCEF staff	Coffee break with all unit staff	TBD
60	11h10–12h10	QRG, NCEF Staff	Discussions and questions • **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, NCEF Staff	Tour – brief visit to NCEF	NCEF facilities
60	14h30–15h30	QRG, NCEF Staff	Discussions and questions • **Functions, activities and processes** (topic 3)	TBD
60	15h30–16h30	QRG, DQ	Coffee served at 15h30 to QRG in meeting room. 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 3 December 2019	
40	08h30–09h10	QRG	Private meeting of QRG to plan for topics 4 and 5	TBD
60	09h15–10h15	QRG, NCEF Staff	Discussions and questions • **Design, content and review of curriculum** (topic 4)	TBD
30	10h15–10h45	QRG	Coffee, private session – time to catch up on notes	TBD
60	10h50–11h50	QRG, NCEF Staff	Discussions and questions • **The student experience** (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, NCEF Staff	Discussions and questions • **Relationships and engagement with UL and external stakeholders** (topic 6)	TBD
30	14h45–15h15	QRG, HoD, QT Leader,	Closing session, discussions and questions Final questions for clarification on any issues (to be confirmed by QRG on the day, if required) 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. **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 4 December 2019	
240	08h30–12h30	QRG, QRO	Draft QRG report Finalisation of QRG commendations and recommendations (including context and rationale for level 1 recommendations) Coffee served in meeting room (10h30)	TBD
30	12h30-13h00	QRG, VPAASE, DQ	Update VPAASE on review findings	TBD
30	13h00-13h30	QRG, DQ, QRO	Light lunch served	TBD
80	13h30-14h50	QRG, DQ, QRO	Finalisation of QRG report	TBD
30	15h00–15h30	QRG, DQ, QRO, NCEF staff	**QRG report read out** to unit staff	TBD
15	15h30–15h45	QRG, NCEF Staff	Coffee served following report read-out	TBD
	15h45		**Conclusion of visit**	

Key:

ADAA	Assistant Dean Academic Affairs	QRG	Quality review group
ADR	Assistant Dean Research	QRO	Quality Research Officer
CPH	Castletroy Park Hotel	QT	Quality team
DQ	Director of Quality	VPAASE	Vice President Academic Affairs & Student Engagement

9.4   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 would 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 would 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 addressed 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.

9.5   Appendix E: QIP template document

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 the Quality Committee:
5. Date on which implementation review meeting with DQ and VPAASE 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
- 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 the Quality Committee

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** Status of progress: On a scale of 0-5, where 0 = no progress, 5 = fully resolved, underline the most appropriate score: 0 1 2 3 4 5 Any additional comments if appropriate:

Head of unit makes presentation to Quality Committee 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: 0 1 2 3 4 5 Comments as appropriate:

Review implementation meeting between head of unit, Dean, DQ and VPAASE 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 the Quality Committee:
5. Date on which implementation review meeting with DQ and VPAASE was held: Summary status of recommendation implementation:

Rec no. (level)	Recommendation	Closed	Open	Commentary

_____   _____
Director of Quality   Date

9.6 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
KPI	Key performance indicator
QA	Quality assurance
QI	Quality improvement
QIP	Quality improvement plan
QQI	Quality and Qualifications Ireland
QRG	Quality review group
QRO	Quality Research Officer
QSU	Quality Support Unit
QT	Quality team
SAR	Self-assessment report
UL	University of Limerick
VPAASE	Vice President Academic Affairs & Student Engagement