Quality Review Process for the Health Research Institute

11 January 2021
Revision 1

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, research and support) within the university represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for the Health Research Institute ('the unit').

1.2 UL's quality review process

1.2.1 Purpose

The general purpose of UL's unit-level quality review process is:

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

1.2.2 Ethos

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

1.2.3 Background

UL's quality review process was developed and continues to evolve in order to satisfy the university's quality statement and meet legislative QA requirements. UL complies with the Qualifications and Quality Assurance (Education and Training) Act 2012, as amended by the *Qualifications and Quality Assurance (Education and Training) (Amendment) Act 2019* which places a legal responsibility on universities to establish, maintain and enhance QA procedures relating to their activities and services (Part 3, Section 28). These QA procedures must take due account of relevant quality guidelines issued by Quality and Qualifications Ireland (QQI) and/or predecessor organisations. QQI is the statutory body responsible for reviewing and monitoring the effectiveness of QA procedures adopted and implemented by higher (and further) educational institutions within Ireland.

1.2.4 Process modifications

On rare occasions, circumstances can make it necessary or desirable to modify elements of the quality review process. Minor modifications that have little or no impact on the overall process can be instigated directly by the Director of Quality. Substantive modifications require agreement between the Director of Quality and head of unit. If agreement cannot be reached, the matter is referred to the Provost & Deputy President (PDP) for a final decision in consultation with the Vice President Research[1].

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 Health Research Institute. 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 quality review of the Health Research Institute

2.1 The Health Research Institute - an overview

The Health Research Institute (HRI) is a multidisciplinary research institute based at the University of Limerick (UL) in the Republic of Ireland. The HRI brings together researchers from across UL and partner organisations to conduct research that has a meaningful impact on people's health. Since it was established in 2014, the HRI has grown its membership, deepened its sense of community and developed a programme of activities and mechanisms to support members in reaching their research potential. As part of its strategic development, the HRI has identified priority areas based around key research themes.

[1] For Research Institutes only

The work of the HRI includes developing and supporting multidisciplinary research groups in these priority areas. These research groups will support the HRI in delivering on its strategic plan. The groups work across disciplines and academic units and in partnership with external institutions in order to conduct research with impact. Along with the HRI team, these groups will provide key supports and mentoring for our talented researchers. Key to all of our efforts is the participation of patients and the public in our research.

Achievement of our aims involves working closely with valued partners, including the UL Hospitals Group, the Mid-West Community Healthcare Organisation, funders and other academic institutions. In addition, we believe that working collaboratively with other UL research institutes, where relevant, is key to our success.

The HRI is managed by a core Operations team based both on campus in the University of Limerick and in the Clinical Education and Research Centre based in University Hospital Limerick. The HRI Executive has responsibility for governance, strategy and operational oversight.

2.2 The scope of this quality review

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

1. To consider and advise on the appropriateness and effectiveness of the mission and strategy of the Health Research Institute while 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, infrastructure, governance, management and operation of the Health Research Institute
3. To consider and advise on the appropriateness, effectiveness and relevance of all activities for the membership. These would typically include: health research support, funding guidance and advice, policy development or involvement in same, internal funding opportunities, learning and development initiatives, information dissemination, outreach and networking
4. To consider and advise on the effectiveness of actual and planned linkages, relationships and interactions between the Health Research Institute, UL, research funding agencies and local, national and international external stakeholders and partners
5. To consider and advise on the overall effectiveness of the Health Research Institute 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 Health Research Institute was approved by the PDP, in consultation with the Vice President Research, on 11th January 2021.

3 The review process

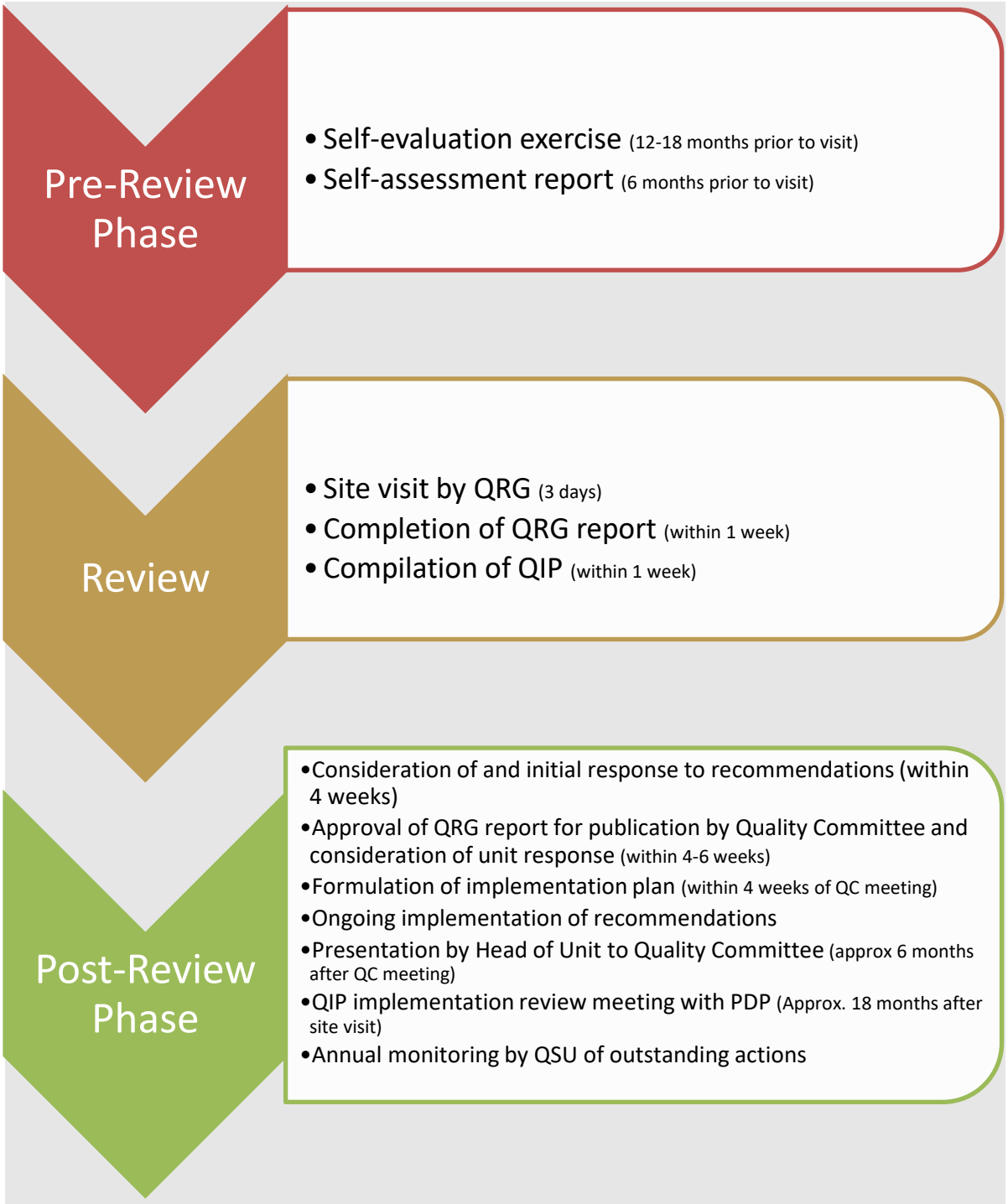
3.1 Overview

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 review of the unit is conducted by an independent quality review group (QRG) comprising a chairperson, 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, 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 PDP
    vii. Publication of summary outcome on the web
    viii. Annual monitoring by QSU of outstanding actions



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:

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

4 The pre-review phase

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

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

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 15 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 Health Research Institute is available from the QSU. The Health Research Institute 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 stakeholder feedback via surveys, focus groups or other mechanisms, as appropriate
- Data gathering and analysis
- 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 can also draw on relevant pre-existing data.

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 Health Research Institute's performance. The SAR is confidential to Health Research Institute and will not be seen by persons other than Health Research Institute's staff members, the PDP, the Vice President Research, the QSU and the QRG without the prior consent of the Director of the Institute.

The structure of the SAR is given in the next section. The layout and formatting of the document and quality of the writing style should be professional. To this end, it is strongly recommended that the services of a technical writer be sought at the earliest opportunity.

4.2.2 Structure

The SAR should typically be up to 40 pages in length[2] (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: Mission, strategy and general context
- Chapter 2: Organisational structure, management and governance
- Chapter 3: Operational issues: infrastructure, facilities, personnel and administration
- Chapter 4: Research support and Performance
- Chapter 5: Relationships and engagement

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

4.2.3 Content

The SAR should accurately describe the Health Research Institute'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 QRG chairperson's review of the SAR

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

4.2.6 Distribution

All unit staff must have access to the final report and appendices. This can be achieved by placing the material in a location that is accessible only to the unit, such as SharePoint or a shared drive. The QSU will provide a shared document repository on OneDrive for the purposes of sharing and distribution of documentation with the QRG. At least seven weeks before the QRG visit, the unit must upload the finalised SAR and appendices on this shared document repository on OneDrive.

Six weeks before the review visit, the QSU grants the QRG access to the SAR and appendices on OneDrive/MS Teams. Before the material is made available to the QRG, the Director of Quality (or a nominee acceptable to the unit under review) reads the SAR to check for

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

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 that 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 15-18 months in advance of the QRG site visit. The table to follow gives actual (in shade) and recommended (yet indicative) deadlines for the completion of the self-evaluation exercise and SAR.

Self-evaluation exercise [optional items in square brackets]	Deadline in months/ weeks*	Self-assessment report (SAR) [optional items in square brackets]
Put in place a quality team and start to plan self-evaluation activities	-15-18m	
Liaise with the QSU on identifying potential QRG members	–12-15m	
Finalise plans for self-evaluation and SAR	–48w	
[Engage and brief technical writer]	–46w	
Identify and request relevant data	–40w	
[Engage in SWOT/strategic planning exercise]	–32w	
Arrange focus group meeting(s)	–31w	
Finalise analysis of stakeholder feedback	–28w	
Prepare support documents and data	–24w	Start drafting SAR
	–20w	Finalise and brief QRG (QSU responsibility)
	–17w	Finalise SAR and appendices
	–16w	Give draft SAR and appendices to technical writer (if engaged)
	–12w	Circulate draft SAR within the unit
	–10w	[Draft SAR to QRG chair for review]
	–8w	[Quality team leader and QRG chair discuss draft]
	–7w	Deliver final draft of report and files to QSU
	–6w	SAR sent to QRG (by QSU)
	–2w	Respond to requests for additional data
	15 – 19 Feb 2022	QRG visit

* Number of months/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.[3]

5.1 Purpose of the visit and role of the QRG

The visit is intended to give the QRG members the opportunity to further explore the unit's activities and processes, to investigate issues identified in the SAR and to reassure themselves that the SAR is a comprehensive and accurate reflection of the unit's operations. The visit enables the QRG to meet and enter into dialogue with the unit's staff, 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, all 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, taking due consideration of the university's Policy on Conflicts of Interest. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the PDP, who then appoints the members. Once appointed and prior to the site visit, any necessary communication between the unit and members of the QRG must be facilitated by the QSU.

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

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 QSU make the SAR and appendices available to the QRG. The QRG chairperson asks each member of the QRG to study the entire SAR but to take special interest in specific assigned SAR chapters 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

[3] Under exceptional circumstances, the site visit may be replaced by a combination on enhanced desk review and online meetings. Approval must be granted in advance by the Quality Committee for any such replacement.

- 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 [4]commences at 19h00 on a Monday evening and concludes on 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 PDP 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 Current and Previous Review Cycle pages of the QSU website for access to previous reports.[5]

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:

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[4] If a virtual site visit is deemed necessary (e.g. based on public health guidelines during a pandemic) then this schedule is subject to change. A virtual site visit would result in the review being conducted over a greater number of shorter days, due to the intensive nature of online meetings.

[5] These reports are from current and previous quality review cycles. The structure of the Health Research Institute QRG report will be substantially similar to them but will be tailored by the QSU to best suit the scope of the Health Research Institute review.

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

2. Immediately after the visit, the QRG chairperson formally approves the report. The QSU then makes the report available to the Director of the Institute strictly for the purpose of checking for factual errors.

3. All recommendations are extracted from the report by QSU and forwarded to the Director of the Institute for initial response (i.e. 'accept in full', 'accept in part/modified form' or 'rejected'. Where a recommendation is rejected, it must be supported by succinct justification). 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 Institute's websites. The Quality Committee also review the Institute'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 Institute's websites.

6 The post-review phase

Implementing the QIP is the responsibility of the institute and, ultimately, the Director of the Institute. The QSU plays a largely coordinating role in the process. In addition to the Director of the Institute, the Quality Committee and the PDP are responsible for overseeing the implementation of the QIP. Recommendations that would equally apply to one or more other units may be pursued at university level rather than Institute level. Responsibility for following up on such recommendations will be assigned by the PDP.

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

1. Consideration of and initial response to recommendations
2. Approval of QRG report for publication by Quality Committee and consideration of Institute's response
3. Formulation of implementation plan
4. Ongoing implementation of recommendations
5. Interim progress report to the Quality Committee
6. Implementation review meeting with PDP
7. Publication of summary outcome on the web
8. Annual monitoring by QSU of outstanding actions

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 institute's response. The revised QIP is sent to the Institute for action.

The Director of the Institute is responsible for ensuring the QRG recommendations are implemented, and the QIP template is designed to facilitate the Director of the Institute to do this effectively. The template, which cannot be modified by the Institute, allocates one page to each recommendation and provides space to record:

- The institute's response to the recommendation
- Specific actions to be taken by the institute 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 Director of the Institute will appoint a QIP implementation team to help the institute fully implement the QIP. The QIP implementation team can comprise, for example, the institute's management committee.

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, led by the QIP implementation team, the institute 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 Director of the Institute 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 Director of the Institute, 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 Director of the Institute may wish to provide an initial overview commentary on the QRG report, the presentation will focus on the level 1 recommendations only, the institute'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 institute 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 Director of the Institute, Director of Quality and PDP (chair). The meeting may also be

attended by a recording secretary and, if requested by either the Director of Quality, PDP or Director of the Institute, additional personnel relevant to the implementation of the QIP.

To prepare for the meeting, the institute summarises in section 7 of the QIP progress to date on each recommendation and specifies outstanding matters or actions required. The Director of the Institute returns the QIP to the QSU at least two weeks before the implementation meeting. The status of resolution of each recommendation is considered at the meeting, and any further actions required are identified and recorded. The exact follow-up and reporting process relating to these further actions is at the discretion of the PDP. A final QIP implementation summary report is prepared by the QSU (Appendix F) and published on the QSU and institute's websites. Any remaining open action items are monitored annually by QSU.

The implementation of the QIP must be evidence-based. The Director of the Institute 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 institute 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 institute in the completed QIP.

6.6 The institute's obligations

The Director of Quality must be assured that the institute 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 institute has genuinely made all reasonable efforts to implement the QIP and that the institute 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 institute has failed to satisfy the above obligations, s/he will discuss this with the PDP. In consultation with the PDP and at their joint discretion, the following actions may be considered:

- A formal 'note of concern' is forwarded by the Director of Quality to the Director of the Institute.
- A formal 'note of concern' is forwarded by the Director of Quality to the Director of the Institute, and the Director of the Institute 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 institute 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 head of unit and unit's 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	11th January 2021	PDP and VPR	Initial release

9 Appendices

9.1 Appendix A: Self-assessment report (SAR)

1 Overview

The self-assessment report (SAR) should typically be up to 40 pages in length[6] (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). The SAR should be supported by appendices containing the evidence upon which the report is based.

2 Structure

The SAR chapter headings indicated in section 4 below have been developed by the QSU in consultation with appropriate stakeholders, including with the Health Research Institute itself.

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 Health Research Institute 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.
- A realistic, open and honest discussion of strengths, weaknesses, opportunities and challenges and reference to areas that need to be improved is essential to enable the review group to prepare well for the site visit and ultimately produce a report that is of maximum benefit to the institute and university.
- 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 report should provide evidence of the views of customers/stakeholders.
- 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 the university).
- 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.

The ethos of the review process is that the unit, the reviewers and the university would interact in a mutually supportive and constructive manner. The SAR is confidential to Health Research Institute and will not be seen by persons other than Health Research Institute's staff members, the PDP, the Vice President Research, the QSU and the QRG without the prior consent of the Director of the Institute.

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

4 Sections of SAR

As agreed with the Health Research Institute, the structure of the SAR is as follows:

- Chapter 1: Mission, strategy and general context
- Chapter 2: Organisational structure, management and governance
- Chapter 3: Operational issues: infrastructure, facilities, personnel and administration
- Chapter 4: Research support and Performance
- Chapter 5: Relationships and engagement

The exact contents of the report will most likely evolve while the report is being written. However, the institute 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: Mission, strategy and general context

- Provide a brief introductory overview of UL, its mission and strategy (for context).
- Provide a brief introductory overview of the Health Research Institute, including its mission and strategy.
- Briefly evaluate how well Health Research Institute's mission and strategy are aligned to and support those of the university, in particular in relation to research impact.
- Provide an overview description of the focal research areas and enablers (research groups, clusters, themes, pillars) facilitated by the Health Research Institute.
- Identify the Health Research Institute stakeholders and partners, both internal and external to the university and local, national and international.
- Outline how mission and strategy are developed, implemented, monitored, reported upon and reviewed.
- Specify key implementation success indicators.
- Evaluate implementation progress to date and specify identified barriers and/or risks to implementation.
- Provide a brief self-evaluation of the overall 'fitness for purpose' of the Health Research Institute.
- Indicate any key issue on which Health Research Institute would find reviewer input to be especially useful.

4.2 Chapter 2: Organisational structure, management and governance

- Outline and evaluate the organisational and operational structure of the Health Research Institute (including the CRSU) and its relationship to and interactions with UL structures.
- Outline and evaluate the management and governance structure and reporting relationships of Health Research Institute, including the relationships across participating/partner entities (e.g. Office of the Vice President Research, Research Finance, Graduate and Professional Studies, affiliated research centres, Health Sciences Academy, Faculty of Education and Health Sciences, HSE

partners, other external partners and other departments/schools/faculties) and the university as a whole.

- Outline and evaluate the effectiveness of the funding model and any other influences (e.g. succession planning) that affect the operation of Health Research Institute as it pursues its mission.
- Outline and evaluate the business, annual and multiannual operational and financial planning, monitoring and process review.
- Outline and evaluate how risks and opportunities are identified and managed.
- Outline and evaluate how compliance with university-level policies and procedures (e.g. research integrity, research ethics, intellectual property and applicable HR, finance and data protection policies) is ensured and monitored.
- Outline and evaluate how the Health Research Institute influences UL, national and international policy.
- Outline and evaluate how the Institute identifies, develops, approves, communicates, reviews and monitors the enforcement of university policies, guidelines or other similar documents.

4.3 Chapter 3: Operational issues: infrastructure, facilities, personnel and administration

In relation to infrastructure and facilities:

- Provide details of the space (physical and virtual) occupied by the Health Research Institute, the fitness for purpose of the space and how space requirements (laboratories, equipment rooms, offices, meeting rooms, systems) are identified, funded, allocated, managed, maintained and reviewed.
- Provide details of key infrastructural elements (e.g. equipment, systems) that are housed within the Institute, how infrastructural elements are sustainably selected, maintained and replaced, how desired infrastructural elements are identified and resourced, and if/how the Institute is using its infrastructure to most effect in securing national and international funding and attracting researchers and research partners, including from industry.
- Provide detail and evaluate how the Health Research Institutes facilities are shared between the Institute and its participating and partnering units (e.g. schools/departments/HSE) and if Health Research Institute members have access to the necessary equipment and facilities.
- Provide a summary outline of the Health Research Institute's sources of income, funding streams and expenditure and indicate if the Institute has a business plan that focuses on sustainability through diversification of funding streams.

In relation to personnel:

- Outline and evaluate the extent to which current staffing levels (dedicated administrative, technical and managerial staff) are appropriate to support Health Research Institute activity and performance. Is a staffing plan in place and regularly evaluated? Differentiate between HSE, UL and research project-funded staffing.
- Outline and evaluate the mechanisms by which Health Research Institute's membership is assessed. This should include a consideration of membership criteria, membership review and membership discontinuation at an individual PI level.

- Outline and evaluate the mechanisms in place for the Health Research Institute to attract and retain research expertise (PI, postdoctoral, postgraduate etc.) that is required to underpin the Institute's research mission.
- Outline and evaluate mechanisms that are in place to ensure that all Health Research Institute personnel have access to relevant HR and other supports, including professional development opportunities and mentoring for young/new researchers.
- Outline and evaluate career development mechanisms and opportunities afforded to all Health Research Institute personnel.

In relation to administration:

- Outline the core administrative procedures that are in place to support the Health Research Institute; address their effectiveness and how they are reviewed and enhanced. In instances where such procedures interact, overlap or rely upon procedures owned or operated by UL, evaluate the effectiveness of such interactions.

Exemplar procedures are likely to include:

(a) Those supporting a research project lifecycle (e.g. internal technical and, where appropriate, ethical proposal approval, award negotiation, contract signature and funding agency reporting requirements).
(b) General Health Research Institute administrative procedures (e.g. updating the Health Research Institute website, preparing annual, research performance or other reports, managing and retaining records, and writing or contributing to service level agreements (SLAs), memorandums of understanding (MoUs) and contracts with third-party vendors/units, internal or external to the university.

4.4 Chapter 4: Research Support and Performance

- Outline and evaluate the metrics by which the Health Research Institute evaluates its research performance.
- Outline and evaluate how the Health Research Institute develops, reviews, updates, reports and acts upon these metrics.
- Outline and evaluate how the Health Research Institute benchmarks itself against national and international comparator institutes and how it uses the outcomes of such evaluations to improve performance and impact.
- Outline and evaluate how Health Research Institute measures its research performance against its own and the university's KPIs for research.
- Outline and evaluate mechanisms used by the Health Research Institute to identify and fund its priority research and thematics areas.
- Outline and evaluate how the Health Research Institute encourages and supports innovation, collaboration and entrepreneurship.
- Outline and evaluate the mechanisms in place to promote the commercialisation of research and technology transfer (spinouts, IP and campus companies) and/or how the Institute interacts with UL units that do so.
- Outline the provision of training/upskilling for researchers and stakeholders in their space to which Health Research Institute contributes. Evaluate the appropriateness and effectiveness of these contributions, particularly in terms of

mentoring and developing young researchers in Health Research Institute's areas of expertise.
- Outline and evaluate the support structures used by the Health Research Institute to optimise the early career researcher or PG/PD membership.

4.5 Chapter 5: Relationships and engagement

- For each of the external (to UL) partners and stakeholders identified in chapter 1, briefly outline the nature of the relationship. Include similar detail in the case of any internal (to UL) partners not already considered in earlier chapters of the SAR.
- Briefly describe and evaluate how the Health Research Institute identifies new potential partners/stakeholders and how it reviews and evaluates its relationship with existing partners/stakeholders.
- Describe and evaluate the profile and impact of public engagement activities undertaken by the Health Research Institute.
- Describe marketing and communication processes and activities that focus on internal (to UL) and external stakeholders and partners and evaluate the extent to which such activities support both the Health Research Institutes mission and strategy.
- Describe and evaluate how the Health Research Institutes (a) collects, (b) evaluates, (c) actions and (d) communicates feedback from its core partners and stakeholders.

5 Distribution of material to QSU

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

This can be achieved by placing the material in a location that is accessible only to the unit, such as SharePoint or a shared drive. The QSU will provide a shared document repository on OneDrive for the purposes of sharing and distribution of documentation with the QRG. At least seven weeks before the QRG visit, the unit must upload the finalised SAR and appendices on this shared document repository on OneDrive.

Six weeks before the review visit, the QSU grants the QRG access to the SAR and appendices on OneDrive/MS Teams. Before the material is made available to the QRG, 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 that unit or third party and invite them to the relevant session during the site visit.

9.2 Appendix B: QRG composition, appointment and roles

9.2.1 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/research institute context. The chairperson does not need to be familiar with the work of the unit being reviewed.
- **Two senior peers**: Both persons should be external to the Republic of Ireland and working in disciplines that provide them with an appropriate degree of familiarity with the core activities of the unit under review. They would typically have a significant international reputation in their chosen field.
- **Sectoral representative**: The sectoral representative is usually somebody who holds a senior position in industry, the commercial sector or a relevant public or private body, nationally or internationally. The person could represent an organisation, such as another Health Research Institute in the UK that might reasonably be expected to recruit graduates from the unit under review.
- **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, or a student of another Health Research Institute in Ireland or the UK. 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.

9.2.2 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, taking due consideration of the university's Policy on Conflicts of Interest.. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the QRG to the PDP, who then appoints the 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.

9.2.3 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 for overseas reviewers, the QSU will book reviewer flights for the site visit to Limerick.

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.

9.2.3.1 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.

9.2.3.2 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

9.2.4 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.

9.2.5 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. Each member of the QRG will be required to review and sign a Conflict of Interest and Confidentiality Agreement form prior to engaging in the review.

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. *Note that the timelines below are based on an on-campus quality review at the University of Limerick*[7].

Mins	***Day 1***	***Monday 14 February 2022***		
	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 15 February 2022***		
	Time	**Parties**	**Agenda**	**Location**
10	08h30–08h40	QRG, PDP, 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, Head of Unit, QT, Institute staff	Brief introductions Discussions and questions • **Topic 1**	TBD
20	10h45–11h05	QRG, all members of Institute staff	Coffee break with all unit staff	TBD
60	11h10–12h10	QRG, Institute staff	Discussions and questions • **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, Institute staff	Tour – brief visit to Academy	Academy facilities
60	14h30–15h30	QRG, Institute staff	Discussions and questions • **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, Head of Unit, QT Leader	Informal dinner	CPH

[7] If a virtual site visit is deemed necessary (e.g. based on public health guidelines during a pandemic) then this schedule is subject to change. A virtual site visit would result in the review being conducted over a greater number of shorter days, due to the intensive nature of online meetings.

Mins	*Day 3*	*Wednesday 16th February 2022*		
40	08h30–09h10	QRG	Private meeting of QRG to plan for topics 4 and 5	TBD
60	09h15–10h15	QRG, Institute staff	Discussions and questions • **Topic 4**	TBD
30	10h15–10h45	QRG	Coffee, private session – time to catch up on notes	TBD
60	10h50–11h50	QRG, Institute staff	Discussions and questions • **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, Institute staff	Additional stakeholder feedback (if required)	TBD
30	14h45–15h15	QRG, Head of Unit, QTL	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 17th February 2022*		
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, PDP, DQ	Update VPA&R 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, Institute staff	**QRG report read out** to unit staff	TBD
15	15h30–15h45	QRG, Institute staff	Coffee served following report read-out	TBD
	15h45		**Conclusion of visit**	

Schedule for Contingency Plan (Virtual Review) - Sample

Meeting Block 1

Meeting block 1 ensures that the QRG have sufficient information and background from the University perspective on which to base their review. It also allows the reviewers to ask clarifying questions of the members of QSU, Executive and the unit under review.

Having had these interactions, the QRG can then meet privately and begin to formulate the detailed agenda for meeting block 2, based on their observations, additional information provided by the unit and the outcome of meeting block 1. A requirement for meeting 2 is that there are meetings with internal and external stakeholders, as well as members of the unit under review.

Assumptions:
Unit to be available for the time blocks in schedule below.

The topics for discussion in meetings will be based on the terms of reference in the Quality Review guidelines and findings of the SAR. The topics for meetings will be decided by the QRG on day 1. The topics will be given to unit at the end of day 1.

Day 1 Friday 27th November 2020		*(1/2 day)*
Pre-work, QRG members provide detailed feedback to Chair. Feedback is sent to QSU Review co-ordinator		
Time	**Parties**	**Agenda**
08:30	QRG, DQ, RC , PDP, Head of Unit	Introductory meeting and briefing
09:00-09:30	QRG	Private session
09:30 -10:15	QRG, Director of unit and QTL	Meeting to allow QRG to meet with Unit Head and Quality Team leader. Can be used to scene set and provide clarifications as required. Online presentation
10:15-10:30		BREAK
10:30 – 11:30	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 individual meetings.
13:00 – 14:00	QRG, DQ, RC	Detail agenda of participants/topics for detailed meetings with high level information on areas to be discussed QRG presents to QSU the finalise agenda for the following days

At the end of the day 1, the topics for the meetings in block 2 will have been decided by the QRG. These are sent to the QSU by the Recording Secretary at the end of day 1.

Meeting Block 2

Day 2, Tuesday 1st December 2020		*(1/2 day)*
HRI meetings with QRG & discussion of topics identified in SAR		
Time	**Parties**	**Agenda**
09:00	QRG	Private meeting of QRG to plan days sessions
09:30 - 10:15	QRG &	Meeting 1 (Topic) *Depending on the agenda, these could be shorter meetings with different topics. There is flexibility depending on the review*
10:15 - 10:45	QRG	BREAK
10:45 - 11:30	QRG &	Meeting 2 (Topic)
11:30 - 12:00	QRG	Private meeting
12:00 - 12:45	LUNCH	
12:45 - 13:30	QRG &	Meeting 3 (Topic) Meeting with staff teaching on HRI programmes (ideally 6 people, no more than 8)
13:30 - 14:30	QRG	Review of key findings in each area. Presentation by individual reviewers of their key findings in each area of responsibility. **commence drafting report**

Day 3, Thursday 3rd December 2020	*(1/2 day)*
Stakeholder meetings	

Time	Parties	Agenda
13:00	QRG	Private panel meeting to discuss topics for stakeholder meetings
14:00 - 14:45	QRG &	Meeting 4 (Stakeholder group 1) – students Parallel groups, mixed levels, years etc., ~8 students per session
14:45 - 15:15	QRG	**Private panel meeting**
15:15 - 15:30	QRG	**BREAK**
15:30 - 16:15	QRG &	Meeting 5 (Stakeholder group 2) – externals, parallel groups e.g. accreditation bodies, prof bodies, external stakeholders
16:15 - 17:00	QRG	**Private panel meeting.** Review of key findings in each area. Presentation by individual reviewers of their key findings in each area of responsibility. **continue drafting report**
19:30	QRG	**Deadline for each member of QRG** to send draft text for commendations and recommendations to recording secretary, chair and review coordinator

Meeting Block 3

Meeting block 3 allows the finalisation of the report and may be a combination of online and offline activities.

Day 4, Friday 4th December 2020		*(1/2 day)*
Finalise QRG report - feedback to senior UL stakeholders and report read out to HRI		
Time	**Parties**	**Agenda**
09:00 - 10:00	As needed	**Placeholder for additional meetings as required**
10:00	QRG, RC	Finalisation of QRG commendations and recommendations (including context and rationale).
12:15 - 12:30		BREAK
12:30 - 13:00	QRG, DQ, RC, PDP, Dean, Head PESS, AVPAA	Update on review findings
13:15 – 14:00	QRG, DQ, RC, Unit Head and staff	**QRG report read out** to unit staff : key commendations/recommendations
		Report finalised

Report Production

Please note that the report is agreed by the QRG at the conclusion of Day 4 – there is no further input to the report required from the QRG after this stage. There is an opportunity for the unit to comment on any factual errors in the report after the final day and the recording secretary will also have an opportunity to finalise the technical aspects of the report. The final agreed report is sent to QSU by the technical writer no more than 2 working days after meeting block 3.

Key:

CPH	Castletroy Park Hotel	QT	Quality team
DQ	Director of Quality	PDP	Provost and Deputy President
QRO	Quality Research Officer	TBD	To be determined
QRG	Quality review group		

9.4 Appendix D: QRG report template

9.4.1 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

9.4.2 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 unit's mission statement, which embraces the importance of excellence in learning for students and the significance of collaboration with key stakeholders
- The strong and productive relationship of the Office with the student representative bodies and the demonstrable commitment to working in partnership to deliver initiatives that respond to student demand and improve the student experience
- The high level of cross-training and scope for cover among staff in the unit

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
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. Here are some sample recommendations from previous reports:

- Articulate clear plans for inter-professional learning, e-learning, distance learning and blended learning.
- Review and revise communication channels with UL staff to heighten awareness of the outputs of the unit.
- Identify and publish owners (in terms of both institutional function and name) for each policy and process in the remit of the unit.

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 [8]

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 PDP was held:

[8] Note that this template is subject to change as part of a QIP digitisation process that is underway. The content should not substantially change, however, the method of completion and monitoring may change.

_____ _____

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>

<table>
<tr><td colspan="6">Sections 1 and 2 to be completed by the QSU</td></tr>
<tr><td>1</td><td>n/a</td><td colspan="4">Rec. no. _ (Level _)</td></tr>
<tr><td>2</td><td>n/a</td><td colspan="4">Recommendation:</td></tr>
<tr><td colspan="6">Sections 3 and 4 to be completed by unit</td></tr>
<tr><td>3</td><td>+ 1 to 2 months</td><td colspan="4">Unit response to recommendation: (e.g. accepted in full, accepted in part/modified form, rejected. Include succinct justification if recommendation not accepted in full)</td></tr>
<tr><td rowspan="5">4</td><td rowspan="5">+ 1 to 2 months</td><td colspan="4">Action planned by unit (add more rows as required)</td></tr>
<tr><td>Action item</td><td>Action item description</td><td>Person responsible</td><td>Target completion date</td></tr>
<tr><td>a.</td><td></td><td></td><td></td></tr>
<tr><td>b.</td><td></td><td></td><td></td></tr>
<tr><td>c.</td><td></td><td></td><td></td></tr>
<tr><td>d.</td><td></td><td></td><td></td></tr>
<tr><td colspan="6"><u>Sections 5 and 6 to be completed for level 1 recommendations only</u>. Both sections to be completed by unit and copied back to QSU prior to presentation by head of unit to Quality Committee</td></tr>
<tr><td rowspan="4">5</td><td rowspan="4">+ 4 to 5 months</td><td>Action item</td><td>Progress made</td><td colspan="2">Outstanding matters</td></tr>
<tr><td>a.</td><td></td><td colspan="2"></td></tr>
<tr><td>b.</td><td></td><td colspan="2"></td></tr>
<tr><td>c.</td><td></td><td colspan="2"></td></tr>
</table>

		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 Director of the Institute, DQ and PDP 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):		

9.6 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 PDP was held:
6. Summary status of recommendation implementation:

Rec no. (level)	Recommendation	Closed	Open	Commentary

_____ _____
Director of Quality Date

9.7 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
QC	Quality Committee
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
PDP	Provost and Deputy President