UNIVERSITY *of* LIMERICK

O L L S C O I L   L U I M N I G H

Report of the Quality Review Group

to

Department of Clinical Therapies

Review dates	17th to 19th January 2017
Issued by QSU	3rd February 2017
Quality Review Group (QRG)	Appendix A
UL QSU website	www.ul.ie/quality
Department website	http://www.ul.ie/clinicaltherapies/
QQI website	www.qqi.ie

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1   The UL Quality Review Process

The University of Limerick (UL) follows an established process for quality assurance (QA) and quality improvement (QI) in line with that originally developed jointly by the Irish Universities Association (IUA) and the Irish Universities Quality Board (IUQB), the latter whose functions are now carried out by Quality and Qualifications Ireland (QQI). The review process involves an approximate seven-year cycle during which each unit works to improve the quality of its programmes and services and undergoes a rigorous self-evaluation prior to a quality review by internationally recognised experts in the relevant field.

The common framework adopted by the Irish universities for their QA/QI systems is consistent with both legislative requirements and international good practice. The process itself evolved as a result of the Universities Act, 1997, in which the responsibility for QA/QI was placed directly on the individual universities. The process now complies with the Qualifications and Quality Assurance (Education and Training) Act 2012. The UL Quality Support Unit (QSU) website (www.ul.ie/quality) provides details on the process.

Academic units are reviewed in line with *A Guide to the Quality Review Process for Academic Departments*, which is available on the QSU website. The planned schedule of quality reviews for both academic and support units is available on the QSU website.

The UL quality review process comprises the following three phases:
1. Pre-review phase, in which the unit under review conducts a self-evaluation exercise and writes a self-assessment report (SAR).
2. Review phase, in which a quality review group comprising external experts, both national and international, review the SAR, visit the unit, meet with stakeholders and produce a report (this report), which is made publicly available on the QSU website.
3. Post-review phase, in which the unit considers the recommendations of the QRG, devises plans to implement them and reports implementation progress to a Governing Authority subcommittee and UL senior management.

The recommendations made by the quality review group (QRG) form the basis of a quality improvement plan (QIP) prepared by the QSU for the unit under review. Once the site visit is over, the unit sets about evaluating and implementing the recommendations, as appropriate.

Approximately six months after receiving the QIP template from the QSU, the head of unit provides a summary overview of progress to the university's Governing Authority Strategic Planning and Quality Assurance (GASPQA) sub-committee. GASPQA members are afforded the opportunity to discuss and evaluate progress.

Approximately 12 months after receiving the QIP template, the head of unit, Vice President Academic & Registrar and Director of Quality meet to formally review progress and to agree on any remaining actions to be taken.

2   Department of Clinical Therapies

The three departments of Occupational Therapy (OT), Physiotherapy (PT) and Speech and Language Therapy (SLT) were established in 2003 at UL. Although the three departments were quite distinct, they interacted significantly with each other and shared administration and technical support. In 2011, the three departments were amalgamated to further facilitate interprofessional working and education and the development of research and in January 2012, the Department of Clinical Therapies (CT) was formed. The Department is part of the Faculty of Education and Health Sciences and contributes strongly to the research metrics and teaching profile of the faculty and UL.

The Department of Clinical Therapies has a complement of 37.9 posts: 19.4 academics, 11 practice education staff, 2 senior technician posts and 5.5 administrators. As some posts are job shares, the total number of people in the department is 43. In addition, there is one postdoctoral researcher, four research assistants and two senior speech and language therapists involved in research. Of the 19.4 academics, 2 are professors, 1 is an associate professor, 4 are senior lecturers, 10.4 are lecturers above the bar and 2 are lecturers below the bar. One of the senior lecturers is currently the Head of Department, which is a rotational post every 5 years. One of the professors is the Dean of the Faculty of Education and Health Sciences (EHS). The Staff pages of the Department's website profiles current staff members.

The department offers four pre-registration and six post-registration programmes and has an average total student number of 330 including 30 PhD students. All pre-registration programmes are subject to regulatory and professional body accreditation. A new professional programme, the MSc Physiotherapy, was established in 2015. The growing emphasis on interprofessional education (IPE) drove a major revision of all the pre-registration programme curricula as well as the introduction of a new master's in physiotherapy to allow more shared learning opportunities and to better align the placement modules. CTs has developed high quality practice education placement opportunities with a range of placement providers and enjoys excellent relationships with placement providers.

From its inception, the Department of Clinical Therapies has placed research at the centre of all its activities. The research goals of the department are reflected in its mission statement: '*…Our research is community based, engaged and relevant to health, wellbeing and participation.'* Given the relative youth at UL of the three disciplines, CT's research productivity has been and continues to be impressive (see section 7.2.5), and it is now one of the most research productive departments within the Faculty of Education and Health Sciences (EHS). Most members of academic staff completed their PhDs after commencing employment at UL (the majority joined from clinical practice careers), and the department now has a range of early-career, mid-career and established researchers. These outputs are notable given the nature of the programmes on offer in CT and the associated regulatory and professional body accreditation requirements.

CT members actively contribute to campus and university life; they represent the department across UL structures and committees, including Management Council, Academic Council, Senior Advisor, Athena SWAN, EHS Management Group, EHS Research Committee and EHS Ethics Committee. CT members contribute nationally to developing their professions through membership of and involvement with their professional bodies and the national registration body, CORU; UL/UHL (University Hospital Limerick) Strategic Group; and other fora.

3 Preliminary Comments of the Quality Review Group (QRG)

The Quality Review Group (QRG) would like to thank the University of Limerick (UL) for the warm welcome and support extended to it throughout this review, particularly the Department of Clinical Therapies (CT), the team who coordinated the departmental quality review (Norelee Kennedy, Rose Galvin, Sue Franklin, Judi Pettigrew and Jacinta Shanahan), and the Quality Support Unit. The QRG wishes to commend the department for a thorough, well-organised and insightful self-assessment report (SAR) that clearly outlines the extensive activities and work of CT, its strengths and achievements, and its goals and areas for improvement, growth and development. During the review, the QRG met with staff, representative students and alumni from across the CT programmes, employers, representatives of collaborating organisations and senior university staff. We found all participants to be open, honest and positive in their attitudes, and genuinely committed to the CT mission, work and goals.

Clinical Therapies as a department is relatively new, being established in 2012 and representing a merger of three existing fields of study and professional practice at UL: Occupational Therapy, Physiotherapy and Speech and Language Therapy. CT offers an impressive range of four pre-registration and six post-registration programmes, as well as postgraduate MSc and PhD degree programmes. As a result, the department needs to address professional education and accreditation for three different professions, as well as advanced clinical and graduate research-level activities and responsibilities. The QRG was impressed by the range and type of programmes offered and the high quality of CT graduates as described by employers and collaborators. In particular, students were satisfied with the quality of their education and the level of support given to them across CT programmes.

The QRG was also impressed by the growth and achievements of CT in a very short time, particularly in bringing together the three professional areas, establishing an innovative focus on interprofessional education, developing a staff-driven strategic plan, and increasing research activities and productivity.

A significant challenge for CT is to strategically increase its research activity, funding and impact in line with the UL mission to become a research-intensive university with international recognition. This needs to be done while continuing to maintain excellence in clinical therapy professional education and planning for the addition of dietetics, a fourth professional area. The QRG has focused on recommendations to increase research recognition and impact, develop formal collaborations and plan for future staffing needs to support both education and research. The QRG also recommends that the department strategise ways to make the curriculum, teaching delivery and assessment more efficient while maintaining quality. Given the cohesiveness and dedication of CT staff, the QRG anticipates that the department can continue to build on its existing strategic plan to prioritise growth, development and impact.

4 QRG Commendations and Recommendations

4.1 QRG Commendations

The QRG commends the following:

1.	The current CT strategic plan, which reflects a wide level of consultation with key stakeholders.
2.	The department's flexibility to change and evolve to meet the requirements of students, the university and service users, while maintaining a focus on high-quality education.
3.	The strong efforts of the department to promote interprofessional education (IPE) between the three current CT disciplines.
4.	The successful embedding of IPE throughout the curricula of the pre-registration programmes.
5.	The innovative methods of delivering IPE to students, such as the interfaculty appointment of a new senior lecturer in Health Law and Ethics.
6.	The use of a wide range of teaching strategies and modes of module delivery on the pre-registration and post-registration programmes.
7.	The good working relations achieved by the department with practice educators on placement sites.
8.	The extensive range of resources available for students and practitioners to borrow and the efficient and effective system of monitoring these resources.
9.	The availability of a comprehensive collection of discipline-specific journals and books, a range of software packages and the support of a designated EHS librarian.
10.	The availability of facilities and the provision of many practical workspaces to students, such as the SLT clinic and the eOBS lab.
11.	The commitment of the academic, administrative and practice education staff and the evidence of positive working relationships both across CT and with service users and employers.
12.	The planned replacement of a senior lecturer at the same level, following the retirement of a senior staff member.
13.	The excellent structures for supporting staff development.
14.	The clear commitment by staff to facilitating a smooth transition of students into the university environment.

15.	The positive support system provided by staff, tutors, advisors and class representatives as recognised in student feedback.
16.	The obvious commitment to guidance and support embedded throughout the programmes and within the curriculum.
17.	The growth in CT research outputs, funding and number of PhD students since 2012.
18.	The CT mission to deliver research that is aligned with the university mission and is translational, community based and relevant to health, wellbeing and participation.
19.	The development of external research partnerships by CT, both nationally with a diverse and extensive range of partners and internationally across a wide range of countries.
20.	The strong departmental leadership and the sense of a cohesive team that shares decision making.

4.2 QRG Recommendations

Level 1 Recommendations

The QRG recommends the following:

No.	Level (1/2)	Recommendation	Brief Justification (Level 1 only)
1.	1	Review the CT strategic plan to ensure that the UL mission to become a research-intensive university with an international reputation is prioritised and implemented.	This will ensure that the department mission and strategic plan are aligned with those of the University and respond to national and global priorities.
2.	1	Develop a systematic plan for formal collaboration with other UL departments and institutes (such as the Health Research Institute - HRI), other universities, funders, service providers and users.	This will foster growth in both research and educational offerings simultaneously. The introduction of the dietetics programme provides new multidisciplinary research opportunities.
3.	1	Evaluate the different methods of feedback elicited from students with the aim of streamlining this process and in particular exploring strategies to encourage students to complete the exit survey.	Fewer methods of eliciting student feedback could be used in semester reviews and in feedback to students.
4.	1	Provide students with a written statement of the timescale within which they should receive their mark and written feedback on coursework.	Students have requested more timely feedback on their coursework.
5.	1	Review workload allocation to include specific focus on education, enterprise and research pathways. This should also include administrative support for research.	The current workload allocations have resulted in difficulties for staff in balancing teaching, research and administrative commitments.
6.	1	In collaboration with Research Support Services, design a system to collate and analyse data that will generate robust measures of research activity in terms of income and outputs. Outputs should be rated according to accepted standards and details of grants and PhD funding	In order to grow research, monitor individual and departmental progress and build the national and international reputation of CT, the department needs to use quantitative data to measure performance against

		should be documented. Data should be accessible at individual staff member, research theme and department levels.	targets. This data will be available, for example, for staff PDRS reviews, the designation of post descriptors and the allocation of funds.
7.	1	Negotiate with the relevant parties for the establishment of clinical academic pathways at all levels, from postgraduate programmes (Doctorate in Clinical Practice and PhD), through post-doctoral research fellowships, to joint senior appointments at associate professor and professor levels	Clinical academic pathways produce many positive outcomes, such as: • The embedding of research in clinical practice both in terms of focus and translation • Improved collaboration between clinicians and academics • Improved quality of therapy, which becomes more evidence-based • The opening up of pathways to further clinical careers • The move of some clinicians into academia.
8.	1	Work with senior UL management for the appointment of a research champion in the department to lead on the development and implementation of a strategic plan for research.	As the research activity of the department grows, and in keeping with the University's mission to become research-intensive, CT needs strong focused leadership in both strategy and implementation. A research champion would: • Work with a research administrator to collect data and generate metrics • Keep staff informed of funding and research dissemination opportunities • Take responsibility for external-facing research activities • Identify opportunities for visiting researchers • Support junior staff in gaining research funding and fellowships • Provide governance for research activity.

9.	1	Work with UL senior management to obtain support for the HoD to have a more strategic and outward-facing role.	For effective growth, the HoD needs to be an ambassador for the department. The HoD needs to raise awareness of CT among stakeholders, potential research collaborators, employers and potential students and staff members.
10.	1	In collaboration with UL senior management, develop a streamlined organisational structure, designed with input from all staff, to support change.	The increasing emphasis on research at UL offers CT an opportunity to propose an organisational plan for growth. The plan will: • Make more efficient use of staff time and recognise the importance of the role of course directors • Deliver a growing number of educational programmes and research activity.

Level 2 Recommendations

The QRG recommends the following:

No.	Level (1/2)	Recommendation	Brief Justification (Level 1 only)
11.	2	Review the department's postgraduate MSc in Research and EHS Structured Doctorate programmes and course offerings to ensure they are in line with CT strategic objectives and the strengths and research interests of the department.	
12.	2	Revisit the provision of each of the post-registration courses and comprehensively review whether each should continue to be offered considering the low numbers of students enrolling.	
13.	2	Evaluate whether the semesters for pre-registration graduate entry programmes could be shortened from the current 17 weeks.	
14.	2	Revisit the provision of practice educator training with the aim of improving	

		consistency in how they mark students on learning outcomes.	
15.	2	Analyse the current use and scheduling of the department's physical space and explore the potential to optimise its usefulness.	
16.	2	Form relationships with local industries to ensure that resources are up-to-date and accessible, and that opportunities for training on equipment and technology are available to students and staff.	
17.	2	Continue to plan strategically with the Health Service Executive (HSE) and professional bodies for the development of additional practice tutor posts.	
18.	2	Ensure that the programmes are 'disability friendly' by encouraging students with disabilities to apply, increasing awareness of Disability Support Services and utilising the services across all programmes, particularly in field work.	
19.	2	Establish a unified forum for the student representatives of the three disciplines to communicate with staff and amongst themselves.	
20.	2	Introduce harmonisation across programmes to include simplification of assessment, feedback and quality review.	
21.	2	Involve all staff in change management and facilitate this, for example, during a two-day retreat with a focused agenda, clear objectives and outcomes.	

Appendices

A   Membership of the QRG

Prof. Joy Hammel (Chair)	Professor, Wade Meyer Endowed Chair of Occupational Therapy, University of Illinois, Chicago
Prof. Jane Helena Burridge	Professor of Restorative Neuroscience, Head of Neurorehabilitation Research Group Faculty of Health Sciences, University of Southampton
Prof. Ray Wilkinson	Professor of Human Communication, University of Sheffield
Mr. John Kelly	Deputy Chief Operations Officer, Tallaght Hospital, Dublin
Ms. Kelsey Kirwan	Occupational Therapist
Ms. Ailish O'Farrell (Recording Secretary)	Technical Writer

B   Membership of the Unit's Self-Evaluation Team

Norelee Kennedy	Judi Pettigrew
Rose Galvin	Jacinta Shanahan
Sue Franklin	