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**QQA REVIEW**

**CINNTE** 



**CYCLICAL REVIEW  
HANDBOOK**

Universities and other Designated Awarding Bodies

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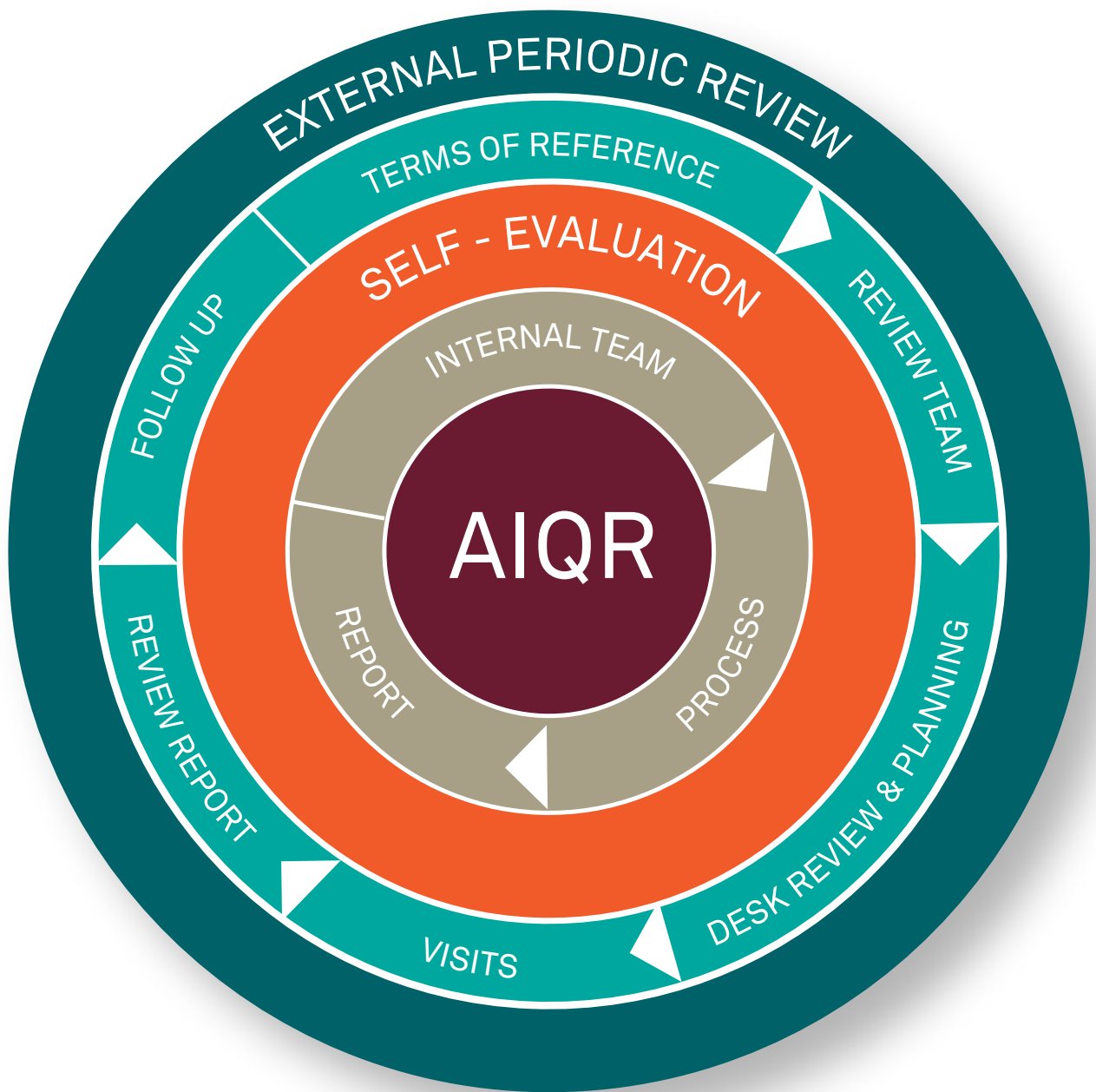


Figure 1 The Cyclical Review Process

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# 1. THE CYCLICAL REVIEW PROCESS

## 1.1 Background

This is a Handbook for the 2017-2023 Review Cycle of Designated Awarding Bodies. Designated Awarding Bodies derive, from law, the authority to make awards and are listed in the Qualifications and Quality Assurance (Education and Training) Act, 2012 (the 2012 Act).

Cyclical Review evaluates the effectiveness of institution-wide quality assurance procedures for the purposes of establishing, ascertaining, maintaining and enhancing the quality of education, training, research and related services the institution provides. Such reviews are coordinated by Quality and Qualifications Ireland (QQI) and underpinned by the relevant sections of the 2012 Act.

The review process is in keeping with Parts 2 and 3 of the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG 2015\)](#) and based on the internationally accepted and recognised approach to reviews, i.e.:

- The publication of Terms of Reference (available in Appendix A);
- An Institutional Self-Evaluation Report (ISER);
- An external assessment and Site Visit by a team of reviewers;
- The publication of a review report including findings and recommendations; and
- A follow-up procedure to review actions taken.

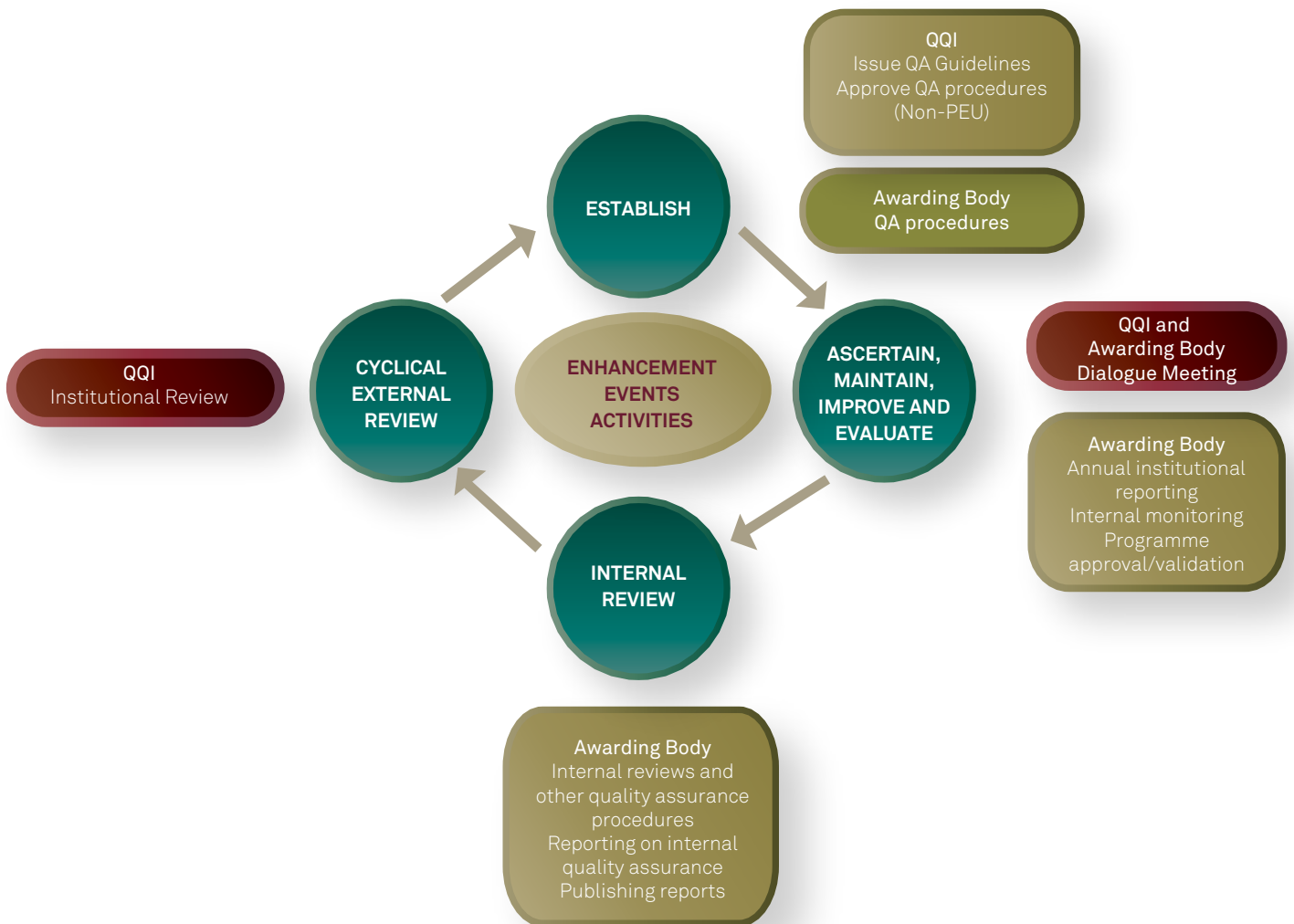
This handbook has been developed to provide guidance and support to an institution in its preparation for an external review. The handbook is designed for multiple audiences: quality assurance professionals, those who have central roles in the review process, and those who may be more peripherally involved. It is designed to provide a comprehensive understanding of the process to staff in institutions and members of Review Teams. It combines conceptual policy matters with practical instruction in a single document, to avoid multiple sources of information on a single area. It also cites some possible resources which may be of assistance to staff working on the review process. Whilst this document aims to be as comprehensive as possible, each institution will be required to adapt this guidance and support it locally.

As set out in the Policy, QQI will, at intervals, evaluate the effectiveness of the review model in meeting its stated purposes. The outcome of such evaluations may mean that improvements to the process will be introduced. This means that improvements can be made to the review method in a timely way, rather than waiting for all institutions to be reviewed in a cycle. QQI will consult on and publish such evaluations. Furthermore, whilst the Terms of Reference for review set out in Appendix A are intended to be set for the entire cycle, it is acknowledged that major changes in the external environment may necessitate changes to the Terms of Reference. These will be consulted upon.

## 1.2 The Quality Assurance Framework

Cyclical review is an element of the broader quality framework for Designated Awarding Bodies. QQI reviews provide an external dimension to an institution's internal quality assurance and reviews. Cyclical review is also interdependent on and integrated with a wider range of QQI engagements: Quality Assurance Guidelines; each institution's Quality Assurance Procedures; Annual Institutional Quality Reports (AIQR); and Dialogue Meetings.

**Figure 2 The Quality Assurance Framework for Awarding Bodies**



### 1.2.1 Quality Assurance Guidelines

National policy is that the quality assurance procedures of Designated Awarding Bodies will be comprehensive. This means that the scope of the procedures extends to all education, training, research and related activities of the Designated Awarding Bodies. QQI has published [Core Quality Assurance Guidelines](#) and [Sector Specific Quality Assurance Guidelines for Universities and other Designated Awarding Bodies](#) which set out the guidelines for the quality assurance (QA) procedures of designated awarding bodies. These Guidelines are underpinned by the Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015). Designated awarding bodies are required to have regard to QQI quality assurance guidelines when establishing, renewing and reviewing their own quality assurance procedures and when approving and reviewing the quality assurance procedures of their linked providers.

### 1.2.2 Quality Assurance Procedures

National policy is that the quality assurance procedures of an institution have regard to QQI guidelines and are comprehensive, covering all education, training, research and related activities of the Designated Awarding Body. These encompass programmes leading to awards recognised in the National Framework of Qualifications (NFQ) and awards of other awarding bodies. The procedures also cover the approval, monitoring and review of effectiveness of the quality assurance procedures of linked providers. In addition to encompassing regular periodic reviews of study programmes, Designated Awarding Bodies are also encouraged to undertake quality reviews of academic, administrative and service departments and, depending on structure, unit-based reviews of schools, faculties and colleges. Institutions may also undertake thematic reviews of institution-wide issues.

### 1.2.3 Annual Institutional Quality Assurance Reports

Each Designated Awarding Body provides QQI with an Annual Institutional Quality Assurance Report (AIQR). The reporting period is an academic year and runs from September 1 to August 31. The AIQR is composed of six parts.

**Part One** contains baseline information about the quality assurance policies, procedures, governance and management within the institution. It is usually completed for the first AIQR and updated in subsequent years where necessary. It provides a comprehensive contemporary account of the quality assurance policy, procedures and governance of the institution.

**Parts Two - Five** are completed in respect of the reporting year and cover topics such as quality assurance and quality enhancement in the reporting period, impacts and effectiveness of quality assurance and plans for the forthcoming year (against which subsequent reports can be compared).

**Part Six** provides a bridge between the AIQR and periodic external review, allowing an institution to summarise in preparation for a forthcoming review and for follow-up after an external review. It is useful in the period immediately prior to and after a periodic review and, depending on its usefulness to the institution, this section of the AIQR may be used by institutions that are mid-cycle between reviews.

The AIQR is intended to articulate with external periodic review. On a basic level, it is intended that the AIQR, particularly part one, will assist with documentation management for institutions in review and lessen the burden on institutions to provide the Review Team with a significant amount of documentation in advance of their visit. If appropriate, it may be possible for a Review Team to satisfy itself that an institution is compliant with ESG 2015 on the basis of the evidence provided by the AIQR.

The accumulation of several AIQRs over a number of years should give the institution and the Review Team an evidence basis for the way in which the quality assurance system of the institution works on a rolling basis, the ways in which the system has developed over a number of years, the factors that influence it and prevalent themes and issues. Finally, the annual reflection on matters such as effectiveness and impact should provide a source of information to inform the periodic self-evaluation process, even though it is acknowledged that these elements of AIQR are relatively brief and superficial and do not comprise the more comprehensive type of 'taking stock' exercise that is intended by institutional self-evaluation.

#### 1.2.4 Dialogue Meetings

Dialogue Meetings take place regularly between institutions and QQI. The purpose of Dialogue Meetings is to provide a forum for each Designated Awarding Body (DAB) and QQI to update each other about developments in quality assurance and to advise each other of themes and issues that may arise on a more frequent basis than cyclical review. The notes of Dialogue Meetings may be used by institutions in self-evaluation for the analysis of ongoing engagement between the DAB and QQI. Dialogue Meetings may also provide an opportunity for QQI and DABs to progress engagements mandated by legislation, such as consultation on QA procedures (Section 29 of the 2012 Act).

#### 1.2.5 Periodic Cyclical Review

QQI has established a Policy for the Cyclical Review of Higher Education Institutions. Cyclical Review takes place on a periodic scheduled basis. It provides an opportunity for each Designated Awarding Body to evaluate the quality of its provision of education, training and research, the fulfilment of its third mission and the effectiveness of its ongoing monitoring and review activities, to ensure they are fit for purpose. It provides an opportunity for an external team to reflect on the effectiveness of the procedures and to provide external advice on their enhancement where necessary. It offers assurance to learners that their experience is being monitored for good practice, and assurances to the public that the institution is offering a valuable service.

The Schedule for Cyclical Review of Universities and other Designated Awarding Bodies is set out below.

The process being employed for cyclical review has been designed to reflect Parts 2 and 3 of the ESG (2015). It incorporates the internationally accepted and recognised elements for reviews, i.e.:

Institution	Completion Dates			
	ISER	Planning Visit	Main Review Visit	Report
Dublin City University	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Maynooth University	Q2 2018	Q3 2018	Q4 2018	Q1 2019
National University of Ireland, Galway	Q4 2018	Q1 2019	Q2 2019	Q3 2019
University College Dublin	Q2 2019	Q3 2019	Q4 2019	Q1 2020
University of Limerick	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Dublin Institute of Technology	Q2 2020	Q3 2020	Q4 2020	Q1 2021
Trinity College Dublin	Q4 2020	Q1 2021	Q2 2021	Q3 2021
University College Cork	Q2 2021	Q3 2021	Q4 2021	Q1 2022
National University of Ireland	Q4 2021	Q1 2022	Q2 2022	Q3 2022
Royal College of Surgeons in Ireland	Q2 2022	Q3 2022	Q4 2022	Q1 2023

- The publication of Terms of Reference (available in Appendix A);
- The preparation of an Institutional Self-Evaluation Report (ISER) (in Section 2);
- The conduct of an external assessment and Site Visit by a team of reviewers (Section 3);
- The publication of a review report including findings and recommendations (Section 4); and
- A follow-up procedure to review actions taken (Section 5).

### 1.2.6 The National Framework of Qualifications

The National Framework of Qualifications (NFQ) is enshrined in legislation and was established in 2003 as a framework for the development, recognition and award of qualifications in the State. Based on a system of levels of knowledge, skill and competence, the NFQ promotes transparency and trust in qualifications. Because the NFQ has been formally aligned with the European Qualifications Framework and the Qualifications Framework for the European Higher Education Area, qualifications achieved in Ireland enjoy an international currency and holders of such qualifications find it easier to use their qualifications in Europe and beyond.

The 2012 Act requires Designated Awarding Bodies to include their qualifications in the NFQ. This means that the awarding bodies must ensure that learners have acquired the standard of knowledge skill and competence associated with the NFQ level before an award is made.

Internal quality assurance procedures should therefore be capable of demonstrating that programmes and qualifications offered by Designated Awarding Bodies are developed with reference to the NFQ and are monitored over time to ensure that NFQ standards are maintained. This expectation is also made explicit in Part 1 of the ESG (p. 12):

*Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.*

### 1.3 Purposes of Cyclical Review

The aim of cyclical review is to provide an independent external review of the effectiveness and implementation of the institution's own internal quality assurance procedures. In developing this Handbook, QQI and the Designated Awarding Bodies have also agreed Terms of Reference (ToR) for cyclical review (Appendix A). The ToR establish the following four key purposes for individual institutional reviews of Designated Awarding Bodies:



### **Purpose 1**

To encourage a QA culture and the enhancement of the student learning environment and experience within institutions – achieved and measured through:

- Emphasising the student and the student learning experience in the review;
- Providing a source of evidence of areas for enhancement and areas for revision of policy and change and basing follow-up upon them;
- Exploring innovative and effective practices and procedures; and
- Exploring quality as well as quality assurance within the institution.

### **Purpose 2**

To provide feedback to institutions about institution-wide quality and the impact of mission, strategy, governance and management on quality, and the overall effectiveness of their quality assurance – achieved and measured through:

- Emphasising the ownership of quality and quality assurance at the level of the institution;
- Pitching the review at a comprehensive institution-wide level;
- Evaluating compliance with legislation, policy and standards;
- Evaluating how the institution has identified and measured itself against its own benchmarks and metrics to support quality assurance governance and procedures; and
- Emphasising the enhancement of quality assurance procedures.

### **Purpose 3**

To contribute to public confidence in the quality of institutions by promoting transparency and public awareness achieved and measured through:

- Adhering to purposes, criteria and outcomes that are clear and transparent;
- Publishing the reports and outcomes of reviews in accessible locations and formats for different audiences; and
- Evaluating, as part of the review, institutional reporting on quality and quality assurance, to ensure that it is transparent and accessible.

### **Purpose 4**

To facilitate quality enhancement by using evidence-based, objective methods and advice – achieved and measured by:

- Using the expertise of international, national and student peer reviewers who are independent of the institution;
- Ensuring that findings are based on stated evidence;
- Facilitating institutions to identify measurement, comparison and analytic techniques, based on quantitative data relevant to their own mission and context, to support quality assurance; and
- Promoting the identification and dissemination of examples of good practice and innovation.

### **System-Level Purpose**

An additional specific purpose for cyclical review is to support systems-level enhancement of the quality of higher education – achieved and measured by:

- The publication of periodic synoptic reports;
- Ensuring that there is sufficient consistency in approach between similar institutions to allow for comparability and shared learning; and
- The publication of institutional quality profiles.

## 1.4 Objectives of the Review and Criteria for their Evaluation

The objectives of a review are documented in the Terms of Reference (ToR). The Institutional Self-Evaluation Report (ISER) and the Review Report must analyse whether an institution has achieved these and the extent to which they have been achieved.

### Objective 1

To review the effectiveness and implementation of the QA procedures of the institution through consideration of the procedures set out, primarily, in the AIQR. Where necessary, the information provided by the AIQR is supplemented by additional information provided through documentation requests and interviews. The scope of this includes the procedures for reporting, governance and publication. This also incorporates an analysis of the ways in which the institution applies evidence based approaches to support quality assurance processes, including quantitative analysis, evidence gathering and comparison. Progress on the development of quality assurance since the last review of the institution will be evaluated. Consideration will also be given to the effectiveness of the AIQR and ISER procedures within the institution.

The scope of this objective also extends to the overarching procedures of the institution for assuring itself of the quality of its research degree programmes and research activities.

This objective also encompasses the effectiveness of the procedures established by the institution for the assurance of the quality of collaborations, partnerships and overseas provision, including the procedures for the approval and review of linked providers, joint awarding arrangements, joint provision and other collaborative arrangements such as clusters and mergers.

#### Criteria for its measurement:

The criteria to be used by the Review Team in reaching conclusions for this objective are:

- [ESG](#);
- [QQI Core Quality Assurance Guidelines \(QAG\)](#);
- [QQI Sector Specific Quality Assurance Guidelines for Universities and Other Designated Awarding Bodies](#);
- [Section 28 of the 2012 Act](#); and
- The institution's own objectives and goals for quality assurance.

Where appropriate and actioned by the institution, additional QQI Guidelines such as those for research degree programmes will be incorporated.

The QQI Sector Specific Private and Independent Provider QAG may be an appropriate reference document if they have been adopted by the DAB for their linked providers.

## Objective 2

To review the enhancement of quality by the institution through governance, policy, and procedures.

To review the congruency of quality assurance procedures and enhancements with the institution's own mission and goals or targets for quality.

To identify innovative and effective practices for quality enhancement.

### **Criteria for its measurement:**

The criteria to be used by the Team in reaching conclusions for this objective are:

- The institution's own mission and vision;
- The goals or targets for quality identified by the institution; and
- Additional sources of reference identified by the institution.

## Objective 3

To review the effectiveness and implementation of procedures for access, transfer and progression.

### **Criterion for its measurement:**

The criterion to be used by the Team in reaching conclusions for this objective is the [QQI Policy and Criteria for Access, Transfer and Progression](#).

## Objective 4

Following the introduction of a statutory international education quality assurance scheme, to determine compliance with the Code of Practice for the Provision of Programmes to International Learners.

### **Criteria for its measurement:**

The criterion to be used by the Team in reaching conclusions for this objective is the [Code of Practice for the Provision of Programmes to International Learners](#).

### 1.4.1 Additional Questions

The Policy sets out a range of additional questions for the Review Team. The purpose of these questions is to support the Team in reaching their findings and, in particular, in reaching a specific overarching statement in respect of each objective, considering their evidence and findings as a whole.

#### **These questions are:**

- How have quality assurance procedures and reviews been implemented within the institution?
- How effective are the internal quality assurance procedures and reviews of the institution?
- Are the quality assurance procedures in keeping with European Standards and Guidelines?
- Are the quality assurance procedures in keeping with QQI policy and guidelines, or their equivalent?
- Who takes responsibility for quality and quality assurance across the institution?
- How transparent, accessible and comprehensive is reporting on quality assurance and quality?
- How is quality promoted and enhanced?
- Are there effective innovations in quality enhancement and assurance?
- Is the student experience in keeping with the institution's own stated mission and strategy?
- Are achievements in quality and quality assurance in keeping with the institution's own stated mission and strategy?
- How do achievements in quality and quality assurance compare to the institution's own goals or targets for quality?

## 2. SELF-EVALUATION



### 2.1 The Self-Evaluation Process

Self-evaluation is a self-reflective and critical evaluation completed by the members of an institution's community. It is the way in which the institution outlines how effectively it assures and enhances the quality of its teaching, learning, research and service activities.

The report produced by the institution following the self-evaluation process, called the Institutional Self-Evaluation Report (the ISER), is the core document used by the Review Team. It provides them with the documented evidence, or references to evidence, to support claims that the institution is meeting the objectives and criteria set out in the ToR.

The ISER will shape the key points of dialogue with the Review Team, the structure of the review visits and the resulting review report. The purpose of the ISER is to provide the Review Team with sufficient information and evidence to assess the effectiveness of quality assurance at the institution. The ISER

will very much set the tone for the whole review experience. The ISER provides an opportunity for the institution to engage in open dialogue, self-reflection and critical evaluation and will be taken by the Team as demonstrative of the institution's capacity for these. It will also provide the themes and key lines of enquiry for the Review Team to follow up on in their visits.

The ISER provides a reasoned analysis that transparently portrays the institution, its identity and its distinctiveness, in terms of its approach to quality assurance and enhancement. It is advisable that the ISER share 'challenges' openly and does not disregard weakness, nor overstate (or understate) achievements. It is more effective if significant issues and challenges are identified by institutions themselves rather than by review teams.

The ISER must meet the needs of its primary audience in being evaluative and reflective in its nature, using reference to other sources for descriptive information. A well-written ISER will be user-friendly (i.e. jargon free and understandable by an external audience) and offer a balance between explanation and self-evaluation (ideally 60:40).

A set template for the ISER is not proposed by QQI. It is the responsibility of each institution to determine the most appropriate format for its own Institutional Self-Evaluation Report, taking into account its particular profile and context and the Terms of Reference for the review. The institution is required to provide a concise Institutional Self-Evaluation Report (ISER) (approximately 40 pages/15,000 words).

The self-evaluation guidelines here are designed to be read in conjunction with the Terms of Reference in Appendix A, and the additional Guidelines on the Institutional Self-Evaluation Report in Appendix C.

## 2.2 Two Overarching Intended Outcomes of Self-Evaluation

**Firstly**, the self-evaluation process will provide an institution with an opportunity to demonstrate and analyse how it evaluates the effectiveness of:

- Its policies and procedures for quality assurance and quality enhancement;
- The ways the governing authority is facilitated in and is discharging its responsibilities for quality assurance (Is there clarity and transparency about process, the distribution of responsibilities, and the criteria for decisions?);
- The procedures in place for reporting, governance and publication;
- The methods employed to ensure internal quality management processes are in keeping with national, European and international best practice;
- The overarching procedures of the institution for assuring itself of the quality of its taught programmes, research degree programmes and programmes of research;
- The use of outcomes of internal and external quality assurance and enhancement processes to identify strengths and weaknesses and enhancement targets in its teaching, learning, research and service areas, informing decision-making, and enabling a culture of quality within the institution (Are they clear and transparent to all stakeholders? Is there appropriate critical mass in the provision of programmes?);
- The use of relevant information and data to support evidence-based decisions about quality; and
- The accuracy, completeness and reliability of published information in relation to the outcomes of internal reviews aimed at enhancing the quality of education and related services;

- Progress on the development of quality assurance since the last review of the institution;
- The use of the AIQR and ISER procedures within the institution;
- The procedures established by the institution for the assurance of the quality of collaborations, partnerships and overseas provision, including the procedures for the approval and review of linked providers, joint awarding arrangements, joint provision and other collaborative arrangements such as clusters and mergers;
- The enhancement of quality by the institution through governance, policy, and procedures;
- The congruency of quality assurance procedures and enhancements with the institution's own mission and goals or targets for quality;
- Innovative and effective practices for quality enhancement; and
- Procedures for access, transfer and progression.

And, **secondly**, whether its tools, its quality assurance policies and procedures are effective in answering these questions.

## 2.3 The Internal Team

### 2.3.1 An Institutional Coordinator

The institution is required early on in the process, preferably from the outset, to appoint an Institutional Coordinator [IC] from within the institution who will be the main liaison point between the institution, QQI and the Review Team, throughout the review process. The Institutional Coordinator should be familiar with the institution's structures, procedures, policies and committees for the management of quality assurance and enhancement. The institution may decide that the institutional quality officer/director is an appropriate person to undertake this role, or the person who is formally designated as having the responsibility for the oversight of quality. The Review Team Chair will have the right to ask the Institutional Coordinator to withdraw from the review process at any time if it is felt that there are conflicts of interest or if their presence would inhibit discussion about possible review findings and recommendations. Further guidance about the role of the Institutional Coordinator can be accessed in Appendix B.

### 2.3.2 The Institutional Self-Evaluation Team

The most effective institutional self-evaluation reports are produced through a collaborative and participative evaluation process, usually led by a small task and finish group who are in a good position to comment on the effectiveness of the institutional approach to quality assurance and enhancement. The group could involve students (undergraduate and postgraduate representatives) and staff that are both involved in teaching, research and administration as well as those who manage quality assurance and enhancement in relation to teaching, research and support services across the institution. The Institutional Coordinator for the review process will be a key member of the group.

The group is best chaired by a member of the senior management team. The seniority of the Chair is vital if the evaluation process is to be open, reflective and evaluative, and given credence within the institutional community. It is suggested that the Chair might be the QA Director, and that the group be a sub-set of an existing institution committee (possibly the Quality Committee). It is not recommended that the President/Provost or equivalent be a member of this group.

It is recommended that, while the self-evaluation process can be as inclusive and participative as possible, the final ISER be written by a small group or possibly be designated to one officer, to ensure that a single voice comes through the document. Near-final drafts of the ISER could be shared with the task and finish group and other staff and students across the institution and any partner providers, or collaborating providers where appropriate to ensure inclusivity. The use of focus groups and the intranet might be employed to ensure wider ownership and engagement with staff and students. Internal committee structures and communication methods could also be utilised where appropriate. If the timeline permits, it is also suggested that the ISER be submitted to the stakeholder groups, such as employers, funders and alumni for comment/information.

## 2.4 ISER Content

It is suggested that the ISER contain the following elements, but not necessarily in this order:

- The specific context of the institution, including the regulatory environment;
- Information about the institution's collaborations;
- Information pertaining to the comprehensive institution-wide nature of the review ;
- A very brief description of the process for the development of the ISER; and
- A clear and simple explanation of the institution's own internal quality assurance governance, policies and procedures.

The key focus of the ISER is to critically self-evaluate the performance of the institution with respect to each objective set out in the Terms of Reference. The self-evaluation of each objective can be clearly marked and highlighted in the ISER, perhaps reflected in separate sections. The emphasis in the ISER is best placed on evaluating how effectively the institution has performed against the objective, rather than what the institution has done to meet the objective. It is advisable for the institution to set out their own view of their own effectiveness under each sub-heading and make clear the basis for that view, including specific references to evidence and supporting materials.

It is essential that the analysis be free from unsupported assertion and to clearly present evidence to demonstrate how what is stated is known and can be verified.

The process will lead the institutions to conclusions about the established objectives of the review, in light of the set criteria. The conclusions may also lead to a series of planned actions by the institution, based on the findings.



The sources of evidence and practice which will underpin the self-evaluation may include:

- Quality assurance activities and enhancements undertaken by the institution. These may include ongoing quality assurance activities such as programme approval and reviews, research approval and review, collaborations and partnerships, national enhancement initiatives, regional initiatives and institution-led initiatives.
- Evidence about quality assurance and enhancement from a range of informational sources such as:
  - case studies of specific initiatives or events
  - student surveys, staff surveys, graduate surveys and external stakeholder surveys
  - data and metrics such as enrolment profiles, completion rates, graduate destination information, research outcomes, participation information and staffing numbers
  - information accumulated over the course of several AIQRs

The inclusion of evidence may also incorporate an analysis of what these sources of information are telling the institution about quality and how well the use of this information is managed by the institution;

- The perspective of key stakeholders about quality assurance and quality enhancement;
- Comparisons with institution-identified benchmarks for measuring the effectiveness of quality assurance and enhancement;
- Previously prepared AIQRs; and
- Quality assurance processes in place and quality assurance activities and enhancements undertaken by the institution with respect to linked providers.

Conclusions may include:

- The performance of the Institution with respect to the objectives set out in the Terms of Reference;
- The overall and specific effectiveness of quality assurance and enhancement in the Institution; and
- A series of planned actions, based on the findings, culminating in an improvement plan.

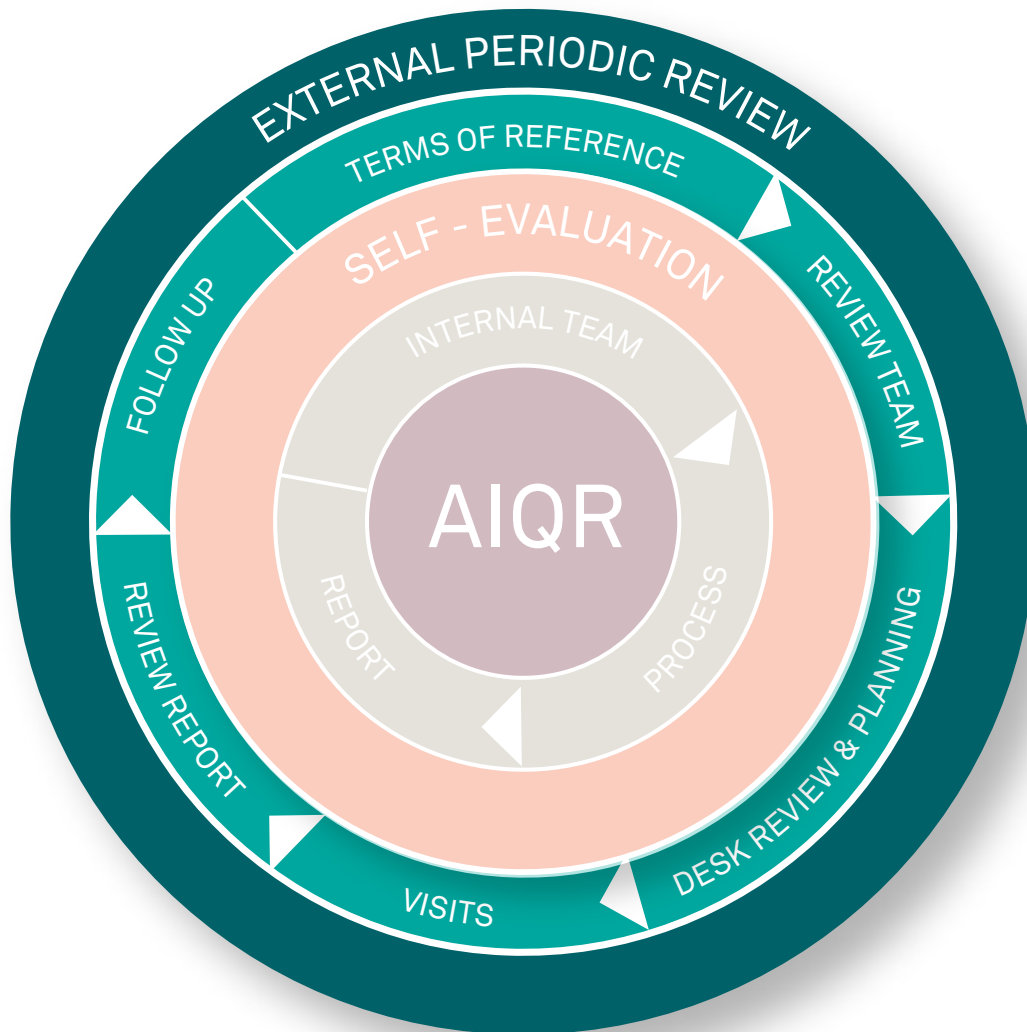
## **2.5 Submission of the ISER to the Review Team**

It is advisable that the ISER be read and endorsed by the leader of the Designated Awarding Body (President or Provost or CEO) before being sent to QQI to confirm that the senior management team has accepted the ISER as an accurate reflection of the institutional approach to quality assurance and enhancement. It is advisable that the Institution ensure that, at the very least, the ISER is made available to all institutional staff or students that will meet the Review Team.

The publication of the ISER is a voluntary decision on behalf of the institution. It is standard practice for an ISER to be disseminated to staff and learners within the institution and to key external stakeholders.

The Institution is required to submit the ISER (electronically) to QQI on the agreed date set out in the Terms of Reference. Upon receipt, the ISER will be distributed to the Review Team members. The ISER and the information contained therein will remain confidential between the institution, QQI and the Review Team members and will not be shared with third parties. The institution is also welcome to make the ISER and appendices available through a password protected intranet facility for the review.

### 3. EXTERNAL REVIEW



#### 3.1 The Review Team

QQI will appoint a Review Team to conduct the institutional review. Review Teams are composed of peer reviewers who are students and senior institutional leaders from comparable institutions as well as external representatives. The Institution will have an opportunity to comment on the proposed composition of their Review Team to ensure there are no conflicts of interest, and QQI will ensure an appropriate and entirely independent team of reviewers is selected for the Institution. QQI has final approval over the composition of each Review Team.

There will be appropriate gender representation on the Review Team. The review will be conducted by a six-member Team and will include a Chairperson and Coordinating Reviewer. The Team will consist of carefully selected and trained/briefed reviewers who have appropriate skills and are competent to perform their tasks.

The review team will be appointed in keeping with the following profile:

### **1. A Review Chairperson**

The role of the Chairperson is to act as leader of the Review Team. This is an international reviewer who is a (serving or recently former) senior third-level institution leader – usually a head of institution or deputy head of institution or a senior policy advisor who:

- Possesses a wide range of higher education experience;
- Demonstrates a deep understanding of the complexities of the higher education system;
- Understands often unique QA governance arrangements; and
- Has proven experience in the management of innovation and change.

### **2. A Coordinating Reviewer**

The role of the Coordinating Reviewer is to act as secretary to the Team as well as to be a full Review Team member. This is usually a person with expertise in the Higher Education system and prior experience in participating in external reviews. As the coordinating reviewer is responsible for drafting the report, they will possess proven excellent writing abilities.

### **3. A Student Reviewer**

The role of the Student Reviewer is to represent the student voice in the Review Team. The Student Reviewer will be typically a PhD student with significant experience of higher education or a student who has completed a specific programme preparing them for the role or who has previously had a key role in other institutional reviews.

### **4. An External Representative**

The role of the External Representative is to bring a ‘third mission’ perspective to the Review Team.

In addition to the specific roles above, the full Team complement will include a range of experts with the following knowledge and experience:

- International reviewer experience;
- EQF and Bologna expertise;
- Experience of higher education quality assurance processes;
- Experience of managing research within or across institutions;
- Experience in governance; and
- Experience and proven ability in the advancement of teaching and learning.

Details of review team roles and responsibilities can be found in Appendix B.

### 3.1.1 Criteria for Membership of the Review Team

The principles of competence and independence will be exercised when appointing the Review Team.

#### Competence

The institution and its stakeholders must have confidence that the review is being conducted by competent persons who have appropriate levels of experience and knowledge and who can offer an informed, expert opinion on the activities of the institution. While each institution and each Review Team is unique and, as such, requires different competencies, Review Teams should have an appropriate mix and balance of expertise.

#### Independence

A Review Team must arrive at its decision in an independent manner, free of influence from the institution and of other interests. Stakeholders must have confidence that the review has been conducted by independent experts. It is important that Team members engage in the review process without any conflict of interest, or perception of conflict of interest. It is in the institution's interest that its review be conducted in a transparent manner by independent external peers as an endorsement of their practice. Independence could be compromised, or perceived to be compromised, if Review Team members were to:

- Hold a current or past appointment in the institution (e.g. existing employees, consultant etc.);
- Be a learner or a graduate of the institution;
- Hold a membership or recent membership of the Board or sub-committees of QQI; and
- Have any other potential conflict of interest.

### 3.1.2 Conflicts of Interest

Review Team members will be asked to declare any potential conflicts of interest prior to appointment. The institution will also be asked to declare any potential conflicts of interest prior to the appointment of the members of the Review Team. Where a potential conflict of interest subsequently emerges, the responsibility for disclosing it rests with the person concerned in consultation with the Chairperson. In such cases, QQI will rule on the continuing eligibility of Review Team members.

Guidelines for the nomination, selection, training and deployment of Review Team members are included in Appendix B. The institution will have an opportunity to comment on the proposed composition of their Review Team to ensure there are no conflicts of interest.

## 3.2 Desk Review and Planning

### 3.2.1 Desk Review

In preparation for the Planning and Main Review Visits, each team member is requested to conduct their own independent desk analysis of the ISER and supporting materials, including AIQRs and the institutional profile and data supplied by the HEA. The profile and data provided by the HEA will set the scene and context for the institution as well as providing the Team with an external reference for the mission, vision, values and strategies of the Designated Awarding Body.

The ISER and AIQR will be considered together by the Team. Review team members are asked to identify comments, queries and concerns arising from their analysis and arrive at an initial impression of the performance of the institution in relation to the core elements of quality assurance. Each Review Team member will be asked to submit initial comments on a template supplied by QQI. The comments are collated, summarised and disseminated by the Coordinating Reviewer in advance of the first team meeting.

Reviewers will consider the approach taken by the institution to the self-evaluation process, including:

- Who wrote the ISER?
- Who approved the ISER?
- Who was on the development team?
- Were a range of staff, students and stakeholders consulted?
- How long did it take to develop?
- How has it been disseminated within the institution?

Key questions asked by reviewers when analysing the AIQR and the ISER might be:

- How well have the descriptive and analytical functions been balanced by the institution?
- Is there evidence of comprehensive self-analysis and self-reflection?
- Is there evidence of comprehensive understanding and alignment with ESG and QQI QAG?
- Is there evidence of deliberate management of quality assurance and enhancement?
- Is there evidence of the institution using external references and benchmarks (national and international)?
- Is there evidence of compliance with any regulatory requirements (NFQ, ESG, QQI QAG, other QQI policy etc.)?
- Is there evidence of the use of data and narrative sources of information?
- Is there evidence of commitment to a quality culture?
- Can the Team identify issues that the institution would like to explore?

This initial analysis sets the groundwork for the initial team meeting, allowing the Team to begin the process of individually and then collectively identifying general themes, issues and areas of further investigation or clarification to be followed up on in the visits.

Nevertheless, Team members are discouraged, at the desk analysis stage, from forming strong views or making final judgements. First impressions, whether positive or negative, are the basis for further discussions and evidence collecting throughout the Planning and Main Review Visits. The initial list of comments and impressions are tested and addressed through the review process and should be answered before the end of the Main Review Visit (MRV).

### **3.2.2 Initial Meeting and Planning**

Prior to the Planning Visit (PV) to the institution, the Team will have an initial meeting to begin the process of collectively identifying general themes, issues and areas for further investigation or clarification. The initial meeting will result in a shared list of issues that will form the basis of discussions between the Chair and Coordinating Reviewer and the institution and will be refined throughout the review process as evidence emerges. The analysis of the AIQR might provide the Team with sufficient grounds to satisfy itself that the institution has complied with the requirements of ESG and had regard to QQI quality assurance guidelines.

If this is the case, then a greater portion of the planning and main review visit meetings can be devoted to collating evidence of the effectiveness of quality assurance and enhancement initiatives.

QQI will organise a training and briefing event for the Team prior to their initial meeting. The Team will receive training in preparation for the review on:

- The role of QQI and legislative background to institutional review;
- The key principles underpinning relevant QQI and sector policies;
- The aim, objectives and guiding principles of institutional review process;
- The steps involved in the institutional review process;
- The specific roles of Team members, including the role of the Review Chairperson and Coordinating Reviewer and expert tasks; and
- A range of review techniques (e.g. open questioning, active listening, giving feedback, reviewing evidence).

A representative of HEA will also brief the Team on HEA data, their Compact with the institution and the performance of the institution relative to this. As set out in the [agreement](#) with QQI, there may be occasions when the HEA may wish to bring particular issues, based on evidence, to the attention of the review team. HEA institutional profiling data and ISSE data will also be provided to the Team. The Team will also receive a briefing on context from within the sector, but independent of the individual institution being reviewed.

### 3.3 The Review Visits

The process is intended to be of value to the institution undergoing the review in addition to being a valuable independent confirmation that the criteria of the review are being met by the institution. The Review Team training emphasises the importance of reviewers providing the institution with constructive feedback on its endeavours as a mechanism for institutional change management as much as providing confirmation of the effectiveness of procedures undertaken to date. For this to occur to best effect, the institution needs to consider the Team as critical friends rather than inspectors. To enable the visits to work effectively, it is essential that the process and the Team's time are managed efficiently and effectively.

A Site Visit has a number of key functions:

- To enable the Review Team to share, face-to-face, the impressions gained from the pre-visit information;
- To explore and gather evidence, in meetings and interviews with the key staff, about the current state of quality assurance and enhancement at the institution;
- To formulate the Review Team's preliminary findings and communicate these;
- to identify any areas of good practice to be commended and to identify any recommendations for improvement; and
- To compile information and produce material to be used in the draft report.

Open, honest and constructive dialogue of the highest quality is essential at both the Planning and Main Review Visits if the Team is to gain a true and accurate understanding of the institution's distinct character and its approach to embedding a culture of quality throughout the organisation. The schedules for the two Site Visits should be designed to provide the Team with an opportunity to meet a diverse group of staff (academic and non-academic) and students (undergraduate, postgraduate) from across the whole institution. Students and staff should be prepared to have an open and honest exchange with the Review Team.

The institution is asked to submit draft schedules for the Planning Visit and Main Review Visit prior to the initial meeting of the Team. This will enable the Team to begin early discussions on the types of meetings and attendees required, and assist the institution in securing an appropriate range of colleagues, students and external stakeholders. When securing attendees for the various meetings to be conducted, the institution must ensure that they are fully aware that the timetable will not be finalised until the Planning Visit is undertaken and thus is likely to undergo some revisions due to the requirements of the Team.

## **3.4 The Planning Visit**

### **3.4.1 Timing**

A one-day on-site Planning Visit will normally be conducted by the Chairperson and the Coordinating Reviewer approximately 7 weeks before the Main Review Visit. Review Team members will have been invited to provide comments on the ISER and additional documentation required by the Chairperson and Coordinating Reviewer in advance of the Planning Visit. A QQI staff member will also attend the Planning Visit to ensure the process is conducted in accordance with published criteria.

### **3.4.2 Purpose**

The purpose of the Planning Visit will include (but not be restricted to) the need to:

- Clarify the institution's existing approach and procedures for managing and monitoring the effectiveness of quality assurance and enhancement, in accordance with its statutory requirements;
- Ensure that the ISER and any supporting documentation are well-matched to the process of review;
- Agree the schedule of meetings and activities to be conducted throughout the Main Review Visit (including where appropriate, visits to any linked or recognised colleges);
- Identify and agree any specific additional qualitative or quantitative documentation that might be required in advance of, or during, the Main Review Visit;
- Identify and agree the location for the Main Review Visit and any facilities and resources that might be required by the Team;
- Discuss the content of previous AIQR reports; and
- Confirm institutional profile and data supplied by the ISER and the HEA.

### **3.4.3 Agreeing documentation requirements for the Main Review Visit**

During the Planning Visit, the Chairperson and Coordinating Reviewer are likely to identify additional documents that the Team seeks access to before the Main Review Visit to enable the Team to make evidence-based conclusions at the end of the review process. The Team is likely to ask to have a few actual paper trails (hard or electronic) of key QA processes available to them in their private meeting room during the Main Review Visit to allow them to confirm that they have seen evidence of QA policies operating in practice. Examples of these are listed in the tables below.

### **Internal Reviews**

An example of one academic and one non-academic internal review – including a paper trail of the internal review guidelines, self-assessment documents, review visit timetables, review reports, follow-up plans, minutes of relevant committees that discussed the reports (including the governing authority), examples of how and when the reports and action plans were published or shared with internal and external audiences. Examples of the use of data and quantitative sources of information to inform findings and decision making may also be provided.

### **External Examiners**

An example of the paper trail relating to the external examination of one undergraduate and one postgraduate programme – including a paper trail of guidelines on the appointment of external examiners, a copy of any guidance/briefing notes given, review reports completed by the examiners, copies of how the departments responded to comments from these externals, and minutes showing how the external examiner comments were fed through the internal governance system.

### **Student Feedback**

Perhaps one example of feedback at module level and one at programme or departmental level – including a paper trail to show student feedback structures and how the feedback loops are closed, including examples where students are kept advised of actions taken as a direct result of student comments.

### **Programme Approval and Review**

Perhaps a series of documents tracing the trajectory of a programme from initial design through approval, monitoring and review. This may include a programme descriptor document, programme feedback, external examiner documents, other sources of feedback and papers relating to the various governance fora through which the programme has progressed. Documents recording the application of NFQ and Bologna policies and instruments could also be included. Examples of the use of data and quantitative sources of information to inform findings and decision-making may also be provided. A separate series of documents may also be provided for the evolution of a research degree programme.

### **Research Approval and Review**

Perhaps a series of documents tracing the trajectory of a programme of research from initial proposal through to review might be included. Alternatively, documents relating to the review of research within schools or departments may be more appropriate. Notes or minutes relating to the quality assurance and/or review of research activities at a cross-institutional level may also be included. Examples of the use of data and quantitative sources of information to inform findings and decision making may also be provided.



### Committee Papers

A selection of Committee Papers (Agendas and Minutes) from key committees including: Quality Committee, Teaching and Learning Committee, Research Committee, Academic Decision-Making body, Governing Authority etc. A briefing document that outlines the relationship between the Governing Authority and Academic Decision-Making body might also be helpful here, if available, to show how the two bodies interact. In particular, it is helpful to emphasise the link between quality assurance, decision-making, the stated mission of the institution and the use of evidence to inform decision making.

## 3.5 The Main Review Visit

### 3.5.1 Purpose

The Main Review Visit will be used by the Team to seek evidence to determine the effectiveness of the processes employed by the institution for assuring quality management in keeping with their own mission and strategy and in accordance with national and European requirements. The Team will receive and consider evidence on the ways in which the institution has performed in respect of the objectives and criteria set out in the Terms of Reference.

### 3.5.2 Duration

The Main Review Visit will not normally exceed four days in duration. The Review Team will be retained on-site for one further day to commence drafting their report. The Review Team will follow the programme agreed by the Chairperson following the Planning Visit. Any amendments to the pre-arranged programme should be negotiated between the Coordinating Reviewer and the Institutional Coordinator **at least ten working days** in advance of the Team's arrival.

### 3.5.3 Protocols

Throughout the Main Review Visit the reviewers and institution are asked to create an atmosphere of genuine dialogue. To this end, questioning and discussions within meetings will be fair, courteous and constructive but also inquisitive, focusing on the collation and testing of evidence. Reviewers will be asked to ensure that by the end of each meeting they will have obtained new information or gathered sufficient evidence to contribute to the findings, commendations and recommendations that will be presented in the review report.

See Appendix D for more specific guidelines on Planning and Main Review Visits.

## 4. THE REPORT

### 4.1 The Purpose of the Report

The report sets out the finding of the Review Team. The content for the written report will be prepared and agreed by the whole Team at the end of the review process. The Team will be asked by the Coordinating Reviewer, on the final day of the Main Review Visit, to confirm that the review procedures used have provided adequate evidence to support the Team's findings and recommendations on the institution's procedures and practices in relation to the objectives and criteria set out in the Terms of Reference.

The report is designed to support the availability of consistent, robust and independent public assurances that the institution has in place procedures and processes that ensure the delivery of educational experiences of the highest international standard. The Report will be drafted to take due account of the different needs and interests of internal and external stakeholders in engaging with and understanding the outcomes of the process.

### 4.2 Timing and Audience for the Report

Approximately twelve weeks after the end of the Main Review Visit, QQI will send the head of institution the review report (prepared by the Coordinating Reviewer and signed off by the Chairperson, having been agreed with all Review Team members). The institution will be given two weeks in which to comment on factual accuracy and, if they so wish, to provide a 1- or 2-page institutional response that will be published along with the review report.

The Review Report is designed to be read by a specialist audience including members of staff from the institution being reviewed, quality managers and senior staff at other higher education institutions, officers and staff from linked or recognised colleges, and other key stakeholders. It is designed to assure the adequacy and continuously improve the institution's internal quality assurance mechanisms, in line with national, European and international best practice.

### 4.3 Outline Report Structure

A template will be provided to the Review Team for the completion of the Report. The Template will be based on the structure outlined below.

#### Section 1: Introduction and Context

- Summary information on the institution's size, mission, strategic aims, legal status and strategic direction;
- A short statement of contextual factors at the time of the review – including key recent developments within the institution as well as summary programme, student and staff information; and
- A short statement on the institution's approach to quality assurance and enhancement, including context on any external regulatory requirements.

## **Section 2: Methodology used to prepare the Institutional Self-Evaluation Report (ISER)**

A summary of the institutional review process to include:

- Key features of the conduct of the ISER development process and the development team;
- Including information on the breakdown of membership of the ISER team and the methods;
- Employed by the institution for securing widespread ownership of the ISER by staff and students; and
- A commentary on the ISER and the way the institution has engaged with the institutional review process.

## **Section 3: Quality Assurance/Accountability**

Each objective will be dealt with separately in a clearly labelled sub-section in Section 3. Each objective will be addressed in light of the criteria established for its measurement in the ToR. The findings for each objective will be set out in a series of paragraphs. Each paragraph will consist of a statement/series of statements explaining the finding and citing the evidence to support the finding. Conclusions will include the identification of any strengths and areas for improvement. If the Review Team has identified what it considers to be significant causes of concern in the institution's performance with respect to the relevant criteria, the nature and extent of its concerns will be stated clearly.

## **Section 4: Conclusions**

The key findings and recommendations of Section 3 will be extracted and clearly labelled in a conclusions section. Each finding, be it a commendation or recommendation, will be listed.

Based on the findings of Section 3, Section 4 will also provide overarching specific qualitative statements regarding each objective, based on the Team's consideration of the findings in relation to that objective as a whole. There will be a specific qualitative statement regarding:

- The effectiveness of the quality assurance procedures of the institution and the extent of their implementation;
- The extent to which the quality assurance procedures can be considered compliant with the ESG and having regard to QQI's statutory Quality Assurance Guidelines (QAG);
- The enhancement of quality by the institution through governance, policy, and procedures;
- The extent to which the procedures are in keeping with QQI policy for Access, Transfer and Progression; and
- The extent to which the procedures are compliant with the Code of Practice for the Provision of Programmes to International Learners.

#### **4.4 Factual Accuracy Checking**

The institution will be given a formal opportunity within the post-review timeline to check the factual accuracy of the review report. It is important that the institution be aware that the accuracy checking process should be precisely that; it is not an opportunity to re-write the Team's report. The institution is invited to identify accuracy changes and comments for consideration by the Team, particularly where numerical data, committee names and operational titles are presented. In most cases data used will have been obtained from the ISER.

Additionally, as an evidence-based review, the Team will only comment on what it found, in terms of evidence seen, before or during the Main Review Visit. If there are instances where the Team make reference to an activity, document or policy that existed within the institution but was not witnessed during the institutional review process, the institution is invited to make it known to the Team. In such instances, the Team may be willing to amend a few key words to adjust the tone, rather than the findings, where appropriate. A template to assist the institution in the factual accuracy process will be provided by QQI.

#### **4.5 Institutional Response**

The institution is also invited to provide a formal response to the review report (ideally no longer than 2 pages in length) that will be published as an appendix to the main Review Report. The institutional response will ideally be considered by QQI alongside the review report, however it can be submitted to a subsequent meeting and published thereafter if needed (i.e. if it needs to be approved through internal institution committees etc.). The institution is asked to begin the institutional response drafting process alongside the factual accuracy checking exercise, however, a slightly longer deadline is given for its submission to enable the institution to make any final amendments to its response, taking account of the accuracy checking exercise and the value of having sight of the final report.

#### **4.6 The Quality Profile**

The Quality Profile (two pages in length) is published by QQI and will provide a synopsis of the process followed alongside the key findings and five key commendations and recommendations of the Team. This profile, available electronically, is expected to attract interest from a wide variety of external audiences, especially prospective students. A template for the Quality Profile will be developed in consultation with the institutions.

#### **4.7 Publication of Review Report**

QQI and the institution will publish the Review Report, the institution's response (optional) and the follow-up report of the institution. The institution will choose whether to publish their ISER.

Additionally, QQI will supply hard copies of the report to the institution at the end of the process alongside PDF copies of the Review Report that can be published on their website and shared with internal and external key stakeholders. A small supply of hard copies will also be retained by QQI.

## 5. FOLLOW-UP

### 5.1 The Follow-up Report

One year after the Main Review Visit the institution will be asked to produce a follow-up report (incorporating the institutional action plan) for submission to QQI. Within the report, the institution should provide a commentary on how the review findings and recommendations have been discussed and disseminated throughout the institution's committee structure and academic units, and comment on how effectively the institution is addressing the review outcomes. The report should identify the range of strategic and logistical developments and decisions that have occurred within the institution since the publication of the Review Report. Institutions will continue to have flexibility in the length and style of the follow-up report but should address each of the key findings and recommendations that the reviewers presented. The follow-up report will be published by QQI and the institution. Significant milestones in the follow-up report, along with reflections and learnings from the external cyclical review process, can be included in subsequent AIQRs.

QQI, working in partnership with the sector and other agencies, will play an active role in disseminating the outcomes of the review and the good practice identified by the Review Team through the review process. All Review Reports (and associated institutional responses, if provided) will be published on the QQI website and will also be available in hard copy, upon request. QQI will regularly analyse the Review Reports as the basis of ongoing QQI quality enhancement activities (publications, seminars, workshops etc.). Best practice identified through the review process will be used as the basis of QQI dissemination activities nationally, across Europe and internationally, in consultation with relevant institutions, to ensure that the quality of the Irish higher education experience and the robustness of the institutional review process are internationally recognised.

If the Review Team identifies in its Review Report what it considers to be significant causes of concern, particularly in relation to the institution's fulfilment of relevant statutory requirements, QQI will consult with the institution to agree an immediate action plan to address the issue(s) of Review Team concern, including the timeframe in which the issue(s) will be addressed. The action plan and the timeframe will comprise 'directions' (Section 35 of the 2012 Act) by QQI. The institution will report to QQI every six months on progress against the action plan for the duration of the plan.

In the case of Designated Awarding Bodies that are not Previously Established Universities, where QQI considers that progress in implementing the action plan is inadequate, QQI may, in consultation with the institution, intervene to secure a revision or acceleration of the plan, or to arrange a further review visit, ideally involving most or all of the original Review Team. This process is not expected to be utilised and would only be used in exceptional circumstances where significant failures to meet statutory requirements are found by the Team.

Formal and informal mechanisms for gaining feedback on the review process will operate throughout the process. The Institutional Coordinator will normally be the conduit for feedback which will include managing the institutional completion of the formal questionnaire that will be issued to the institution at the end of the process for completion electronically.

Monitoring and evaluation, including an impact assessment of the review process, will be undertaken regularly by providing each institution, Review Team member and Institutional Coordinator, with an opportunity to provide structured feedback on the review process through a questionnaire issued once the Review Team report has been submitted to QQI. Formal and informal feedback is also welcomed at any stage of the review cycle.

# Appendix A

## Terms of Reference for the Review of Universities and other Designated Awarding Bodies

### Section 1 Background and Context for the Review

#### 1.1 Context and Legislative Underpinning

These are the Terms of Reference for the Review of a Designated Awarding Body (DAB). The concept of a Designated Awarding Body is derived from the [Qualifications and Quality Assurance \(Education and Training\) Act, 2012](#) (The 2012 Act) and is defined as ‘a previously established university, the National University of Ireland, an educational institution established as a university under Section 9 of the Act of 1997, the Dublin Institute of Technology and the Royal College of Surgeons in Ireland’. The following institutions are Designated Awarding Bodies:

Dublin City University	Dublin Institute of Technology
University College Cork	University College Dublin
University of Limerick	National University of Ireland, Galway
Maynooth University	The National University of Ireland
The Royal College of Surgeons in Ireland	Trinity College Dublin

In 2016, QQI adopted a [policy](#) on cyclical review in higher education which sets out in greater detail the scope, purposes, criteria, model and procedures for review. These are represented in the Terms of Reference and the Handbook for the Review of Designated Awarding Bodies. QQI has introduced an annual reporting process for institutions whereby institutions are required to submit an Annual Institutional Quality Report (AIQR). The aim of the AIQR is to provide a contemporary account of quality assurance (QA) within an institution. Information is provided through an online template and it is published. Collated annual reports are provided to periodical review teams. Annual reporting allows institutions and QQI to engage on a regular basis. Published annual reports assist with documentation management for institutions in reviews and lessen the burden on institutions in the lead-up to a review.

This review cycle is being conducted in a very changed context for higher education. The landscape for higher education has been significantly reshaped since the last cycle of reviews commenced. Smaller colleges have been merged with universities and many institutes of technology are reorganising and preparing mergers as part of the Technological University process. New alliances and clusters, envisaged by ‘[Towards a Future Higher Education Landscape](#)’ (HEA 2012) have commenced. A new approach to public funding has been introduced and operated by the Higher Education Authority (HEA). Initiatives for enhancement such as the Irish Survey of Student Engagement (ISSE) and the National Forum for the Enhancement of Teaching and Learning (NFETL) have been formalised at a national level. These developments mean that there are new sources of information and external benchmarks available to institutions that can be used to inform self-evaluation in this review cycle. Key measurements such as entry profiles, student retention, graduate profiles and staff and student satisfaction rates can provide some quantitative evidence of the quality of an institution’s offer.

The 2012 Act states that QQI shall consult with the HEA in carrying out the review. QQI has agreed with HEA that this will take the form of engagement with QQI on the Terms of Reference and confirmation of the status of the institution within the higher education system, sharing individual institutional profiles and data with the Team. Further details of the agreement can be accessed [here](#).

This is the third review round of Designated Awarding Bodies. Previous rounds took place in 2004-2005 and 2009-2012.

The 2017-2023 Review Cycle Schedule is:

Institution	Completion Dates			
	ISER	Planning Visit	Main Review Visit	Report
Dublin City University	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Maynooth University	Q2 2018	Q3 2018	Q4 2018	Q1 2019
National University of Ireland, Galway	Q4 2018	Q1 2019	Q2 2019	Q3 2019
University College Dublin	Q2 2019	Q3 2019	Q4 2019	Q1 2020
University of Limerick	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Dublin Institute of Technology	Q2 2020	Q3 2020	Q4 2020	Q1 2021
Trinity College Dublin	Q4 2020	Q1 2021	Q2 2021	Q3 2021
University College Cork	Q2 2021	Q3 2021	Q4 2021	Q1 2022
National University of Ireland	Q4 2021	Q1 2022	Q2 2022	Q3 2022
Royal College of Surgeons in Ireland	Q2 2022	Q3 2022	Q4 2022	Q1 2023

## 1.2 Purposes

The Policy for the Cyclical Review of Higher Education Institutions highlights 4 purposes for individual institutional reviews. These are set out in the table below.

Purpose	Achieved and Measured Through:
1. To encourage a QA culture and the enhancement of the student learning environment and experience within institutions.	<ul style="list-style-type: none"> <li>• emphasising the student and the student learning experience in reviews</li> <li>• providing a source of evidence of areas for improvement and areas for revision of policy and change and basing follow-up upon them</li> <li>• exploring innovative and effective practices and procedures</li> <li>• exploring quality as well as quality assurance within the institution</li> </ul>
2. To provide feedback to institutions about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance.	<ul style="list-style-type: none"> <li>• emphasising the ownership of quality and quality assurance at the level of the institution</li> <li>• pitching the review at a comprehensive institution-wide level</li> <li>• evaluating compliance with legislation, policy and standards</li> <li>• evaluating how the institution has identified and measured itself against its own benchmarks and metrics to support quality assurance governance and procedures</li> <li>• emphasising the improvement of quality assurance procedures</li> </ul>

Purpose	Achieved and Measured Through:
3. To contribute to public confidence in the quality of institutions by promoting transparency and public awareness.	<ul style="list-style-type: none"> <li>• adhering to purposes, criteria and outcomes that are clear and transparent</li> <li>• publishing the reports and outcomes of reviews in accessible locations and formats for different audiences</li> <li>• evaluating, as part of the review, institutional reporting on quality and quality assurance, to ensure that it is transparent and accessible</li> </ul>
4. To encourage quality by using evidence-based, objective methods and advice.	<ul style="list-style-type: none"> <li>• using the expertise of international, national and student peer reviewers who are independent of the institution</li> <li>• ensuring that findings are based on stated evidence</li> <li>• facilitating institutions to identify measurement, comparison and analytic techniques, based on quantitative data relevant to their own mission and context, to support quality assurance</li> <li>• promoting the identification and dissemination of examples of good practice and innovation</li> </ul>

## Section 2 Objectives and Criteria

### 2.1 Review Objectives

#### Objective 1

To review the effectiveness and implementation of the QA procedures of the institution through consideration of the procedures set out, primarily, in the AIQR. Where necessary, the information provided by the AIQR is supplemented by additional information provided through documentation requests and interviews. The scope of this includes the procedures for reporting, governance and publication. This also incorporates an analysis of the ways in which the institution applies evidence based approaches to support quality assurance processes, including quantitative analysis, evidence gathering and comparison. Progress on the development of quality assurance since the last review of the institution will be evaluated. Consideration will also be given to the effectiveness of the AIQR and ISER procedures within the institution.

The scope of this objective also extends to the overarching procedures of the institution to assuring itself of the quality of its research degree programmes and research activities.

This objective also encompasses the effectiveness of the procedures established by the institution for the assurance of the quality of collaborations, partnerships and overseas provision, including the procedures for the approval and review of linked providers, joint awarding arrangements, joint provision and other collaborative arrangements such as clusters and mergers.



## **Objective 2**

To review the enhancement of quality by the institution through governance, policy, and procedures.

To review the congruency of quality assurance procedures and enhancements with the institution's own mission and goals or targets for quality.

To identify innovative and effective practices for quality enhancement.

## **Objective 3**

To review the effectiveness and implementation of procedures for access, transfer and progression.

## **Objective 4**

Following the introduction of a statutory international education quality assurance scheme, to determine compliance with the Code of Practice for the Provision of Programmes to International Learners.

## **2.2 Review Criteria**

### **Criteria for Objective 1**

The Review Report will include a specific qualitative statement on the effectiveness of the quality assurance procedures of the institution and the extent of their implementation. The report will also include a specific statement about the extent to which the quality assurance procedures can be considered compliant with the ESG and as having regard to QQI's statutory Quality Assurance Guidelines (QAG). These statements will be highlighted in the report of the review.

The statements may be accompanied by a range of ancillary statements, recommendations and possibly recommendations for conditions in reference to this objective.

The criteria to be used by the team in reaching conclusions for this objective is the:

- ESG;
- QQI Core QAG;
- QQI Sector Specific Quality Assurance Guidelines for Universities and Other Designated Awarding Bodies;
- Section 28 of the 2012 Act; and
- The institution's own objectives and goals for quality assurance.

Where appropriate and actioned by the institution, additional QQI Guidelines such as those for research degree programmes will be incorporated.

The QQI Sector Specific Private and Independent Provider QAG may be an appropriate reference document if they have been adopted by the DAB for their linked providers.

## Criteria for Objective 2

The Review Report will include a specific qualitative statement on the enhancement of quality by the institution through governance, policy, and procedures.

This statement may be accompanied by a range of ancillary statements and recommendations in reference to this objective. If identified, innovative and effective practices for quality enhancement will be highlighted in the report.

The criteria to be used by the team in reaching conclusions for this objective are:

- The institution's own mission and vision;
- The goals or targets for quality identified by the institution; and
- Additional sources of reference identified by the institution.

## Criteria for Objective 3

The report will include a qualitative statement on the extent to which the procedures are in keeping with QQI policy for Access, Transfer and Progression.

This statement may be accompanied by a range of ancillary statements and recommendations and possibly recommendations for conditions in reference to this objective.

The criterion to be used by the team in reaching conclusions for this objective is the [QQI Policy and Criteria for Access, Transfer and Progression](#).

## Criteria for Objective 4

When the statutory international education quality assurance scheme is in place, the report will include a qualitative statement on the extent to which the procedures are compliant with the Code of Practice for the Provision of Programmes to International Learners.

This statement may be accompanied by a range of ancillary statements and recommendations and possibly recommendations for conditions in reference to this objective.

The criterion to be used by the team in reaching conclusions for this objective is the [Code of Practice for the Provision of Programmes to International Learners](#).

Key questions to be addressed by the review for each objective

- How have quality assurance procedures and reviews been implemented within the institution?
- How effective are the internal quality assurance procedures and reviews of the institution?
- Are the quality assurance procedures in keeping with European Standards and Guidelines?
- Are the quality assurance procedures in keeping with QQI policy and guidelines, or their equivalent?
- Who takes responsibility for quality and quality assurance across the institution?
- How transparent, accessible and comprehensive is reporting on quality assurance and quality?
- How is quality promoted and enhanced?
- Are there effective innovations in quality enhancement and assurance?
- Is the student experience in keeping with the institution's own stated mission and strategy?
- Are achievements in quality and quality assurance in keeping with the institution's own stated mission and strategy?
- How do achievements in quality and quality assurance measure up against the institution's own goals or targets for quality?

## **Section 3 The Review Process**

### **3.1 Process**

The primary basis for the review process is this handbook.

### **3.2 Review Team Profile**

QQI will appoint the Review Team to conduct the institutional review. Review Teams are composed of peer reviewers who are students and senior institutional leaders and staff from comparable institutions as well as external representatives. The size of the Team and the duration of their visit will depend on the size and complexity of the institution but in general the Review Team for a Designated Awarding Body will consist of 6 persons. Each Review Team includes a Chairperson and Coordinating Reviewer, and may be supported by a rapporteur, who is not a member of the Team, to take and collate notes of meetings. A single team may undertake the review of two different institutions.

Reviewers are not QQI employees, but rather peers of the institution. The institution will have an opportunity to comment on the proposed composition of their Review Team to ensure there are no conflicts of interest, and QQI will ensure an appropriate and entirely independent team of reviewers is selected for the institution. QQI has final approval over the composition of each Review Team.

There will be appropriate gender representation on the Review Team. The Team will consist of carefully selected and trained and briefed reviewers who have appropriate skills and are competent to perform their tasks. The Team will operate under the leadership of the Review Chairperson.

The review team will be appointed in keeping with the following profile:

### **1. A Review Chairperson**

The role of the Chairperson is to act as leader of the Review Team. This is an international reviewer who is a (serving or recently former) senior third-level institution leader – usually a head of institution or deputy head of institution or a senior policy advisor who:

- Possesses a wide range of higher education experience;
- Demonstrates a deep understanding of the complexities of the higher education system;
- Understands often unique QA governance arrangements; and
- Has proven experience in the management of innovation and change.

### **2. A Coordinating Reviewer**

The role of the Coordinating Reviewer is to act as secretary to the Team as well as to be a full Review Team member. This is usually a person with expertise in the Higher Education system and prior experience in participating in external reviews. As the coordinating reviewer is responsible for drafting the report, he or she will possess proven excellent writing abilities.

### **3. A Student Reviewer**

The role of the Student Reviewer is to represent the student voice in the Review Team. The Student Reviewer will be typically a PhD student with significant experience of higher education or an undergraduate student who has completed a specific programme preparing them for the role or who has previously had a key role in other institutional reviews.

### **4. An External Representative**

The role of the External Representative is to bring a ‘third mission’ perspective to the Review Team. In addition to the specific roles above, the full Team complement will include a range of experts with the following knowledge and experience:

- International reviewer experience;
- EQF and Bologna expertise;
- Experience of higher education quality assurance processes;
- Experience of managing research within or across institutions;
- Experience in governance; and
- Experience and proven ability in the advancement of teaching and learning.

Details of Review Team roles and responsibilities can be found in Appendix B.

### 3.3 Procedure and Timelines

The outline set out in the policy (below) will be elaborated further and timelines will be set out to accompany it, through discussion and consultation.

Step	Action	Dates	Outcome
Terms of Reference (ToR)	Collation of an institutional information profile by QQI  Confirmation of ToR with institution and HEA	9 months before the Main Review Visit (MRV)	Published Terms of Reference
Preparation	Appointment of an expert Review Team  Consultation with the institution on any possible conflicts of interest	6-9 months before the MRV	Review Team appointed
Self-Evaluation	Forwarding to QQI of the Institutional Self-Evaluation Report (ISER)	12 weeks before the MRV	Published ISER (optional)
Desk Review	Desk review of the ISER by the Team	Before the Initial Meeting	ISER initial response provided
Initial Meeting	An initial meeting of the Review Team, including reviewer training and briefing	5 weeks after the ISER, 7 weeks before the MRV	Team training and briefing is complete.  Team identify key themes and additional documents required
Planning Visit	A visit to the institution by the Chair and Coordinating Reviewer to receive information about the ISER process, discuss the schedule for the Main Review Visit and discuss additional documentation requests	5 weeks after the ISER, 7 weeks before the MRV	An agreed note of the Planning Visit
Main Review Visit	To receive and consider evidence on the ways in which the institution has performed in respect of the objectives and criteria set out in the Terms of Reference	12 weeks after the receipt of ISER	A short preliminary oral report to the institution
Report	Preparation of a draft report by the Team  Draft report sent to the institution for a check of factual accuracy  Institution responds with any factual accuracy corrections  Preparation of a final report	6-8 weeks after the MRV  12 weeks after the MRV  2 weeks after receipt of draft report  2 weeks after factual accuracy response	QQI Review Report

Step	Action	Dates	Outcome
Report	Preparation of an institutional response	2 weeks after final report	Institutional response
Outcomes	Consideration of the Review Report and findings by QQI together with the institutional response and the plan for implementation	Next available meeting of QQI committee	Formal decision about the effectiveness of QA procedures In some cases, directions to the institution and a schedule for their implementation
	Preparation of QQI quality profile	2 weeks after decision	Quality profile published

The form of follow-up will be determined by whether 'directions' are issued to the institution. In general, where directions are issued the follow-up period will be sooner and more specific actions may be required as part of the direction

Follow-up	Preparation of an institutional implementation plan	1 month after decision	Publication of the implementation plan by the institution
	One-year follow-up report to QQI for noting. This and subsequent follow-up may be integrated into annual reports to QQI	1 year after the MRV	Publication of the follow-up report by QQI and the institution
	Continuous reporting and dialogue on follow-up through the annual institutional reporting and dialogue process	Continuous	Annual Institutional Quality Report  Dialogue Meeting notes

Note: The total period from start to finish is approximately 15 months but will depend on QQI committee meeting dates.

# Appendix B

## Roles and Responsibilities within the Review

### The Review Team

#### Roles and Responsibilities of the Review Team

Throughout the review process the Review Team will be asked to identify findings, commendations and recommendations on the effectiveness of the institution's quality assurance and enhancement processes in relation to the objectives set out in the Terms of Reference. The principal requirements asked of reviewers throughout the process are to:

- Contextualise – gain a sound understanding of the institution, its mission, size, strategies and procedures, whilst taking account of the wider social, cultural, economic and political environment in Ireland;
- Critique – be a critical friend to the institution by commenting on and questioning the effectiveness and suitability of the institution's quality assurance and enhancement methods to ensure that they are fit-for-purpose. Identifying positives and negatives and identifying any blockages to effective practices;
- Contribute to the on-going enhancement and development of the institution's effectiveness by providing examples of alternative practices as a catalyst for change, referencing national, European and international exemplars, where known; and
- Confirm – provide independent validation to internal and external audiences of the effectiveness of the measures used within the institution and its compliance with statutory requirements and consistency with European standards.

While members of the Team will be assigned specific responsibilities throughout the process by the Chairperson, the Team will act together and decisions relating to the review findings will be taken collectively. All Team members will have responsibility for:

- Reading and analysing the ISER (Institutional Self-Evaluation Report) and any other documentation provided by the institution or QQI;
- Participating in the Main Review Visit and Team induction training and briefings;
- Leading on a section of the Review Report, as directed by the Chairperson, including leading questions on such matters during a range of meetings, collating available evidence and reporting all findings;
- Investigating and testing claims made in the ISER and other institution documents throughout the Main Review Visit by speaking to a diverse range of staff, students and stakeholders;
- Seeking out evidence from different units and services, at differing levels within the institution, to be assured that sufficient evidence exists to confirm institution procedures and practices are operating systematically and effectively throughout the institution;
- Reaching conclusions on the basis of the evidence gathered; and
- Contributing to and commenting on the Review Report in a timely manner.

## Individual Roles within the Review Team

### The Chairperson

This is an international reviewer who is a (serving or recently former) senior third-level institution leader - usually a head of institution or deputy head of institution or a senior policy advisor who:

- Possesses a wide range of higher education experience;
- Demonstrates a deep understanding of the complexities of the higher education system;
- Understands often unique QA governance arrangements; and
- Has proven experience in the management of innovation and change.

The Chairperson will be selected for his/her respected national and/or international status, knowledge of public policy and administration and experience relevant to quality assurance in higher education in Ireland.

The appointment of the Chairperson is critical to the successful stewardship of the Review Team and its task. Given the importance of the review, the effort invested by institutional teams and the limited time available, it is important that the business of the Review Team is conducted in an efficient and effective manner. For this reason, it is necessary that the Chairperson has prior experience of a similar process, be of high standing in his/her field and critically, have a proven ability to exercise appropriate 'soft' skills to chair meetings effectively.

In addition to the responsibilities outlined above, the Chairperson will be asked to:

- Agree the content and scope of the Main Review Visit schedule with the Institutional Coordinator and the Coordinating Reviewer;
- Ensure the scope of the Main Review Visit is sufficient to ensure that the Review Report is based on evidence collected in the required categories;
- Be a liaison point for the Institutional Coordinator and the Coordinating Reviewer;
- Meet the Institutional Coordinator on a daily basis throughout the Main Review Visit (alongside the Coordinating Reviewer) and invite the Institutional Coordinator to attend meetings at the request of the Team;
- Ensure that the Team works professionally and confidently throughout the duration of the review process, in accordance with any agreed Code of Conduct (ensuring that institution's staff and Review Team members exchange views in a manner respectful of their positions etc.);
- Assign roles to the Team in advance of the Main Review Visit (this could be done at the induction training stage) to match reviewer experience and interests with different aspects of the process;
- Keep the Team focused on its tasks, roles and responsibilities;
- Provide a short introductory statement and closing summary at the start and end of each meeting within the institution and thank all participants for their contributions, making sure that there are no unsettled issues or questions;
- Make final decisions throughout the Main Review Visit, where necessary;
- Lead preparations for and deliver the Oral Report at the 'wrap-up' session with the institution on the final day of the Main Review Visit;
- Oversee the production of the final Review Report – drafted on behalf of the Team by the Coordinating Reviewer following consultation with the Team and submitted to QQI within 6-8 weeks of the Main Review Visit;
- Approve amendments to the final report in response to the institution's comments on factual accuracy; and
- Convene additional meetings if necessary.



## The Coordinating Reviewer

The Coordinating Reviewer is a full member of the Team. Their role is to coordinate the review, taking notes (QQI may appoint a note-taker to assist the Coordinating Reviewer with this) and drafting the report of the Team following the Main Review Visit. The Coordinating Reviewer will also:

- Attend the Planning Visit and Main Review Visit;
- Agree the content and scope of the Main Review Visit schedule with the Chairperson and institution;
- Ensure the scope of the Planning and Main Review Visit are sufficient to ensure that the Review Report is based on evidence collected in the required categories;
- Be the liaison point with the institutional Coordinator, Chairperson and the rest of the Team throughout the process;
- Coordinate logistical arrangements in consultation with institutional Coordinator, Chairperson and QQI;
- Maintain a record of discussions held throughout the Planning and Main Review Visit including during private Review Team meetings;
- Meet with the institutional Coordinator and Chairperson daily throughout the Main Review Visit;
- Collate and photocopy or retrieve notes taken by other Review Team members before the end of the wrap-up session on the final day of the Main Review Visit to assist in the production of the final report;
- Support the Team in identifying the evidence on which the findings and recommendations in the Review Report will be based;
- Maintain an on-going record of the Team's emerging findings, commendations and recommendations;
- Draft the preliminary feedback report on final day for delivery by the Chairperson;
- Draft the Review Report in consultation with the Chairperson and Review Team in order to submit the draft report to QQI within 6-8 weeks of the Main Review Visit; and
- Make factual accuracy changes as identified by the institution, in consultation with the Chairperson and the QQI.

## The Student Reviewer

The Student Reviewer is an equal member of the Review Team and participates in all aspects of the review. The Student Reviewer represents the 'voice of the learner' and brings a valuable perspective which can inform and enrich discussions. He/she may have a particular focus on the learner experience and topics of interest might include, for example:

- Academic matters such as the curriculum, assessment, teaching and learning;
- Support services, such as library, IT, sports, societies, welfare and careers services etc.; and
- Learner input into decision-making and involvement in quality assurance.

## The External Representative (National and International)

The External Representative reviewer is an equal member of the Team and takes part in all aspects of review. The External Representative brings the ‘third mission’ perspective which can inform and enrich discussions. By way of example, they may have specialist knowledge of some of the following areas:

- External expectations of graduate skills and competencies;
- Issues and trends in industry or the wider community;
- The external perception of the institution and its activities;
- Knowledge of the area identified in any specific enhancement themes for the review;
- Quality assurance practices in other sectors; and
- Good management practices in other sectors.

## Review Team Training and Briefing

Given the complexity of the institutional review process, it is a requirement that members of the Review Team undertake an induction training event in the conduct of institutional reviews. This is important to enhance openness and transparency and will increase confidence in the process.

The Review Team will receive institutionally-specific training in advance of deployment, which may include briefings about the sector. The focus of the training session is to ensure that all reviewers:

- Understand the social, cultural, economic and legal environment within which the institution is operating;
- Understand relevant statutory requirements placed on Irish institutions in relation to quality, as outlined in the ESG;
- Understand the aims and objectives of the review process as well as the key elements of the method; and
- Understand their own roles and tasks and the importance of Team coherence and delivering a robust, evidence-based report in a timely manner.

In advance of attending the training session, reviewers will be asked to familiarise themselves with the following:

- The Terms of Reference for the Review;
- The institution’s Institutional Self-Evaluation Report and Annexes;
- Draft timetables for the Planning Visit and Main Review Visit; and
- Reviewer Briefing Notes /Handbook.

During the training event, the Team will be provided with an opportunity to share reactions, views and comments on the Institutional Self-Evaluation Report (ISER) that will have been received 3-5 weeks in advance of the training session, alongside a copy of the draft timetable for the Main Review Visit. The outcomes of this discussion will form the basis of the Planning Visit, conducted by the Review Team Chairperson and Coordinating Reviewer.

The aims of the reviewer training induction programme are:

- To ensure that reviewers fully understand the institutional review process and its context prior to participating in the Review Team;
- To maximise the objectivity, consistency and integrity of the institutional review process;
- To increase reviewer ownership of the review process; and
- To capture lessons learned from reviewers’ experience elsewhere in the interests of developing best practice.

On completion of the training induction event, participants will have an understanding of:

- The role of QQI and the legislative background to institutional review;
- The key principles underpinning relevant QQI and sector policies;
- The aim, objectives and guiding principles of the institutional review process;
- The steps involved in the institutional review process;
- The specific roles of Team members including the role of the Review Chairperson and Coordinating Reviewer and expert tasks; and
- A range of review techniques (e.g. open questioning, active listening, giving feedback, reviewing evidence).

## Role of the Institutional Coordinator

### Selection, Briefing and Support

The institution will be asked to select an Institutional Coordinator from within the institution to be the main liaison point between the institution, the QQI and the Review Team throughout the review process. The Institutional Coordinator should be familiar with the institution's structures, procedures, policies and committees for the management of quality assurance and enhancement. The institution may decide that the institutional quality officer/director is an appropriate person to undertake this role. The Review Team Chairperson will have the right to ask the Institutional Coordinator to disengage from the review process at any time if it is felt that there are conflicts of interest or if their presence would inhibit discussion about possible review findings and recommendations.

QQI will visit each institution to offer one-to-one briefing and support to the Institutional Coordinator 5-8 months in advance of the Planning Visit to familiarise them with the processes of review and to clarify their role and responsibilities in the institutional review process.

### Deployment

Throughout the review process the Institutional Coordinator will be expected to:

- Liaise with the QQI to submit the ISER;
- Liaise with the Coordinating Reviewer on the schedule, and make the local logistical arrangements (including catering, hospitality, transport and accommodation arrangements) for the Planning and Main Review Visits;
- Provide the primary contact throughout the Planning and Main Review Visit;
- Agree the outcome of the Planning Visit – primarily, the schedule for the Main Review Visit;
- Provide any additional supporting materials required for the Review Team to supplement the ISER;
- Meet daily with the Chairperson and Coordinating Reviewer throughout the Main Review Visit;
- Attend meetings during the Main Review Visit – at the request of the Chairperson;
- Guide the Review Team to appropriate sources of supporting information;
- Be present at the final 'wrap-up' session on the last day of the Main Review Visit;
- Within two weeks following receipt of the Review Report (normally 12 weeks after the Main Review Visit has been completed) forward comments to QQI from the institution on the factual accuracy of the Review Report;
- Two weeks after the report is finalised, provide the 1-2 page institutional response (if the institution so chooses) for publication as an annex to the Review Report; and
- Submit to QQI an institutional feedback form on the institutional review process.

# Appendix C

## ISER Guidelines

### 1. Features of the Process

It is the responsibility of an institution to devise its own systematic and critical process for evaluating its own activity and formulating recommendations for its own improvement. It is more appropriate therefore to set parameters for the institutional self-evaluation rather than prescribing a particular approach. The self-evaluation methodology used needs to be flexible, scalable and appropriate to the institution and one which will fully address the ToR.

Institutional self-evaluation should be judiciously designed to ensure it:

- Has a clear focus and purpose;
- Incorporates broad consultation with internal and external stakeholders of the institution, especially students;
- Is sufficiently rigorous, systematic, evidence-based and comprehensive to meet all of the objectives and criteria in the Terms of Reference;
- Adds value, minimises unnecessary overheads and assists in building capacity in the institution (i.e. it is not simply a paper exercise, leading to 'paralysis by analysis' or be undertaken solely to satisfy external requirements);
- Enhances understanding and ownership of quality assurance processes within the institution
- Provides an honest evaluation of institutional strengths and weaknesses;
- Demonstrates evidence of leadership at all relevant levels within the institution and involvement of relevant staff;
- Gives appropriate consideration to the environment of the institution;
- Integrates with and builds upon other related management processes where relevant (e.g. strategic planning, operational management, internal audit, etc.);
- Results in recommendations for improvement which the institution will factor into future plans; and
- Is primarily evaluative rather than descriptive.

### 2. Planning the Self-Evaluation

The internal self-evaluation process will typically take a considerable amount of time to plan. Across Europe and internationally, the traditional approach to institutional review is a major self-study undertaken on a five-yearly basis. This typically takes the form of 'root and branch' reviews involving most/all departments in an institution. This is a worthwhile model, particularly for initial reviews. It has a number of drawbacks also, one of which is the tendency to reinforce departmental and functional boundaries. This may be one of an institution's challenges in approaching a review. As an institution matures in managing its quality assurance systems, in subsequent reviews, the effectiveness and general applicability of this model is open to debate. As our understanding of quality improvement and enhancement in higher education is evolving, and given the rate of change in our environment, relying on a process undertaken once every five years may no longer be a desirable approach to take. Self-evaluation is becoming an ongoing critical analysis of quality assurance and enhancement, and may be effectively integrated with a wider range of QOI engagements with institutions, such as Annual Institutional Quality Reports (AIQR) and Dialogue Meetings.

Institutions that adopt a transparent, inclusive, reflective and evidence-based approach to the production of the Institutional Self-Evaluation Report are more likely to achieve outcomes that are of value and useful to the Review Team members and to colleagues internally. Furthermore, international experience suggests that those institutions that consciously used the self-evaluation process as part of their on-going internal quality assurance and enhancement activities were more positive about the outcomes of the process than those who saw it as an external imposition. Given the workload involved and the level of internal discourse engendered by the process, it would seem advisable that institutions seek as much integration as possible between the self-evaluation process and the internal quality processes as a tool for continuous quality enhancement. However, while it is hoped that the self-evaluation process and the resulting ISER will be of value internally, its primary audience should be the Review Team, and its primary purpose is to make the review process work.

### **3. Time Span for the Self-Evaluation**

It is important that the self-evaluation process begins early to give sufficient time to allow for ownership by staff and students across the institution, ideally, no later than 4-6 months in advance of the Main Review Visit.

Institutional review covers a broad timeframe. It may be possible, for example, to pinpoint a milestone such as the development of a new strategic plan or a major re-organisation of the institution as a starting point. If appropriate, the institution should use the outcomes of their previous review as the starting point and identify how institutional practices have changed in accordance with the findings and recommendations.

The institution should pay attention to the objectives for the review and the criteria aligned to each objective in the Terms of Reference as these will assist the institution in evaluating their own performance.

### **4. Key Self-Reflective Questions**

One of the central questions asked by the institutional review process is how an institution evaluates the effectiveness of its activities. Effectiveness is a complex and challenging question given the known difficulties in measuring performance in higher education; broad consensus on the topic does not exist. An element of subjective judgement is unavoidable but any judgements should be informed by an evidence-based approach and a process of internal peer evaluation. The following general questions may assist the process:

- What are we currently doing?
- Why are we doing it?
- How effective is our approach? How do we know?
- What lessons have we learned?
- What will we do differently in the future as a result?

And each answer given to these questions should be counterpointed with the corresponding question of 'how do we know?' Assertions are not useful answers; answers must be based on evidence, both qualitative and quantitative.

The following specific questions might also be useful when appraising quality assurance activities:

- Does the activity meet its stated goals and objectives? How do we know? Are the goals appropriate in the first instance? Is there sufficient and clear alignment between the activities of the institution and its articulated mission?
- What other impacts is the activity having? Are there unintended impacts? Is the scope of provision, at both framework levels and at breadth of fields, clear and comprehensible to peer organisations? What institutional benchmarking has been undertaken?
- What mechanisms and criteria have been used to choose partner organisations?
- What is the risk assessment model of the institution and how does it inform decision-making? Is it systematically employed?
- What is the feedback from internal and external stakeholders? (learners, industry, graduates, staff, etc.) Are the stakeholders clear on the mission and strategy of the institution?
- What sources of expert opinion are available? (e.g. outcomes from a peer review)
- How does the activity compare when benchmarked with other higher education institutions and other comparators, both in Ireland and abroad?
- What qualitative and quantitative indicators are available to measure the performance of the activity?
- How does the activity inform planning and operational management?
- How are staff involved? Is this part of 'the way things are done'?
- How are students involved? Is this part of 'the way things are done'?
- Does it impact the core functions of the institution and lead to improvements?
- What improvements and outcomes can be directly attributed to the activity versus what would happen anyway?

A particularly useful method of demonstrating an effective practice or process is drawn from the humanities, and that is the case study. Examples of useful cases could include stories around the student cycle; the programme cycle; partnership/collaboration agreement cycle; and unit (department/school/service department) cycle. A case study can provide an example of quality assurance in action, tracing the implementation of quality assurance and its governance from initialisation or approval, onwards to monitoring and review and, through this, analysing the interplay between the various procedures and their overall effectiveness. It can be a compelling way to communicate the reality of how a particular policy and procedure is implemented. Texts such as the 2012 Report from the European Quality Forum [How does quality assurance make a difference?](#) may be useful for guidance should the institution wish to utilise this communication method.

## 5. Documentation

A streamlined approach to the ISER documentation is encouraged as it is desirable both to minimise the overhead associated with the process and to maximise the time spent on reflection, evaluation and capturing lessons learned.

Some practical tips for an effective ISER are:

- a simple indexing system (avoiding overly elaborate numbering systems)
- clear cross references to additional documents and hyperlinks to avoid unnecessary repetition
- diagrams and flow charts to explain structures, processes and reporting lines
- an evaluative summary at the end of each section
- a glossary of abbreviations and acronyms

Annexes to the ISER should be kept to a minimum and, where possible, should be provided electronically.

Common annexes may include:

- Organisational chart(s);
- Flow charts for key student processes, e.g. assessment appeals, student complaints, seeking reasonable accommodation in an examination;
- Comprehensive details of student and staff numbers for the whole institution across programmes;
- The nature of the qualifications awarded, any accreditation requirements and dates of current approvals where relevant;
- Details of formal and informal partnerships and any programmes offered in collaboration (associated memoranda of agreement should be available on request);
- Funding figures and sources for teaching and research;
- Lists of staff qualifications, and staff publications;
- Lists of contracts in place for the provision of educational and/or research services to any organisation;
- A copy of the current institutional strategic plan;
- A copy of the current institutional quality assurance procedures, quality assurance manuals/handbook;
- The schedule of internal quality reviews undertaken within the institution during the current internal review cycle, listing date of publication of the outcome reports and follow up reports where available;
- Examples of feedback, indicators or outcomes of reviews;
- Evidence of actions taken as a result of feedback, indicators or outcomes of reviews;
- Short case studies of good practice to demonstrate criteria under a particular objective;
- Examples of quality enhancement initiatives across the institution;
- Evidence of integration between QA processes and planning systems and/or operational management; and
- Evidence of how developments in the QA system are disseminated and communicated to key stakeholders (both internal and external).

A useful text to consult may be the QAA Scotland report Updating commentary for Good practice in Reflective Analysis when preparing for Enhancement-led institutional review.

The institution is free to add other annexes, but the number and length of these should be limited to what the institution considers strictly necessary in order to support the assertions and argumentation in the ISER. Any additional evidence should support the key objectives and criteria of the review and an index provided for same. It is essential that the institution is careful to discriminate clearly when providing additional information, and only provides documents that are relevant. This is a skill in its own right and suggests an institution's understanding of and competence in the review process. The index should clearly indicate the relevance of the material and link it explicitly back to the ISER and the objectives and criteria of the review. Electronic copies of all documentation must be submitted.

## 6. Some Resources to Support Self-Reflection

Quality Assurance Agency (QAA) Scotland report Institutional approaches to self-evaluation (IASE): Project report [www.qaa.ac.uk/en/Publications/Documents/IASE-project-report.pdf](http://www.qaa.ac.uk/en/Publications/Documents/IASE-project-report.pdf)

Updating commentary for Good practice in Reflective Analysis when preparing for Enhancement-led institutional review, is available here: [www.qaa.ac.uk/en/Publications/Documents/Commentary-Good-practice-in-Reflective-Analysis.pdf](http://www.qaa.ac.uk/en/Publications/Documents/Commentary-Good-practice-in-Reflective-Analysis.pdf)

The New Zealand Quality Assurance Agency also offers some good practice case studies. [www.nzqa.govt.nz/providers-partners/self-assessment/make-self-assessment-happen/tools-and-resources/case-studies-in-self-assessment/](http://www.nzqa.govt.nz/providers-partners/self-assessment/make-self-assessment-happen/tools-and-resources/case-studies-in-self-assessment/)

SWOT analysis, or a bespoke confrontational SWOT. Zwaenepoel (2011), offers an interesting commentary on an “Interactive SWOT methodology”. [www.academia.edu/8699989/CHAPTER\\_SIX\\_INTERACTIVE\\_SWOT\\_METHODODOLOGY](http://www.academia.edu/8699989/CHAPTER_SIX_INTERACTIVE_SWOT_METHODODOLOGY)



# Appendix D

## Specific Arrangements for Visits

### 1. The Planning Visit

#### 1.1 The Planning Visit Timetable

The schedule of the Planning Visit is determined by the institution (in consultation with the Coordinating Reviewer) and should be designed to ensure that the Chairperson and Coordinating Reviewer obtain a clear and explicit understanding of the institution's approach to managing the effectiveness of internal quality assurance and enhancement activities. The final session of the Planning Visit will be used to agree the outline structure of the Main Review Visit, including confirming key groups of staff and students (including staff and students from linked and recognised colleges, if appropriate) that will be met by the Review Team, in addition to confirming how the Main Review Visit will logistically address the optional institutional enhancement theme, if the institution wishes to include one.

The timetable should include a series of meetings with relevant senior officers and members of the team that developed the ISER. Specific time should be allocated to discussing the draft Main Review Visit timetable in detail. A discussion on the enhancement theme (if appropriate) should also be included; depending on staff availability, the Planning Visit should typically start around 09:30 and close around 14:30 ending with a brief tour of the campus; QQI will attend meetings to ensure clarity on process and consistency in its application.

#### 1.2 Transport and Accommodation

QQI will make flight and hotel accommodation arrangements for the Chairperson and Coordinating Reviewer; QQI will accompany the Chairperson and Coordinating Reviewer to the institution. The QQI representative will introduce the Chairperson and Coordinating Reviewer to the Institutional Coordinator and attend the Planning Visit meetings, to ensure that all necessary matters are discussed and addressed to the satisfaction of the Team and the institution. A meeting room – ideally the room that the Review Team will work from during the Main Review Visit – should be used for the Planning Visit. All meetings should be conducted in this room to maximise the amount of time available and minimise disruption; The institution is asked to provide a sandwich/informal lunch during the Planning Visit. This might be part of a working-lunch meeting and should not be a lengthy or formal affair. A taxi (pre-paid or on account) should be booked to collect the Chairperson and Coordinating Reviewer at the end of the visit.

#### 1.3 Post-Planning Visit Work

A note of the key items discussed and agreed at the Planning Visit will be drawn up by the Coordinating Reviewer, in consultation with the Chairperson, and shared with the rest of the Team and the Institutional Coordinator, alongside the final draft of the Main Review Visit timetable. This will include any conclusions drawn or evidence contained in the AIQR. Any additional documentation to be supplied by the institution will also be disseminated at this stage (electronically) or made available in hard copy throughout the Main Review Visit.

Following the Planning Visit, logistical and personnel arrangements and amendments will need to be made to the draft Main Review Visit timetable as a matter of urgency. Additional documents and data may also need to be collated and either emailed in advance or made available during the Main Review Visit.

The Institutional Coordinator should therefore block out a period of time to address these outcomes and liaise with the Coordinating Reviewer to ensure that all aspects are sufficiently addressed in advance of the Main Review Visit and that the finalised timetable is agreed by the Institutional Coordinator and Coordinating Reviewer in advance of their arrival for the Main Review Visit.

A copy of the finalised Main Review Visit timetable should be lodged with QQI by the Institutional Coordinator.

## **2. The Main Review Visit**

### **2.1 Specific Guidelines on the Conduct of the Main Review Visit**

Each meeting will be opened and closed by the review Chairperson. At the start of each meeting the Chairperson will provide a brief introduction to the Team and the nature of the IR process to set the macro level context for the discussion. The Chairperson will also confirm that in order to triangulate information throughout the Main Review Visit, the Team may ask questions and opinions on a wide range of topics that might be outside of the topic set for the specific session but fall within the scope of the overall review. This might seem odd to the participants if they are being asked about matters that appear to be outside of their particular areas of responsibility, or the scope of the scheduled session, but the Chairperson will reassure participants at the start of each meeting that the topics for discussion will include a degree of flexibility, where considered necessary by the Team.

The Chairperson will also confirm that he/she reserves the right to move the discussion on if time is short or if sufficient (or insufficient) information and evidence has been gained on a particular topic area. Furthermore, if conflicting opinions or experiences emerge within a meeting and there is insufficient time to cross reference or review to further explore the matter, the Chairperson will confirm that the issue will either be addressed or tested in subsequent meetings or the review report will confirm inconsistencies and outline the reasons for inconsistencies as evidenced by Team.

QQI may attend meetings during the Main Review Visit to ensure the robustness of the institutional review process and obtain confirmation that the Team's conduct is consistent with the process and in line with criteria.

## 2.2 Key People in the Main Review Visit

The participant list for the Main Review Visit is likely to include:

Institutional Attendees	Planning Visit (1 Day)	Main Review Visit
Head of Institution	√	√
Deputy/Vice Head of Institution	√	√
Registrar or Head of Academic Affairs	√	√
Institutional Coordinator/Head of Quality	√	√
Members of the Task and Finish Group that produced the ISER	√	√
Members of the Quality Committee, Academic Affairs Committee, Academic Council		√
Members of the Governing Authority (Internal & External – including the Chair)		√
Staff that have engaged in quality assurance and enhancement processes within the institution (including staff from the quality office, personnel/HR office, staff development/teaching enhancement unit, planning unit, research office, student services unit, library and IT services, Marketing and Communications Team etc.)		√
Students (Students representatives, in addition to actual bachelor, master and doctoral level students – including those taught on and off the main campus or online)		√
External stakeholders and partners (linked and recognised colleges, collaborating institutions, employers, professional bodies, agencies)		√
Heads of Faculty/School/Department – particularly those with devolved responsibilities for quality assurance and enhancement		√
Staff and students from departments/schools or services that have engaged with internal quality reviews		√
Staff involved in teaching and learning support and student support services		√
Research active and research inactive staff, alongside staff that manage the institutional research centres		√

## 2.3 Sample Main Review Visit Schedule

A template will be provided to the institution as part of preparation for the review.

## 2.4 Meetings

### Timing Issues

- Where possible, the Team should have a private meeting with the Head of Institution at the start AND end of the Main Review Visit;
- No more than 5-6 meetings between the Team and the institution should be scheduled per day;
- Meetings should normally be held between 09:30 and 17:00;
- Time should be allocated for the Team to examine documentation (electronic and hard copy).
- Comfort breaks should be factored into the schedule;
- All lunches will be private, unless otherwise agreed with the Chairperson in advance;
- Most meetings should take place within one centralised location (e.g. the main admin block/area) to minimise disruption to the Team and the schedule;
- The Institutional Coordinator should be contactable at all times throughout the visits by telephone or in person by the Chairperson and/or Coordinating Reviewer;
- Nameplates should be available at each meeting, and a list of attendees should also be provided to the Coordinating Reviewer;
- The Team should have scheduled private meetings to gather thoughts and prepare for the next set of meetings;
- While Review Teams will endeavour to adhere to the agreed schedule, the institution is asked to try to remain flexible and to accommodate any last minute timetable or scheduling changes that may arise throughout the course of the Main Review Visit;
- The profiles of Review Team members (supplied by QQI) should be shared with colleagues within the institution alongside a guidance note on the IR process; and
- If the institution has several campuses, a decision should be made to justify the value of the Team visiting multiple sites. This should only occur if the review process and its resulting report would benefit from multi-site visits or from seeing staff and students working in-situ.

### Size of Groups

- To assist the Chairperson to manage each meeting and ensure that all attendees have an opportunity to contribute to each discussion, the institution is asked to limit the number of attendees per meeting to a maximum of 8. Ideally there should be between 4-6 attendees per meeting.

## Diversity of Attendees

- The institution should avoid the Team meeting staff members more than once, the exception being some members of the senior management team and the Institutional Coordinator;
- In most cases, the Team would like to see colleagues, students and external stakeholders from a wide variety of discipline backgrounds and differing levels of seniority/experience;
- Teams will generally be keen to meet staff from within departments in separate parallel or consecutive meetings to those conducted with Heads of Departments or Deans;
- Teams may also like to meet undergraduate and postgraduate students separately and again meet a range of students from differing years, profiles and disciplines including a few who study off-campus (in linked or recognised colleges) if possible; and
- Staff and students from academic and non-academic departments that have undergone quality reviews in the first and second cycle should be involved where possible.

## Final Wrap-Up Meeting/Oral Report

- The final meeting on the final day will be led by the Chairperson, delivered via a brief presentation, and will provide the institution with an overview of the Team's key findings, commendations and recommendations;
- Ideally the institution attendees will include the Head of Institution, Senior Management Team members, a Student Representative, and the Institutional Coordinator;
- All findings shared at this stage must remain confidential and informal; and
- An overview of the findings may – with the Chairperson's approval – be shared internally with colleagues and students who participated in the review to thank them for their engagement in the process and to give some initial feedback and closure. However, it must be clear that the review finding, commendations and recommendations cannot be formally disclosed until the review report is signed off by QQI and the institution.

## 2.5 Logistical Arrangements

### Travel and Accommodation

QQI will make travel arrangements for the review team members. All costs relating to the review will ultimately be covered by the QQI relationship fee. However, for practical reasons, institutions are required to book and pay for local costs and subsequently submit these to QQI for reimbursement.

The institution is responsible for booking and managing localised hotel accommodation and booking and managing transport for the duration of the visit. In most cases, the Team will be arriving at the hotel a day or two in advance of the review visit. Provisional bookings for all members of the Team should be made in a business-class hotel close to the institution, that can be guaranteed to provide a high-quality service at a competitive rate. The Team will therefore, in most cases, need accommodation for 5-6 nights for the duration of the review. The option for members of the Team to extend their stay linked to travel arrangements should also be referenced when the initial booking is made.

## Meeting Rooms

A private meeting room at the hotel will also be required for the evening before the start of the Main Review Visit to enable the Team to initiate preparations. This meeting space is required from 17:00 – 20:00 on the evening prior to the start of the main review visit.

A private meeting room or private dining room should also be secured for the dinner on the penultimate evening to enable the Team to prepare for the final day's oral presentation.

The institution is expected to make available (at no cost to QQI) three meeting rooms on campus for the duration of the Main Review Visit:

- A lockable meeting room/'base room' for the Team to use for private meetings – to store their luggage; consider additional documentation, access the institution's website and use for private lunch sessions;
- A second room should be provided that can accommodate up to 15 people. This should be used as the main meeting room throughout the visit; and
- A third room will be required occasionally throughout the Main Review Visit to accommodate any parallel meetings where the Team might split – this should accommodate between 8-10 people. This room could also be used for the brief meetings between the Coordinating Reviewer, Chairperson and Institutional Coordinator at the start of each day.

## 2.6 Catering at Visits

### Lunch

For the duration of the review, Review Teams would appreciate it if relatively informal light lunches could be provided by the institution, with a range of healthy options where possible (e.g. soups, salads, sandwiches and fruit). Specific dietary requirements will be communicated by QQI to the institution. Unless agreed in advance, lunches will be private working Team lunches in the Team's base room. The key exception will be that the institution might wish to finish the session on the final day with an informal lunch for all colleagues who attend the oral report/final wrap-up session prior to the departure of the Review Team. It would be appreciated if tea, coffee and water could be made available to the Team and replenished regularly throughout each day.

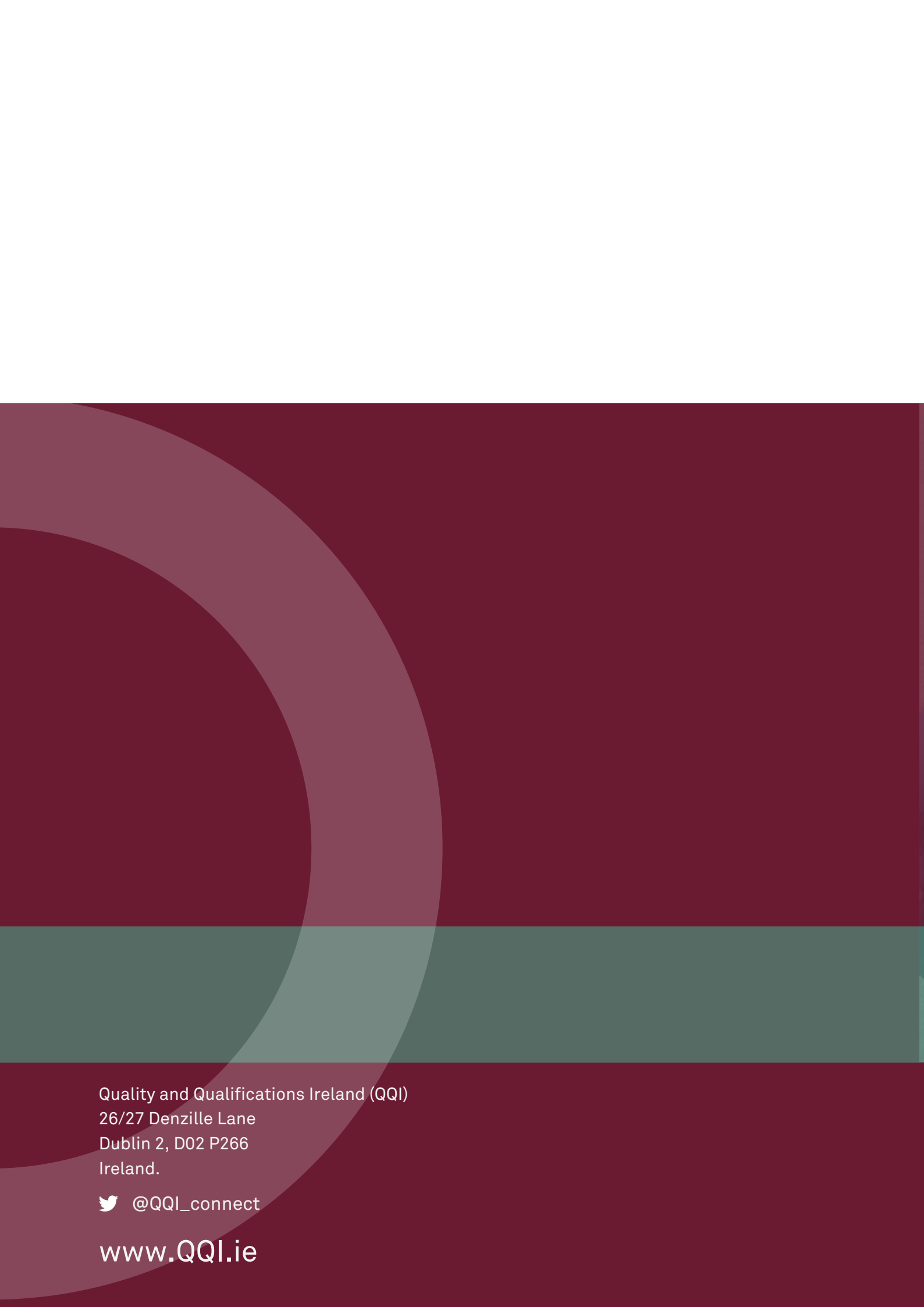
### Dinner

The institution is asked to host on one evening a dinner between the Team and members of the institution's Senior Management Team, including the Head of Institution- usually no more than 6 institution attendees. The reservation should be made at a restaurant (ideally with a private dining room) for 19:30 or 20:00.


The institution is asked to make provisional reservations for the Team (6 attendees) (around 20:00hrs) each night either in the main hotel restaurant (if secured as part of the room rate deal) or at nearby restaurants. If external restaurants are to be used, a taxi service should also be secured if the restaurants are not within walking distance.

The institution is asked to make a dinner reservation in a private meeting room or a private dining room to enable the final dinner to be a working dinner. QQI will attend and therefore the booking should be made for 7 people at 19:30.

## Notes



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