



QQI

Quality and Qualifications Ireland
Dearbhú Cáilíochta agus Cáilíochtaí Éireann

Handbook for the Institutional Review of RCSI in 2013

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Background and Quality Framework

1. In October 2013 the Quality Assurance and Qualifications Authority of Ireland (QQI) will undertake a review of the Royal College of Surgeons in Ireland (RCSI). RCSI is a not-for-profit, independent academic institution with charitable status. It is both an independent degree-awarding institution and a surgical Royal College. RCSI is set out as a designated awarding body in the Qualifications and Quality Assurance (Education and Training) Act, 2012.
2. In 2010, a review by the Higher Education Authority (HEA) and National Qualifications Authority of Ireland (NQA) of the RCSI in relation to the commencement of its degree-awarding powers, confirmed the degree awarding powers and recommended, *inter alia*, that an external review of the RCSI by the national quality assurance body (to be established in the 2012 legislation) should take place no later than two years from the time of the granting of awarding powers to the institution, and should as part of its remit, establish the level of implementation of the recommendations as set out in the (2010) review. The Authorities of both the HEA and NQA supported this recommendation as did the Minister for Education and Skills in a letter approving the activation of the bye-laws (October 2010). Since then, in May 2012, the NQA agreed that the NQA executive should advance the preparations for the review with the RCSI and agree timelines for it. These preparations were further advanced by QQI, following the establishment of QQI in November 2012 and the concomitant dissolution of the NQA.
3. This institutional review process will operate in the context where institutional decision making processes include an analysis of the effectiveness of internal quality assurance processes and the degree to which their outcomes and recommendations are used in institutional decision-making processes and where appropriate, for enhancing them. This review process provides robust *external* assurances of the effectiveness of the *internal* quality assurance procedures established by the institution to sustain and enhance further the quality of their teaching, learning, research and support services to meet the demands of a diverse student population, including diversity in terms of previous academic attainment.
4. The institutional review process will be based on the internationally accepted and recognised principles:
 - (i) an institutional self-evaluation report
 - (ii) an external assessment and site visit by a Team of reviewers
 - (iii) the publication of a review report including findings and recommendations and
 - (iv) a follow-up procedure to review actions taken.
5. A statement on the common approach to quality assurance across the higher education sector in Ireland is published as the *Principles for Reviewing the Effectiveness of Quality Assurance in Irish Higher Education and Training*¹. Developed by the Irish Higher Education Quality Network (IHEQN), this statement confirms the goal of quality assurance in Irish HE is quality improvement including the enhancement of the student experience. Quality assurance procedures operating internally and externally across Irish higher education reflect this.
6. The sector's commitment to maintaining high quality in teaching, learning, research and assessment operates in accordance with its obligations under the Bologna process. The Irish higher education system continues to invest heavily in all the associated Bologna reforms in order to achieve its ambitious goals and objectives. This applies in particular to programmatic reform whereby all courses and each study programme must have learning outcomes defined in accordance with agreed criteria and standards.

¹ <http://www.iheqn.ie/publications/default.asp?NCID=154>

Related achievements in Ireland include that in November 2006, Ireland became the first European country to verify the compatibility of its National Framework of Qualifications² (a statutory framework based on learning outcomes) with the Framework for Qualifications in the EHEA³. Furthermore, Ireland was placed as the leading country (of 48 higher education systems) in terms of implementation of the Bologna goals and objectives during the 2007 stocktaking exercise. The institutional review process will endeavour to demonstrate the ways that Irish higher education institutions continue operating in accordance with the obligations of the Bologna process.

7. Statutory instruments that underpin the RCSI and the basis for review of higher education include the following:
- the Universities Act 1997
 - the Education and Training Act 1999
 - the RCSI (Charters Amendment) Act 2003 which refers to the 1999 Act
 - the Qualifications and Quality Assurance Act 2012
 - the approval, October 2010, by the Minister of the activation of the bye-laws on the RCSI's degree awarding powers, including the designation by the Minister of NQAI as the external QA body to the Institution and that it should engage with it in the implementation of the recommendations of the review.

The legislation and Ministerial directions ensure that the RCSI, similar to all higher education institutions, is subject to review and oversight by the relevant national external quality assurance body, QQI. Review, in this context, refers to the formal review of the effectiveness of the institution-wide quality assurance policies and procedures established and implemented by the RCSI. This is a review in accordance with the RCSI Review 2013 Terms of Reference.

Aims and Objectives

8. The review process aims to:
- operate an external review process consistent with Part 2 Standards outlined in the ESG⁴
 - support the availability of consistent, robust, and timely information on the effectiveness of quality assurance and enhancement processes operating within the institution
 - provide accountability to external stakeholders in relation to the overall quality of the system and thereby instil confidence in the robustness of the institutional review process
 - be open, transparent and evidence based
 - reinforce institutional diversity and autonomy by remaining flexible and adaptable
 - be consistent and operate in a collaborative spirit - reinforcing an institution's continuous quality assurance processes rather than operating an externally imposed 'once-off' process
 - communicate the review process clearly and in a manner easily understood by a wide range of external stakeholders, including students and employers
 - support the sector in its commitment to quality enhancement through its developmental approach
 - identify, encourage and report good practice and innovation that is evidenced
 - seek to minimise burden in the institution as far as possible

² <http://www.nfq.ie/nfq/en/about.html>

³ http://www.bologna-bergen2005.no/Docs/00-Main_doc/050218_QF_EHEA.pdf

⁴ [http://www.enqa.eu/files/ESG_3edition%20\(2\).pdf](http://www.enqa.eu/files/ESG_3edition%20(2).pdf)

- provide an efficient and cost effective process.

The objectives of the institutional review of RCSI, as set out in the Terms of Reference, are:

Objective 1 To consider institutional strategic planning, governance and ownership of quality assurance and enhancement in the context of RCSI's role as an independent degree-awarding institution and in light of the Qualifications and Quality Assurance (Education and Training) Act, 2012. The main aim of this objective is to consider the effectiveness of quality assurance procedures in the context of planning, governance and strategy.

The aim of this objective is also to consider the effectiveness of procedures for planning, governance and strategy in managing the dual roles of the RCSI as a designated awarding body and a surgical Royal College.

The review will also evaluate the extent to which the RCSI has implemented the strategically linked recommendations made by the Review Team in 2010. Particular attention will be given to the recommendations made by the Team on governance.

Objective 2 To evaluate the effectiveness of the existing procedures operated by RCSI for the quality assurance, monitoring and enhancement of its education and training programmes offered nationally and internationally. In determining the effectiveness of procedures the Team will examine, *inter alia*, the extent to which quality assurance procedures and enhancement operate in line with national, European and international best practice.

This objective will also include the implementation of the recommendations of the 2010 Review by the Higher Education Authority and National Qualifications Authority of Ireland of the Royal College of Surgeons in Ireland in relation to the commencement of its degree-awarding powers;

A further key aim of this objective is to evaluate the effectiveness of quality assurance procedures of RCSI in collaborative and transnational provision.

Objective 3 To evaluate the extent to which RCSI planning, structure and systems support its responsibilities as an awarding body with qualifications recognised by the National Framework of Qualifications (NFQ), including an evaluation of the quality assurance arrangements for awards made by RCSI and NUI in the context of the Qualifications and Quality Assurance (Education and Training) Act, 2012.

Basis for review criteria

9. To meet the review objectives, the review criteria will be informed by institutional review practice within the Irish higher education system, and by the standards and guidelines for quality assurance agreed by the Ministers of the Bologna signatory states. The primary basis for the review is the IRIU review process. This will be augmented by criteria and guidelines derived from the following:

- Irish Universities Quality Board (IUQB):
 - Good Practice in the Organisation of PhD Programmes in Irish Higher Education (2009)

- National Guidelines of Good Practice for the Approval, Monitoring and Periodic Review of Programmes (2012)
- Higher Education and Training Awards Council (HETAC):
 - Policy on Institutional Review of Providers of Higher Education and Training (2007)
 - Supplementary Guidelines for Institutional Review (2008)
 - Supplementary Guidelines for the Review of Effectiveness of Quality Assurance Procedures (2008)
 - Policy for Collaborative programmes, Transnational programmes and Joint Awards (Revised 2012)
- Irish Higher Education Quality Network:
 - Principles of Good Practice in Quality Assurance/Quality Improvement for Higher Education and Training (2005)
 - Principles for Reviewing the Effectiveness of Quality Assurance Procedures in Irish Higher Education and Training (2007)
 - Provision of Education to International Students: Code of Practice and Guidelines for Irish Higher Education Institutions (2009)
 - Draft Guidelines for Transnational and Collaborative Provision; Consultation Document 2012 (v. 8/10/12)
- European Association for Quality Assurance in Higher Education (ENQA): Standards and Guidelines for Quality Assurance in the European Higher Education Area – 3RD Edition (2009)
- UNESCO/OECD: Guidelines for Quality Provision in Cross-border Higher Education (2005)

The objectives and criteria for the institutional review of RCSI are provided in Annex A.

Process and timeline for the review process

10. The primary basis for the review process is the IRIU (Institutional Review of Irish Universities) approach (now the responsibility of QQI). Given the unique status of the RCSI in the Qualifications and Quality Assurance (Education and Training) Act, 2012, as a designated awarding body that is not a previously established university, the IRIU process will be augmented and elaborated, where necessary and appropriate, by the HETAC review process (now undertaken by QQI).

In line with best national and international practice, the review process will consist of the following elements:

- agreement of terms of reference for the review between the QQI executive and RCSI
- an institutional self-evaluation review process resulting in an Institutional Self Evaluation Report (referred to as ISER henceforth) to be prepared by the RCSI addressing the agreed objectives, criteria and terms of reference.
- following consultation on any potential conflict of interest, an expert Review Team will be appointed comprising national and international representation to conduct the review process
- completion of an ISER by RCSI
- a review of the RCSI ISER by the Review Team and consideration by the Team of any other information they might consider relevant
- a Planning Visit and Main Review Visit to RCSI by the Review Team

- preparation of a review report by the Review Team for submission to QQI, which will include findings and recommendations in relation to the objectives and criteria as set out in this terms of reference
- preparation of an institutional response, including a plan with timeframe for implementation of changes, if appropriate
- consideration of the review report by QQI together with the institutional response and the plan for implementation of changes, if appropriate
- publication by QQI of the review report and RCSI response
- a published follow-up report by RCSI

The timeline for the review process is available in Annex B.

The Review Team

11. QQI will appoint the Review Team to conduct the institutional review of RCSI and will consult with the institution prior to appointing the Team. Reviewers are not QQI employees. 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 thus 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 IRIU Review Team.

There will be appropriate gender representation on the Review Team. While every effort will be made to achieve appropriate gender balance in the composition of the Review Teams, this is a secondary consideration to achieving an appropriate blend of expertise.

12. The institutional review of RCSI will be conducted by a six person 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 Team will operate under the leadership of the Review Chairperson and the Team will most likely consist of:
- one to two international reviewers - (serving or former) senior university/higher education institution leaders, one of which will have direct experience of quality assurance processes
 - one Irish reviewer (with recent or former experience – within the last five years) at a senior level with quality assurance processes at an Irish institution
 - a student representative (current or former - less than 2 years) with direct experience of institutional and/or national quality assurance processes within or outside of Ireland
 - a representative of external stakeholders (national and international) which could be an employer, an employer representative, or an expert linked to an optional quality enhancement theme to be explored within the Main Review Visit.
 - a Coordinating Reviewer (acting as a full member of the Team) with experience of institutional, national and/or European quality assurance processes, (likely to be an academic registrar or a senior official from an international quality assurance agency).

13. 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 competences, 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 is conducted in a transparent manner by independent external peers as an endorsement of their practice. Independence could be compromised, or perceived to be compromised, in the following scenarios:

- Holding a current or past appointment in the institution (e.g. existing employees, consultant, guest lecturers, etc.)
 - Being a learner or a graduate of the institution
 - Membership or recent membership of the Board or sub-committees of QQI (or HETAC, FETAC, NQAI or the IUQB)
 - The existence of any other potential conflict of interest.
14. 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.
15. Guidelines for the nomination, selection, training and deployment of Review Team members and Institutional Coordinators are outlined in Annex C. The institution will have an opportunity to comment on the proposed composition of their Review Team to ensure there are no conflicts of interest.

The Institutional Review Process

Element 1: Institutional Self-Evaluation Report (ISER)

16. Self-evaluation is self-reflective and critical evaluation completed by the institution outlining how effectively it assures and enhances the quality of its teaching, learning, research and service activities.

The following institutional self-evaluation report (ISER) guidelines are addressed to the RCSI and are designed to be read in conjunction with the Terms of Reference for the Review. They are intended to provide indicators of content for the ISER that the RCSI will prepare as part of the review process. The external Team appointed to carry out the review may have additional information requests as the review progresses.

The ISER produced by the institution following the self-evaluation process is the core document used by the Team of reviewers appointed to undertake the review process. It provides the Review Team with the baseline evidence or references to the evidence available, to support claims that the institution is meeting the objectives and criteria set out in the Terms of Reference.

17. Institutions are encouraged to use the ISER to highlight the approach they have taken to the management of quality to support the institutional mission statement, goals, priorities and strategic plans. Explicit linkages should be made between the quality assurance and enhancement practices employed or proposed and the institutional strategic management and planning process.

The self-evaluation process provides an institution with an opportunity to demonstrate and analyse how it evaluates the effectiveness of:

- the methods employed to ensure internal quality management processes are in keeping with national, European and international best practice
- its policies and procedures for quality management and enhancement
- the ways the governing authority is facilitated in and is discharging its statutory requirements for quality assurance
- the use of outcomes of internal and external quality assurance and enhancement processes to identify strengths and weaknesses in its teaching, learning, research and service areas, informing decision-making, and enhancing a culture of quality within the institution
- the accuracy, completeness and reliability of its published information in relation to the outcomes of internal reviews aimed at improving the quality of education and related services.

Self-Evaluation Process

18. It is the responsibility of each institution to devise a systematic and critical process for evaluating its own activity and formulating recommendations for its own improvement. The self-evaluation methodology used needs to be flexible, scalable and appropriate to the institution.

It is more appropriate therefore to set parameters for the institutional self-evaluation rather than prescribing a particular approach. Institutional self-evaluation should be judiciously designed to meet the following criteria:

- has a clear focus and purpose to the self-evaluation which is articulated through the objectives set in the Terms of Reference
- incorporates broad consultation with internal and external stakeholders of the institution, especially learners

- is sufficiently rigorous, systematic, evidence-based and comprehensive to meet all of the objectives and criteria of the Terms of Reference
- results in recommendations for improvement which the institution will factor into future plans
- adds value, minimises unnecessary overhead 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.).

19. 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 the institution. This is a worthwhile model, particularly for newer institutions and has applicability in many contexts. It has a number of drawbacks also, one of which is the tendency to reinforce departmental and functional boundaries. As an institution matures in managing its quality assurance systems 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.

International best practice confirms that the most effective institutional self-evaluation reports are produced through a collective evaluation process, usually led by a task and finish group (no more than 10 members ideally) who are in a good position to comment on the effectiveness of the institutional approach to quality assurance and enhancement. The group should include students (undergraduate and postgraduate representatives) and a variety of staff that manage quality assurance and enhancement in relation to teaching, research and support services. The Institutional Coordinator for the review process should also be a key member of the group.

20. The self-evaluation group should be chaired by a member of the institutional senior management team. The seniority of the Chairperson is vital if the evaluation process is to be open, reflective and evaluative. It is suggested that the Chairperson be the Deputy or Vice President with responsibility for quality assurance, and that the group be a sub-set of an existing institution committee (possibly the Quality Committee). It is not recommended that the President be a member of this group.
21. 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 by 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 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 report will be of value internally, its primary audience should be the Review Team, and its primary use - to make the review process work.

22. 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. It is suggested that while the self-evaluation process should be as inclusive as possible, the final report should be written by a small group or possibly be designated to one officer to ensure that a single voice comes through the report. Near-final drafts of the report should be shared with the task and finish group and other staff and students across the institution (and where appropriate, linked and recognised colleges) 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 should also be utilised where appropriate. If the timeline permits, it is also suggested that the report be submitted to the Governing Authority for comment/information.

The Institutional Self Evaluation Report (ISER)

23. 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 20-40 pages/8,000 to 15,000 words). The purpose of the ISER is to provide the Review Team with sufficient information and evidence to assess the institution's performance, effectiveness, transparency and comprehensiveness when set against the objectives and criteria of institutional review.

The ISER will cover the aims and objectives of the agreed Terms of Reference and other key aspects including, *inter alia*:

- the specific context of the institution. All activities of the institution are included in the institutional review
 - the objectives of the institutional review
 - an index to supporting documentation and supplementary evidence. It is essential that this clarifies the relevance of the information provided. The question to be answered is how does the supporting documentation relate to the individual or overall objective of the institutional review?
24. The most important point about the ISER is that it should be **evaluative and reflective** in its nature, referring to other sources such as prospecti, strategic plans, quality assurance manuals *etc.* for descriptive information. The ISER must meet the needs of its primary audience - the Review Team. The report should be user-friendly (i.e. jargon free and understandable by an external audience) and offer a balance between description and self-evaluation (ideally 60:40).
25. Institutional review covers a broad timeframe and the ISER can reflect this. 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.
26. 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. The work involved for Team members when reviewing documentation should also be borne in mind.
27. The ISER is the key document for the review process and will shape the key points of dialogue with the Review Team, the structure of the review visits and the resulting review reports. The ISER will very much set the tone for the whole review experience. It should therefore provide a reasoned analysis that transparently portrays the institution, its identity and its distinctiveness in terms of its approach to quality assurance and enhancement. It

should share 'challenges' openly and should not disregard weakness, nor overstate (or understate) achievements. It would be unfortunate if a Review Team identified significant issues that the institution did not acknowledge or identify in its own ISER.

The ISER should therefore demonstrate the institution's capacity for self-reflection and critical evaluation giving specific references to supporting material or further reading available online, during the review, or in advance to Review Team members. A set template for the ISER is not proposed by QQI, rather, it is suggested that each institution might wish to consider aligning the ISER with the objectives and criteria set out in the terms of reference. Throughout the ISER, institutions are encouraged to consider cross referencing against relevant criteria including Part 1 ESG standards – where appropriate. Annex G sets out ways in which the institution may go about addressing the requirements in ESG Part 1.

28. The key focus of the ISER should be to critically self-evaluate the performance of the Institution with respect to each objective set out in the Terms of Reference (see Annex A). The self-evaluation of each objective should be clearly marked and highlighted in the Report. The emphasis in the report should be on evaluating *how effectively* the institution has *performed* against the objective, rather than *what* the institution has done to meet the objective.

The Institution should pay attention to the criteria aligned to each objective in the Terms of Reference as these will assist the Institution in evaluating their own performance. The Institution should also review the outcomes and recommendations contained in the 2010 Review and evaluate its performance in addressing the recommendations by way of developments since 2010.

29. 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 and 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. For example, the evaluation of the effectiveness of an activity or process might include one or more of the following questions:

- Does the activity meet its stated goals and objectives? How do we know? Are the goals appropriate in the first instance?
- What other impacts is the activity having? Are there unintended or negative impacts?
- What is the feedback from internal and external stakeholders? (learners, industry, graduates, staff, etc.)
- 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*'?
- 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?

Key questions asked in each area of activity might include:

- 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?
30. When compiling the report, the institution should give consideration to set out their own view of their own effectiveness under each sub-heading and, in each case, make clear the basis for that view, including specific references to supporting material as 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.
31. While there is flexibility in how information is presented the institution might wish to consider:
- providing descriptive information on the distinctiveness of the institution and its approach to quality management, in addition to being self-reflective about how it monitors and ensures its effectiveness (how regularly, through what methods, how does it ensure consistency across faculties etc.)
 - making the indexing system easy (avoiding overly elaborate numbering systems)
 - providing clear cross references to additional documents and hyperlinks to avoid unnecessary repetition
 - using diagrams and flow charts where possible to explain structures, processes and reporting lines
 - provide an evaluative summary at the end of each section
 - provide a glossary of abbreviations and acronyms
32. Annexes to the report should be kept to a minimum and, where possible, should be provided electronically. The following are suggested for inclusion as annexes:
- organisational chart(s) of the institution's academic, administrative and support structures
 - organisational chart(s) of the institution's governance, committee and management structures
 - organisational chart (s) of the institution's senior management Team
 - comprehensive details of student and staff numbers for the whole institution
 - funding: government funding, other funding sources, research funding, amount of institutional funding for teaching and research over the last three to five years
 - a copy of the current institutional quality assurance procedures, quality assurance manuals/handbook (including details the composition of Teams, terms of reference for reviews, timelines etc.)
 - a complete breakdown of 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
 - samples 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
 - evidence of integration between QA processes and planning systems and/or operational management (e.g. Minutes of a meeting demonstrating how a QA review informed the development of the strategic plan or impacted on operational decision-making, etc.)
 - evidence of how developments in the QA system are disseminated and communicated to key stakeholders (both internal and external)
 - a copy of the current institutional strategic plan

Beyond the list above, the institution is free to add other annexes, but the number and length of which should be limited to what is considered by the institution as strictly necessary in order to understand the statements and argumentation in the ISER.

33. Any additional evidence should be organised around the key objectives and criteria of the review and an index provided for same. 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 will be required for submission.
34. An optional extra built into the process, is that the institution is also invited to consider electing a confidential enhancement theme for the review. If this option is utilised, the institution may seek to use this opportunity to highlight elements of a distinct approach already taken or soon to be taken in relation to addressing a challenging quality enhancement theme that had been identified as a result of internal or external quality assurance processes (including review reports, external examiners, national or European guidelines). Review Team comments and feedback on the enhancement theme will not be published in the review report but be provided to the institution in a separate communication.

If an enhancement theme is to be included, the ISER should contain two or three paragraphs outlining the selected theme with a commentary on what the institution would find helpful from the Team in the review process to give clarity of expectations and provide the Team with clear parameters for discussions during the planning and review visits. It should be noted that Review Team members are unlikely to be experts in the enhancement theme area but will be able to provide a range of contacts, references and suggestions on the topic from their international experiences.

Submission of the ISER

35. The ISER should be read and signed by the President before being sent to QQI to confirm that the senior management team has endorsed the ISER as being an accurate reflection of the institutional approach to quality assurance and enhancement. The institution should also ensure that the ISER is made available to all institutional staff or students that will meet the review.
36. The Institution is required to submit ten hard copies & ten electronic copies (on USB sticks) of the ISER 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.
37. The institution is asked to submit draft schedules for the Planning Visit and Main Review Visit with the ISER. Attendee names and titles (including discipline area if an academic or student) should also be provided if possible. 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 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.

Element 2: The Review Visit(s)

General Protocols

38. The IRIU 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.

39. 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 distinctiveness 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.
40. The participant list is likely to include:

Institutional Attendees	Planning Visit (1 Day)	Main Visit
President	√	√
Deputy/Vice President	√	√
Registrar	√	√
Institutional Co-ordinator/Director 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 Union representatives, in addition to actual bachelor, master and doctoral level students – including those taught on and off the main campus)		√
External stakeholders and partners (linked and recognised colleges, employers, professional bodies, public servants – that work with or recruit students from the institution)		√
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 (first and second cycle)		√
Staff involved in from the teaching and learning support and student support services		√
Research active and research inactive staff, alongside staff that manage the institutional research centres		√

41. It is suggested that each meeting be held with no more than 6 members of staff or students to ensure active participation in the discussion by all attendees and that the meetings are logistically manageable for the Team. The institution is encouraged to ensure the Team meet a wide variety of individuals from all levels of the institution, and to avoid as much as possible, repetition in attendees. All meeting between the reviewers and attendees are private and confidential, with no other member of staff permitted to be in attendance, even as observers or note takers. All meetings will be fully interactive. No formal presentations will be permitted. All meetings will be kept strictly to time by the Chairperson.

42. While every effort should be made by the institution to enable the Team to meet with a diverse group of people, it is inevitable however that diary clashes or prior commitments might result in a few key absences during the Planning or Main Review Visit. In such cases, it is suggested that the Chair and Co-ordinating Reviewer liaise with the Institutional Coordinator to explore alternative options for the individual(s) contributing to the review. This might be achieved via video or teleconference calls, Skype or email correspondence. If this approach is required, the exchange should be undertaken in advance of the final day of the Main Review Visit. Where possible, two members of the Review Team should participate and a note made of the exchange, to be shared with the other Team members.

Planning Visit

43. A one day 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 to the Chairperson and Coordinating Reviewer in advance of the Planning Visit. The QQI Review and Enhancement Manager will also attend the Planning Visit to ensure the process is conducted in accordance with published criteria.
44. 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
 - (optional) clarify the depth and complexity of the enhancement theme to be explored during the Main Review Visit.
45. 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 have 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.
46. The QQI Review and Enhancement Manager will attend meetings to ensure clarity on process and consistency in its application
47. 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. 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. Additional information regarding the Planning Visit arrangements is available in Annex D.

Main Review Visit

48. The Main Review Visit will not normally exceed five days in duration. 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.
49. The Main Review Visit will be used by the Team to confirm the processes employed by the Institution for assuring the effectiveness of its quality management process in accordance with national and European requirements. The Review Team will follow the programme agreed by the Chairperson following the Planning Visit.
50. The Main Review Visit will be used by the Team to confirm the processes employed by the institution for assuring the effectiveness of its quality management process 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.
51. The QQI Review and Enhancement Manager may attend meetings during the Main Review Visit to ensure the robustness of the institutional review process and gain confirmation that the Team's conduct is consistent with the process and in line with criteria.
52. 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 by the end of each meeting they have obtained new information or gathered sufficient evidence to contribute to the findings, commendations and recommendations that will be presented in the review reports. Additional information regarding the Main Review Visit arrangements is supplied in Annex D.

Element 3: Review Reports

53. In the interests of equity and reliability, the Review Team's findings and recommendations presented in the review reports will be based on recorded evidence. In line with ESG guidelines, the Team will be asked by the QQI Review and Enhancement Manager 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
54. Approximately twelve weeks after the end of the Main Review Visit, QQI will send the President the summary and review reports (prepared by the Coordinating Reviewer and signed off by the Chairperson - having consulted 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 1-2 page institutional response that will be published as an appendix to the review report. Guidelines on the structure of the summary and review reports are presented in Annex E.
55. The institutional review process will be completed when the Review Team reports are formally signed off by the QQI Board once satisfied that the review process was completed in accordance with published criteria. Review reports will be published thereafter on the QQI website.

Written Reports

56. Two written reports will be prepared by the whole Team at the end of the review process. QQI will provide the Team with two templates:
- a) summary report template will be two pages in length and provide a synopsis of the IR process followed alongside the five key commendations and recommendations of the Team. This summary report, available electronically, is expected to attract interest from a wide variety of external audiences especially prospective students;
 - b) full/main review report template designed to be read by a more specialist audiences including members of staff from the Institution itself, quality managers and senior staff at other Irish higher education institutions, officers and staff from linked or recognised colleges, and other key stakeholders including the HEA and USI. QQI will submit the full/main review reports to the Minister at the end of the review process.

Post-Visit Timelines

57. Key dates in the post review visit timeline throughout the report drafting process will be discussed at the Planning Visit and confirmed formally at the Main Review Visit. A letter to the President confirming post-review actions and timelines will be issued formally by QQI after the Main Review Visit is completed to confirm the post review actions, timelines and responsibilities. The institution is not permitted to liaise with the Team directly in any post-review activities. Any communication should be conducted via QQI.

Factual Accuracy Checking

58. The institution will be given a formal opportunity within the post review timeline to check the factual accuracy of the review reports. The QQI Review and Enhancement Manager will also do the same in relation to references to the institutional review process. It is important that the institution is aware 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.
59. Additionally, as an evidenced 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 seen 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 is provided, requesting a response that highlights to the Team:

Page	Text in report	Suggested alternative text/action	Rationale for suggested change/action

Institutional Response

60. The Institution is also invited to provide a formal response to the review reports (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 the QQI Board alongside the review reports however it can be submitted to a subsequent Board 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 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 having sight of the final reports.

Publication of Review Reports

61. QQI will publish the Summary Report and Main Review Report (alongside the optional institutional response) on the QQI website. This will usually be done immediately after the QQI Board has signed off the review reports and the institutional response (together or separately) for publication. Additionally, QQI will supply 50 hard copies of the Main Review Report and the Summary Report to the Institution at the end of the process alongside PDF copies of both reports that can be published on the Institution website and shared with internal and external key stakeholders. A small supply of hard copies will also be retained by QQI.

Element 4: Institutional and Sector level Follow-up

62. One year after the Main Review Visit the institution will be asked to produce a follow-up report (incorporating the institutional action plan), normally submitted alongside the Annual Institutional Report (AIR) and discussed as part of the Annual Dialogue (AD) meeting with 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 review reports' publication. 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 the QQI.
63. 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 so 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 on-going 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.
64. 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 time frame in which the issue(s) will be addressed. The institution will report to QQI every six months on progress against the action plan for the duration of the plan. 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.

Feedback on the Institutional Review Process

65. 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

66. 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 reports have been submitted to QQI. Monitoring the effectiveness of the process will also be undertaken directly with each institution through an Annual Dialogue process, and in meetings within the Planning and Main Review Visits, where the QQI Review and Enhancement Manager will be in attendance to ensure the adequacy of the procedures used. Formal and informal feedback is also welcomed at any stage of the review cycle.
67. Building on the feedback from monitoring activities, QQI will undertake an evaluation of the effectiveness of this institutional review process in achieving its objectives. The overall purpose of evaluation is to assess the fitness of purpose of the method identifying its strengths and weaknesses. The findings will also be used by QQI to continue to ensure that the procedures are sufficient to provide adequate evidence to support the Review Teams' findings and recommendations.

Role of QQI in the review

68. In accordance with the functions set out in the Qualifications and Quality Assurance (Education and Training) Act, 2012, sections 35 and 84, QQI will:
1. Publish terms of reference for the review of RCSI
 2. Contact, confirm and appoint Review Team members
 3. Facilitate the review process
 4. Provide RCSI with advice on process and criteria
 5. Support the review activities of the Team and advise the Team on criteria, relevant statutory requirements and QQI policy
 6. Act as a point of contact between the Team and RCSI
 7. Organise visits in cooperation with the Team and the RCSI
 8. Provide training to the Team
 9. Edit reports for approval and publication
 10. Approve the findings set out in the review report and the response of the College
 11. If required, issue directions to RCSI and agree a schedule for their implementation
 12. Publish the review report and the response of the college

Annex A: Objectives and Criteria for the Institutional Review

Objectives and Criteria

Objective 1 To consider institutional strategic planning, governance and ownership of quality assurance and enhancement in the context of RCSI's role as an independent degree-awarding institution and in light of the Qualifications and Quality Assurance (Education and Training) Act, 2012. The main aim of this objective is to consider the effectiveness of quality assurance procedures in the context of planning, governance and strategy.

The aim of this objective is also to consider the effectiveness of procedures for planning, governance and strategy in managing the dual roles of the RCSI as a designated awarding body and a surgical Royal College.

The review will also evaluate the extent to which the RCSI has implemented the strategically linked recommendations made by the Review Team in 2010. Particular attention will be given to the recommendations made by the Team on governance.

Criteria The review may address the coherence of institutional mission, vision and values and overall institutional strategic planning and their relationship with RCSI quality assurance procedures. Key considerations will include:

- the clarity of the vision for the institution and its continuous enactment
- the management of external and internal contexts and influences in relation to mission and vision
- the engagement of the governing body in the strategic planning and quality assurance management
- the extent to which quality management is a part of the institution's strategic planning, management and operations management
- the procedures within the institution for producing and using external and internal information for strategic and operations management decisions in a consistent and systemic way
- the management by the institution of its dual role at a strategic and planning level

Objective 2 To evaluate the effectiveness of the existing procedures operated by RCSI for the quality assurance, monitoring and enhancement of its education and training programmes offered nationally and internationally. In determining the effectiveness of procedures the Team will examine, *inter alia*, the extent to which quality assurance procedures and enhancement operate in line with national, European and international best practice.

This objective will also include the implementation of the recommendations of the 2010 Review by the Higher Education Authority and National Qualifications Authority of Ireland of the Royal College of Surgeons in Ireland in relation to the commencement of its degree-awarding powers;

A further key aim of this objective is to evaluate the effectiveness of quality assurance procedures of RCSI in collaborative and transnational provision.

Criteria In line with practice in the Irish higher education sector generally, and Ireland's commitment to the Bologna Process, the criteria used here are the standards from

Part 1 of the European standards and guidelines for internal quality assurance within higher education institutions. These criteria should be considered in conjunction with the accompanying guidelines as set out in Standards and Guidelines for Quality Assurance in the European Higher Education Area (3rd edn. 2009), pp. 16-19 (see Annex F for a summary). These guidelines provide additional information about good practice and in some cases explain in more detail the meaning and importance of the standards.

The review will also evaluate the extent to which the RCSI has implemented the strategically linked recommendations made by the Review Team in 2010. Particular attention will be given to the recommendations made by the Team on quality assurance and enhancement.

Objective 3

To evaluate the extent to which RCSI planning, structure and systems support its responsibilities as an awarding body with qualifications recognised by the National Framework of Qualifications (NFQ), including an evaluation of the quality assurance arrangements for awards made by RCSI and NUI in the context of the Qualifications and Quality Assurance (Education and Training) Act, 2012.

Criteria

The criteria for this are intended to assist the examination of RCSI's role, acting as an awarding body and as a recognised college of the NUI, in implementing QQI (NFQ) policies and procedures for access, transfer and progression. The criteria derive from ***Policies, Actions and Procedures for Access, Transfer and Progression for Learners, National Framework of Qualifications, 2003.***

Annex B: Indicative Timetable for Institutional Review process

Timeline	Action or milestone in the process	Actor/s
<i>9-10 months before Main Review Visit</i>	Agreed timeframe for Institutional Review process	QQI and RCSI
<i>Approx. 6 months Main Review Visit</i>	Terms of Reference established, following consultation with RCSI and published on QQI the website	QQI
<i>Approx. 6-9 months Main Review Visit</i>	Confirmation of appointment of Review Team members and confirmation of any declarations of conflict of interest	QQI
<i>3 to 6 months before Main Review Visit</i>	Completion of the self-assessment report	RCSI
12 August 2013	Submission of the self-assessment report and other supporting documentation to QQI for distribution to the Review Team	RCSI
<i>Approx. 8 weeks Main Review Visit</i>	Training of Team members for institutional review	QQI
<i>Approx. 7 weeks Main Review Visit</i>	Feedback by Review Team members on initial impressions of the self-assessment report	Review Team
<i>Approx. 7 weeks Main Review Visit</i>	Pre-visit Planning Visit between Review Team representatives, QQI and the RCSI	Review Team/ QQI/ RCSI
21-25 October 2013	Main Review Visit to RCSI by Review Team (4-5 days approximately) Preliminary (oral) feedback on findings by the Review Team	Review Team/ QQI/ RCSI
3 February 2014	Draft report on findings of the Review Team sent by QQI to RCSI for factual accuracy	QQI
<i>1-2 weeks following receipt of draft report</i>	RCSI response to QQI with any factual corrections required	RCSI
<i>2-4 weeks following receipt of factual accuracy response</i>	Final report on findings of Team sent by QQI to RCSI	QQI
<i>6-8 weeks following receipt of report</i>	Response by RCSI to QQI including plan with timeframe for implementation of changes, if appropriate	RCSI
<i>Next available QQI Board meeting</i>	Consideration of report and RCSI response by QQI board Publication of report and response on website once adopted	QQI/ RCSI
<i>12 months after adoption</i>	Follow up report by RCSI to QQI	RCSI

Annex C: Guidelines for the nomination, selection, training and deployment of Review Team members and the Institutional Coordinator

The Review Team

Roles and Responsibilities of the Review Team

1. Throughout the review process the Review Team will be asked to evaluate the Institution's compliance with [Part One of the European Standards and Guidelines for Quality Assurance 2009, Helsinki, 3rd edition](#). They will also 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
 - **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.
2. 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 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
 - contributing to and commenting on the review reports in a timely manner

Individual roles within the Review Team:

The Chairperson

3. 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 effectively Chair meetings.

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 reports are 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 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, make sure 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 reports – drafted on behalf of the Team by the secretary following consultation with the Team and submitted to QQI within 6-8 weeks of the Main Review Visit
- approve amendments to the final reports in response to the institution's comments on factual accuracy
- it is within the remit of the Chairperson to convene additional meetings, as appropriate.

The Coordinating Reviewer

4. The Coordinating Reviewer will also be tasked with the following responsibilities:

- 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 reports are 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 on a daily basis 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 reports
- 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 Summary and full Review Report post-review, in consultation with the Chairperson and Review Team in order to submit the reports to QQI within 6-8 weeks of the Main Review Visit
- make factual accuracy changes as identified by the institution, in consultation with the Chairperson and the QQI Review and Enhancement Manager

Learner Representative

5. The learner representative is an equal member of the Review Team and participates in all aspects of the review. The learner representative is the "*voice of the learner*" and brings a particularly valuable perspective which can inform and enrich discussions. He/she may have a particular focus on the learner experience and topics of particular 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.*
 - Learner input to decision making and involvement in quality assurance.

External stakeholder (national and international)

6. The external stakeholder reviewer is an equal member of the Team and takes part in all aspects of review. The industry/wider community representative brings a particularly valuable 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;
 - Good management practices in other sectors.

Review Team Induction Training

7. 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.
8. 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 that the institution is operating within
- 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
- understand their own roles and tasks and the importance of Team coherence and delivering a robust, evidence-based report in a timely manner

9. 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
- 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 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.

10. The aims of the reviewer training induction programme are:

1. To ensure that reviewers fully understand the institutional review process and its context prior to participating in the Review Team.
2. To maximise the objectivity, consistency and integrity of the institutional review process
3. To increase reviewers' ownership of the review process.
4. 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 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;
- A range of review techniques (e.g. open questioning, active listening, giving feedback, reviewing evidence);
- The Terms of Reference.

Role of the Institutional Coordinator

Selection, Briefing and Support

1. The institution will be asked to select an Institutional Coordinator from within the institution who can form the main liaison point between the institution, the QQI Review and Enhancement Manager 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 will inhibit discussion about possible review findings and recommendations.

2. The QQI Review and Enhancement Manager 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

3. Throughout the review process the Institutional Coordinator will be expected to:
 - liaise with the QQI Review and Enhancement Manager to submit the ISER
 - liaise with the Coordinating Reviewer on the schedule and arrange 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 reports (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 reports
 - six to eight 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 reports
 - submit to QQI an institutional feedback form on the Institutional review process

Annex D: The Review Visits: The Planning Visit and Main Review Visit

Planning Visit

Transport/Accommodation/Catering

- QQI will make flight and hotel accommodation arrangements for the Chairperson and Coordinating Reviewer
- the QQI Review and Enhancement Manager will accompany the Chairperson and Coordinating Reviewer to the institution. The Review and Enhancement Manager will introduce the Chairperson and Coordinating Reviewer to the Institutional Co-ordinator 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. With all meetings conducted from within 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

Timetable

- The Planning Visit timetable is set by the institution. 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 ideally start around 09:30 and close around 14:30 ending with a brief tour of the campus
- The QQI Review and Enhancement Manager will attend meetings to ensure clarity on process and consistency in its application

Post Planning Visit Workload

- 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 Secretary 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.

Documentation Requirements

- During the Planning Visit, the Chairperson & Coordinating Reviewer are likely to identify additional documents that the Team seeks access to during 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.

Internal Reviews – perhaps one academic and one non-academic - 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 were published for internal and external audiences and how and the implementation of action plans is shared with internal and external audiences.

External Examiners – perhaps one undergraduate and one postgraduate - including a paper trail of guidelines on the appointment of external examiners, copy of any guidance/briefing notes given, review reports completed the two 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 committee system.

Student Feedback – perhaps one at module 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.

Committee Papers – a selection of Committee Papers (Agendas and Minutes) from key committees including: Quality Committee, Teaching and Learning Committee, Academic Council, Governing Authority etc. A briefing document that outlines the relationship between governing authority and Academic Council might also be helpful here, if available, to show how the two bodies interact.

The Main Review Visit

- The Main Review Visit will be used by the Team to confirm the processes employed by the Institution for assuring the effectiveness of its quality management process in accordance with national and European requirements. The Main Review Visit will not normally exceed five days in duration. The Review Team will follow the programme agreed by the Chair following the Planning 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, 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.

- The QQI Review and Enhancement Manager will attend meetings to ensure clarity on process and consistency in its application

Logistical arrangements

- QQI will arrange (to be reimbursed by the institution):
 - all flights and train fares for the reviewers
 - taxis from the airport to the hotel on the Saturday/Sunday when the reviewers arrive in Dublin
 - taxis from hotels to the institution each day of the visit (if required)
 - any additional taxi requirements throughout the visit to and from campuses, restaurants etc.
- The institution is responsible for booking and managing localised hotel accommodation for the duration of the visit. In most cases, the Team will be arriving at the hotel on the Saturday or Sunday in advance of the Monday start, thus provisional bookings for all six 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 six person Team will therefore, in most cases, need accommodation for 5 nights (Check-in Sunday - check out Friday morning). 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;
- a private meeting room will also be required for the Sunday evening before the start of the review to enable the Team to initiate preparations. It is worth exploring if this meeting space (required from 17:00 – 20:00 on the Sunday evening) could be made available on a complementary basis as part of the package rate secured by the institution;
- a private meeting room or private dining room should also be secured for the dinner on the Thursday 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 the 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
 - 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 might also be a room that could be used for the brief meetings between the Secretary, Chairperson and Institutional Coordinator at the start of each day.

Catering

- **Lunch:** Throughout the duration of the review, teams appreciate relatively informal or light lunches to be provided by the institution (soups, salads, sandwiches, and fruit – including options for vegetarians). 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 that attended the oral report/final wrap up session prior to the Review Team departing. This could be within the main staff restaurant or the main refectory area but again – emphasis is on lunch being light with a range of healthy options where possible.

- **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 President. Usually no more than 6 institution attendees are recommended. The reservation should be made at a restaurant (ideally with a private dining room) for 19:30 – 20:00.

Monday, Tuesday and Wednesday: 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.

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

- **Refreshments:** It would be appreciated if tea, coffee and water were made available to the Team and replenished regularly throughout each day.

Meetings

- **Timetabling**
 - where possible, the Team should have a private meeting with the President at the start AND end of the Main Review Visit
 - no more than 5-6 meetings between the Team & institution should be scheduled per day
 - all meetings should 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 agreed with the Chairperson in advance
 - most meetings should take place within one centralised location (i.e. 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 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 and remain flexible and accommodate any last minute timetable or scheduling changes that might 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
 - 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 whether the review process and its resulting reports will have a 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 amount of attendees per meeting to a maximum of 8. Ideally between 4-6 attendees per meeting should be secured where possible.
- **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. They 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. Staff and students from academic and non-academic departments that have undergone quality reviews in the first and second cycle should also be secured 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 PowerPoint presentation, and will provide the institution with an overview of the Team's key findings, commendations and recommendations. Ideally the institution attendees would include the President, senior management Team members, a student representative, and the Institutional Coordinator. All findings shared at this stage must remain confidential and informal. An overview of the findings may – with the Chairperson's approval - be shared internally with colleagues and students that 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 reports are signed off and published by the QQI Board.

Main Review Visit – Indicative Timetable

Sunday

TIME	MEETINGS
16:00 – 19:00	Private Review Team meeting (Meeting Room to be reserved in Hotel)
19:30 – 22:00	Review Team & institution management team Discussion of the key issues to be explored during the visit over dinner with representatives from the senior management team

Monday

TIME	MEETINGS	PURPOSE
09:00	Review Team and Institutional Coordinator	<p>Team arrival on campus</p> <p>Welcome, familiarisation of the Team with the campus and rooms.</p> <p>Presentation of day's schedule by Institutional Coordinator with names and titles of participants</p>
09:30 – 17:30	CEO	Private discussion with the CEO
	Governing authority	Discussion of the mechanisms employed by the governing authority for monitoring quality assurance and enhancement within the institution and how it ensures the effectiveness of the procedures used
	Institution senior management team	To discuss institutional mission, goals, strategic aims, direction and recent and proposed developments in quality management and its link to strategic planning
	Head of Faculties/Colleges	Discussions on strategic management and quality assurance structures, including the roles and responsibilities for quality assurance and management between centres, faculties and schools/departments
	Students union representative/sabbatical officers	Session on student engagement in the institution, particularly the role of students in quality assurance, strategic planning and decision making processes
	External stakeholder representatives	Discussion on the engagement of external stakeholders strategic management and quality assurance structures
	Time to be built in throughout the day for private Review Team meetings of significant duration for preparation, reflection and discussion.	

Tuesday

TIME	MEETINGS	PURPOSE
09:00	Review Team and Institutional Coordinator	Team arrival on campus Presentation of day's schedule by Institutional Coordinator with names and titles of participants
09:30 – 17:30	Quality Assurance Team	Discussion on management of quality assurance structures, including the experience of implementing quality assurance throughout the institution
	Quality Committee & Academic Council	To discuss how the institution monitors the effectiveness of its quality management processes and structures and it ensures the outcomes of QA processes are enacted in an appropriate, consistent and timely manner.
	Staff from service/support units that recently underwent internal reviews	To discuss the use of effectiveness of embedding quality management processes within decision making, management and planning processes. Discuss the ways operational activities are informed by national and international benchmarks and practices including the role of key stakeholder in teaching, learning and research innovations.
	Possible split session: Staff from service/support units that recently underwent internal reviews Staff within academic units that recently underwent internal reviews	To discuss the review process, outcomes and impacts of reviews
	Undergraduate student representatives	Session on undergraduate student engagement in the institution, particularly the student learning experience
	Postgraduate student representatives	Session on postgraduate student engagement in the institution, particularly the postgraduate student learning experience
	International student representatives (international students studying in Ireland)	Session on international student engagement in the institution, particularly the student learning experience
	Time to be built in throughout the day for private Review Team meetings of significant duration for preparation, reflection and discussion.	

Wednesday

TIME	MEETINGS	PURPOSE
09:00	Review Team and Institutional Coordinator	Team arrival on campus Presentation of day's schedule by Institutional Coordinator with names and titles of participants
09:30 – 17:30	Director of Human Resources	To discuss staffing issues, including national frameworks and constraints, alongside policies and procedures for staff promotion, diversity, recruitment and appraisal
	Directors of student support services	Meetings with Directors of a range of student support services and discuss involvement in academic and non-academic quality assurance and enhancement processes – including student feedback mechanisms
	Research Directors	To discuss the development of research in the institution, research centres, recent centre reviews and support for research active staff and the PG research experience
	Meeting with Academic Staff: Research	To discuss staff experiences of research management and supervision within the institution, the relationship between teaching, research and innovation, and the effectiveness of quality management processes for ensuring the quality of the Post Graduate and Post Doc experience.
	Postgraduate and Post Doc Researchers	Discussions with a range of Post grad students and Post-Doc researchers including those that engaged with recent internal reviews, management and feedback processes on the consistency and quality of their experiences within the institution
	Academic and developmental staff in the area of NFQ implementation, learning outcomes and assessment	To discuss NFQ implementation in the institution, the implementation and review of learning outcomes and the quality management of assessment
	Senior staff with responsibility for Teaching and Learning	To discuss the development of teaching and learning in the institution, reviews and support for teaching and learning
	Time to be built in throughout the day for private Review Team meetings of significant duration for preparation, reflection and discussion.	

Thursday

TIME	MEETINGS	PURPOSE
09:00	Review Team and Institutional Coordinator	Team arrival on campus Presentation of day's schedule by Institutional Coordinator with names and titles of participants
09:30 – 17:30	Directors and senior academic staff from national collaborative partners	To discuss arrangements by the institution for ensuring engagement with the quality of provision for staff and students for programmes offered with collaborative partners
	Directors and senior academic staff from overseas collaborative partners	To discuss arrangements by the institution for ensuring engagement with the quality of provision for staff and students for programmes delivered with collaborative partners
	Directors and senior academic staff from overseas branch campuses	To discuss arrangements by the institution for ensuring engagement with the quality of provision for staff and students in branch campuses
	QA officers from branch campuses	Session on management of quality assurance structures, including the experience of implementing quality assurance in the branch campus
	Student representatives from programmes offered with collaborative partners	Session on student engagement, particularly the student learning experience
	International student representatives (international students studying abroad)	Session on international student engagement, particularly the student learning experience
	Open slot	Possibility to pick up on key themes/strengths/weaknesses identified in the ISER
	Review Team and Review and Enhancement Manager Dinner	To discuss emerging findings of the review
	Time to be built in throughout the day for private Review Team meetings of significant duration for preparation, reflection and discussion.	

Friday

TIME	MEETINGS	PURPOSE
09:00	Review Team and Institutional Coordinator	Team arrival on campus Presentation of day's schedule by Institutional Coordinator with names and titles of participants
09:30 – 14.00	Open slot	Possibility to pick up on key themes/strengths/weaknesses identified in the ISER Possibility to re-meet with specific individuals or groups to finalise discussions
	Meeting President (optional)	Private discussion with the President
	Review Team	Preparation for Exit Presentation/Oral Report
	In parallel: Review and Enhancement Manager and Institutional Coordinator	Parallel meeting to enable the institution to give feedback to QQI on the conduct of the Review Team and feedback on their experience of the process.
	Review Team & Review and Enhancement Manager	Meeting to enable the Chairperson and the Team to rehearse the PowerPoint presentation and confirm the key findings and the experiences of the Team with the Review and Enhancement Manager
	Review Team, Review and Enhancement Manager, the Senior Management Team	Oral Report - Chairperson gives an oral presentation of the key findings and recommendations of the Review Team and confirm actions and timescales associated with the finalising and publication of the reports & any follow-up actions (confidential)
	Review Team, Review and Enhancement Manager, the Senior Management Team	Informal lunch with the institution before departure
	Time to be built in throughout the day for private Review Team meetings of significant duration for preparation, reflection and discussion.	

Annex E: Structure of the Summary and Review Reports

1. Approximately twelve weeks after the end of the Main Review Visit, QQI will send the President two reports, a Summary Report and Review Report (prepared by the Coordinating Reviewer and signed off by the Chairperson following consultation with all Review Team members). The institution will be given one to two weeks in which to comment on factual accuracy (and if they so wish) to provide a 1-2 page institutional response to the reports that will be published as an appendix to the Review Report. The summary and review reports will be formally signed off and approved by the QQI Board once satisfied that the review process was completed in accordance with published criteria. Reports will be published by QQI thereafter.
2. The two reports are designed to support the availability of consistent, robust and independent public assurances that Irish higher education institutions have in place procedures and processes that ensure the delivery of educational experiences of the highest international standard. In recognition of the different needs and interests of internal and external stakeholders in engaging with and understanding the outcomes of the process, two review reports will be produced per institution by each Review Team.
3. The Summary Report (focusing on the key findings and recommendations) is expected to attract interest from a wide variety of external audiences including:
 - existing and prospective students (national, European and International)
 - parents
 - careers advisers
 - student bodies
 - employers (national, European and International)
 - politicians
 - press
 - administrative and academic staff in Irish, European and International universities
 - public bodies within and outside of Ireland with an interest in quality assurance of higher education including:
 - Ireland: HEA, IUA, USI and public, statutory and regulatory bodies,
 - European/International: ENQA, EUA, other HE Quality Assurance and regulatory bodies
4. The Review Report is designed to be read by a more specialist audience including members of staff from the institution being reviewed, quality managers and senior staff at other Irish higher education institutions, officers and staff from linked or recognised colleges, and other key stakeholders including the HEA and USI. 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.

Proposed Report Structure

5. The Review Report will be structured as follows:

Section 1: Introduction and Context

- summary information on the institution's size, mission, strategic aims and directions
- a short statement of contextual factors at the time of the review – including key recent developments within the institution
- a short statement on the institution's approach to quality assurance and enhancement

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

- a summary of the institutional review process
- a commentary on the ISER and the way the institution has engaged with the institutional review process
- 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.

Section 3: Quality Assurance/Accountability

The Review Team's findings and recommendations on the institution's capacity in meeting the objectives and criteria set out in the Terms of Reference for the review.

Section 4: Quality Enhancement

The Review Team's findings and recommendations on the institution's procedures for ensuring effectiveness in:

- supporting existing or proposed practices and/or remedying any shortcomings the institution has identified via quality assurance processes
- developing, encouraging and rewarding staff that support the student learning experience
- (optional) the strategic enhancement theme that the institution has identified for discussion during the Main Review Visit

Section 5: Consistency with the Part 1 ESG

The Review Team's findings and recommendations on the institution's procedures for ensuring effectiveness in:

- its internal practices against the Part 1 Standards and Guidelines of the ESG
- [causes of concern – if the Review Team has identified what it considers to be significant causes of concern in the institution's compliance with relevant statutory requirements or its consistency with the Part 1 ESG, it should state the nature and extent of its concerns here]

Section 6: Conclusion

The Review Team will provide concluding findings and recommendations on the institution's procedures and practices for ensuring effectiveness in relation quality assurance with reference to the objectives and criteria set out in the Terms of Reference.

Annex F: Part 1: European standards and guidelines for internal quality assurance within higher education institutions, 2009

1.1 Policy and procedures for quality assurance

STANDARD:

Institutions should have a policy and associated procedures for the assurance of the quality and standards of their programmes and awards. They should also commit themselves explicitly to the development of a culture which recognises the importance of quality, and quality assurance, in their work. To achieve this, institutions should develop and implement a strategy for the continuous enhancement of quality.

The strategy, policy and procedures should have a formal status and be publicly available. They should also include a role for students and other stakeholders.

GUIDELINES:

Formal policies and procedures provide a framework within which higher education institutions can develop and monitor the effectiveness of their quality assurance systems. They also help to provide public confidence in institutional autonomy. Policies contain the statements of intentions and the principal means by which these will be achieved. Procedural guidance can give more detailed information about the ways in which the policy is implemented and provides a useful reference point for those who need to know about the practical aspects of carrying out the procedures.

The policy statement is expected to include:

- the relationship between teaching and research in the institution;
- the institution's strategy for quality and standards;
- the organisation of the quality assurance system;
- the responsibilities of departments, schools, faculties and other organisational units and individuals for the assurance of quality;
- the involvement of students in quality assurance;
- the ways in which the policy is implemented, monitored and revised.

The realisation of the EHEA depends crucially on a commitment at all levels of an institution to ensuring that its programmes have clear and explicit intended outcomes; that its staff are ready, willing and able to provide teaching and learner support that will help its students achieve those outcomes; and that there is full, timely and tangible recognition of the contribution to its work by those of its staff who demonstrate particular excellence, expertise and dedication. All higher education institutions should aspire to improve and enhance the education they offer their students.

1.2 Approval, monitoring and periodic review of programmes and awards

STANDARD:

Institutions should have formal mechanisms for the approval, periodic review and monitoring of their programmes and awards.

GUIDELINES:

The confidence of students and other stakeholders in higher education is more likely to be established and maintained through effective quality assurance activities which ensure that programmes are well-designed, regularly monitored and periodically reviewed, thereby securing their continuing relevance and currency.

The quality assurance of programmes and awards are expected to include:

- development and publication of explicit intended learning outcomes;
- careful attention to curriculum and programme design and content;
- specific needs of different modes of delivery (e.g. full time, part-time, distance learning, e-learning) and types of higher education (e.g. academic, vocational, professional);
- availability of appropriate learning resources;
- formal programme approval procedures by a body other than that teaching the programme;
- monitoring of the progress and achievements of students;
- regular periodic reviews of programmes (including external Team members);
- regular feedback from employers, labour market representatives and other relevant organisations;
- participation of students in quality assurance activities.

1.3 Assessment of students

STANDARD:

Students should be assessed using published criteria, regulations and procedures which are applied consistently.

GUIDELINES:

The assessment of students is one of the most important elements of higher education. The outcomes of assessment have a profound effect on students' future careers. It is therefore important that assessment is carried out professionally at all times and that it takes into account the extensive knowledge which exists about testing and examination processes. Assessment also provides valuable information for institutions about the effectiveness of teaching and learners' support.

Student assessment procedures are expected to:

- be designed to measure the achievement of the intended learning outcomes and other programme objectives;
- be appropriate for their purpose, whether diagnostic, formative or summative;
- have clear and published criteria for marking;
- be undertaken by people who understand the role of assessment in the progression of students towards the achievement of the knowledge and skills associated with their intended qualification;
- where possible, not rely on the judgements of single examiners;
- take account of all the possible consequences of examination regulations;
- have clear regulations covering student absence, illness and other mitigating circumstances;
- ensure that assessments are conducted securely in accordance with the institution's stated procedures;
- be subject to administrative verification checks to ensure the accuracy of the procedures.

In addition, students should be clearly informed about the assessment strategy being used for their programme, what examinations or other assessment methods they will be subject to, what will be expected of them, and the criteria that will be applied to the assessment of their performance.

1.4 Quality assurance of teaching staff

STANDARD:

Institutions should have ways of satisfying themselves that staff involved with the teaching of students are qualified and competent to do so. They should be available to those undertaking external reviews, and commented upon in reports.

GUIDELINES:

Teachers are the single most important learning resource available to most students. It is important that those who teach have a full knowledge and understanding of the subject they are teaching, have the necessary skills and experience to transmit their knowledge and understanding effectively to students in a range of teaching contexts, and can access feedback on their own performance.

Institutions should ensure that their staff recruitment and appointment procedures include a means of making certain that all new staff have at least the minimum necessary level of competence.

Teaching staff should be given opportunities to develop and extend their teaching capacity and should be encouraged to value their skills. Institutions should provide poor teachers with opportunities to improve their skills to an acceptable level and should have the means to remove them from their teaching duties if they continue to be demonstrably ineffective.

1.5 Learning resources and student support

STANDARD:

Institutions should ensure that the resources available for the support of student learning are adequate and appropriate for each programme offered.

GUIDELINES:

In addition to their teachers, students rely on a range of resources to assist their learning. These vary from physical resources such as libraries or computing facilities to human support in the form of tutors, counsellors, and other advisers. Learning resources and other support mechanisms should be readily accessible to students, designed with their needs in mind and responsive to feedback from those who use the services provided. Institutions should routinely monitor, review and improve the effectiveness of the support services available to their students.

1.6 Information systems

STANDARD:

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes of study and other activities.

GUIDELINES:

Institutional self-knowledge is the starting point for effective quality assurance. It is important that institutions have the means of collecting and analysing information about their own activities.

Without this they will not know what is working well and what needs attention, or the results of innovatory practices.

The quality-related information systems required by individual institutions will depend to some extent on local circumstances, but it is at least expected to cover:

- student progression and success rates;
- employability of graduates;
- students' satisfaction with their programmes;
- effectiveness of teachers;
- profile of the student population;
- learning resources available and their costs;
- the institution's own key performance indicators.

There is also value in institutions comparing themselves with other similar organisations within the EHEA and beyond. This allows them to extend the range of their self-knowledge and to access possible ways of improving their own performance.

1.7 Public information

STANDARD:

Institutions should regularly publish up to date, impartial and objective information, both quantitative and qualitative, about the programmes and awards they are offering.

GUIDELINES:

In fulfilment of their public role, higher education institutions have a responsibility to provide information about the programmes they are offering, the intended learning outcomes of these, the qualifications they award, the teaching, learning and assessment procedures used, and the learning opportunities available to their students. Published information might also include the views and employment destinations of past students and the profile of the current student population. This information should be accurate, impartial, objective and readily accessible and should not be used simply as a marketing opportunity. The institution should verify that it meets its own expectations in respect of impartiality and objectivity.

Annex G: Ways of Evidencing Achievements against the Part 1 ESG Requirements: (Extracted from the Framework for Quality in Irish Universities, 2007)

ESG Part 1 Standard and Framework for Quality Response	Engagement evidenced through
Part 1 Standard 1- QA Policy and Procedures	<ul style="list-style-type: none"> • Quality policy and processes • Quality manual • Learning & Teaching/Quality Committee minutes & Strategic Plan • Institutional Strategic Plan • External/Institutional reviews – participation in and responses to
Part 1 Standard 2 – Periodic Review of Programmes	<ul style="list-style-type: none"> • External examiner procedures, reports and associated analysis • Programme design, development and monitoring processes & procedures • Programme review/evaluation reports and action plans • Teaching Development Grants/Funds • Committee membership and minutes • Student feedback processes (formal & informal)
Part 1 Standard 3- Assessment of Students	<ul style="list-style-type: none"> • External examiner recruitment procedures and guidance notes • External examiner reports and associated institutional analysis & response • Assessment and marking procedures & protocols • Student feedback processes • Academic appeals process & institutional analysis of appeals (frequency, outcomes etc.)
Part 1 Standard 4 – QA of Teaching Staff	<ul style="list-style-type: none"> • HR Policies and procedures • Performance management and development system • Data on staff engagement with CPD • Student feedback mechanisms • Teaching award schemes • Teaching and learning Strategies
Part 1 Standard 5	<ul style="list-style-type: none"> • Internal review reports • External examiner reports • Student feedback • Committee minutes
Part 1 Standard 6 –Information Systems	<ul style="list-style-type: none"> • IT Strategies, policies and procedures • Institutional KPIs • Institutional Strategic Plan • Student Records System – data analysis of progression, achievements, employability etc. • Student satisfaction rates
Part 1 Standard 7 – Public Information	<ul style="list-style-type: none"> • Procedures for monitoring the accuracy of the institutional website, prospectuses and publications • Publication of the outcomes of internal review reports & follow up plans • Publication of information in an easily accessible manner (i.e. student friendly) • Institutional data sets, annual reports , strategic plans etc.