



Name of Unit	Quality Enhancement Office					
Project Title	Internal Quality Review					
Document Title	Guidelines for Academic Units					
This Document Comprises	DCS	TOC	Text	List of Tables	List of Figures	No. of Appendices
	1	1	12			4

Rev	Status	Author(s)	Reviewed By	Approved By	Office of Origin	Issue Date
2	Draftv1	AW			QEO	27 May 2014
	Draftv4	AW	DTC		QEO	11 August 2014
	Final	AW			QEO	28 August 2014



## Table of Contents

1	Preparation for Self-assessment for Academic Units .....	1
1.1	Introduction.....	1
1.2	Purpose of the Review .....	1
1.3	Stages of the Internal Review Process .....	2
1.4	Self-assessment Rationale .....	2
1.5	Initial consultation with Head of Unit .....	3
1.6	Establishment of the Self-assessment Committee .....	3
1.7	The Self-assessment Report for an Academic Unit.....	4
1.8	Submitting the Self-assessment Report and supporting documentation .....	5
1.9	The confidential nature of the SAR .....	6
2	Peer Review Group.....	7
2.1	Peer Review Group Composition and Selection.....	7
2.2	Terms of Reference of the Peer Review Group.....	7
2.3	Functions of the Peer Review Group .....	8
2.4	Site Visit .....	8
2.5	The Peer Review Group Report.....	9
3	Follow-up to Quality Review.....	11
3.1	The Quality Improvement Plan (QIP) .....	11
3.2	Progress Report .....	12
	Appendix 1: Internal Review Indicative Timeline .....	13
	Appendix 2: Additional SAR Related Information .....	14
	Appendix 3: PRG Nomination Forms.....	16
	Appendix 4: Sample Site Visit Schedule.....	18

# **1 PREPARATION FOR SELF-ASSESSMENT FOR ACADEMIC UNITS**

## **1.1 Introduction**

RCSI has always been acutely aware of the need to assure and improve the quality of its products. It has a well-developed culture of self-reflection and critical evaluation of the programmes delivered by its component schools. Under our Independent Degree Awarding Status, quality processes in RCSI operate within national legislative and regulatory contexts (particularly the Universities Act 1997 and the Qualifications and Quality Assurance (Education and Training) Act 2012) that respect institutional autonomy and allow 'quality improvement' to be a fundamental principal governing all the associated procedures and practices.

Quality Assurance / Quality Improvement (QA/QI) procedures can be broken down into routine, rolling and 'on-demand'. Rolling reviews will take place for all academic and non-academic units. The timetable for these reviews will be agreed between the Quality Enhancement Office (QEO) and the individual Units. Academic Units will go through such a process every six years. The procedure for these rolling reviews will include an initial self-assessment report (SAR) followed by a 2 or 3-day inspection [depending on the size of the Unit] by a team comprised of peer and external reviewers commissioned by the Quality Committee and supported by the QEO. Based on the SAR and the visit the team will produce a report and a series of recommendations which, in consultation with the Unit being reviewed, will form the basis for a Quality Improvement Plan (QIP). The QIP will consist of agreed timelines and will be monitored and supported by the Quality Committee and the Quality Enhancement Office.

The overall aim of the internal review process is on-going improvement. In order to obtain maximum benefit from the process, RCSI is keen to ensure that the approach to self-assessment and review should be simple, flexible and easy to implement. The internal review process is facilitated by the Quality Enhancement Office with the aim of making the process as simple and understandable as possible. The Director/Associate Director of Quality Enhancement or a member staff from the QEO will be appointed as the Review Lead for each review.

## **1.2 Purpose of the Review**

The self- assessment exercise is a process by which a Unit reflects on its mission and objectives, and analyses critically the activities it engages in to achieve these objectives. It provides for an evaluation of the Unit's performance of its functions, its services and its administration. In line with the RCSI strategic plan 'Growth and Excellence' it provides assurance to the College of the quality of the units' operations and facilitates a developmental process to effect improvement. The fundamental objectives of the review process are:

- To review the quality of the student experience, and of teaching and learning opportunities.
- To review research activity, including; management of research activity, assessing the research performance with regard to: research productivity, research income, and recruiting and supporting doctoral students.
- To identify, encourage and disseminate good practice and to identify challenges and how to address these.
- To provide an opportunity for the Units to test the effectiveness of their systems and procedures for monitoring and enhancing quality and standards,
- To inform RCSI's strategic planning process
- To provide robust evidence for external accreditation bodies.
- To provide an external benchmark on practice and curriculum
- To provide public information on the RCSI's capacity to assure the quality and standards of its awards. RCSI's implementation of its quality procedures enables it to demonstrate how it discharges its responsibilities for assuring the quality and standards of its awards, as required by

### **1.3 Stages of the Internal Review Process**

The key stages in the internal review process are:

1. Establishment of a Self-assessment Committee
2. Preparation of a Self-assessment Report (SAR) and supporting documentation
3. Site visit by a peer review group that includes external experts both national and international
4. Preparation of a peer review group report that is made public
5. Development of a Quality Improvement Plan (QIP) for implementation of the review report's recommendations.
6. Follow-up to appraise progress against the QIP.

### **1.4 Self-assessment Rationale**

Self-assessment is the critical first step that a Unit takes in preparing for a quality review. The European University Association suggests that four basic questions are asked and addressed as part of this process, namely:

- What are you trying to do?
- How are you trying to do it?
- How do you know it works and what evidence can you provide?
- How do you change in order to improve?

Self-assessment is the process by which a Unit reflects on its objectives and analyses critically the activities it engages in to achieve these objectives. It provides an evaluation of the Unit's performance, of its functions, its services, and its non-academic support activities. The Unit records these evaluations in a Self-assessment Report (SAR).

The Self-assessment Report:

- presents detailed information about the Unit, its mission, functions and activities
- presents a succinct but comprehensive statement of the Unit's strategic aims and objectives and discusses how these are aligned with those of the College
- describes the quality systems and processes that are already in place along with sample outcomes
- provides a comprehensive self-critical analysis of the activities of the Unit, which may include a formal benchmarking exercise
- describes the collective perception of staff and students of their role not only in the College, but where appropriate, in the international community and in the social, cultural and economic development of Ireland
- provides evidence of the views of external stakeholders
- helps the Unit to identify and analyse its strengths, weaknesses, opportunities and challenges, and allows it to suggest appropriate remedies where necessary
- identifies weaknesses in procedural, organisational or other matters that are under the control of the Unit, and which can be remedied internally
- identifies shortfalls in resources and provides an externally validated case for increased resource allocation

- provides a framework within which the Unit can continue to work in the future towards quality improvement

Regular, formal self-assessment is the core component of the RCSI quality framework, where the emphasis is placed on the immediate value to the Unit of this analytical and self-critical process. The preparation of the SAR acts as a stimulus and provides opportunities for reflection and consultation, enabling Units to plan and manage strategically and to align their development plans with those of the organisation. The main emphasis in all of the self-assessment processes is on both quantitative and qualitative analysis, with a view to continuous improvement.

The SAR provides the Review Group with essential information to prepare both for the review visit and the review group report. The preparation of the SAR follows essentially the same process for all Units within RCSI. However, the content of reports may vary with the nature of the Unit's activities.

The major pitfall encountered by Units in writing the SAR is to be overly descriptive and not sufficiently self-reflective and/or analytical. The SAR should be at least 40% analytical in its emphasis and content.

## **1.5 Initial consultation with Head of Unit**

Approximately 10 months before the review the Director of Quality Enhancement will meet with the head of the Unit. The purpose of this meeting will be to discuss the review process and agree a timeline for the review. The timeline for review process is outlined in Appendix 1. The QEO will provide further briefing(s) to the Unit staff and co-ordinating committee in consultation with the Unit.

## **1.6 Establishment of the Self-assessment Committee**

At the outset of the process the Unit appoints a co-ordinating committee that is responsible for preparing the self-assessment report. The committee should be representative of all staff in the Unit, and should include members from all categories of staff and perhaps also a user representative. Units are required to ensure that students are involved systematically in all appropriate aspects and stages of the self-assessment phase. Schools should include at least one undergraduate student and where a school offers taught postgraduate programmes, at least one postgraduate student. The committee will appoint a Chair (not necessarily the Head of the Unit). The committee should be operational and meet frequently, usually every month at the start of the process but more frequently as the report is being finalised.

Members of the Co-ordinating Committee should be assigned, where appropriate, responsibility for various sections for the SAR [with the exception of the student representative(s) who are not expected to devote a large amount of time to the process]. All staff members of the Unit should be kept informed fully about the self-assessment process and given opportunities to contribute their views.

Example of a Co-ordinating Committee for an Academic Unit

- Head of Unit
- Academic staff members at a range of grades
- Representative of technical staff
- Representative of administrative staff
- Representative of full-time research staff
- Postgraduate student (where appropriate)
- Undergraduate student (where appropriate)

*The above is a guideline only and should be adapted to suit a particular Unit's needs. Subgroups may be formed with additional members from outside the core committee with specific responsibility for the preparation of aspects of the self-assessment report. All members participate in the drafting of the self-assessment report prior to its consideration by all members of the Unit.*

Following consultation with the Unit, the Quality Enhancement Office may provide a further briefing to the Co-ordinating Committee. Before making a detailed plan for the self-assessment, the Co-ordinating Committee should read the Guidelines carefully, discuss these with their colleagues, and importantly consult with the Director of Quality Enhancement and/or staff in the Quality Enhancement Office. The Head of Unit and/or Chair of the Co-ordinating Committee and Director of Quality Enhancement/Review Lead should then agree provisional dates of formal meetings. The Director of Quality/Review Lead should be invited to the first meeting of the Co-ordinating Committee, and thereafter to appropriate meetings, to provide advice and guidance, to monitor progress and to review the final draft of the SAR. Regular communication between the Quality Enhancement Office and the Co-ordinating Committee is encouraged. The best results for reviewed Units have occurred most often when this contact has been maintained.

## **1.7 The Self-assessment Report for an Academic Unit**

### **Nature and Length of SAR**

It is expected that the SAR will be evaluative and reflective in nature as well as being critical and concise. A typical SAR consists of approximately 40 pages, excluding appendices.

### **References to Supporting Documentation**

Where the Unit wishes to refer to specific supporting documentation it can do so by including appendices in the SAR, by referring to area secure area on Moodle where all such documentation is gathered or by making it available to the PRG during the site-visit. The secure Moodle page will be set up by the QEO. Detailed information available in another existing document should not be reproduced in the SAR, rather it should be included as an appendix or referred to and made available on the Moodle page. Supporting documentation will be to some extent dependent on the Unit under review but would typically include: an organisation chart, staff profiles, Unit plans, Unit profile comprising staff and student statistical information, any previous internal or external review reports, Professional and Statutory Body accreditation reports, external examiners reports and Unit responses, internal programme review reports and student evaluation reports. See Appendix 2 for further information.

### **Gathering Views to Inform the SAR**

As self-assessment reports are evaluative and reflective in nature, they commonly require contributions from a range of parties internal and external to the Unit. The Unit is encouraged to consider how it might establish these views and ensure that they are represented in its SAR. Common mechanisms for doing so include:

- An internal SWOT analysis;
- Surveys
- Reports of focus groups or semi-structured interviews in support of the self-assessment

Recent examples of student survey data should be included in the documentation. End of semester undergraduate survey reports are provided to the School by the QEO. The QEO can also assist in gathering views of other stakeholders and any requirements for stakeholder surveys should be discussed at an early stage with the Review Lead. Units should note that best practice dictates that

any surveys to be undertaken in the course of preparing the SAR should be run by the QEO on behalf of the Unit, rather than by the Unit itself.

#### Writing the Self-Assessment Report

The SAR is the main vehicle through which the Unit conveys information about itself. Equally, and perhaps more importantly, it is the starting point for critical reflection by the Unit about the way it is managed and handles quality with regard to its particular activities. It is an evidence-based reflection of what the Unit believes to be working well in the Unit and what it believes to be working less well. It should be full and frank, not attempting to hide problems, but not to overlook its strengths; and it should be developmental, offering thoughts on how to improve provision within the Unit.

The following outline is a guide for academic Units and may need some modification depending on the nature of the Unit. The Unit is not required to provide a detailed description of what it does, though some background information may be necessary to set the context, but the emphasis should instead be on the critical self-evaluation on how effective and successful it believes the various aspects of its provision to be. This exercise provides a useful opportunity to explain why the Unit is reassured that service provision is excellent and points to the evidence that supports this view; or where provision could be improved and provide recommendations for corrective action. This section should be no longer than three pages. A template for the SAR with a number of guiding prompts (not exhaustive) is available from the QEO or on the QEO web page [www.rcsi.ie/quality](http://www.rcsi.ie/quality). The template should be used to structure the SAR, however where necessary, the Unit may modify the structure to meet the needs of the Unit. This should be done in consultation with the Review Lead. Example outline for the Self-assessment Report

- Introduction and Context of the Unit
- Organisation and Management
- Staff and Facilities
- Teaching, Learning and Assessment
- Curriculum Development and Review
- Research activity
- Management of Quality and Enhancement
- Support Services
- External Relations
- Overall Analysis and Recommendations for Improvement

Inputs to the SAR should include, where appropriate:

- Staff feedback
  - Student feedback
  - Employer feedback
  - Academic plans
  - External examiner reports; professional and statutory reports
  - Relevant statistics e.g. admission grades; applicant demand; progression and completion rates; degree classifications; staff/student ratios
  - Programme specifications
  - Committee minutes
  - School/RCSI Teaching and Learning Strategy/Research /Strategy
  - Prospectus/Student Handbooks
- Examples of additional supporting documentation that may be included in the SAR and/or made available to the PRG on Moodle or during the site-visit are set out in Appendix 2.

## 1.8 Submitting the Self-assessment Report and supporting documentation

The Unit is required to submit a draft copy of the SAR 10 - 12 weeks prior to the site-visit. The draft SAR will be submitted to the Quality Committee for consideration and where appropriate, to the Chair



of the Review Group. Constructive feedback on the SAR from the Quality Committee and the Chair of the Review Group will be submitted to the Unit by the QEO. The Unit is encouraged to review the feedback and edit that SAR if appropriate. The final SAR and appendices must be submitted to the QEO in electronic format as a Word file not later than four weeks before the site visit. The QEO will convert the document into a PDF file and email it to the Review Group and also send hard copies of the documents by post. The supporting documentation must be available on the Moodle page not later than four weeks before the site visit.

## **1.9 The confidential nature of the SAR**

Self-reflection by the Unit under review is critical to the success of the RCSI Internal QA/QI Review process. In order to facilitate open and frank self-reflection, and in accordance with current best practice in the University sector, the SAR is treated as a confidential document and will be made available only to those involved directly in the review process, the Unit under review, the PRG members, the QEO and the RCSI Quality Committee. The SAR is not published or otherwise circulated.

## **2 PEER REVIEW GROUP**

### **2.1 Peer Review Group Composition and Selection**

A key element of the internal review process is the Peer Review Group (PRG). Typically it is comprised of four members, three independent external experts and one internal senior staff representative. It is recommended that the external experts include national/international representatives with relevant expertise, capable of making national and international comparisons in respect of the activities of the Unit; and a national/international expert in the field of QA/QI in higher education. The QA/QI expert panel member will also take the role of Chairperson of the Review. However, the number and composition of the PRG members may vary, as appropriate, to reflect the size and diversity of the Unit under review. The external panel members should not have had any formal connections with the Unit during the last five years, e.g. acted as external examiner or a partner on a research project etc. The internal representatives may be as senior academic or a senior non-academic staff member not associated closely with the Unit.

#### **2.1.1 Selection of Peer Review Group**

The selection of the PRG members is made in consultation between the QEO and the Unit under review. The Unit will have the opportunity to nominate external and internal representatives. The QEO will also put forward nominations and the PRG members will be selected by agreement between the QEO and the Unit. Nomination forms are set out in Appendix 3 and are available electronically from the QEO. Once the members have been selected, the QEO will contact the panel members to confirm their participation in the review process. Once full membership of the group is confirmed, the QEO will inform the Unit accordingly. The final selection of the Review Group will be reported to the Quality Committee. All contact with the PRG, including planning for the site visit, will be conducted through the QEO.

Note:

1. Both genders (wherever possible) should be represented on the nomination lists.
2. An academic Unit must declare any relationship it might have with a proposed external reviewer. This must be done during the initial consultation period and outlined on the external nomination form (Appendix 3).

### **2.2 Terms of Reference of the Peer Review Group**

The terms of reference of the PRG are to:

- Evaluate critically the SAR and the supporting documentation
- Verify how well the aims and objectives of the Unit are being fulfilled, having regard to the available resources, and comment on the appropriateness of the Unit's mission, objectives and strategic plan
- Comment on how well the Unit fits with the strategic plans for the College as a whole
- Evaluate the Unit's strengths, weaknesses, opportunities and challenges as outlined in the SAR
- Discuss any perceived strengths and weaknesses not identified in the SAR
- Assess the suitability of the working environment(s)
- Comment on any recommendations proposed by the Unit in its SAR
- Make appropriate recommendations for improvement, with due consideration of resource implications

## **2.3 Functions of the Peer Review Group**

In broad terms the functions of the PRG are to:

- Review and analyse the SAR prepared by the Unit and any other supporting documentation
- Conduct a two and a half-day site visit, meet with staff, students, representatives from all categories of users of the services of the Unit, and external stakeholders as appropriate
- Critically evaluate details in the self-assessment report and consider other relevant documentation
- Review the activities of the Unit in light of the self-assessment report
- Prepare brief summary feedback and present the key findings in an exit presentation to the staff of the Unit
- Complete the first draft of the report prior to departure
- Write the PRG Final Report

Further information on the role and function of the PRG is contained in the document 'PRG Guidelines for the Review of an Academic Unit' which is available on the QEO web page [www.rcsi.ie/quality](http://www.rcsi.ie/quality).

## **2.4 Site Visit**

### **2.4.1 Planning**

As part of the internal review process the PRG will carry out a two and a half day site visit. This site visit is central to the process and must be planned carefully. Close liaison is required between the Unit's co-ordinating committee and the QEO. The QEO will engage the Chair of the Peer Review Group at appropriate times.

The dates for the site visit are arranged by the QEO in consultation with the Unit. This has important implications for the timing of all other activities. In particular, in order to give everyone involved the opportunity to clear their diaries, the membership of the PRG is arranged as early as possible and the dates for the site visit are fixed. All members of the Unit are expected to be available for the duration of the site visit. It is important also that the PRG meets with undergraduate and postgraduate students during the site-visit. Prior to and following the site visit, all contact with the Review Group will be conducted through the QEO.

Two rooms will be booked by the QEO for the site visit. One room will be the base-room for the PRG and meetings with stakeholders will also take place here. Documents such as management reports, sample exam papers/scripts, and any other relevant material should be made available to the Review Group in the base-room. The second room will be a waiting/briefing room for stakeholders. Catering, AV requirements, room layout etc. for the PRG will be co-ordinated by the QEO through Conference and Events.

### **2.4.2 Timetable for the Peer Review Group meetings**

The site visit will take place over 2.5 days, though this may vary depending on the size of the Unit. A draft site-visit schedule is available in Appendix 4. Guidance on drafting the site visit schedule will be provided by the QEO. The schedule for the site visit meetings is initially organised by the Head of Unit and/or Chair of the Unit's Co-ordinating Committee, in consultation with the QEO and the Chair of the Review Group. Individuals and groups who will meet with the PRG are selected by the Co-ordinating Committee and confirmed following consultation with the QEO and the Chair of the PRG. The Unit is required to provide details of the individuals/groups in an excel template which is available

from the QEO. The QEO will invite individuals/groups to the meetings and advise the Chair of the Co-ordinating Committee of availability of invitees. The schedule and list of stakeholders should be finalised no later than one week prior to the visit. The schedule is then made available to all relevant staff and students by the QEO.

The Unit is responsible for proposing categories of staff/students and other stakeholders for between six and nine review defined meetings. However, following receipt of the SAR, the PRG may request additional scheduled meetings.

As a guide, during the site visit the PRG should typically:

- meet with the CEO and the Dean of the Faculty of Medicine & Health Sciences and/or members of the RCSI Senior Management Team; the Head of the Unit ; the Co-ordinating Committee; a representative group of the staff not on the Co-ordinating Committee; representative groups of staff (academic, technical, administrative); current students (undergraduate and postgraduate); alumni, research staff and representatives from the Institute of Research; users of the Unit, representatives from support Units (IT, Library, SARA, Finance, Admissions, HR etc.); employers and other appropriate stakeholders.
- visit teaching facilities; laboratories; offices and other facilities that contribute to the activities of the Unit.
- complete the first draft of their report and present the provisional key findings and recommendations to a brief exit meeting of the Unit.

The PRG can request to meet with members of the Unit individually if appropriate. Meetings with students are confidential and no members of the Unit should be present during the meetings. When the site visit is over, no member of the Unit should be in contact with the PRG on matters relating to the Self-assessment Report, the site visit or the PRG Report. If contact has to be made it should be through the QEO.

### **2.4.3 Exit Presentation**

At the end of the site visit the one of the external PRG members or the Chair will make the exit presentation to the Unit. This will simply be a presentation of preliminary findings (for example, bullet point headlines on points of commendation and recommendation) of the PRG and will not involve discussion with Unit, as these initial findings may be modified in the light of subsequent reflection and discussion by the PRG.

## **2.5 The Peer Review Group Report**

In keeping with the formative nature of the process, PRGs should express their recommendations in a positive manner that encourages quality improvement. Such an approach is in keeping with the spirit of an exercise in which an ethos of partnership and trust ensures that real enhancement can result.

A template for completing the report will be provided to the PRG by the QEO. The structure of the Draft / Final Report reflects the structure of the SAR. The report may include any other issues that the PRG deem appropriate. The PRG generally will identify the strengths and weaknesses of the Unit, point to examples of good practice to be disseminated throughout RCSI, and make constructive recommendations on matters that require improvement. Comment by the PRG should primarily be analytical rather than descriptive and refer to source documentation, oral evidence and/or direct observations. Recommendations should have a reference point in the Report narrative.

### **2.5.1 Report Completion**

By the end of the site visit, the Review Chair should ensure that the PRG has prepared a reasonably advanced first draft. An agreed timeline for finalisation of the report and sign-off by the PRG should be set and communicated to the QEO. Typically, a draft final report should be made available no later than 8 weeks after the site visit, and should be sent to the QEO, with emails from all PRG members, confirming that this is the agreed report.

It is also important that the PRG should not contact the Unit with regard to any matter relating to the review. Any request should be made through the QEO.

The QEO will circulate the draft report to the Co-ordinating Committee for correction of factual error. In addition the Unit may also submit a brief response (no more than two pages, if appropriate) relating to the Report. Please note that this is not an opportunity to open up further dialogue.

The Peer Review Group Report is an independent document prepared by the PRG members. Rarely is there any requirement to undertake any editing other than, for example, reformatting or correction of factual errors. These minor edits are undertaken in consultation with the PRG Chair. In exceptional circumstances, however, there may be a need for more considered reflection regarding a phrase or a small section of the Peer Review Group Report, in order to ensure, for example, the judicious use of language and/or appropriate alignment with presentational and drafting guidelines. In these exceptional instances, the QEO will, in consultation with the Peer Review Group Chair, discuss alternative presentation/phrasing options. As appropriate, a similar consultation process involving the relevant Head of Unit will also apply to the draft Unit responses to the Peer Review Group Reports. In the event that agreement cannot be reached on alternative presentation/phrasing, the issue(s) will be referred to the external panel members of the RCSI Quality Committee who will make a final determination on the issue(s). In the event that a unit does not agree with the content and/or recommendations in the report, the appropriate right to reply should be addressed in the Quality Improvement Plan (QIP).

The Director of Quality Enhancement or the Review Lead finalises the Review Group Report by correcting any factual errors and appending and Unit response(s) as an annexe to the Report. No other amendments are made by the Quality Enhancement Office. The Report is now final.

The Director of Quality Enhancement or the Review Lead will disseminate the report to the President, CEO, Dean, Medicine and Health Sciences Board (MHSB) and the Peer Review Group members. The Director of Quality Enhancement or the Review Lead also sends the report to the head of Unit for circulation to members of the Unit.

### **2.5.2 Publication of the Report**

The Peer Review Group Report will be considered by the Quality Committee. The Peer Review Group Report will be published on the RCSI Quality Enhancement web page ([www.rcsi.ie/quality](http://www.rcsi.ie/quality)) together with the QIP (see below) at the end of the review process, in accordance with the Universities Act 1997 / Qualifications and Quality Assurance (Education and Training) Act 2012. The final Quality Improvement Plan will also be published alongside the Review Group Report (see Section 3). However, as stated above, the Self-assessment Report is considered to be confidential and may be commercially sensitive in nature and therefore is not published or made widely available.

### **3 FOLLOW-UP TO QUALITY REVIEW**

Follow-up is an integral part of the review process. The decisions on improvement, which are made in the follow-up to self-assessment and review, provides a framework within which each Unit can continue to work toward the goal of developing and fostering a quality culture in RCSI. With the support of the Senior Management Team, each Unit is also required, under the Universities Act (1997)/Qualifications and Quality Assurance (Education and Training) Act 2012, to implement each of the recommendations of the Report, unless it would be unreasonable or impractical to do so.

#### **3.1 The Quality Improvement Plan (QIP)**

Following the Review the Unit is required to develop a Quality Improvement Plan (QIP). The purpose of the QIP is to be a strategic operating tool that will help the Unit to manage the Unit and work towards its successful improvement and development. The QIP can:

- act like a road map for improvement and development
- assist with management control
- help brief all concerned
- help secure financial resources

The Head of the Unit, on receipt of the PRG Report and following a meeting with the RCSI Quality Enhancement Office, will establish a Quality Improvement Committee. The membership of the Quality Improvement committee should be made up of the same members of the Co-ordinating Committee where possible. The Quality Improvement Committee will draft a Quality Improvement Plan (QIP) within twelve weeks, based on the PRG Report findings. Guidelines and templates for the completion of Quality Improvement Plans are available from the Quality Enhancement Office and/or at [www.rcsi.ie/quality](http://www.rcsi.ie/quality).

##### **3.1.1 Structure of the QIP**

The QIP should usually take the form of short summaries of the action taken/planned, or if actions are not being taken, an explanation provided. The recommendations, with the associated actions taken or planned, may be structured as follows:

- (i) Teaching and learning, research, organisational, administrative and other matters which are completely under the control of the Unit
- (ii) Shortcomings in services, facilities or procedures which are outside the control of the Unit
- (iii) Inadequate staff levels, facilities and other resources which require capital or recurrent funding. Realistic estimates of the capital and recurrent costs to implement recommendations/ planned action should be included.

It is the Unit's responsibility to compile a full response. This means that it must obtain responses to those recommendations relating to other areas of RCSI, to which actions arising from the report were addressed. For instance, if the Report recommended that a lecture theatre needed to be refurbished, it is the Unit's responsibility to find out from the Senior Management Team and/or Head Estate and Support Services what action has, or will/will not be taken, in response to this recommendation. A realistic assessment of available resources (both at Unit and institutional level) should be borne in mind when formulating plans.

It is important that all recommendations in the PRG Report be addressed. Some recommendations for improvement may appear in the text of the PRG Report narrative. Please ensure these are included for consideration. Some recommendations may not be explicitly stated but are implied as consequences of a concern, for example, "the Unit has no mechanism to feedback action taken, in

response to issues raised by students". These too, should be included in the Quality Improvement Plan.

The Quality Improvement Plan should address all recommendations (and/or other suggestions) in the PRG Report and should include:

- (a) recommendations implemented already
- (b) a list of goals which can be achieved realistically in the following year
- (c) a list of longer term goals to be achieved, for example, over five years
- (d) recommendations which the Unit and/or Senior Management Team consider to be unreasonable or impractical: in such instances, the Committee should give reasons for such a conclusion, and should, if possible, suggest alternative strategies for quality improvement.

### **3.1.2 Approval of the QIP**

Upon completion of the draft QIP a meeting is scheduled between the QEO and the Unit, to review the draft QIP where the responses/actions planned are considered. Following this, the QEO will schedule a meeting between the CEO, Dean, members of SMT (as appropriate), the Director of Quality Enhancement, Head of Unit and where appropriate, the Quality Improvement Committee. The purpose of this meeting is to agree objectives, to ensure that they are aligned with the RCSI Strategic Plan and to identify and approve additional resources where necessary. It is important to note that occasionally not all recommendations will be approved and/or may be deferred due to ongoing or planned changes in the College environment. Significant additional resource requirements may need further negotiation and approval by the RCSI Finance Committee. Once all parties are satisfied that each recommendation is being addressed appropriately, and that there is sufficient detail in the response, the final QIP is sent to the Quality Enhancement Office.

The final QIP is submitted to the Quality Committee for approval and upon approval, the QIP will be published on the RCSI website ([www.rcsi.ie/quality](http://www.rcsi.ie/quality)) alongside the relevant Review Group Report.

Throughout the process the QEO monitors the development, completion and approval of the QIP by the Unit, Senior Management Team and the Quality Committee.

## **3.2 Progress Report**

Implementation of the plan is monitored by means of subsequent reports. A follow-up exercise may be conducted within 12 -18 months of the QIP been approved, where the Head of the Unit submits a progress report on actions taken with (if necessary) the reasons why agreed actions have not been completed. The progress report will be considered by the Quality Enhancement Office, the Quality Committee, Medicine & Health Sciences Board and (if appropriate) members of the Senior Management Team.

## APPENDIX 1: INTERNAL REVIEW INDICATIVE TIMELINE

STAGE 1	SELF ASSESSMENT	RESPONSIBILITY
- 10 months	The Director for Quality Enhancement initiates the formal process of the quality review. An initial meeting will be set up with the Head of the unit to discuss the process and agree provisional dates.	Quality Enhancement Office (QEO)
- 10 to 9 months	Unit selects Self-assessment Co-ordinating Committee in accordance with the guidelines set out in the Internal Quality Review Guidelines for Academic Units.	Head of Unit
- 9 to 8 months	The Quality Committee (QC) considers nominees for the peer review group (PRG) and appoints group. The QEO conducts all liaison with reviewers.	Quality Committee/ QEO
- 8 to 3 months	Unit prepares self-assessment report (SAR), including collection of data, surveys, self-critical analysis etc.	Head of Unit / Self-assessment Committee
- 3 months	Draft SAR and supporting documentation is sent to the QEO for review prior to the planning meeting.	Head of Unit / QEO
- 6 weeks	Planning meeting held to consider SAR, supporting documentation and schedule for site visit. Stakeholders should be contacted at this point and invited to participate in the review process. Room bookings, AV equipment and logistical requirements are made with the Communications Dept.	Head of Unit / QEO
- 1 month	SAR and supporting documentation is sent to PRG. Additional documentation is uploaded to Moodle page.	QEO
STAGE 2	PEER REVIEW AND SITE VISIT	RESPONSIBILITY
Site visit dates	Site visit take place over three days. Example of a site visit schedule is available at <b>Appendix 6</b>	Head of Unit / QEO
STAGE 3	IMPLEMENTATION AND FOLLOW-UP	RESPONSIBILITY
+ 2 months	Draft peer review group report is received by QEO and sent to the unit. The report is considered and reviewed for factual accuracy.	QEO / Head of Unit
+ 2 to 3 months	The QEO is advised of any factual errors. QEO inform reviewers of factual errors (if any). Final report is requested.	QEO
+ 3 months	Copies of the final report will be distributed to the President, CEO, Dean and Head of Unit.	QEO
+ 3 to 4 months	The unit prepares a quality improvement plan (QIP) using SMART actions (specific, measurable, achievable, realistic and timed).	QEO / QC / Head of unit.
+ 4 months	The units QIP is sent to the QEO and a meeting is scheduled with the Head of Unit, CEO, Dean and Director of Quality Enhancement to agree the QIP.	Head of unit
+ 6 months	The QEO the PRG Report and the QIP for consideration by the QC. The peer review group report and QIP are published on the QEO website.	QEO
+ 12 to 18 months	Progress meeting between the unit and the QEO to review progress on the units' QIP. QEO present progress report to the QC.	Head of unit / QEO
+21 months	QEO present follow-up report on the implementation of the QIP to the QC.	QEO



## **APPENDIX 2: ADDITIONAL SAR RELATED INFORMATION**

Where the Unit wishes to refer to specific supporting documentation it can do so by including appendices in the SAR or by referring to a secure area on Moodle where all such documentation is gathered or by making it available to the PRG during the site-visit.

### **(i) Surveys**

Copies or samples of surveys completed by students, staff and other stakeholders and the analysis of results of such surveys conducted should be included with the SAR, but, alternatively, these may be made available to the Review Group for consultation during the site-visit.

### **(ii) Appendices to the SAR**

These may include:

- School Plan
- Workload Model
- Sample programme specifications for programmes within the scope of the review
- Examples of Programme/Student Handbooks
- Where appropriate, Annual Review/Monitoring Action Plans plus a record of the outcomes of the actions taken for the previous three years
- Previous professional and statutory body reports plus responses (where relevant)
- Diagram showing the School's committee structure for Teaching and Learning/ Research, and any other committees
- Relevant statistical data (see below)
- Examples of External Examiner reports plus responses
- Any previous review reports

### **(iii) Other Related Information**

#### Quantitative Data

- Statistics on student achievement
- Degree classifications
- Entry qualifications
- Progression and completion rates
- First employment destinations

#### Qualitative Data

- Student feedback
- Staff feedback
- External Examiners Reports and responses
- Accreditation and Monitoring reports of Professional and Statutory Bodies
- Reports of previous internal reviews
- Annual review/monitoring reports

### Programme Information

- Programme specifications
- Module descriptors
- Prospectus
- Handbooks

### School Information

- Teaching and Learning/Research Strategy
- Organisational structure
- Committee Structures
- Sample committee minutes
- Budgets
- Space allocation

### Institutional information

- RCSI Strategic Plan
- Organisation structure
- Teaching and Learning/Research Strategy
- Committee structure
- Sample committee minutes
- Documents relating to academic procedures and quality

Please remember that the PRG can request copies of particular documents that were referred to in the text of the SAR. Also note that prior to, or during the site-visit, the PRG may request additional information, from the Unit, such as management reports, financial or statistical information.

Units should note that best practice dictates that any surveys to be undertaken in the course of preparing the SAR should be run by the QEO on behalf of the Unit, rather than by the Unit itself.

## APPENDIX 3: PRG NOMINATION FORMS



### Nomination of External Reviewer for an Academic or Administration/Service Unit

<b>Name of Unit to be reviewed</b>	
<b><i>Details of Proposed External Reviewer:</i></b> <b>Title, Name:</b> <b>Position:</b>  <b>Address:</b>   <b>Email:</b>  <b>Telephone:</b>	
<b>Brief details of Relevant Professional Experience:</b>	
<i>You may attach supporting documentation relevant to this nomination (e.g. professional profile; research profile)</i>	
I confirm that the information given above is correct and that the nominee has had no formal contacts with unit over the last 5 years, to the best of my knowledge.	
<b>Signed: (Head of Unit)</b>	
<b>Date:</b>	

Please submit completed nomination form and supporting documentation to: Anne Weadick, Quality Enhancement Office, RCSI, 123 St. Stephen's Green, Dublin 2. Email [aweadick@rcsi.ie](mailto:aweadick@rcsi.ie)



Nomination of RCSI Reviewer for an Academic or Administration/Service Unit

<b>Name of Unit to be reviewed</b>	
<b>Details of Proposed External Reviewer:</b> <b>Title, Name:</b> <b>Position:</b>  <b>Address:</b>   <b>Email:</b>  <b>Telephone:</b>	
<b>Brief details of Relevant Professional Experience:</b>	
<p><i>You may attach supporting documentation relevant to this nomination (e.g. professional profile; research profile)</i></p> <p>I confirm that the information given above is correct and that the nominee has had no formal contacts with unit over the last 5 years, to the best of my knowledge.</p>	
<b>Signed:</b> <b>(Head of Unit)</b>	
<b>Date:</b>	

Please submit completed nomination form and supporting documentation to: Anne Weadick, Quality Enhancement Office, RCSI, 123 St. Stephen's Green, Dublin 2. Email [aweadick@rcsi.ie](mailto:aweadick@rcsi.ie)

## APPENDIX 4: SAMPLE SITE VISIT SCHEDULE

The following schedule is a sample schedule only. Units may need to modify the schedule based on the specific nature and requirements of the Unit.

Review Defined meetings: Units are required to specify up to 8 Review Defined Meetings. Examples of review defined meetings may include:

- Meeting with Unit staff.
- Meeting with Academic Staff
- Meeting with Clinical Staff
- Meeting with Cycle Directors and/or Heads of Departments
- Meeting(s) with students: undergraduate; postgraduate; alumni
- Meeting with support units: SARA, Admissions, Finance, Communications/Marketing, Alumni, IT, HR, Library, Estates
- Meeting with administrative support staff; technical staff
- Meeting with Research Staff; PIs; Post Docs; Institute of Research Staff
- Meeting with external stakeholders e.g. Accrediting Body, Employers, Academic Partnerships

When planning the Review Defined Meetings Units should also consider the theme or focus of the meeting. For example, the theme/focus of the meeting might be Teaching and Learning, Curriculum Development or Quality Assurance and Quality Improvement;

### Evening prior to site visit:

Dur. mins	Time	Meeting Theme	Attendees	Venue
30	1700 – 1730	Welcome & Introduction for PRG Director of Quality and members of Senior Management Team		
90	1730 – 1900	Private planning meeting for members of the Peer Review Group		
	1915 – 2100	Dinner	PRG, Director of Quality Enhancement; Review Lead	

### Day 1

Dur.	Time	Meeting Theme	Attendees	Venue
	0845	Review of preparatory work		
40	09.15 – 09.55	Meeting with Head of Unit (optional: other members of senior staff nominated by the Head of School)		
40	10.00 – 10.40	Meeting with SAR Co-ordinating Committee		

30	10.45 – 11.15	Tea / coffee. Private meeting time for PRG		
45	11.15 – 12.00	<b>Time allocated for meeting with Unit Staff</b>		
40	12.05 – 12.45	Tour of Unit Facilities		
65	12.50 -13.55	Lunch & private meeting time for PRG		
45	14.00– 14.45	<b>Review Defined Meeting Group 1:</b>		
45	14.55 – 15.40	<b>Review Defined Meeting Group 2:</b>		
25	15.45 – 16.10	Tea/coffee Private meeting time for PRG		
45	16.15 – 17.00	<b>Review Defined Meeting Group 3:</b>		
50	17.10 – 18.00	Review of afternoon's meetings.		
	19.00 – 21.00	PRG Dinner if required	PRG	Hotel

## Day 2

Dur. mins	Time	Meeting Theme	Attendees	Venue
25	08.45	Private meeting time for PRG		
45	09.10 – 09.55	<b>Review Defined Meeting Group 4:</b>		
45	10.10 – 10.55	<b>Review Defined Meeting Group 5:</b>		
25	11.00	Tea / coffee. Private meeting time for PRG.		
40	11.30 – 12.10	<b>Review Defined Meeting Group 6:</b>		
40	12.20 – 13.00	<b>Review Defined Meeting Group 7:</b>		
50	13.00 – 14.00	Lunch & private meeting time for PRG (Option of working lunch with students)		
35	14.10 – 14.45	<b>Review Defined Meeting Group 8:</b>		
130	14.50 – 17.00	Private meeting time for PRG members to finalise draft commendations and recommendations		
30	17.00 – 17.30	<b>Meeting with members of Senior Management Team</b>		
60	17.30 – 18.30	Private meeting time for PRG members to finalise draft commendations and recommendations		
	19.30	PRG Dinner and a chance to discuss key issues (if required)	PRG	Hotel

**Day 3:**

<b>Time</b>	<b>Meeting Theme</b>	<b>Attendees</b>	<b>Venue</b>
<b>08.45 – 12.45</b>	Private meeting time for PRG – discussion and finalisation of Commendations and Recommendations for all sections.		
<b>10.30</b>	Tea / coffee.		
<b>08.45 – 12.00</b>	Private meeting time for PRG – discussion and finalisation of Commendations and Recommendations for all sections.		
<b>12.00 – 12.15</b>	Private meeting with QEO		
<b>12.15 – 12.30</b>	Meeting with Head of Unit & QEO		
<b>12.30 – 13.00</b>	Exit presentation to all Unit Staff		
<b>13.00 – 14.00</b>	Light Lunch and Private meeting with QEO		
<b>14.00</b>	Review ends.		