



DOCUMENT CONTROL SHEET

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Content adapted from the IUA / IUQB: *A framework for Quality in Irish Universities. Concentrated Action for Institutional Improvement.* Second edition, 2007.

Source documents used in creating this document include:

- Guidance for the Review Group Chair/Deputy and Members (Support Service). UCD, January 2013.

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1 INTRODUCTION

This document is designed to support members of the Peer Review Group (PRG) in conducting the internal review of administrative / service units at RCSI. General information is provided to assist review groups in carrying out their assessment of the quality of the activities of the Unit under review and making recommendations for improvements, whilst taking into consideration the Self-Assessment Report (SAR) supporting documentation and the outcome of the site visit.

When reviewing the SAR and supporting documentation, the Peer Review Group members are asked to familiarise themselves with the document entitled 'Internal Review Guidelines for Administrative/Service Units'.

The SAR and supporting documentation are provided by Royal College of Surgeons in Ireland (RCSI) to the PRG in confidence and must not be disclosed to anyone outside the PRG without written consent of the RCSI Quality Enhancement Office (QEO).

2 PEER REVIEW GROUP (PRG)

A key element to the internal review process is the Peer Review Group (PRG). 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 and international representatives with relevant expertise, capable of making national and international comparisons in respect of the activities of the unit. 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 representative should be a senior academic and a senior non-academic staff member not associated closely with the unit.

2.1 Selection and contact with the 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 in agreement between the QEO and the unit. 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 and will bring PRG member nominations to the RCSI Quality Committee for formal approval. All contact with the PRG, including planning for the site visit, will be conducted through the QEO.

2.2 Functions of the Peer Review Group

In broad terms the functions of the Peer Review Group are to:

- Study the SAR prepared by the unit and any other supporting documentation
- Conduct a two and half-day site visit, meeting with staff, students, representatives from all categories of users of the services of the unit, and external stakeholders as appropriate
- Clarify and verify 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 the Draft Report and present the main findings in an exit presentation to the staff of the unit
- Write the PRG Final Report

2.3 Role of the chair of the Peer Review Group

The Chair of the PRG will be selected in advance from among the external members of the panel. The QEO will make a recommendation as to who should Chair the group and contact the members to seek agreement.

The key functions of the Chair of the PRG are:

- to study the SAR prepared by the unit and any other supporting documentation
- to confirm the site visit schedule in consultation with the QEO in advance of the visit. The PRG may request changes to the schedule before or during the site-visit
- allocate aspects of the review to each PRG member, in consultation with the QEO
- ensure preparation of initial discussion points on the SAR and supporting documentation for circulation to PRG members prior to the site visit
- chair meetings of the PRG and ensure that the review process is carried out in a spirit of co-operation and constructive dialogue; and insofar as it is possible, to keep all meetings on schedule
- participate in a review visit to the unit, contribute to and comment on the judgements being made by the reviewers.
- liaise with the QEO on any relevant matters raised by the PRG during the site-visit
- under no circumstances should any PRG member communicate any aspect of the PRG discussions and/or PRG Report content to anyone (other than the RCSI Quality Enhancement Office staff or the CEO or Dean of the Faculty of Medicine and Health Sciences)
- oversee the preparation of the Draft Report and present summary findings in an exit presentation to unit staff at the end of the site visit (commendations and recommendations)
- ensure that the PRG members complete the first draft of their section(s) of the report (including key points for commendation and recommendations for improvement) prior to completion of the site visit (note: recommendations should have a reference point in the report narrative)
- agree timelines for receipt of each reviewers draft section of the report
- take responsibility for the co-ordination and initial editing of the Draft Report, liaising with members of the PRG
- to send Draft Report to the QEO and the unit for consideration and review for factual accuracy
- to liaise with the QEO and correct any factual errors and sign-off on the Final Report
- to consider, in consultation with the RCSI Director of Quality Enhancement, the unit's submission of its Quality Improvement Plan (QIP).

2.4 Role of the Peer Review Group members

The responsibilities of the Peer Review Group members include:

- reading and analysing the Self-assessment Report prepared by the Unit and any other documentation sent in advance of a review (it should be noted that the Self-assessment Report is confidential to the Peer Review Group)
- preparing initial points on the advance documentation for circulation to Peer Review Group members prior to the review site visit
- identifying and communicating to the RCSI Quality Enhancement Office any additional requests for information/documentation
- participating in a review visit to RCSI in order to gather, share, test and verify evidence
- drawing conclusions, making recommendations and judgements on the service quality and standards achieved
- preparation and completion of the allocated draft sections of the Peer Review Group Report and commenting on the overall draft of the Peer Review Group Report, as agreed with the Chair
- under no circumstances should any Peer Review Group member communicate any aspect of the Review Group discussions and/or Review Group Report content to anyone (other than the RCSI Quality Enhancement Office staff or the CEO or Dean of Faculty of Medicine and Health Sciences) prior to the final report being circulated to the unit by the RCSI Quality Enhancement Office
- being available for the whole period of the review site visit and committing to complete all processes of the review once they have embarked on it

Reviewers will evaluate the Self-assessment Report provided by the Unit, for example, by:

- assessing the coherency of the unit's strategy for the future
- identifying factors which inhibit/enable the delivery of the service(s)
- assessing the performance of the unit against its own planning objectives
- could the organisation of the unit be improved?
- are resources and facilities adequate/optimal?
- is there a process of continuous improvement in service delivery? Is it effective?
- what is the user perspective on service provision?
- how does the unit develop and involve its staff in achieving improvements in service provision?

Review skills required include the ability to:

- conduct meetings and interviews with staff, students and external stakeholders
- write succinctly and coherently
- meet tight timescales and deadlines
- work effectively as a member of a team
- work courteously and professionally
- maintain confidentiality
- communicate electronically, including emails, attachments and word processed documents and files

3 THE SITE VISIT

As part of the internal review process the PRG will carry out a two and a half-day site visit to the unit under review. The QEO will contact the members of the PRG to confirm dates for the site visit. The PRG are required to convene a meeting on the evening before day one of the site visit. This meeting will take place in the College or the hotel where the PRG members are staying. The review group will then meet with the RCSI Director of Quality for dinner at the hotel or a nearby location.

3.1 Travel and Accommodation arrangements

All flight arrangements and hotel accommodations are booked through RCSI Travel. The QEO will liaise with PRG members to arrange travel and accommodation where necessary. Hotel accommodation including meals taken at the hotel, are charged by the hotel directly to the QEO. For additional expenses incurred during the course of the site visit, such as taxi or train fares, external PRG members are required to fill out an expense claim form (available from the QEO) and to submit it along with receipts to the QEO for processing of payment. Mileage will be paid at the rate of €0.40 per kilometre or the equivalent cost of public transport, e.g. train fare, whichever being the lowest amount. Prepaid parking tickets are available for the RCSI car park. Please advise the QEO in advance if you require parking at RCSI. RCSI internal PRG members should contact the QEO to make arrangements for payment of expenses.

3.2 Documentation

The QEO will forward the review documentation to the PRG approximately four weeks before the site visit. The documentation will include the Self-assessment Report, appendices, draft schedule, Internal Review Guidelines for Administrative / Service Units and a template for completion of the Peer Review Group Report. Depending on the size and nature of the activities of the unit under review, additional supporting documentation may be made available to the PRG on a dedicated page on the RCSI virtual learning environment, Moodle. The PRG will be given access to the Moodle site by the QEO.

The Review Group are requested to consider and analyse the self-assessment report, and to identify any requests for additional information. The draft timetable (see Appendix 1), organised by the Quality Enhancement Office in consultation with the chair of the Peer Review Group and the chair of the unit's review co-ordinating committee, should be considered in the light of the self-assessment report, and any additional categories of staff and/or students identified to meet with the Peer Review Group. Any requests from the Peer Review Group should be communicated through the Quality Enhancement Office.

The Chair of the Peer Review Group will provisionally allocate aspects of the review to each Review Group member (for example, planning, organisation and management of resources). Normally the external review members will cover the following aspects:

- Planning, Organisation and Management
- Functions, Activities and Processes
- Management of Resources

As part of the preparation phase, Peer Review Group members should prepare initial points on the advance documentation, and on those aspects assigned to them (see Appendices 2 and 3). The initial points will be circulated to Group members, approximately one-two weeks prior to the review. These summaries have proved to be very useful in stimulating initial discussions at the pre-visit briefing meeting (see Appendix 2).

3.3 Structure of the Site Visit

3.3.1 Aim of the Site Visit

The aim of the site visit is to clarify and verify details in the self-assessment report, and for staff, students and other stakeholders to meet with the Peer Review Group. The Peer Review Group have a collective responsibility to gather, verify and test judgements evidenced in the self-assessment report and the site visit meetings. It is a function of the Chair's role to ensure that this objective is achieved. An overview should be provided of the present status of the unit, with a comment on each core aspect of the unit's activities, and how well the aims and objectives of the unit are fulfilled, having regard to available resources. The Peer Review Group should also check the suitability of the working environment, as well as identifying examples of good practice, outlining critical resource limitations, commenting on the unit's plans for improvement, and making recommendations for improvement. The report will also include the extent to which the unit is aligned with the College's strategic objectives and structures. The Review Group report will reflect the collective conclusions of the group.

3.3.2 Preliminary Meeting

The site visit takes place over the course of two and half days. The PRG will convene a preliminary meeting on the evening before day one of the visit to discuss the SAR, the structure of the site visit, to review feedback summaries of each reviewer, as previously circulated, and to confirm the agenda for

review meetings. While each reviewer will have responsibility for specific aspects of the review, each member may contribute to these aspects and will have an opportunity to comment on preliminary drafts of the Review Group Report. The final draft will reflect, insofar as it is possible, the collective views of the group. Working meals, including those in the hotel, should, for example, be used for an exchange of general views on the findings up to that point, issues still to be clarified, and further information to be reviewed.

3.3.3 Site Visit Meetings

During the course of the visit the review group usually:

- Meets with the unit co-ordinating committee, head of the unit, members of staff not on the coordinating committee, students and graduates, users of the unit and external stakeholders (as appropriate)
- Meets with the Chief Executive Officer of RCSI, the Dean of the Faculty of Medicine and Health Sciences and/or members of the College's Senior Management Team.
- Visits the facilities that support the activities of the unit, including as appropriate, lecture rooms, laboratories, offices, library and other relevant services (as appropriate)
- Completes the first iteration of the Draft Report and presents its principal findings and recommendations in an exit presentation to all available staff of the unit, prior to departure

The PRG can request to meet with members of the unit individually if appropriate. Staff from the unit under review, may be anxious about the review exercise, and efforts should be made to ensure that (within reason) they are made to feel as comfortable as possible when meeting with the Peer Review Group. A confrontational approach should be avoided.

Meetings with students are confidential and no members of the unit should be present during the meetings.

Site visit meetings are used to evaluate the evidence gathered; to form preliminary judgements; to identify aspects of provision that are considered commendable and to identify areas for improvement. The working dinners will also provide opportunity for the Peer Review Group to discuss, review and confirm findings.

3.4 Exit Presentation

At the end of day three of the site visit, the PRG will first meet with the QEO to outline their key findings and recommendations (for example, bullet point headings on points of commendation and improvement), which they will then present in an exit presentation to the staff of the unit. At this meeting the PRG will not engage in discussion with the staff of the unit; however it should be made clear to staff that the PRG may modify their findings in light of any factual error identified in the Draft Report after it is sent to the QEO and the unit for consideration.

4 THE PEER REVIEW GROUP REPORT

In keeping with the formative nature of the process, review groups should express their recommendations in a positive manner that encourages quality enhancement. 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.

The structure of the Review Group Report should broadly reflect that of the unit's self-assessment report (see Appendix 6). Comment (in short paragraphs) should be analytical rather than descriptive and refer to either source documentation or direct observations.

As part of the Report the PRG is asked to:

- To confirm and comment on the details of the SAR
- To provide an overview of the present state of the unit under review
- To comment briefly on each aspect of the unit's activities
- To acknowledge achievements and quality where they exist
- To point out unambiguously any deficiencies or inadequacies in management and operations that might be eliminated or restructured
- To identify critical resource limitations (if any) that bar the way to successful improvement
- To comment on all plans for improvement that the unit has made in the SAR
- To emphasise the recommendations for improvement that the PRG consider appropriate

The Draft Report is written as an independent document. In the report summary any deficiencies identified should be categorised as follows:

- Strategic, i.e. involving RCSI policies, regulations or practices, or dependent on the college/faculty or other schools/units, where appropriate
- Due to limited resources
- Caused by poor management, policies or operations within the department, and rectifiable with current resources

Recommendations

- In the Report the PRG are required to give commendations and make constructive recommendations for improvement where appropriate.
- When making recommendations the PRG should take into consideration strategic, resource and operational implications.
- No comments or recommendations should be attributed to individuals
- Recommendations should have a reference point in the Report narrative

A template for completing the report will be provided 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.

The Peer Review Group Report is an independent document prepared by the Peer Review Group 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 Peer Review Group 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 RCSI Quality Enhancement Office 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 draft Unit responses to 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).

4.1 Report Completion

At the end of the site visit, the Peer Review Group Chair should ensure that the Peer Review Group has prepared a reasonable first draft. An agreed timeline for finalising the report and sign-off by the Review Group should be set and communicated to the Quality Enhancement Office (see Appendix 7 for outline of completion timeline). The Draft Report is sent to the Director of Quality Enhancement

approximately four weeks after the site visit. It will be forwarded to the unit's co-ordinating committee for review of factual accuracy. Factual errors (if any) are corrected and the Final Report is requested. The Final Report is signed off by the Chair of the PRG and sent to the Director of Quality Enhancement within eight weeks of the site visit. The Final Report is considered by the Director of Quality Enhancement and the Quality Committee (QC). The Director of Quality enhancement will disseminate the report to the President, CEO, Dean of Faculty of Medicine and Health Sciences, Medical and Health Sciences Board (MHSB), Head of the Unit and to all staff members of the unit. The unit is required to respond initially to the report and indicate how it intends to implement the recommendations of the report.

5 QUALITY IMPROVEMENT PLAN (QIP)

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.

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

5.1 Approval of the QIP

The Head of the Unit, on receipt of the Peer Review Group 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.

5.2 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.

6 PUBLICATION OF THE PRG REPORT

The Universities Act 1997 provides for publication ‘in such form or manner as a governing authority thinks fit’ of findings arising out of the application of quality assurance procedures, and the governing authority is required to implement the findings having regard to the resources available, unless it would be unreasonable to do so.

Following approval by the governing authority, the Final Report and Quality Improvement Plan are published on the RCSI website. However, the SAR is confidential and therefore not published or made widely available.

APPENDIX 1: 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, 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.

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	Time allocated for meeting with Unit Staff		
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	Review Defined Meeting Group 1:		
45	14.55 – 15.40	Review Defined Meeting Group 2:		
25	15.45 – 16.10	Tea/coffee Private meeting time for PRG		
45	16.15 – 17.00	Review Defined Meeting Group 3:		
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	Review Defined Meeting Group 4:		
45	10.10 – 10.55	Review Defined Meeting Group 5:		
25	11.00	Tea / coffee. Private meeting time for PRG.		
40	11.30 – 12.10	Review Defined Meeting Group 6:		
40	12.20 – 13.00	Review Defined Meeting Group 7:		

50	13.00 – 14.00	Lunch & private meeting time for PRG (Option of working lunch with students)		
35	14.10 – 14.45	Review Defined Meeting Group 8:		
130	14.50 – 17.00	Private meeting time for PRG members to finalise draft commendations and recommendations		
30	17.00 – 17.30	Meeting with members of Senior Management Team		
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:

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

APPENDIX 2: PEER REVIEW GROUP TEMPLATE FOR PRELIMINARY COMMENTS

Peer Review Group Template for Preliminary Comments

Internal Quality Review of [Insert Name of Unit]

Reviewer		
Review Aspect		
1	Positive/Good Aspects	
2	Apparent weaknesses and /or areas of concern	
3	General Observations	
4	Issues which need exploration during discussion	
5	Additional data required	
6	Opportunities/recommendations which the unit has identified for future work	

APPENDIX 3: PEER REVIEW GROUP PRELIMINARY COMMENTS ON THE SELF-ASSESSMENT REPORT



Peer Review Group Preliminary Comments on the Self-assessment Report

Reviewers are asked to identify comments, queries and concerns arising from their first impressions of the Self-assessment Report (SAR) and begin the process of individually and then collectively identifying general themes, issues and areas for further investigation or clarification. This process should result in a shared list of issues that will form the basis of discussions at the initial planning meeting of the Peer Review Group.

The range of questions asked by reviewers when reading the SAR for the first time might include:

- who was on the co-ordinating committee?
- were a range of staff, students and stakeholders consulted?
- what timeline was it prepared on?
- is it overly descriptive?
- does it provide a degree of genuine self criticism and self reflection?
- does it provide evidence of any shortcomings or issues of concern in relation to the area under review?
- does it provide evidence of any shortcomings or issues of concern in the College's management of quality assurance and enhancement?
- does it provide evidence on how it benchmarks itself against national and international reference points?
- does it provide evidence of a commitment to quality assurance and to ongoing quality enhancement?
- does it explicitly identify any issues that the University would welcome the Review Group exploring?
- Are there examples of good practice?

APPENDIX 4: INTERNAL QUALITY REVIEW: REVIEWER CODE OF CONDUCT



Internal Quality Review: Reviewer Code of Conduct¹

Reviewers are asked throughout their engagement with the review process to observe the following code of conduct:

Personal Conduct throughout the RCSI Review Process

- be open, honest and transparent throughout the process, operating with impartiality and integrity
- be tolerant, courteous and constructive
- work co-operatively with your fellow reviewers under the direction of the Chair
- do not disclose any personal, confidential or commercially sensitive information regarding RCSI or the unit under review, outside the context of the Review process
- keep clear and accurate notes throughout the review process to ensure the report findings are based on gathered, accountable evidence
- identify and declare any conflicts of interest that might arise at any point of the review process to the Chair or the RCSI Quality Enhancement Office
- avoid anything that could be construed as impropriety or a form of bribery
- keep all electronic and hard copy documents and information secure and confidential. Shred, delete or return any unwanted documents at the end of the process to the RCSI Quality Enhancement Office for safe disposal

¹ Based on the following references

- (i) IUQB Institutional Review Guidelines
- (ii) IHEQN Principles of Good Practice in Quality Assurance/Enhancement
- (iii) Standards and Guidelines for Quality Assurance in the European Higher Education Area

Professional Conduct within Review Visit Meetings

- be well prepared in advance for all meetings
- remain punctual throughout the process as the programme of meetings is demanding
- ensure all electronic devices are turned off during all meetings within the College
- follow the direction of the Chair in all meetings
- do not debate with or challenge other reviewers during meetings with the College
- ask clear, direct questions in a friendly, constructive manner
- ensure diversity in responses by encouraging open exchanges of opinions amongst all participants
- actively engage in and take notes from all meetings attended throughout the visit, discuss the findings and ensure the evidence you have collected contributes to the final review reports

Continuity of Conduct – Post Review

- contribute to the production of the final report in a timely and constructive manner to ensure delivery of the report by the Chair to the RCSI Quality Enhancement Office within 8 weeks of the Main Review Visit
- avoid disclosing any unpublished information regarding the College or the review process in public, orally or in writing, without the written permission of RCSI
- the review reports are written jointly by the Peer Review Group but the intellectual property rights are retained by RCSI. Only the RCSI CEO or other designated staff members or Chair are authorised to make any public comment or statement on the outcomes of the process, if requested. Any approach from the press should be directed to RCSI

Any serious breach of conduct may lead to an immediate cessation of a reviewer's involvement in the review process.

Protocol for Meetings

Each meeting will normally be opened and closed by the Chair (or acting Chair for that session). Review Group members must operate in accordance with this Code of Conduct. At the start of each meeting the Chair should typically provide a brief introduction and outline the nature of the review process to set the macro level context for the discussion. The Chair should then confirm that in order to triangulate information throughout the Site Visit, the Peer Review Group may ask questions and opinions on a wide range of topics that might be outside of the topic set for the specific session but falls 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 Chair should reassure

them at the start of each meeting that the topics for discussion will include a degree of flexibility, where considered necessary by the Peer Review Group.

The Chair should also confirm that he/she reserves the right to move the discussion on if time is short or if sufficient (or insufficient) information and evidence has been gained on a particular topic area. Furthermore, if conflicting opinions or experiences emerge within a meeting and there is insufficient time to cross reference, or to explore the matter further – it 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 Peer Review Group.

Questioning Style

Creating an atmosphere of genuine dialogue during the visit is essential and reviewers should act as critical friends or informed observers rather than inspectors. To this end, questioning and discussions within meetings must be fair, courteous and constructive but also inquisitive, focusing on the collation and testing of evidence. Reviewers must 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 report.

Evidence-gathering must be thorough, monitored and documented. Try to ensure that all participants in meetings have an opportunity to speak and that meetings are not dominated by a few individuals. Where appropriate, reviewers should use open ended questions and then test issues further, probing a variety of participant views and experiences based on the answers to the original questions. The Chair should seek to confirm that impressions obtained are accurate and representative of the majority of participants before moving on. It is important that reviewers, particularly the Chair, are sensitive to the needs of the enquiry and allow colleagues to pursue necessary lines of questioning, particularly if the issue under discussion is likely to be featured in the final report.

Ideally, the profile of questions to be presented at each meeting should be agreed in advance of the meeting, with the Chair having a checklist of what questions will be covered and by whom. This will ensure that the key requirements and evidence from each session is gathered systematically, accountable and monitored. The Chair should ensure that grandstanding by fellow reviewers or participants is prohibited.

Furthermore, reviewers are advised against:

- asking multiple part questions
- using wordy preambles to questions
- influencing or steering answers
- getting into a debate with fellow reviewers or participants
- providing lengthy anecdotes or speeches
- detailing best practice from their own or other institutions
- presenting personal views, suggestions, advice or expressing criticisms

APPENDIX 5: PROCEDURE TO ADDRESS ISSUES OF CONCERN THAT MAY ARISE AT PEER REVIEW GROUP SITE VISITS



Procedure to address issues of concern that may arise at Peer Review Group Site Visits

Good practice suggests that an appropriate mechanism be in place to ensure that any issues of concern that may arise for a Peer Review Group member, during the conduct of the business of the Group, can be addressed.

A problem will always be best resolved by, and with those, closest to the problem. In this context the following steps apply:

1. A Peer Review Group member with a concern relating to the operation of the Group should in the first instance speak with the chairperson of the Group explaining the matter of concern and seeking a resolution, where that is practicable.
2. Should an appropriate resolution not result from this communication, or if the concern relates to the role of the chairperson, the RG member should then raise the matter with the relevant member of the RCSI Quality Enhancement Office staff, or if unavailable, the Director of Quality Enhancement.
3. The RCSI CEO and the Director of Quality Enhancement shall have the final adjudicating role should resolution not be obtained at earlier stages.

APPENDIX 6: INDICATIVE STRUCTURE OF THE PEER REVIEW GROUP REPORT



Indicative Structure of the Peer Review Group Report

A template for completing the Peer Review Group Report is available from the RCSI Quality Enhancement Office. Typically the Peer Review Group Report should broadly discuss the following:

- Context for the Review
- Introduction/overview of the unit
- Planning, Organisation and Management
- Functions, Activities and Processes
- Management and Resources
- Unit Specific Section(s) as appropriate
- Overall Analysis and Commendations and Recommendations

APPENDIX 7: TYPICAL OUTLINE TIMELINE FOR COMPLETION OF THE PRG REPORT



Typical Outline Timeline for Completion of the PRG Report

1	Day 4 of site visit	Review Site Visit concludes and date is set for the initial draft sections
2	+ 1 week	Draft Report sections returned to Review Chair to compile and undertake initial edit (cc RCSI Quality Enhancement Office).
3	+ 2 weeks	Next version of the Report is circulated to the Peer Review Group members (cc RCSI Quality Enhancement Office). This step is repeated if necessary.
4	+ 4 weeks	When Peer Review Group Members are prepared to 'sign off' on the Report, it is forwarded, via the Chair, to the RCSI Quality Enhancement Office. The RCSI Quality Enhancement Office will ask the unit under review to correct factual errors.
5	+ 8 weeks	Upon receipt of unit feedback, the RCSI Quality Enhancement Office will correct factual errors. If no outstanding issues remain, an updated Report is sent to the Chair for final sign off and copies sent to the Peer Review Group members. The Report is then final.