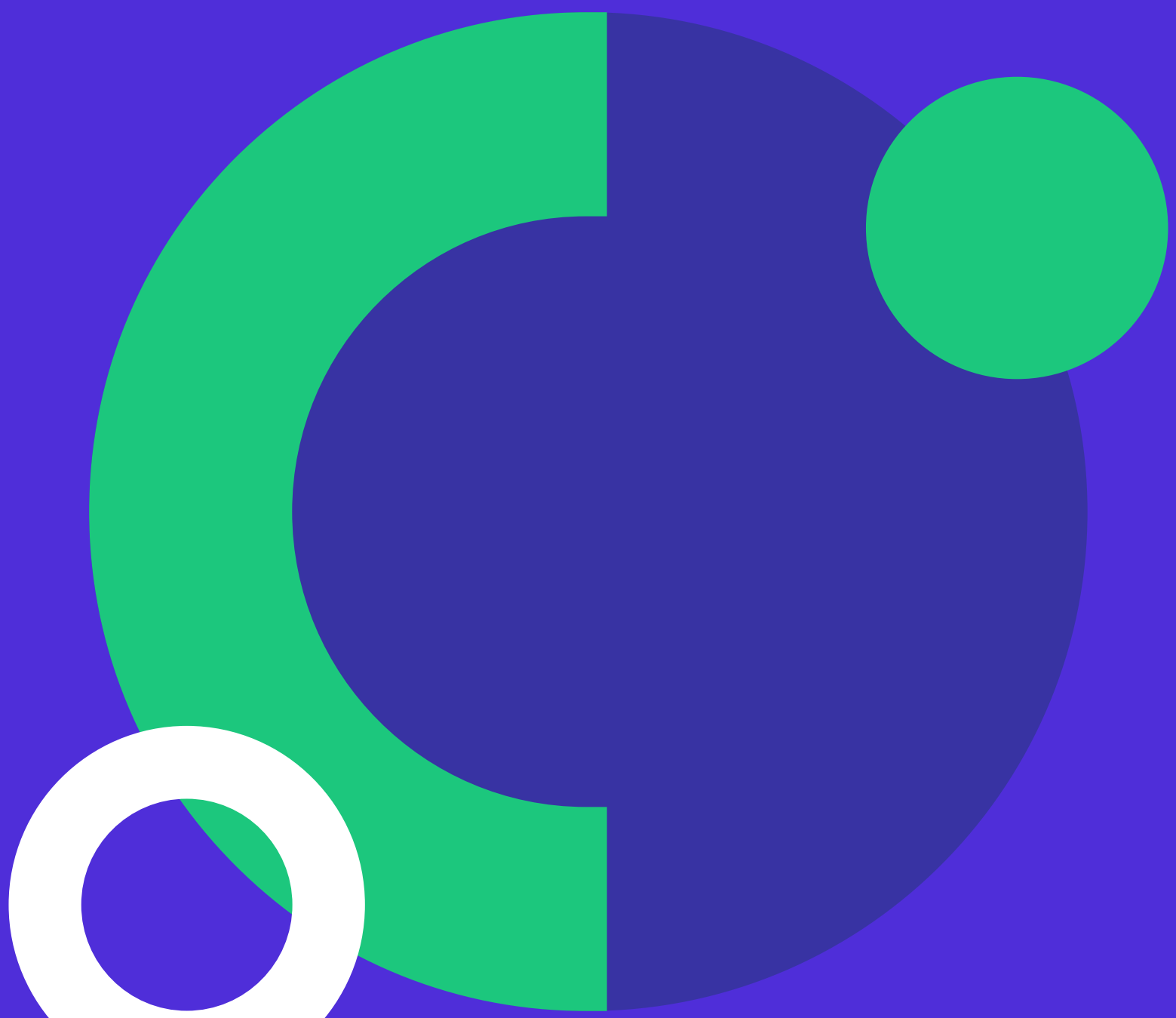# Institutional Review Handbook

Independent and Private Providers

CINNTE

Dearbhú Cáilíochta agus Cáilíochtaí Éireann
Quality and Qualifications Ireland

Table of Contents

1. THE EXTERNAL REVIEW PROCESS - Overview

1.1 INTRODUCTION

This is the handbook for the external review of independent and private providers, 2023-2025. This handbook reflects the newer methodologies adopted in QQI review processes including hybrid and virtual practice.

This handbook should be read in conjunction with the Terms of Reference for the Institutional Review of Independent and Private Providers.

As part of its external quality assurance obligations, an independent and private provider must undertake a statutory review of its quality assurance by QQI.

QQI review functions are set out in various sections of the Qualifications and Quality Assurance (Education and Training) Act 2012 (as amended) (the 2012 Act)[1]. The reviews relate to QQI's obligation under Section 27(b) to establish procedures for the review by QQI of the effectiveness and implementation of a provider's quality assurance procedures, and to section 34 regarding the external review by QQI of a provider's quality assurance procedures.

Independent and private providers undertaking external institutional review will have previously completed a reengagement process with QQI confirming that the institution's scope of provision is fit for purpose and the quality assurance procedures and organisational capacity to support the range of programmes offered is appropriate.

Background

QQI's external cyclical review process evaluates the effectiveness of institution-wide quality assurance procedures to establish, maintain and enhance the quality of education, training, research and related services that the institution offers.

QQI coordinates these reviews in consultation with the institution.

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

- the publication of relevant Terms of Reference;
- an institutional self-evaluation report (ISER);
- an external review and site visit by a team of reviewers;
- the publication of a review report including findings and recommendations; and
- a follow-up procedure to review the actions taken by the institution.

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1   Quality and Qualifications Ireland (QQI) was established in November 2012 by the Qualifications and Quality Assurance (Education and Training) Act 2012. The 2012 Act was amended subsequently by the Qualifications and Quality Assurance (Education and Training) (Amendment) Act 2019, and references to the legislation hereafter will be to the 2012 Act as amended.

QQI has developed this handbook to provide guidance and support to independent and private providers in preparation for an external review. The handbook is designed for multiple audiences within the institution:

- quality assurance professionals;

- those who have central roles in the review process; and

- those who may be more peripherally involved.

The purpose of this guide is to provide comprehensive assistance to institutional staff in understanding the review process. Each institution will be required to adapt this guidance and support it locally.

This handbook is also intended as a guide to the process for review team members, but comprehensive detail about the review team's role in the cyclical review process is issued to the team in separate documentation.
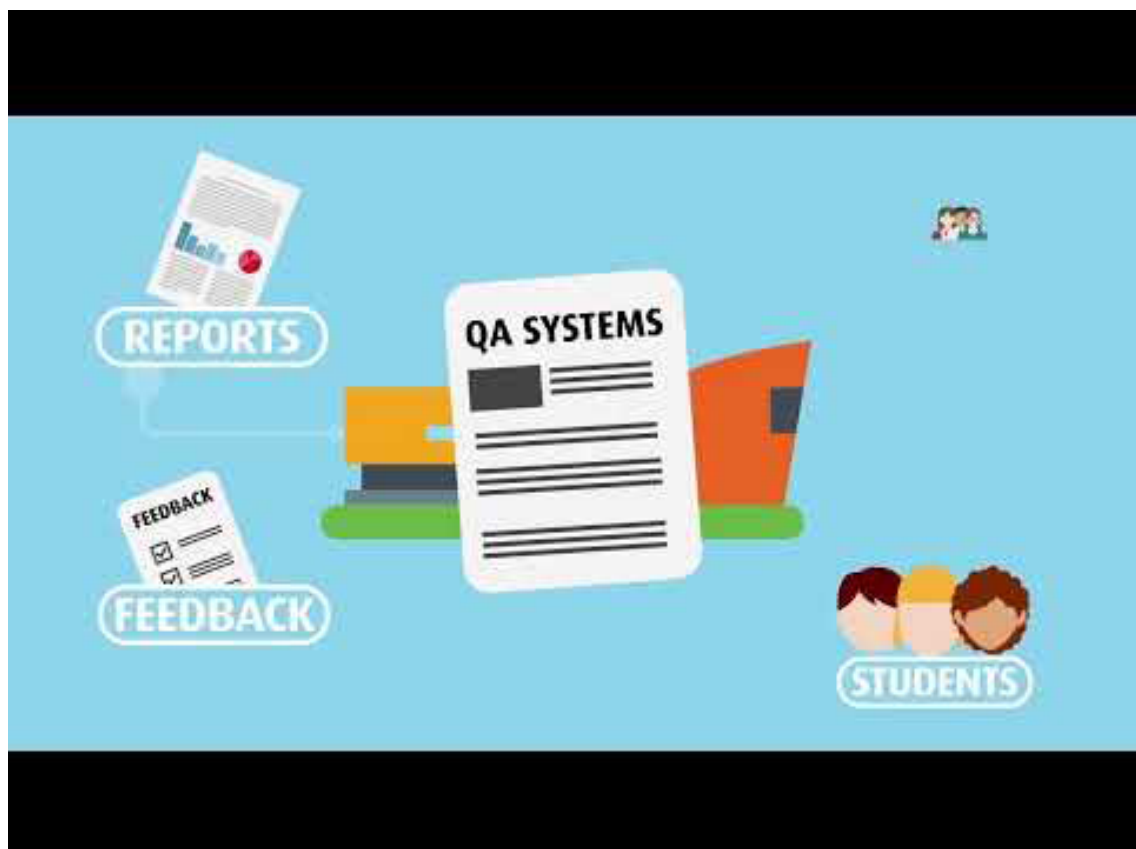
Figure 1: Quality assurance - what it is and why it matters [1:48 min, YouTube]

1.2 THE QUALITY ASSURANCE FRAMEWORK

The reviews coordinated by QQI provide an external dimension to an institution's own internal quality assurance and reviews. An external review is also interdependent on and integrated with a wider range of QQI engagements:

- Quality assurance guidelines;

- Each institution's own quality assurance policies and procedures;

- Annual quality reports (AQRs); and

- Quality dialogue meetings (QDMs).

These engagements offer assurance to learners and the public that the learning experience within the institution is being monitored for good practice and that it has effective arrangements in place for the quality assurance of its educational services.

Further information on the Quality Monitoring activities conducted by QQI is available in Appendix E.

Figure 2: Quality assurance

Periodic Cyclical Review

QQI has established a Policy for the Cyclical Review of Higher Education Institutions and has established five specific measurable purposes for its cyclical reviews which are:

- to encourage a QA culture and the enhancement of the student learning environment and experience within institutions;

- to provide feedback to institutions about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance;

- to improve public confidence in the quality of institutions by promoting transparency and public awareness;

- to support systems-level improvement of the quality of higher education; and

- to facilitate quality enhancement by using evidence-based, objective methods and advice.

Cyclical review provides an opportunity for each institution to evaluate:

- the quality of its provision of education, training and research;
- the fulfilment of its third mission (i.e., represents the economic and social mission across the institution); and
- the effectiveness of its ongoing monitoring and review activities, to ensure they are fit for purpose.

Cyclical review is also an opportunity for an external team to reflect on the effectiveness of the procedures and to provide external advice on their enhancement where appropriate. External review gives assurances about the quality of the student experience and the academic standards of qualifications and promotes confidence in the role and contribution of the institution to the public good.

The process employed for cyclical review has been designed to reflect Part 2 and Part 3 of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG 2015) and incorporates the internationally accepted and recognised elements for reviews, including:

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

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

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

QQI Institutional Review Process

QQI

Review Team | **Institution**

Self-Evaluation
Institution conducts an evaluation of its QA system and outlines its findings in the Institutional Self-Evaluation Report (ISER)

Desk Review
Review Team members assess the ISER and submit their initial impressions to the Coordinating Reviewer

Review Team Briefing
Review Team members receive training from QQI on the review process (online)

Initial Meeting
Review Team members meet to discuss their initial impressions (online)

Planning Visit
An online visit to the institution by Review Team representatives to plan for the Main Review Visit

Main Review Visit
Review Team conducts a series of on-site meeting with staff, learners and stakeholders to discuss the institution's QA arrangements

Review Report
Review team prepares a report of its findings

Follow-Up
Institution submits an action plan to QQI to address the review findings and a progress report is provided a year later

Figure 3: Stages of the review process

Quality Assurance Procedures and Guidelines

- National policy sets out that the QA procedures of an institution should be comprehensive, covering all education, training, research and related activities of the institution. This includes:

  - programmes leading to awards recognised in the National Framework of Qualifications (NFQ) and awards of other awarding bodies;

- QA procedures of independent and private providers are set out in the following QQI guidelines, which are underpinned by the ESG 2015:

- QQI Core Quality Assurance Guidelines (QAG)

- QQI Sector Specific Quality Assurance Guidelines for Independent and Private Providers

- other QQI Topic Specific Quality Assurance Guidelines

- Institutions are required to have regard for the QQI QA Guidelines, linked above, when establishing, renewing and reviewing their own QA procedures;

- Institutions are also encouraged to undertake quality reviews of academic, administrative and service departments as part of their regular periodic reviews of study programmes;

- Depending on the structure of the institution, unit-based reviews of schools, faculties and colleges may also be included. Institutions may also undertake thematic reviews of institution-wide issues; and

- The submission of annual quality reports (AQRs) to QQI and quality dialogue meetings (QDMs) with QQI are integral parts of an institution's engagement with QQI. Further details of quality monitoring can be found in Appendix E.

Objectives of the Review and Criteria for their Evaluation

The objectives of the external cyclical review are documented in the relevant terms of reference. The institutional self-evaluation report (ISER) and the review report must analyse whether an institution has achieved these and the extent to which they have been achieved.

To support the review team in their investigation and analysis, a range of sample questions is included in the terms of reference and in the Policy for Cyclical Review of Higher Education Institutions. These questions may support the team to reach their findings and frame their overarching statement in respect of each objective (based on the available evidence and findings as a whole).

The National Framework of Qualifications
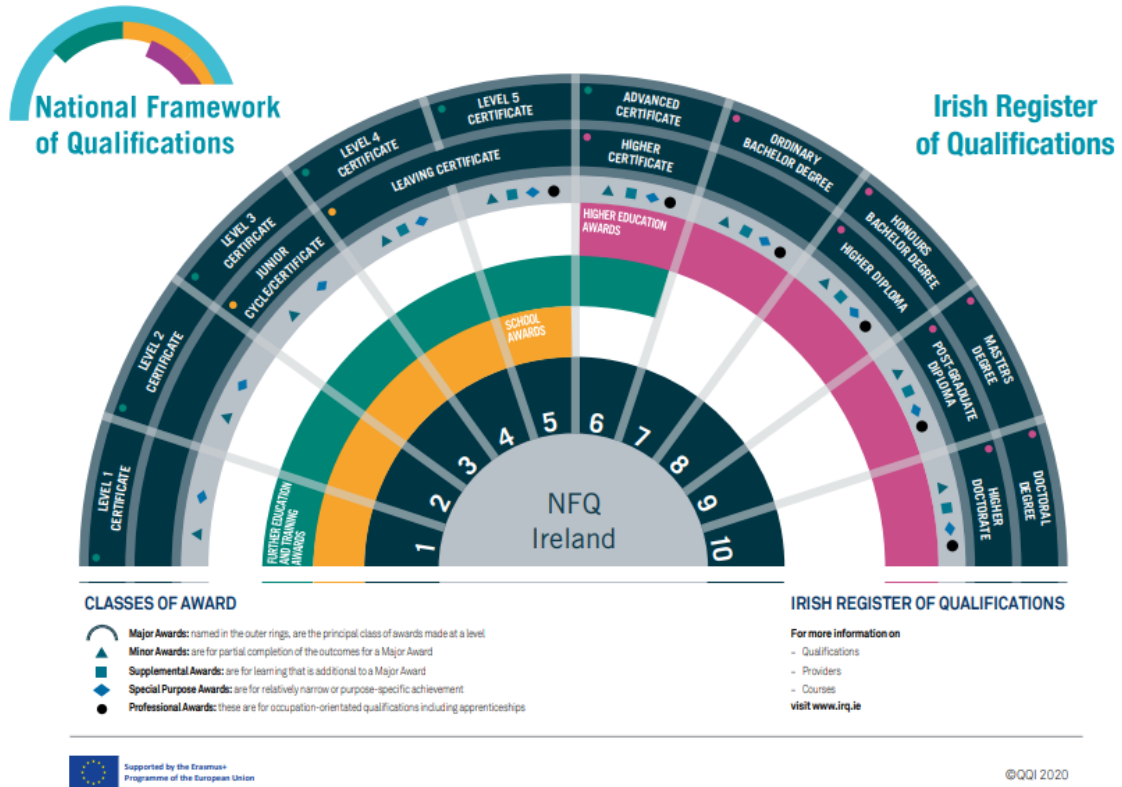
Figure 4: National Framework of Qualifications

The National Framework of Qualifications (NFQ) is enshrined in legislation and was established in 2003 as a framework for the development, recognition and award of qualifications in the State.

The NFQ promotes transparency and trust in qualifications by basing it on a system of levels:

- level of knowledge;
- level of skill; and
- level of competence.

The 2012 Act requires institutions to include their qualifications in the NFQ.

This means that institutions seeking QQI validation for their programmes must be assured that learners have acquired the standard of knowledge, skill and competence associated with the NFQ level.

Internal quality assurance procedures should therefore be capable of demonstrating that the programmes and qualifications offered by the institution are developed with reference to the NFQ and are monitored over time to ensure that NFQ standards are maintained.

This expectation is also made explicit in Part 1 of the ESG.

Figure 5: National Framework of Qualifications [1:23 min, YouTube]

2.   SELF-EVALUATION

2.1 OBJECTIVES AND PURPOSE

Self-evaluation is a reflective and critical evaluation completed by the members of an institution's community, including learners, staff at all levels of the organisation, and external stakeholders. It is the way in which the institution outlines how effectively it assures and enhances the quality of its teaching, learning and service activities to support the achievement of its strategic goals. When it is completed effectively, and in an open and inclusive manner, it is one of the most important and valuable components of the review process. Further information about the self-evaluation process is available in Appendix C.

2.2 THE SELF EVALUATION PROCESS

The self-evaluation process provides an opportunity for each institution to demonstrate, and analyse the implementation and effectiveness of:

- its quality assurance system in supporting the achievement of its mission and goals or targets for quality;

- its policies and procedures for quality assurance and quality enhancement;

- the ways in which its governance bodies are facilitated in, and are discharging, their responsibilities for quality assurance;

- the methods employed to ensure internal quality management processes comply with QQI's QA Guidelines;

- how it uses the outcomes of internal and external quality assurance and enhancement processes to identify strengths, weaknesses and enhancement objectives in its teaching, learning and service areas; to inform decision making; and develop a culture of quality;

- the use of relevant information and data to support evidence-based decisions about quality;

- internal monitoring and review processes;

- progress on the development of quality assurance since its establishment;

- arrangements established for the assurance of the quality of collaborations, partnerships and contracted provision; and

- the enhancement of quality through governance, policy, and procedures.

It also enables the identification of innovative and effective practices for quality enhancement.

It is the responsibility of the institution to devise its own systematic and critical process for self-evaluation, appropriate to its organisational context. The information in this section is provided for guidance purposes and is not intended to prescribe a particular approach. The specific self-evaluation methodologies chosen by the institution should be carefully designed to ensure that they:

- have a clear focus and purpose;

- incorporate broad consultation with internal and external stakeholders, especially learners;

- are sufficiently rigorous, systematic, evidence-based and comprehensive to meet all of the objectives and criteria in the terms of reference;

- add value, minimise the impact on resources, and assist in building capacity for self-reflection and evaluation in the institution (i.e. it is not simply a paper exercise or to be undertaken solely to satisfy external requirements);

- enhance understanding and ownership of quality assurance processes;

- provide an honest evaluation of strengths and weaknesses;

- demonstrate evidence of leadership at all levels and involvement of relevant staff;

- consider the institution's operating environment;

- integrate with, and build upon, other related management processes where relevant (e.g. strategic planning, operational management, internal audit, etc.);

- result in the identification of areas for improvement;

- are primarily evaluative in nature rather than descriptive.

2.3 SELF EVALUATION INPUTS

The Institutional Profile (IP)

As part of the cyclical review process, the institution is required to submit an institutional profile to QQI. The institutional profile is published on QQI's website. The profile provides information on a range of aspects regarding the institution – its history, its structure (campus locations), mission, vision and strategic goals, its governance and management structures, its approach to quality, its staff profile, student profile and student numbers, including international students.

The institutional profile introduces the institution to the review team and will be the first document the team will read[2].

The Institutional Self-Evaluation Report (ISER)

The institutional self-evaluation report (ISER) produced by the institution following the self-evaluation process is the core document that will be considered by the review team in advance of, and during, the main review visit.

The ISER should provide the review team with sufficient information and evidence to assess the effectiveness of quality assurance within the institution. It provides the review team with documented evidence, or references to evidence, to support claims that the institution is meeting the objectives and criteria set out in the relevant terms of reference.

In terms of its approach to QA and enhancement, the ISER provides a reasoned analysis that transparently portrays the institution, its identity, and its distinctiveness. It sets the tone for the whole review experience. It should provide the core themes and key lines of enquiry for the review team to pursue during its visit; shape the key points of dialogue between the review team, the institution and stakeholder representatives; and inform the structure of the review visit and the resulting review report.

The ISER provides an opportunity for the institution to engage in open dialogue, self-reflection and critical evaluation and the review team will look to the ISER to provide evidence of these actions.

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2   Examples of previously published institutional profiles are available through QQI's reviews library.

2.4 THE INSTITUTIONAL SELF-EVALUATION TEAM[3]

The most effective self-evaluation reports are produced through a collaborative and participative evaluation process, usually led by a small task and finish group comprising individuals who are in a good position both to steer the process and to comment on the effectiveness of the institution's approach to quality assurance and enhancement.

The team may comprise a sub-set of an existing committee or body within the institution (e.g. a quality committee or equivalent) or alternatively individuals with roles and responsibilities spanning the organisation. This may include students (undergraduate and postgraduate representatives) and staff that are both involved in teaching, research and administration as well as those who manage quality assurance and enhancement in relation to teaching, research and support services across the institution.

The institutional coordinator for the review process will be a key member of the team.

It is recommended that distinct terms of reference are established for the operation, providing clarity on respective roles and outlining the team's responsibility for coordinating the self-evaluation process, monitoring progress, and ensuring the production, approval and submission of the self-evaluation report by the required date as outlined in the published review schedule.

2.5 THE INSTITUTIONAL COORDINATOR

The institution is required at an early stage in the process to assign an institutional coordinator from within the organisation who will be the main liaison point internally between the institution and QQI; and for the review team during the main review visit. The institutional coordinator should be a senior internal member of staff familiar with the institution's structures, procedures, policies and committees for the management of quality assurance and enhancement.

The institutional coordinator will be responsible for:

- coordinating the internal process for the development, completion, approval and submission of the ISER;

- liaising with QQI;

- making the logistical arrangements for the review;

- liaising with QQI on the planning and main review visit schedules;

- ensuring that the review team is provided with any additional materials it requires;

- meeting regularly with the coordinating reviewer and chair of the review team during the main review visit and attending sessions as required; and

- coordinating institutional responses to the review report and feedback on the review process.

2.6 PLANNING THE SELF-EVALUATION PROCESS

The internal self-evaluation process will take a considerable amount of time to plan. It is important that the self-evaluation process begins early to give sufficient time to allow for ownership by

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3   The term 'institutional Self-Evaluation Team' is used here to denote those to whom the institution has assigned responsibility for completing the ISER. The institution may determine its own approach, structure or terminology for the development of its self-evaluation report.

staff and learners, ideally no later than 6 months in advance of the date for submission of the self-evaluation report outlined in the published Review Schedule. This timeframe should include provision for evidence-gathering and analysis; drafting; seeking feedback on drafts; final editing; and formatting, publication. It should also include consideration of the meeting schedule of the relevant governance body within the institution to facilitate approval of the self-evaluation report, and for endorsement by the chief executive, in advance of the required submission date.

It is recommended that the key activities, milestones and timescales for the process are determined at the outset of the process by the institutional self-evaluation team and that regular meetings of the team are scheduled in advance to monitor progress.

2.7 STAKEHOLDER ENGAGEMENT

Institutions that adopt a transparent, inclusive, reflective and evidence-based approach to the production of the self-evaluation report are more likely to achieve outcomes that are of value and useful to the review team members and to colleagues internally. The terms of reference for the review include an evaluation of the institution's capacity for comprehensive, inclusive and evidence-based self-evaluation: the approach and methodologies adopted by the institution in developing its self-evaluation report will form part of the review team's assessment of the institution under this objective. It is essential that the review involves as many staff, learners and stakeholders as possible and is appropriate to the scale and scope of the organisation.

It is recommended that the institutional self-evaluation team identifies at an early stage its core stakeholder groups and the mechanisms by which it will engage with them on the self-evaluation. The group should design a programme of engagements that provides multiple opportunities for direct contributions and discussions with a wide range of stakeholders. Engagements with staff should include learning practitioner, administrative, professional and support staff at all levels across the organisation. Engagements with learners should also provide opportunities for direct involvement of a varied profile of learners from different backgrounds, programmes, disciplines and service types. Equally, the identification and engagement of external stakeholders should be as broad and wide-ranging as possible and it may be helpful to consult with internal stakeholders on the identification of these.

2.8 SELF-EVALUATION: TOOLS AND METHODOLOGIES

Different methodologies, tools, documentation and supports may be required to ensure the effective participation of the various stakeholder groups – including diverse learner cohorts. The self-evaluation steering group should reflect carefully on the heterogeneity of its stakeholders and seek to adopt methodologies that are designed to facilitate high levels of engagement with, and meaningful outputs from, the groups concerned. It may wish to employ different sessions/methodologies for different themes and sections. Several potential methodologies of engagement are outlined in Figure 3 below: however, it is recommended that the institution is flexible and creative in considering approaches.

INTERVIEWS	SURVEYS
WORLD CAFÉ	WORKSHOPS
GAMIFIED ENVIRONMENTS	FOCUS GROUPS
CONFERENCES	ONLINE IDEAS AND ENGAGEMENT PLATFORMS
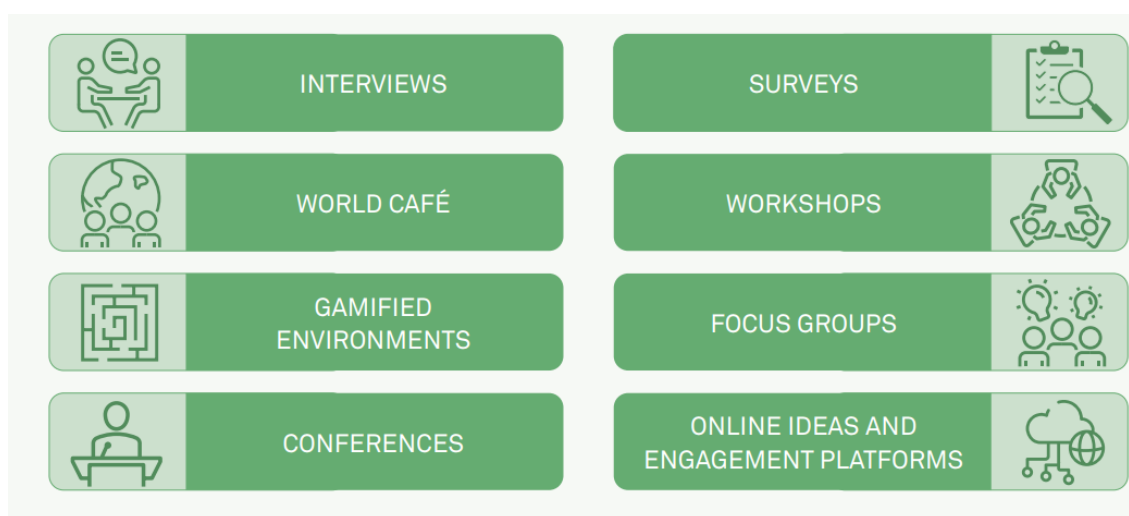
Figure 6: Potential Engagement Methodologies

Communications will also need to be considered by the institutional self-evaluation team to:

- ensure that stakeholders understand the purpose and importance of the self-evaluation process and their role within it;

- maximise engagement by all stakeholders, both internal and external;

- establish a sense of shared ownership of the process by all participants; and

- achieve a representative report.

The team should consider the most effective means by which stakeholders can access information, e.g. by utilising existing structures such as internal committees, learner councils, employer engagement networks etc.; electronic channels such as the institution's website, intranet sites, webcasts, social media etc; or live face-to-face briefings/question-and-answer sessions. Consideration may also be required of different formats to meet the needs of particular audiences.

2.9 INSTITUTIONAL SELF-EVALUATION REPORT (ISER) – CONTENT

The ISER should be a concise (up to a maximum of 40,000 words[4]), reasoned analysis that transparently portrays the institution, its identity and its approach to quality assurance and

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4   Excluding appendices and an accompanying document repository.

enhancement in accordance with the terms of reference. It is the responsibility of the institution to determine the most appropriate format for its self-evaluation report, taking into account its particular profile and context and the terms of reference for the review.

The key focus of the ISER is to critically self-evaluate the institution's performance with respect to each objective set out in the terms of reference. This can be clearly marked and highlighted in the ISER, perhaps reflected in separate sections.

A well-written self-evaluation report will be user-friendly (i.e. jargon free and understandable by an external audience) and offer a balance between explanation and self-evaluation. Instead of focussing on what the institution has done to meet each objective, the ISER should concentrate on evaluating how effectively the institution has performed against achieving each objective.

The ISER must meet the needs of its primary audience (i.e. the review team) in being reflective, analytical and critically evaluative in its nature, using reference to other sources for descriptive information where required.

The institution should set out its own view of its effectiveness under each sub-heading and make clear the basis for that view. The analysis must be free of unsupported assertions and clearly present evidence to demonstrate how what is stated is known and can be verified.

It is important that the self-evaluation report identifies challenges openly and does not disregard weakness, nor overstate or understate achievements. It is more effective if significant issues and challenges are identified by the institution rather than by the review team.

This process should help the institution to reach conclusions about the review's established objectives. Based on these findings, the conclusions may also lead to a series of planned actions by the institution.

Sources of evidence and practice that underpin the self-evaluation process can include:

- Quality assurance activities and enhancements undertaken by the institution, such as:
  - ongoing quality assurance activities such as programme approval and reviews,;
  - research approval and review (where applicable);
  - collaborations and partnerships;
  - national and international enhancement initiatives; and
  - institution-led initiatives.
- Evidence about quality assurance and enhancement from a range of informational sources such as:
  - case studies of specific initiatives or events;
  - surveys undertaken with learners, staff, graduates and external stakeholders;
  - data and metrics such as enrolment profiles, completion rates, graduate destination information, research outcomes, participation information and staffing numbers; and
  - information accumulated over the course of several AQRs.

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

- the perspective of key stakeholders about quality assurance and quality enhancement;
- comparisons with institution-identified benchmarks for measuring the effectiveness of quality assurance and enhancement;
- previous AQRs; and
- quality assurance processes in place and quality assurance activities and enhancements undertaken by the institution with respect to linked providers.

Conclusions may include:

- the performance of the institution with respect to the objectives set out in the relevant terms of reference;
- the overall and specific effectiveness of quality assurance and enhancement in the institution; and
- a series of planned actions, based on the findings, culminating in an improvement plan.

2.5 SUBMISSION OF THE ISER TO THE REVIEW TEAM

Before submission to QQI, the ISER should be endorsed by the leader of the institution (President or CEO) to confirm that the senior management team accepts the self-evaluation report is an accurate reflection of the institutional approach to quality assurance and enhancement.

The institution will be required to publish the ISER and is advised to ensure that it is made available to all institutional staff and students who will meet with the review team.

The institution is required to submit the ISER electronically to QQI via a dedicated SharePoint site on the agreed date set out in the schedule. Upon receipt, the ISER will be distributed to the review team members. The ISER and the information it contains will be shared between the institution, QQI and the review team members.

3.   EXTERNAL REVIEW

3.1 ESTABLISHMENT OF THE REVIEW TEAM

QQI will appoint a review team to conduct the external review. Review teams are composed of both national and international peer reviewers, who may be current or former staff and learners from the education and training system or relevant external stakeholders.

The institution and its stakeholders must have confidence that the review is being conducted by competent individuals who have appropriate levels of experience and knowledge and who can offer an informed, expert opinion on the quality assurance activities of the institution. QQI will seek to ensure that the individuals selected for the review team have an appropriate mix and balance of skills and experience. The full complement for each review team will include experts with knowledge and experience of higher education and training, quality assurance, external review, and a proven ability in the advancement of teaching and learning. Details of the designated roles within the review team are outlined in the terms of reference.

QQI is committed to appointing a balanced team in terms of gender representation and including reviewers from diverse backgrounds. QQI seeks input from the institution on the profile of a specific review team. The institution is consulted in advance, prior to confirming the team. In order to ensure confidence and impartiality in the review, it is essential that the review is conducted in a transparent manner by external peers who are entirely independent of the institution. Review team members will be asked to declare any potential conflicts of interest prior to appointment[5]. The institution will also be asked to declare any potential conflicts of interest among the proposed review team members. Where a potential conflict of interest subsequently emerges, the responsibility for disclosing it rests with the person concerned in consultation with the chair. In such cases, QQI will rule on the continuing eligibility of the review team member in question.

QQI has final approval over the composition of each review team.

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[5]   Information on reviewer conflicts of interest is outlined in QQI's Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators. Section 2 under 'Independence' lists possible scenarios where the independence of a review team member could be compromised or perceived to be compromised.

Review Team Roles

QQI will endeavour to appoint a review team with contextual experience / knowledge of the institution under review

Chairperson — An **international** reviewer who is a (serving or recently former) senior third-level institution leader who:
- Demonstrates a deep understanding of the complexities of the HE system;
- Understands often unique QA governance arrangements; and
- Has proven experience in the management of innovation and change.

Coordinating Reviewer — Acts as **secretary** to the Team
- a person with expertise in the HE system and prior experience in participating in external reviews.
- responsible for drafting the report, so he or she will possess proven excellent writing abilities.

Student Reviewer — Represents the **student voice** in the Review Team, typically a postgraduate student with significant experience of HE.

External / Industry Representative(s) — Brings the **'third mission' perspective,** for 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;
- QA practices in other sectors;
- Good management practices in other sectors; and
- Knowledge of the area identified in any specific enhancement themes for the review;
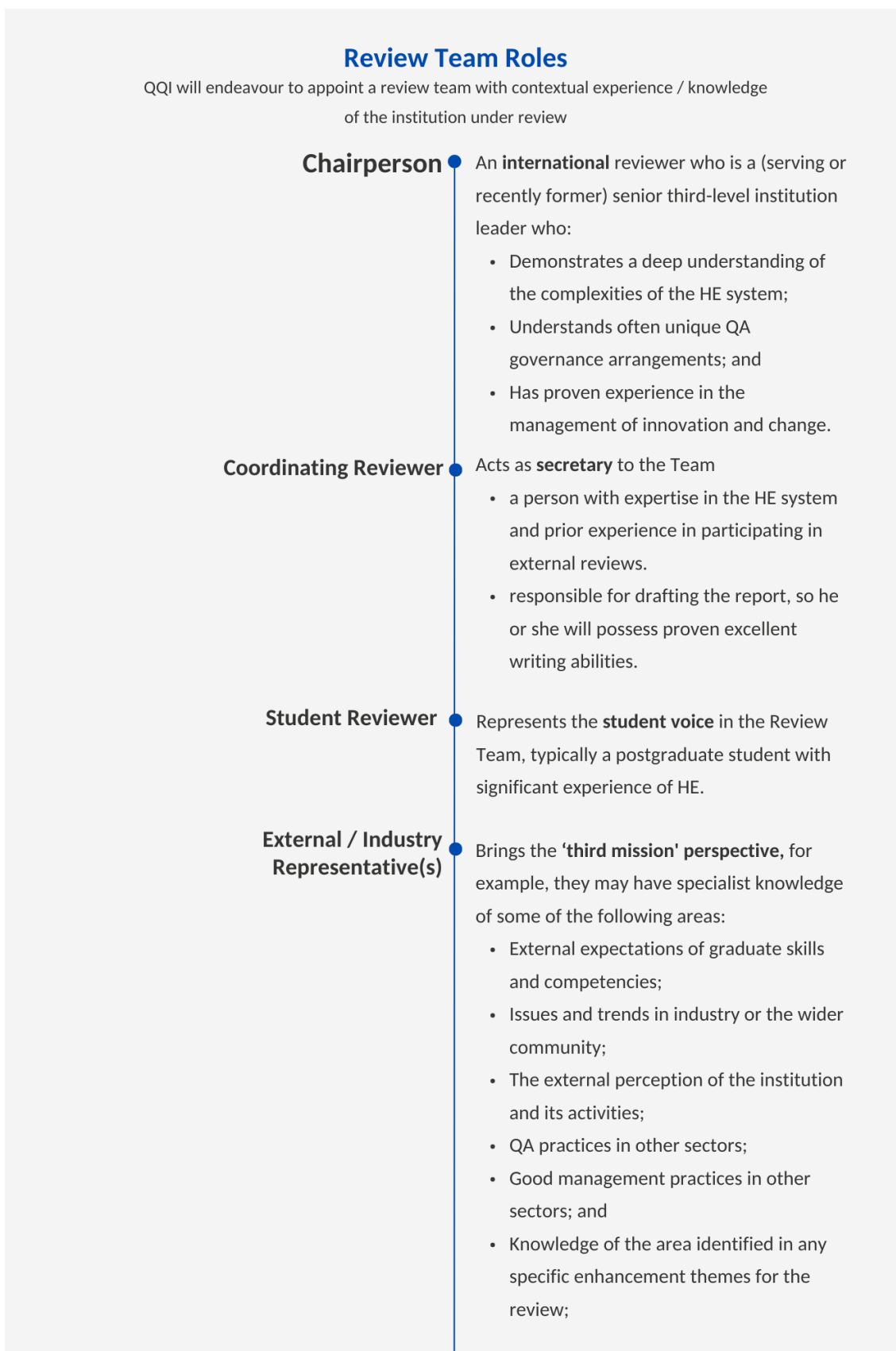
Figure 7: review team roles

3.2 DESK REVIEW

In preparation for the planning and main review visits, each member of the review team will conduct their own independent desk analysis of the self-evaluation report and supporting materials. Based on their initial review, reviewers will note any comments, queries and concerns arising from their analysis and arrive at an initial impression of the performance of the institution in relation to the core elements of terms of reference. In advance of the first team meeting, each review team member will be asked to submit their initial comments on a template supplied by QQI. The comments will be collated, summarised and disseminated to all team members by the coordinating reviewer in advance of the first team meeting.

This initial analysis sets the groundwork for the first review team meeting, allowing the team to begin the process of identifying areas to be followed up on in the visits. Team members are, however, discouraged at the desk analysis stage from forming strong views or making final judgements. First impressions, whether positive or negative, are the basis for further discussions and evidence collection throughout the review. The initial list of comments and impressions is tested and addressed through the review process and any associated questions should be answered before the end of the main review visit.

When analysing the self-evaluation report, reviewers might reflect on the following:

- Who was involved in the development of the report? How was it approved?
- How has it been disseminated within the institution?
- How well have the descriptive and analytical components been balanced in the report?
- Is there evidence of comprehensive self-analysis and self-reflection?
- Are conclusions supported by evidence?
- Is there evidence of the institution using external references and benchmarks (national and international)?
- Is there evidence of compliance with any regulatory requirements (e.g. QQI Quality Assurance Guidelines)?
- Is there evidence of the use of data and narrative sources of information?
- Is any further information required in advance of the main review visit?
- What issues should the review team seek to explore in more detail with the institution?

3.3 REVIEW TEAM TRAINING AND INITIAL MEETING

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

- the role of QQI and the legislative background to the review;
- the key principles underpinning relevant QQI and sector policies;
- the aim, objectives and guiding principles of the cyclical review process;
- the steps involved in the review process;
- the specific roles of review team members; and
- a range of review techniques (e.g. open questioning, active listening, giving feedback, reviewing evidence).

Following the training, the review team will conduct an initial meeting to begin the process of collectively identifying general themes and issues for further investigation or clarification. The initial meeting will result in a shared list of issues that will form the basis of discussions between the review team and the institution. This list will be refined throughout the review process as evidence emerges. It is recommended that responsibility for discrete areas of focus is allocated to specified review team members.

3.4 SCHEDULES FOR THE PLANNING VISIT AND MAIN REVIEW VISIT

No later than four weeks prior to the initial meeting of the review team, the institution is required to submit draft schedules for the planning visit and main review visit to QQI for consideration by the review team. This will enable the team to begin early discussions on the types of meetings and attendees required and assist the institution in securing an appropriate range of staff, learners and external stakeholders.

The schedule of the planning visit is prepared by the institution (in consultation with QQI on behalf of the review team) and should include a series of meetings with the Chief Executive, Registrar, Quality Assurance Officer, the Institutional Coordinator and members of the team that developed the self-evaluation report.

Participants invited to attend the main review visit should be advised that the timetable of meetings will be subject to change until the planning visit is concluded. At this point the schedule will be finalised.

Sample schedules are available in Appendix F.

3.5 PLANNING VISIT

Approximately six weeks before the main review visit, the chair and the coordinating reviewer will conduct a planning visit with the institution[6]. Review team members will have been invited to provide comments on the self-evaluation report and identify any additional documentation required in advance of the planning visit.

The purposes of the planning visit include (but may not be restricted to:

- clarifying the institution's existing approach and procedures for managing and monitoring the effectiveness of quality assurance and enhancement, in accordance with its statutory requirements;

- ensuring that the self-evaluation report and any supporting documentation are well-matched to the process of review;

- agreeing the schedule of meetings and activities to be conducted throughout the main review visit;

- providing initial feedback on the self-evaluation report and identifying any specific additional qualitative or quantitative documentation that might be required in advance of, or during, the main review visit; and

- identifying and agreeing the location for the main review visit and any facilities and resources that might be required by the review team.

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6   QQI will also be represented at the planning visit to ensure that the process is conducted in accordance with published criteria.

During the planning visit, the chair and coordinating reviewer are likely to identify additional documents that the review team wishes to access before the main review visit to enable the team to make evidence-based conclusions at the end of the review process. These should be provided to QQI as soon as possible (and no later than two weeks) following the planning visit for transmission to the review team.

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, learners and external stakeholders that the review team will meet.

3.6 PREPARATION FOR THE MAIN REVIEW VISIT

A note of the key items discussed and agreed at the planning visit, including the final draft of the main review visit schedule, will be drawn up by the coordinating reviewer, in consultation with the chair, and shared with other members of the review team and the institutional coordinator. Any additional documentation to be supplied by the institution will also be disseminated at this stage[7].

Following any changes to the main review visit schedule determined at the planning visit, the institutional coordinator may need to amend logistical and personnel arrangements for the main review visit. The institutional coordinator should liaise with QQI to confirm that all agreed changes are addressed appropriately in advance of the main review visit and the finalised schedule has been approved by the chair.

The institution should begin preparation for the main review visit well in advance of the planning visit and finalise arrangements quickly thereafter. Coordination of diaries can be highly complex and the attendance of participants in accordance with the detailed schedule should be confirmed at an early stage where possible. Guidelines on specific arrangements for the main review visit are available in Appendix F.

The profiles of review team members (supplied by QQI) should be shared with participants alongside a guidance note on the review process. Certain stakeholder groups (particularly learners) may also benefit from direct briefing on the process (e.g. through engagement with NStEP) and should be offered opportunities to clarify their role or the nature of their discussion with the review team.

Participants should also be informed that the review team will guide the direction of the discussion at the meetings and some degree of flexibility may be necessary to facilitate this. Participants should have full access to the ISER and any supporting material. Where a participant requires specific supports or accommodations to engage effectively in the main review visit, it is the responsibility of the institution to make appropriate arrangements. The institutional coordinator should advise QQI of any such arrangements.

3.7 THE MAIN REVIEW VISIT

The main review visit will be used by the review team to gather further evidence through engagement with participants and consider the ways in which the institution has performed in respect of the objectives and criteria set out in the terms of reference. The review team will follow the review schedule agreed by the chair following the planning visit. Any proposed

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7   All documentation from the institution should be uploaded via QQI's SharePoint. When uploading files and folders, the institution should be mindful of path and file name length: QQI SharePoint supports up to 260 characters for the total file and path length.

amendments to this schedule should be negotiated between the coordinating reviewer, through a QQI representative, and the institutional coordinator in advance of the team's arrival. The main review visit is normally held on-site in the institution and attended by all review team members. The duration of the main review visit will vary depending on the size of the institution but will not normally exceed four days. This will include an extra half-day for the review team to commence the drafting of the report. On the final day of the main review visit, the team will commence drafting their report and present their initial, high-level findings to the institution via an Oral Report.

The main review visit has a number of key functions:

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

Review participants

The main review visit schedule should be designed to provide the review team with an opportunity to meet a diverse group of participants that reflects a wide range of backgrounds, disciplines, experience and seniority.

With the exception of some members of the senior management team and the institutional coordinator, the institution should avoid scheduling meetings with staff members more than once unless otherwise requested by the review team. The team will generally seek to meet staff in separate, parallel or consecutive meetings to those conducted with senior management.

To assist the chair to manage each meeting and ensure that all attendees have an opportunity to contribute to each discussion, it is recommended that the number of attendees per meeting is limited to a maximum of ten. Ideally there should be between six and eight attendees per meeting unless an alternative format, e.g. a world café approach, can facilitate larger groups. All participants should be prepared to have an open and honest exchange with the review team.

Conduct of the main review visit

Throughout the main review visit, the review team and the 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. Open, honest and constructive dialogue is essential if the review team is to gain a true and accurate understanding of the institution and its approach to embedding a culture of quality. For open and honest discussion to occur to the best effect, attendees should consider the review team as critical friends who are there to engage in discussion, share independent perspectives and contribute value to the review of the institution.

The review team chair will seek to ensure that the overall schedule is adhered to and that meetings begin and end promptly at the appointed time. However, individual meetings may be led by other nominated members of the review team.

At the start of each meeting, the lead reviewer will:

- provide a brief introduction and the nature of the review process to set the context for the discussion. Attendees should note that the scope of discussion may be widened by the review team from the original topic in order to triangulate relevant information presented to it at other meetings or through the ISER. The topic(s) for discussion will remain within the scope of the overall review.

- advise if the discussion needs to be moved on based on the time allotted for the meeting and / or if the requisite information and evidence has been obtained on a particular topic area. The review team may seek further clarification or a subsequent meeting regarding a topic or item of discussion during the course of the main review visit.

The review team will wish to ensure that participants attending meetings will have an opportunity to speak and engage fairly in the discussions.

Evidence-gathering will be thorough, monitored and documented. In advance of the main review visit, review team members will have agreed respective areas of responsibility and the profile of questions to be asked during each session: this will ensure that the key requirements are covered and that evidence from each meeting is gathered systematically and monitored.

Reviewers will ensure that 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.

Throughout the main review visit, the coordinating reviewer will record the outcome of each meeting and log the evidence (written or oral) gathered in respect of each of the areas to be covered in the review report (section 4). Consistency in recording the evidence collected will assist in preparing the review report and it is recommended that a basic draft of the report findings is prepared by the end of the main review visit.

QQI representatives may attend meetings during the main review visit to support the review team with this stage of the review process. They may also act as a liaison between the institutional coordinator and the review team where appropriate. From time to time and as part of QQI's internal quality training, other QQI representatives may also attend as observers only. This will be managed in consultation with the institutional coordinator.

Final Wrap-Up Meeting/Oral Report

The final meeting on the last day of the main review visit will be led by the review team chair and attended by the head of institution and members of the senior management team, the institutional self-evaluation team, learner representatives and the institutional coordinator. At this meeting an oral report, detailing a brief overview of the review team's preliminary conclusions, key findings, commendations and recommendations, will be presented by the chair. In advance of this meeting, the review team will meet privately with the head of institution to provide a brief overview of their findings.

The wrap-up meeting and oral report marks an end to the formal engagement between the review team and the institution during the review process. It provides an opportunity for the review team to share some of the key findings that will be included in the review report but there will not be an opportunity for discussion and debate. All findings shared at this stage are confidential and informal.

See Appendix F for more detailed guidelines on planning and main review visits, including the oral report.

4. THE REVIEW REPORT

4.1 THE PURPOSE OF THE REVIEW REPORT

The review report sets out the findings of the review team. At the end of the review process, the entire team will prepare and agree on the content of the written report.

The review report is designed to support the availability of consistent, robust and independent public assurances, supported by appropriate evidence, that the institution has in place procedures and processes that ensure the delivery of educational experiences of the highest standard both nationally and internationally.

The report will be drafted to take due account of the different needs and interests of stakeholders who will be engaging in the outcomes of the process. In addition to any commendations made, the review report will include recommendations to which the institution will respond.

4.2 THE DRAFTING PROCESS

The review team must ensure that the review findings are evidence-based, accountable and documented. It will draw upon the notes of discussions held in advance of, and during, the main review visit as the basis for the review report. The review chair may decide to assign aspects of the report to individual reviewers or pairs of team members to draft.

When drafting the report, care should be taken to ensure that:

- the report is not overly descriptive;
- the report does not comment on individuals;
- feedback is offered constructively;
- findings are not excessively subtle but are clear and direct;
- any issues identified in the conclusion section of the report have been fully discussed in the relevant section of the main text; and
- recommendations are not overly prescriptive in specifying how an identified area for improvement should be addressed.

The coordinating reviewer is responsible for coordinating the preparation of the report, integrating inputs from review team members to ensure a consistent and coherent narrative. Given the scale of this task, each reviewer should remain accessible, contributing commentary and advising on drafts and amendments as required, and in accordance with the specified deadlines, until the report has been finalised. The report will be signed off by the chair, having been agreed with all review team members within the timeline determined by QQI. The coordinating reviewer will submit the draft review report to QQI on behalf of the review team.

4.3 FACTUAL ACCURACY CHECKING

Within the post-review timeline, the institution will be given a formal opportunity to check the factual accuracy of the review report and will also be invited to provide an institutional response.

The coordinating reviewer will submit the draft report to QQI, which will ensure that the report provides sufficient evidence to substantiate the key findings and is in keeping within the terms of reference for the review process. QQI will send the draft report to the institution, which will be asked to comment on any factual accuracy issues. It is important that the institution is aware that the accuracy checking process should be precisely that: it is not an opportunity to re-write the team's report. Additionally, as the process is an evidence-based one, the review report can only include comment on evidence seen by the review team before or during the main review visit. 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 self-evaluation report. A template to assist the institution in the factual accuracy process will be provided by QQI.

4.4 INSTITUTIONAL RESPONSE

The institution is invited to provide a formal response to the review report (ideally no longer than 2 pages in length) that will be considered, alongside the report, by QQI's internal governance structures and included in the published document. The institution is asked to begin the institutional response drafting process alongside the factual accuracy checking exercise. However, a longer deadline is given for its submission to enable the institution to make any final amendments to its response, taking account of the accuracy checking exercise and the value of having sight of the final report.

4.5 THE QUALITY PROFILE

The quality profile (one page in length) is published by QQI and will provide a synopsis of the process followed alongside the key findings and five key commendations and recommendations of the team. This profile, available electronically, is expected to attract interest from a wide variety of external audiences, especially prospective students. Published examples of institutional quality profiles are available through the QQI reviews library.

4.6 PUBLICATION OF THE REVIEW REPORT

The final report (including the formal institutional response) will be considered by QQI's governance structures for approval. Following approval of the report's publication, QQI will provide an electronic copy of the review report to the institution. Both parties will publish the document on their respective websites and share with internal and external key stakeholders.

5. FOLLOW-UP

5.1 THE IMPLEMENTATION PLAN AND FOLLOW-UP REPORT

Three months after the publication of the review report, the institution is asked to submit an implementation plan, outlining the institution's high-level plans for addressing the findings of the review team as outlined in the review report.

One year after the publication of the review report, the institution will be asked to produce a follow-up report (incorporating the implementation plan) for submission to QQI. Published examples of follow up reports are available through the QQI reviews library.

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 follow-up report should identify the range of strategic and logistical developments and decisions that have occurred within the institution since the publication of the review report. The length and style of the follow-up report will remain flexible for institutions, but it must address all the key findings and recommendations of the review team.

The follow-up report will be published by QQI and the institution. Significant milestones in the follow-up report, along with reflections and learnings from the external cyclical review process, can be included in subsequent annual quality reports.

If the review team identifies 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 these concerns, including the timeframe in which the issue(s) will be addressed. The action plan and the timeframe will comprise 'directions' by QQI (in accordance with Section 35 of the 2012 Act). The institution will report to QQI regularly on progress against the action plan for the duration of the plan.

In the case where QQI considers that progress in implementing the action plan is inadequate, it 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 some or all members of the original review team. This process would only be initiated in exceptional circumstances where significant failures to meet statutory requirements are found by the team[8].

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8   It is acknowledged that some independent and private providers intend to seek the delegation of authority (DA) to make awards when it becomes available. However, these statutory regulations have not been commenced at the time of publishing this handbook. It should be noted that In circumstances where concerns are identified regarding the fulfilment of other statutory requirements, the institution will be required to address these fully before an application for the assessment of DA will be accepted by QQI.

5.2 EVALUATION AND FEEDBACK

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 from the institution to QQI. Any feedback from the review team will usually be directed to QQI via the chair and coordinating reviewer.

5.3 REVIEW OUTCOMES

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) will be published on the QQI website.

QQI will regularly analyse the review reports as the basis of ongoing QQI quality enhancement activities (publications, seminars, workshops etc.). Best practice identified through the review process will be used as the basis of QQI dissemination activities nationally, across Europe and internationally, in consultation with relevant institutions, to ensure that the quality of the Irish higher education experience and the robustness of the institutional review process are internationally recognised.

APPENDIX A – Terms of Reference:

BACKGROUND AND CONTEXT FOR THE REVIEW

These are the terms of reference for the review of independent and private providers, including those that intend to request the delegation of authority[9] (DA) when it becomes available.

QQI's Core Quality Assurance Guidelines have been established for all providers and collectively address the quality assurance responsibilities of those providers. The scope of the guidelines incorporates all education and training leading to QQI awards, other awards recognised in the National Framework of Qualifications (NFQ), or awards of other awarding, regulatory or statutory bodies. The guidelines outline that quality, and its assurance, are the primary responsibility of the provider and review and self-evaluation of quality is a fundamental element of the provider's quality assurance system. Sector specific QA guidelines have also been published and address the more specific requirements of independent and private providers. Reengagement[10] by those providers confirmed that quality assurance procedures were approved by QQI in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012.

A provider's external quality assurance obligations include a statutory review of quality assurance by QQI. The reviews relate to QQI's obligation under Section 27(b) of the 2012 Act (to establish procedures for the review by QQI of the effectiveness and implementation of a provider's quality assurance procedures) and to section 34 of the 2012 Act (the external review by QQI of a provider's quality assurance procedures).

QQI established its Policy for Cyclical Review of Higher Education Institutions in 2016 which sets out the scope, purposes, criteria and model for cyclical review.

For independent and private providers, the diversity, range and size of organisations varies significantly, and some have been subject to rigorous oversight by QQI regarding their internal quality assurance systems for a lengthy and sustained period. The outcomes of the review will inform the future development of quality assurance and enhancement activities within independent and private institutions and across the sector.

For those institutions that are planning to seek DA, the external institutional review will constitute a first step towards an assessment by QQI.

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9   The delegation of authority (DA) to make awards is the legal mechanism to recognise a provider's growing autonomy and capacity to take on responsibility for academic quality. DA enables a provider to establish its own award brand and affords it autonomy to establish programmes, or classes of programmes of education and training, which lead to awards that are awards in the National Framework of Qualifications (NFQ). DA is a recognition by QQI that a provider has the rigour, independence and consistency in its programme approval processes and can be entrusted with the responsibility to make reliable decisions regarding the standards of programmes subject to validation and revalidation.

10   Re-engagement was a one-off process for legacy providers to establish: (i) Quality assurance procedures approved by QQI in accordance with either Section 29 or Section 30 of the 2012 Act as relevant; and (ii) The provider's scope of provision i.e. the range of programmes for which quality assurance procedures and organisational capacity are deemed appropriate and within which future programme applications for validation can be made.

PURPOSES

QQI's Policy for the Cyclical Review of Higher Education Institutions highlights five purposes for individual institutional reviews. These are set out in the table below.

Purpose	• Achieved and measured through
1. To encourage a quality culture and the enhancement of the learning environment and experience within institutions.	• emphasising the student and the student learning experience in reviews; • providing a source of evidence of areas for improvement and areas for revision of policy and change and basing follow-up upon them; • exploring innovative and effective practices and procedures; • exploring quality as well as quality assurance within the institution; • piloting a new thematic review methodology.
2. To provide feedback to institutions about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance.	• emphasising the ownership of quality and quality assurance at the level of the institution; • pitching the review at a comprehensive institution-wide level; • evaluating compliance with legislation, policy and standards; • evaluating relative equivalence with institution-identified benchmarks and metrics; • emphasising the improvement of quality assurance procedures.
3. To improve public confidence in the quality of independent and private providers by promoting transparency and public awareness.	• adhering to purposes, criteria and outcomes that are clear and transparent; • publishing a periodic review cycle; • publishing terms of reference; • publishing the reports and outcomes of reviews in accessible locations and formats for different audiences; • publishing brief, easy to read institutional quality profiles; • evaluating, as part of the review, institutional reporting on quality and quality assurance, to ensure that it is transparent and accessible.
4. To support systems-level improvement of the quality of higher education.	• publication of periodic synoptic reports; • ensuring that there is sufficient consistency in approach between similar institutions to allow for comparability and shared learning; • publishing institutional quality profiles.
5. To encourage quality by using evidence-based, objective methods and advice.	• using the expertise of international, national and student peer reviewers who are independent of the institution; • ensuring that findings are based on stated evidence; • facilitating institutions to identify metrics and benchmarks for quality relevant to their own mission and context; • promoting the identification and dissemination of examples of good practice and innovation.

REVIEW OBJECTIVES, OUTPUTS AND CRITERIA

Summary of Objectives

The key objectives of the review are summarised under the following headings as follows:

i. Governance and Management – to review the effectiveness and comprehensiveness of the governance and management of quality throughout the organisation.

ii. Teaching, Learning and Assessment – to evaluate the arrangements to ensure the quality of teaching, learning and assessment within the provider and a high-quality learning experience for all learners.

iii. Self-Evaluation, Monitoring and Review – to evaluate the arrangements for the monitoring, review and evaluation of, and reporting on, the provider's education, training and related services (including through third-party arrangements) and the quality assurance system and procedures underpinning them.

OBJECTIVES (INCLUDING INDICATIVE MATTERS[11] TO BE EXPLORED)

Objective 1 – Governance and Quality Management

To review the effectiveness and comprehensiveness of the governance and management of quality throughout the organisation.

This will include a review of:

- the oversight arrangements and transparent decision-making structures for the implementation of the QA procedures of the provider as set out in the annual quality report (AQR);
- the enhancement of quality by the provider through governance, policy, and procedures;
- the flexibility and adaptability of quality assurance procedures and quality enhancement with the provider's own mission and goals or targets for quality. To identify innovative and effective practices for quality enhancement; and
- the effectiveness and implementation of procedures for access, transfer and progression.

The scope of this objective includes the procedures for reporting, governance and publication. It also incorporates an analysis of the ways in which the provider applies evidence-based approaches to support quality assurance processes, including quantitative analysis, evidence gathering and comparison. Consideration will also be given to the effectiveness of the AQR and ISER procedures within the institution.

The scope of this objective will also extend to the overarching procedures of the provider for assuring itself of the quality of its research activities, where applicable.

The governance and quality management systems would be expected to address:

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11 The indicative matters highlighted for each objective do not comprise the full range of areas that could be explored during the review. The review team has the capacity to expand this within the scope of QQI's Statutory Core QA Guidelines and sector specific guidelines as appropriate.

Indicative matters to be explored	
The provider's mission and strategy	• Do the provider's quality assurance arrangements contribute to the fulfilment of the mission and strategy? How? • Is the learner experience consistent with this mission?
Structures and terms of reference for the governance and management of quality assurance	• Are the arrangements sufficiently comprehensive and robust to ensure management and governance structures are proportionate and appropriate to support both the education and training activities and the general operations of the institution (e.g. separation of responsibilities, externality, stakeholder input)? • Is governance visible and transparent? • Has the provider ensured there are robust structures in place to identify, assess and manage risk? How effective are these arrangements? • How does the provider ensure the system of governance protects the integrity of academic processes and has institutional wide oversight of its QA standards? • Do the processes in place demonstrate the provider's confidence in its capacity for critical self-evaluation and remediation?
The documentation of quality assurance policy and procedures	• How effective are the arrangements for the development and approval of policies and procedures? • Are policies and procedures coherent and comprehensive (i.e. do they incorporate all service types and awarding bodies?), robust and fit for purpose? • Are policies and procedures systematically evaluated? • Are there effective innovations in quality enhancement and assurance?
Staff recruitment, management and development	• How effective are the QA procedures in maintaining and managing a resource base that sustainably supports (i) the quality assurance system and (ii) the programmes of education and training, research and related services offered by the provider? • How effective are the QA procedures for the recruitment, management and development of staff in the context of all education and training activities and related services[12] offered by the provider? • How does the provider assure itself as to the competence of its staff? • How are professional standards maintained and enhanced across the organisation? • How are staff informed of developments impacting the organisation and how can they input to decision-making?

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12   This includes those education and training activities leading to awards of awarding bodies other than QQI, such as professional bodies and local provider provision, so that the overall commitments of staff are taken into account by the provider.

Programme development, approval and submission for validation	• What arrangements are in place to ensure alignment of programme development activity with the provider's mission and strategic goals, as well as learner needs?
	• Are the arrangements for the approval and management of programme development robust, objective and transparent?
	• What arrangements are in place to facilitate and oversee a comprehensive programme development process in advance of submission for validation (e.g. the conduct of research, inclusion of external expertise, writing learning outcomes, curricula etc., professional approval/accreditation)?
	• How does the QA system support the development of programmes requiring professional approval / accreditation? What additional measures are in place to support these programmes?
	• How effective are those arrangements in meeting and facilitating the standards required by professional, statutory or regulatory bodies (PSRBs), where relevant?
	• What impact has increased demand for (i) the use of online technology for programme delivery and assessment and (ii) the provision of short, standalone programmes had on the provider's resource base? How effective are the QA procedures in supporting these programmes' developments?
	• Are there effective structures in place to support and quality assure collaborative programme development with other providers, both national and transnational?
	• How does the institution assure itself that work-integrated learning[13] is fully embedded within the structure and provision of educational programmes so that the taught and work-integrated elements constitute a coherent whole?
	• How effectively has the provider managed its responsibility of arranging independent evaluation reports under devolved responsibility (where applicable)?
	• What has the provider learned from its experience of devolved responsibility?

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13   Work-integrated learning (WIL) may take place in a variety of contexts, including but not limited to, practice placement, apprenticeship, applied learning and profession-oriented further and higher education where WIL elements are integral to an educational programme leading to a qualification in the NFQ.

Access, transfer and progression (ATP)	• How does the provider measure and monitor access, transfer and progression systematically across all programmes and services? • How effective are the processes and tools to collect, monitor and act on information on learner progression and completion rates? • Are there flexible learning pathways, respecting and attending to the diversity of learners? • Are admissions criteria and processes clear, transparent and fit for purpose? • Are progression and recognition policies and processes in line with (i) the national policies and criteria for ATP and (ii) the National Framework of Qualifications (NFQ) and (iii) any appropriate European recognition principles, conventions and guidelines including the European Qualifications Framework (EQF)? Are these implemented on a consistent basis?
Integrity and approval of learner results, including the operation and outcome of internal verification and external authentication processes	• What governance and oversight processes are in place to ensure the integrity of learner assessment and results data, which provide the basis for making and certifying QQI awards? • Have the provider's QA procedures evolved to combat emergent threats to academic integrity? How adaptable are they to continued threats and/or change? • How does the provider ensure that the processes in place provide for consistent decision-making and oversight across all services, centres, campuses?
Information and data management	• What arrangements are in place to ensure that data are reliable and secure? • How are data utilised as part of the quality assurance system? • What arrangements are in place to ensure the integrity of learner records? • How is compliance with data legislation ensured?
Public information and communications	• Is information on the quality assurance system, procedures and activities publicly available and regularly updated? • What arrangements are in place to ensure that published information in relation to all provision (including by centres) is clear, accurate, up to date and easily accessible?
Other Parties involved in Education and Training	• How effective is the provider's integrated system of quality assurance to support collaborative arrangements and partnerships with third parties? • What arrangements are in place to ensure that the provider's QA policies and procedures are consistent with European commitments as appropriate?
Research, Enterprise and Innovation	• What arrangements are in place to ensure that the provider has an integrated system of quality assurance in place to underpin and support its research and enterprise activities? • How effectively does research education and training engage with peer review mechanisms used for research funding and publication?

OBJECTIVE 2 – TEACHING, LEARNING AND ASSESSMENT

Evaluate the arrangements to ensure the quality of teaching, learning and assessment within the provider and a high-quality learning experience for all learners. These will include:

Indicative matters to be explored	
The learning environment	• Is the quality of the learning experience monitored? How? • Are modes of delivery and pedagogical methods evaluated to ensure that they meet the needs of learners? How? • How is the quality of the learning experience of learners engaged in work integrated activities assured? • Is there evidence of enhancement in teaching and learning?
Assessment of learners	• How is the integrity, consistency and security of assessment instruments, methodologies, procedures and records ensured – including in respect of recognition of prior learning? • How does the provider assure that the standards regarding the assessment of learners engaged in work integrated learning are maintained? • Do learners in all settings have a clear understanding of how and why they are assessed and are they given feedback on assessment? • How is the feedback analysis used to further enhance assessment methodologies? • Can the QA procedures in place support the management, integrity and retention of learner results data which provide the basis for making and certifying QQI awards?
Supports for learners	• How are support services planned and monitored to ensure that they meet the needs of learners? • How does the provider ensure consistency in the availability of appropriate supports to all learners across different settings, including work integrated learning? • Are learners aware of the existence of supports?

OBJECTIVE 3 – SELF-EVALUATION, MONITORING & REVIEW

Evaluate the arrangements for the monitoring, review and evaluation of, and reporting on, the provider's education, training and related services (including through third-party arrangements) and the quality assurance system and procedures underpinning them. It will also reflect on how these processes are utilised to complete the quality cycle through the identification and promotion of effective practice and by addressing areas for improvement. This will include:

Indicative matters to be explored	
Self-evaluation, monitoring and review	• What are the processes for quality assurance planning, monitoring and reporting? • Are the processes for self-evaluation, monitoring and review (including the self-evaluation report undertaken for the institutional review comprehensive, inclusive and evidence-based? • Is there evidence of strategic analysis and follow-up of the outcome of internal quality assurance reviews and monitoring (e.g. review reports, external examiner reports, learner feedback reports etc.)? • How is quality promoted and enhanced?
Programme monitoring and review	• Are mechanisms for periodic review and revalidation of programmes comprehensive, inclusive and robust? • How are programme delivery and outcomes monitored across multiple campuses (including collection of feedback from learners/ stakeholders)? • How are the activities and processes associated with work integrated learning monitored? • Is there evidence that the outcome of programme monitoring and review informs programme modification and enhancement? • Are the outputs of programme monitoring and review considered on a strategic basis by the provider's governance bodies to inform decision-making?
Oversight, monitoring and review of relationships with external/ third parties and other collaborative partners.	• How does the provider ensure the suitability of the external parties with which it engages? • Is the nature of the arrangements with each external party published? • Is the effectiveness of these arrangements monitored and reviewed through provider governance?

Review Outputs

In respect of each dimension above, the review will:

- evaluate the effectiveness of the provider's quality assurance procedures for the purposes of establishing, ascertaining, maintaining and improving the quality of higher education, training, and related services;

- identify perceived gaps in the internal quality assurance procedures and the appropriateness, competence, prioritisation and timeliness of planned measures to address them in the context of the provider's current stage of development; and

- explore achievements and innovations in quality assurance and in the enhancement of teaching and learning.

Following consideration of the matters above, the review report will include specific and high-level qualitative statements on:

- the overall effectiveness of the quality assurance procedures of the provider and the extent of their implementation and enhancement;

- the extent to which the quality assurance procedures can be considered compliant with the ESG;

- the extent to which existing quality assurance procedures adhere to QQI's Quality Assurance guidelines and policies (as listed in section 3.4);

- identified effective practice and recommendations for further improvement. (These may also be accompanied by a range of ancillary statements.);

- The review report may also include recommendations for conditions in reference to each of the objectives.

Criteria

The implementation and effectiveness of the provider's quality assurance arrangements will be considered in the context of the following:

- The provider's own mission and vision, including objectives and goals for quality assurance.
- QQI Core Quality Assurance Guidelines
- QQI Sector Specific Quality Assurance Guidelines for Independent and Private Providers
- Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) 2015
- Section 28, Qualifications and Quality Assurance (Education and Training) Act 2012
- QQI's Policy Restatement and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training

Where appropriate and indicated by the provider, additional QQI guidelines may be incorporated:

- QQI Topic Specific Quality Assurance Guidelines for Research Degree Programmes
- National Framework for Doctoral Education
- Ireland's Framework of Good Practice for Research Degree Programmes

THE REVIEW PROCESS

The primary source for the review process is the Cyclical Review Handbook for Independent and Private Providers.

Review Team Profile

QQI will appoint the review team to conduct the institutional review. Review teams are composed of peer reviewers who are learners; leaders and staff from comparable providers; and external representatives including employer and civic representatives.

The size of the team and the duration of their visit will depend on the size and complexity of the independent and private provider.

QQI will identify an appropriate team of reviewers for each review who are independent of the independent and private provider with the appropriate skills and experience required to perform their tasks. Collectively, the review team will have knowledge of and expertise in:

- Higher education quality assurance processes;
- Governance;
- The advancement of teaching, learning and assessment methodologies;
- Managing research within or across institutions (where applicable);
- International reviews; and
- European standards in higher education and qualification frameworks, e.g. ESG, EQF and Bologna process.

The team will include international representatives and QQI will seek to ensure diversity among the reviewers. The provider will have an opportunity to comment on the proposed composition of its review team to ensure there are no conflicts of interest. QQI has final approval over the composition of each review team. The roles and responsibilities[14] of the review team members are as follows:

Chair:

The chair is a full member and leader of the review ream. Their role is to provide tactical leadership and to ensure that the work of the team is conducted in a professional, impartial and fair manner, and in compliance with the Terms of Reference. The chair's functions include:

- Leading the conduct of the review and ensuring that proceedings remain focused.
- Organising the work of reviewers with the support of the Coordinating Reviewer.
- Fostering open and respectful exchanges of opinion and ensuring that the views of all participants are valued and considered.
- Facilitating the emergence of evidence-based team decisions (ideally based on consensus).
- Contributing to, and overseeing the production of, the review report within the timeline agreed with QQI, approving amendments or convening additional meetings if required.

Coordinating Reviewer:

The coordinating reviewer is a full member of the team and secretary of the review team. Their role is to capture the team's deliberations and decisions during the proceedings and express them clearly and accurately in the team report. It is vital that the coordinating reviewer ensures

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14   Further detail on the conduct of reviewers is outlined in QQI's Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators.

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that sufficient evidence is provided in the report to support the team's recommendations. The role of the coordinating reviewer includes:

- Acting as the liaison between the review team and QQI; and, during the main review visit, between the review team and the coordinating reviewer.

- Maintaining records of discussions during the planning and main review visits.

- Coordinating the drafting of the review report in consultation with the team members and under the direction of the chair within the timeline agreed with QQI.

Student Reviewer:
The student reviewer is a full member of the review team and participates in all aspects of the review. The student reviewer represents the 'voice of the learner' and brings a valuable perspective which can inform and enrich discussions. They may have a particular focus on the learner experience and topics of interest might include, for example:

- Academic matters such as the curriculum, assessment, teaching and learning;

- Support services, such as library, IT, sports, societies, welfare and careers services etc.; and

- Learner input into decision-making and involvement in quality assurance.

External Reviewer(s):
The external representative reviewer is an equal member of the team and takes part in all aspects of review. The external representative may bring knowledge and expertise of the Irish Higher Education sector more widely and/or contribute to the 'third mission' perspective (i.e., represents the economic and social mission of the institution) 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;

- responsibilities of independent and private providers of education and training in the Irish HE sector;

- the external perception of the institution and its activities;

- pedagogy, programme architecture, skills development, teaching, learning and assessment and related quality assurance activities;

- knowledge of the area identified in any specific enhancement themes for the review;

- quality assurance practices in other sectors; and

- good management practices in other sectors.

All Review Team members:
The role of all review team members includes:

- preparing for the review by reading and critically evaluating all written material;

- investigating and testing claims made in the institutional self-evaluation report (ISER) and other material during the main review visit by speaking to a range of staff, learners and stakeholders; and

- contributing to the production of the review report, ensuring that their particular perspective and voice (i.e. learner, industry, stakeholder, international etc.) forms an integral part of the review.

Review Process and Timelines

The key steps in the review process with indicative timelines are outlined below. Specific dates for each provider review will be outlined by QQI in accordance with the published Review Schedule.

Step	Action	Timeframe	Outcome
Preparation – Terms of Reference (ToR)	Consultation and confirmation of ToR with providers	9 months before the main review visit (MRV)	Publish ToR
Preparation – Institutional Profile (IP)	Preparation of an institutional profile by each provider (e.g. outlining mission; strategic objectives; local context; data on staff profiles; recent developments; key challenges).	6 months before the MRV	Publish IP
Preparation – Review Team (RT)	Appointment of an expert review team Consultation with the provider on any possible conflicts of interest	6-9 months before the MRV	Publish RT Profile
Self-evaluation – Institutional Self-Evaluation Report (ISER)	Forwarding to QQI of the institutional self-evaluation report (ISER) and a repository of additional information (optional).	min. 12 weeks before the MRV	Published ISER (optional)
Desk review	Desk review of the ISER by the team	At least 1 week before the Initial Meeting	ISER initial response provided
RT Briefing (via MS Teams) – 2 sessions (half days)	Session 1: An initial meeting of the review team, including introductions, reviewer training and briefing. Session 2: RT discussion of preliminary impressions and identification of any additional documentation required.	c. 5 weeks after the ISER, c. 7 weeks before the MRV	RT training and briefing is complete. RT identify key themes and any additional documents required.
Planning visit (via MS Teams)	A visit to the institution by the chair and coordinating reviewer to receive information about the ISER process, discuss the schedule for the main review visit and discuss additional documentation requests.	c. 5 weeks after the ISER, c. 7 weeks before the MRV	An agreed note of the planning visit.

Main Review Visit	To receive and consider evidence on the ways in which the institution has performed in respect of the objectives and criteria set out in the Terms of Reference	12 weeks after the receipt of ISER	A short preliminary oral report to the institution
Report – drafting stages	Preparation of a draft report by the team Draft report sent to the institution for a check of factual accuracy Institution responds with any factual accuracy corrections Preparation of a final report	6-8 weeks after the MRV 12 weeks after the MRV 2 weeks after receipt of draft report 2 weeks after factual accuracy response	QQI review report
Report – institutional response	Preparation of an institutional response	2 weeks after final report	Institutional response
Outcomes	QQI considers findings of review report and the institutional response through governance processes. Review report is published with institutional response.	Next available meeting of QQI Awards and Reviews Committee (ARC)	Formal decision about the effectiveness of QA procedures In some cases, directions to the institution and a schedule for their implementation
	Preparation of QQI quality profile	2 weeks after decision	Quality profile published

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

Follow-Up	Preparation of an institutional implementation plan by provider	3 months after publication of report	Publication of the implementation plan by the institution
	One-year follow-up report to QQI for noting. This and subsequent follow-up may be integrated into annual reports to QQI	1 year after the MRV	Publication of the follow-up report by QQI and the institution
	Continuous reporting and dialogue on follow-up through the annual institutional reporting and dialogue process	Continuous	Annual quality report Dialogue meeting notes

APPENDIX B – Roles and Responsibilities within the Review

THE REVIEW TEAM

Roles and responsibilities of the review team

Throughout the review process the review team will be asked to identify findings, commendations and recommendations on the effectiveness of the institution's quality assurance and enhancement processes in relation to the objectives set out in the relevant terms of reference.

Criteria for membership of the review team

The principles of competence and independence will be exercised when appointing the review team.

Competence

The institution and its stakeholders must have confidence that the review is being conducted by competent persons with 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 are unique and, as such, requires different competencies, review teams should have an appropriate mix and balance of expertise.

Independence

A review team must arrive at its decision in an independent manner, free of influence from the institution and of other interests. Stakeholders must have confidence that the review has been conducted by independent experts.

It is important that team members engage in the review process without any conflict of interest, or perception of conflict of interest. It is in the institution's interest that its review be conducted transparently by independent, external peers as an endorsement of their practice. Independence could be compromised, or perceived to be compromised, if review team members:

- hold a current or past appointment in the institution (e.g., existing employees, consultant etc.);

- be a learner or a graduate of the institution;

- hold a membership or recent membership of the Board or sub-committees of QQI; and

- have any other potential conflict of interest.

The principal requirements asked of reviewers throughout the process are to:

- **Contextualise**: gain a sound understanding of the institution, its mission, size, strategies and procedures, whilst taking account of the wider social, cultural, economic and political environment in Ireland;

- **Critique**: be a critical friend to the institution by commenting on and questioning the effectiveness and suitability of the institution's quality assurance and enhancement methods to ensure that they are fit-for-purpose. Identifying positives and negatives and identifying any blockages to effective practices;

- **Contribute** to the on-going enhancement and development of the institution's effectiveness by providing examples of alternative practices as a catalyst for change, referencing national, European and international exemplars, where known; and

- **Confirm**: provide independent validation to internal and external audiences of the effectiveness of the measures used within the institution and its compliance with statutory requirements and consistency with European standards.

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

- reading and analysing the ISER (institutional self-evaluation report) and any other documentation provided by the institution or QQI;

- participating in the main review visit and team induction training and briefings;

- leading on a section of the review report, as directed by the chair, 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, learners and stakeholders;

- seeking out evidence from different units and services, at differing levels within the institution, to be assured that sufficient evidence exists to confirm institution procedures and practices are operating systematically and effectively throughout the institution;

- reaching conclusions on the basis of the evidence gathered; and

- contributing to and commenting on the review report in a timely manner.

INDIVIDUAL ROLES WITHIN THE REVIEW TEAM

The Chair

The chair is an international reviewer who is a serving (or recently former) senior leader - usually head/deputy head of a similar type of institution or a senior policy advisor in higher education who:

- possesses a wide range of higher education experience;

- demonstrates a deep understanding of the complexities of the higher education system;

- understands often unique QA governance arrangements; and

- has proven experience in the management of innovation and change.

The chair will be selected for their 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 chair 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 chair has prior experience of a similar process, be of high standing in their field and critically, have a proven ability to exercise appropriate 'soft' skills to chair meetings effectively.

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

- agree the content and scope of the main review visit schedule with the institutional coordinator and the coordinating reviewer;

- ensure the scope of the main review visit is sufficient to ensure that the review report is based on evidence collected in the required categories;

- meet the institutional coordinator regularly throughout the main review visit (alongside the coordinating reviewer) and invite the institutional coordinator to attend meetings at the request of the team;

- ensure that the team works professionally and confidently throughout the duration of the review process, in accordance with any agreed code of conduct (ensuring that institution's staff and review team members exchange views in a manner respectful of their positions etc.);

- assign roles to the team in advance of the main review visit (this could be done at the induction training stage) to match reviewer experience and interests with different aspects of the process;

- keep the team focused on its tasks, roles and responsibilities;

- ensure that the overall schedule is adhered to and that meetings during the main review visit begin and end promptly at the appointed time.

- make final decisions throughout the main review visit, where necessary;

- lead preparations for and deliver the oral report at the 'wrap-up' session with the institution on the final day of the main review visit;

- oversee the production of the final review report – drafted on behalf of the team by the coordinating reviewer following consultation with the team and submitted to QQI within six to eight weeks of the main review visit;

- approve amendments to the final report in response to the institution's comments on factual accuracy; and

- convene additional meetings if necessary.

Please note that if the chair is unable to fully participate in the main review visit (due to illness, etc), another member of the review team may be asked to step into the role as reserve chair.

The Coordinating Reviewer
The coordinating reviewer is a full member of the team. Their role is to coordinate the review, taking notes and drafting the report of the team following the main review visit. The coordinating reviewer will also:

- attend the planning visit and main review visit;

- agree the content and scope of the main review visit schedule with the chair and institution;

- ensure the scope of the planning and main review visits are sufficient to ensure that the review report is based on evidence collected in the required categories;

- be the liaison point with the institutional coordinator (during the main review visit only), the chair and the rest of the team throughout the process;

- coordinate logistical arrangements in consultation with QQI, the institutional coordinator and the chair;

- 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 chair regularly throughout the main review visit;

- collate or retrieve notes taken by other review team members before the end of the wrap-up session on the final day of the main review visit to assist in the production of the final report;

- support the team in identifying the evidence on which the findings and recommendations in the review report will be based;

- maintain an on-going record of the team's emerging findings, commendations and recommendations;

- draft the preliminary feedback report on final day for delivery by the chair;

- draft the review report in consultation with the chair and review team in order to submit the draft report to QQI within six to eight weeks of the main review visit; and

- make factual accuracy changes as identified by the institution, in consultation with the chair and QQI.

Please note that if the coordinating reviewer is unable to fully participate in the main review visit (due to illness, etc), QQI will seek a replacement, to take on this role for the week of the main review visit. If a replacement cannot be sourced, then a QQI executive will step into the role of coordinating reviewer.

The Student Reviewer

The student reviewer is an equal member of the review team and participates in all aspects of the review. The student reviewer represents the 'voice of the learner' and brings a valuable perspective which can inform and enrich discussions. They may have a particular focus on the learner experience and topics of interest might include, for example:

- academic matters such as the curriculum, assessment, teaching and learning;

- support services, such as library, IT, sports, societies, welfare and careers services etc.; and

- learner input into decision-making and involvement in quality assurance.

The External Representative(s) (national and international)

The external representative reviewer is an equal member of the team and takes part in all aspects of review. The external representative brings the 'third mission' perspective (i.e., represents the economic and social mission of the institution) 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;
- external expectations and responsibilities of independent and private providers of education and training operating in the Irish HE sector;
- the external perception of the institution and its activities;
- pedagogy, programme architecture, skills development, teaching, learning and assessment and related quality assurance activities.
- knowledge of the area identified in any specific enhancement themes for the review;
- quality assurance practices in other sectors; and
- good management practices in other sectors.

REVIEW TEAM BRIEFING AND TRAINING

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.

The focus of the training session is to ensure that all reviewers:

- understand the social, cultural, economic and legal environment within which the institution is operating;
- understand relevant statutory requirements placed on Irish institutions in relation to quality, as outlined in the ESG 2015;
- understand the aims and objectives of the review process as well as the key elements of the method; and
- understand their own roles and tasks and the importance of team coherence and delivering a robust, evidence-based report in a timely manner.

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

- the terms of reference for the review,
- the institution's institutional self-evaluation report (ISER) and associated documentation,
- draft timetables for the planning visit and main review visit, and
- reviewer briefing notes /handbook.

During the training event, the team will be provided with an opportunity to share reactions, views and comments on the institutional self-evaluation report (ISER), 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 chair and coordinating reviewer.

The aims of the reviewer training induction programme are:

- to ensure that reviewers fully understand the institutional review process and its context prior to participating in the review team;

- to maximise the objectivity, consistency and integrity of the institutional review process;

- to increase reviewer ownership of the review process; and

- to capture lessons learned from reviewers' experience elsewhere in the interests of developing best practice.

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

- the role of QQI and the legislative background to institutional review;

- the key principles underpinning relevant QQI and sector policies;

- the aim, objectives and guiding principles of the institutional review process;

- the steps involved in the institutional review process;

- the specific roles of team members including the role of the review chair and Coordinating reviewer and expert tasks; and

- a range of review techniques (e.g., open questioning, active listening, giving feedback, reviewing evidence).

APPENDIX C – Institutional Self Evaluation Guidelines

FEATURES OF THE PROCESS

It is the responsibility of an institution to devise its own systematic and critical process for evaluating its own activity and formulating recommendations for its own improvement. Setting parameters for institutional self-evaluation rather than prescribing a specific approach is thus more appropriate.

The self-evaluation methodology used must be flexible, scalable and appropriate to the institution and one which will fully address the terms of reference.

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

- has a clear focus and purpose;

- incorporates broad consultation with internal and external stakeholders of the institution, especially students;

- is sufficiently rigorous, systematic, evidence-based and comprehensive to meet all of the objectives and criteria in the relevant Terms of Reference,

- adds value, minimises unnecessary overheads and assists in building capacity in the institution (i.e., it is not simply a paper exercise, leading to 'paralysis by analysis' or be undertaken solely to satisfy external requirements);

- enhances understanding and ownership of quality assurance processes within the institution

- provides an honest evaluation of institutional strengths and weaknesses;

- demonstrates evidence of leadership at all relevant levels within the institution and involvement of relevant staff;

- gives appropriate consideration to the environment of the institution;

- integrates with and builds upon other related management processes where relevant (e.g., strategic planning, operational management, internal audit, etc.);

- results in recommendations for improvement which the institution will factor into future plans; and

- is primarily evaluative rather than descriptive.

PLANNING THE SELF-EVALUATION

The internal self-evaluation process will typically take a considerable amount of time to plan. Across Europe and internationally, the traditional approach to institutional review is a major self-study undertaken on a five-yearly basis. 'Root and branch' reviews involving most or all departments in an institution are the most common way to accomplish this.

This is a worthwhile model, particularly for initial reviews. However, the tendency to reinforce departmental and functional boundaries is just one of its many drawbacks. This may become one of the challenges for an institution approaching a review.

As an institution matures in managing its quality assurance systems, in subsequent reviews, the effectiveness and general applicability of this model is open to debate. As our understanding of quality improvement and enhancement in higher education evolves, and given the rate of change in our environment, relying on a process undertaken once every five years may no longer be a desirable approach to take. Self-evaluation is becoming an ongoing critical analysis of quality assurance and enhancement and may be effectively integrated with a wider range of QQI engagements with institutions, such as annual quality reports (AQRs) and quality dialogue meetings (QDMs).

Institutions are more likely to achieve outcomes that are of value and useful to the review team members and to internal colleagues when they adopt a transparent, inclusive, reflective and evidence-based approach to producing the institutional self-evaluation report. Furthermore, international experience suggests that those institutions that consciously used the self-evaluation process as part of their on-going internal quality assurance and enhancement activities were more positive about the outcomes of the process than those who saw it as an external imposition.

Given the workload involved and the level of internal discourse engendered by the process, it would seem advisable that institutions seek as much integration as possible between the self-evaluation process and the internal quality processes as a tool for continuous quality enhancement. However, while it is hoped that the self-evaluation process and the resulting ISER will be of value internally, its primary audience should be the review team, and its primary purpose is to make the review process work.

TIME SPAN FOR THE SELF-EVALUATION

It is important that the self-evaluation begins early to allow sufficient time for staff and students across the institution to familiarise themselves with the process and take ownership of it. Ideally, the self-evaluation process would begin at least 4 - 6 months in advance of the main review visit.

The institutional review covers a broad timeframe. As a starting point, 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.

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

KEY SELF-REFLECTIVE QUESTIONS

How an institution evaluates the effectiveness of its activities is one of the central questions asked by the institutional review process. Given the known difficulties in measuring performance in higher education, effectiveness is a complex and challenging question; broad consensus on the topic does not exist.

Although some subjective judgment is unavoidable, any decisions should be informed by an evidence-based approach and an internal peer evaluation process.

The following general questions may assist the process:

- What are we currently doing?

- Why are we doing it?

- How effective is our approach? How do we know?

- What lessons have we learned?

- What will we do differently in the future as a result?

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

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

- Does the activity meet its stated goals and objectives? How do we know? Are the goals appropriate in the first instance? Is there sufficient and clear alignment between the activities of the institution and its articulated mission?

- What other impacts is the activity having? Are there unintended impacts? Is the scope of provision, at both framework levels and at breadth of fields, clear and comprehensible to peer organisations? What institutional benchmarking has been undertaken?

- What mechanisms and criteria have been used to choose partner organisations?

- What is the risk assessment model of the institution and how does it inform decision-making? Is it systematically employed?

- What is the feedback from internal and external stakeholders? (learners, industry, graduates, staff, etc.) Are the stakeholders clear on the mission and strategy of the institution?

- What sources of expert opinion are available? (e.g., outcomes from a peer review)

- How does the activity compare when benchmarked with other higher education institutions and other comparators, both in Ireland and abroad?

- What qualitative and quantitative indicators are available to measure the performance of the activity?

- How does the activity inform planning and operational management?

- How are staff involved? Is this part of 'the way things are done'?

- How are students involved? Is this part of 'the way things are done'?

- Does it impact the core functions of the institution and lead to improvements?

- What improvements and outcomes can be directly attributed to the activity versus what would happen anyway?

A particularly useful method of demonstrating an effective practice or process is drawn from the humanities, and that is the case study. Examples of useful cases could include:

- stories around the student cycle;

- the programme cycle;

- partnership/collaboration agreement cycle; and

- unit (department/school/service department) cycle.

Examples of case studies are included in annual quality reports (AQRs) submitted to QQI from public and private higher education institutions and are available on QQI's website.

A case study can provide an example of quality assurance in action, tracing the implementation of quality assurance and its governance from initialisation or approval, onwards to monitoring and review and, through this, analysing the interplay between the various procedures and their overall effectiveness. It can be a compelling way to communicate the reality of how a particular policy and procedure is implemented.

Two Overarching Intended Outcomes of Self-Evaluation

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

- Its policies and procedures for quality assurance and quality enhancement;

- The ways the governing authority is facilitated in and is discharging its responsibilities for quality assurance (Is there clarity and transparency about process, the distribution of responsibilities, and the criteria for decisions?);

- The procedures in place for reporting, governance and publication;

- The methods employed to ensure internal quality management processes are in keeping with national, European and international best practice;

- The overarching procedures of the institution for assuring itself of the quality of its taught programmes, research degree programmes and programmes of research;

- The use of outcomes of internal and external quality assurance and enhancement processes to identify strengths and weaknesses and enhancement targets in its teaching, learning, research and service areas, informing decision-making, and enabling a culture of quality within the institution (Are they clear and transparent to all stakeholders? Is there appropriate critical mass in the provision of programmes?);

- The use of relevant information and data to support evidence-based decisions about quality; and

- The accuracy, completeness and reliability of published information in relation to the outcomes of internal reviews aimed at enhancing the quality of education and related services;

- Progress on the development of quality assurance since the last review of the institution;

- The use of the AQR and ISER procedures within the institution;

- The procedures established by the institution for the assurance of the quality of collaborations, partnerships and overseas provision, including the procedures for the approval and review of linked providers, joint awarding arrangements, joint provision and other collaborative arrangements such as clusters and mergers;

- The enhancement of quality by the institution through governance, policy, and procedures;

- The congruency of quality assurance procedures and enhancements with the institution's own mission and goals or targets for quality;

- Innovative and effective practices for quality enhancement; and

- Procedures for access, transfer and progression.

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

APPENDIX D – Self Evaluation Report Format Guide

DOCUMENTATION OVERVIEW

It is the responsibility of the provider to determine the most appropriate format for its own self-evaluation report, taking into account its particular profile and context and the terms of reference for the review. A streamlined approach to the self-evaluation report documentation is encouraged to ensure a readable report for the review team and to maximise the time spent on reflection, evaluation and capturing lessons learned. Some practical tips for an effective self-evaluation report are:

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

SAMPLE REPORT FORMAT

A sample format is provided below for reference. However, the provider is not bound by this approach.

Report Section	Description
Foreword	A statement on the self-evaluation report by the head of institution.
Contents	A list of contents, annexes, figures and tables.
Glossary / Abbreviations	A list of definitions of terms and acronyms.
Introduction	The provider could reference the institutional profile in this section, providing a brief analysis of key trends in some of the data provided and the implications of such for the provider's strategic direction and quality assurance system. Any additional contextual information the provider considers important with regard to the self-evaluation, e.g. the quality culture within the institution.
ISER Process Methodology	A brief description of the process and methodologies adopted for the development of the self-evaluation report, evidencing the inclusive and consultative nature of the process adopted.

Objective 1: Governance and Management of Quality	a) The Provider's Mission and Strategy • Description: An outline of the QA arrangements that are aligned to and support these, and why they have been adopted. • Evaluation: An evaluation of (i) whether the QA components described are being implemented fully and consistently, (ii) how effective (or otherwise) the provider considers these QA arrangements to be in supporting the achievement of strategic objectives (including reference to data/examples to illustrate this). • Conclusion: Identification of effective practice, challenges and potential future enhancements.
	b) Structures and Terms of Reference for the Governance and Management of Quality Assurance • Description: An outline of what these are and why they have been adopted. • Evaluation: An evaluation of (i) whether the QA components described are being implemented fully and consistently, (ii) how effective (or otherwise) the provider considers these QA arrangements to be in supporting the achievement of strategic objectives (including reference to data/examples to illustrate this). • Conclusion: Identification of effective practice, challenges and potential future enhancements.
	c) The Documentation of Quality Assurance Policy and Procedures • Description: (i) An outline of what these are (possibly including an annex with a list of all policies and procedures and links to them). (ii) A description of the provider's approach to the governance and management of policy/ procedural development, approval and review and why it has adopted this approach. • Evaluation: An evaluation of (i) whether the QA components described are being implemented fully and consistently, (ii) how effective (or otherwise) the provider considers these QA arrangements to be in supporting the achievement of strategic objectives (including reference to data/examples to illustrate this). • Conclusion: Identification of effective practice, challenges and potential future enhancements.
	d) Staff Recruitment, Management and Development
	e) Programme development, approval, and submission for validation
	f) Access, Transfer, Progression
	g) Integrity and approval of learner results, including the operation and outcome of internal verification and external authentication processes.

	h) Information and Data Management
	i) Public Information and Communication
	j) Other Parties involved in Education and Training
	k) Research, Enterprise and Innovation
	(Sections d to k to be structured broadly in line with those illustrated above as appropriate to the relevant heading)
	l) Conclusions • A brief evaluation of the overall effectiveness of the institution's arrangements for the governance and management of quality assurance. » A summary of the intended future direction
Objective 2: Teaching, Learning and Assessment	a) The learning environment
	b) Assessment of Learners
	c) Supports for Learners
	d) Conclusion *(Each section structured broadly in line with those illustrated above as appropriate to the relevant heading).*
Objective 3: Self-Evaluation, Monitoring and Review	b) Self-Evaluation, Monitoring and Review
	c) Programme Monitoring and Review
	d) Oversight, Monitoring and Review of Relationships with External/Third Parties and other Collaborative Partners
	e) Conclusion *(Each section structured broadly in line with those illustrated above as appropriate to the relevant heading).*
Conclusions	An overall summary of the findings of the self-evaluation and of the areas identified for improvement.
Index of supporting material	List of documentation and other material that provide evidence and support to the statements and conclusions included in the self-evaluation report.

INDEX OF SUPPORTING MATERIAL

It is important that the provider is mindful of the balance between providing sufficient material to demonstrate its quality assurance processes in action and compiling a report that is accessible to the review team[15].

The index should clearly indicate the relevance of the material and link it explicitly back to the ISER and the key objectives and criteria of the review. It should be limited to what the provider considers strictly necessary in order to support the statements and conclusions in the self-evaluation report.

Where possible, the index should include hyperlinks to documents published on the provider's website rather than reproducing the lengthy documents in an annex. Electronic copies of all documentation must be submitted.

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

- Information on the self-evaluation process (e.g. membership of the self-evaluation oversight group, the schedule of stakeholder consultation/engagement/communications etc.; evidence of consideration of the process by governance bodies);

- The current strategic plan, annual report and recent strategic performance agreement;

- Evidence of monitoring against KPIs;

- Organograms and maps;

- Terms of reference for internal governance and quality assurance bodies (including membership details) and minutes of meetings;

- Roles and responsibilities of the institution's personnel;

- Current quality assurance policies, procedures, guidelines and operational documents;

- Comprehensive details of student and staff numbers for the whole institution across programmes;

- The nature of the qualifications awarded, any accreditation requirements, including professional approval/recognition and dates of current approvals where relevant;

- Evidence of how developments in the QA system are disseminated and communicated to key stakeholders (both internal and external);

- Flow charts for key learner processes, e.g. assessment appeals, learner complaints, seeking reasonable accommodation in an examination;

- Details of formal and informal partnerships and any programmes offered in collaboration (associated contracts and/or memoranda of agreement should be available on request);

- Evidence of integration between QA processes and planning systems and/or operational management;

- Data and metrics such as progression/completion rates and graduate destination information;

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

- Evidence of ongoing quality assurance activities such as programme approval and reviews and associated governance oversight;

- Evidence of integration between QA processes and planning systems and/or operational management.

- Evidence of provider-led quality enhancement initiatives;

- Evidence of planning for and monitoring of support services (including guidance);

- Evidence of planning for and monitoring of facilities and physical resources;

- Funding figures and resources for teaching;

- Lists of staff qualifications and staff publications;

- A sample of internal monitoring reports representing a cross-section of monitoring across the provider, including the range of information considered and the usual level of analysis and follow-up undertaken;

- An analysis of external examiner reports for preceding academic years, including evidence on where and by whom they were considered within the provider (e.g. meeting minutes) and responses to the issues identified;

- An analysis of learner feedback for preceding academic years including evidence on where and by whom they were considered within the provider (e.g. meeting minutes) and responses to the issues identified;

- Learner surveys, staff surveys, graduate surveys and external stakeholder surveys;

- Examples of feedback, indicators or outcomes of reviews;

- 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;

- Evidence of the corporate culture and ethos in respect of quality (e.g. staff attitudes survey);

- Evidence of actions taken as a result of feedback, indicators or outcomes of reviews;

- Short case studies to demonstrate a process in relation to a particular objective or showcase effective practice.

APPENDIX E – Quality Monitoring: Annual Quality Reports (AQRs) and Quality Dialogue Meetings (QDMs)

QQI's Policy on Monitoring outlines the overarching organisational approach that QQI will take to monitoring the qualifications and QA landscape.

ANNUAL QUALITY REPORTS

Each institution provides QQI with an annual quality report (AQR). The reporting period is an academic year, from September 1 to August 31.

The AQR provides documentary evidence of the development and evolution of each institution's internal quality system. It provides QQI with assurance that internal QA procedures have been established and are being implemented consistent with regulatory requirements.

The AQR - Parts A and Part B

The AQR, particularly part A, has been designed to assist with document management in the institutional review process and will facilitate institutions in providing review teams with procedural QA documentation in preparation for the external review process.

Part B of the AQR focuses specifically on the effectiveness and impact of the Internal QA framework on the QA activities and developments across the institution during the reporting period.

Institutions are invited to use case studies to demonstrate quality in action and to highlight areas of practice for dissemination at any point in this part of the report. A database of case studies submitted by private and public institutions is available on QQI's website.

As part of its Insights series of reports, QQI prepares annual summaries of the quality reports.

QUALITY DIALOGUE MEETINGS

QQI holds quality dialogue meetings (QDMs) with individual providers on a periodic basis. These meetings are an opportunity for QQI and the institution to discuss strategic developments in quality assurance as well as the institution's own context, achievements, challenges and future plans.

The notes of QDMs may be used by institutions in self-evaluation to analyse the ongoing engagement between the institution and QQI. QDMs may also provide an opportunity for QQI and institutions to progress engagements mandated by legislation.

APPENDIX F – Specific Arrangements for the Planning and Main Review Visits

THE PLANNING VISIT

The planning visit, hosted by QQI and conducted using online methodology, is attended by the review team chair and coordinating reviewer on behalf of the team to meet with members of the institution.

The schedule of the planning visit is determined by the institution (in consultation with the coordinating reviewer and QQI). It should be designed to ensure that the chair and coordinating reviewer obtain a clear and explicit understanding of the institution's approach to managing the effectiveness of internal quality assurance and enhancement activities.

The final session of the planning visit will be used to agree the outline structure of the main review visit, including confirming key groups of staff and students that the review team will meet. In addition, this session will also confirm how the main review visit will logistically address the institutional enhancement themes identified through the ISER.

The schedule should include a series of meetings with relevant senior officers and members of the team that developed the ISER.

Time	Purpose	Participants	Name
30 mins	Introductory meeting with Quality Office To discuss the key outcomes required by the end of the day. **Institution**: may make introductions, and a few opening statements about the institution's approach to review. **Reviewers**: may provide some initial comments/feedback from the team on the ISER & main review visit (MRV) timetable and confirm what needs to be discussed.	Chair	
		Coordinating reviewer	
		QQI Representative(s)	
		Institutional coordinator	

45 mins	Meeting with Senior Management representatives, including Head of Institution	Chair	
		Coordinating reviewer	
		QQI Representative(s)	
		Institutional coordinator	
	Institution: may comment on organisational and strategic developments in the institution which might impact on the quality processes and/or the MRV. A macro level overview of the direction of travel by the institution in relation to quality assurance and enhancement may also be helpful, alongside any confidential or commercially sensitive issues the institution wishes to make known to the team.	Senior management: (names and roles)	
	Reviewers: may provide an overview of macro level feedback and views from the team based on the documentation considered in advance of the visit. The representatives of the senior management team will be invited to highlight any specific issues or areas that the institution would like the team to consider.		
10-15 min break			

45 mins	Meeting with ISER working group (WG) & discussion of ISER	Chair	
		Coordinating reviewer	
	Institution invited to provide a brief outline of the actions undertaken since the last institutional review, if applicable, and the approach undertaken to meet the statutory requirements.	QQI Representative(s)	
		Institutional coordinator	
		Members of group that developed the ISER: (names and roles)	
	Reviewers: the chair will outline the team's initial reactions to the ISER and identify any areas of confusion or areas requiring further clarification/ information/evidence. The MRV draft timetable will be reviewed with the ISER WG to ensure it reflects the principal areas and themes outlined in the ISER. The team will want to see that the scheduled sessions facilitate and enhance discussion on the themes raised in the ISER, and provide the evidence needed to compile the report.		
45 mins	Discussion of main review visit schedule (MRV)	Chair	
		Coordinating reviewer	
	To finalise arrangements for the MRV and ensure that the institution and review team members are content that:	QQI Representative(s)	
		Institutional coordinator	
		Quality office staff	
	• all aspects of the planning for the review have been addressed.		
	• follow-up actions are clearly identified including the submission of additional documentation and updates to the MRV.		

Figure 8: Sample Planning Visit schedule

Post-planning visit work

A note of the key items discussed and agreed at the planning visit will be drawn up by the coordinating reviewer, in consultation with the chair, and shared with the rest of the team and the institutional coordinator, alongside the final draft of the main review visit timetable. This can include any conclusions drawn or evidence contained in the ISER. Any additional documentation

to be supplied by the institution will also be disseminated at this stage (electronically) in advance of the main review visit.

During the planning visit, the chair and coordinating reviewer are likely to ask on behalf of the team to have a few actual paper trails (hard copy or electronic) of key QA processes available to them in their private meeting room during the main review visit to allow them to confirm that they have seen evidence of QA policies operating in practice. Examples of these are listed below:

QA PROCESSES

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

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

Programme Approval and Review
Perhaps a series of documents tracing the trajectory of a programme from initial design through approval (i.e. QQI validation), monitoring and review (i.e. QQI revalidation). This may include a programme descriptor document, programme feedback, external examiner documents, other sources of feedback and papers relating to the various governance fora through which the programme has progressed. Documents recording the application of NFQ and Bologna policies and instruments could also be included. Examples of the use of data and quantitative sources of information to inform findings and decision-making may also be provided.

A separate series of documents may also be provided for the evolution of a research degree programme (where applicable).

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

Committee Papers
A selection of Committee Papers (Agendas and Minutes) from key committees including: Quality Committee, Teaching and Learning Committee, Research Committee, Academic Decision-Making

body, Governing Authority etc. A briefing document that outlines the relationship between the Governing Authority and Academic Decision-Making body might also be helpful here, if available, to show how the two bodies interact. In particular, it is helpful to emphasise the link between quality assurance, decision-making, the stated mission of the institution and the use of evidence to inform decision making.

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 submitted in advance of 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 through QQI to ensure that all aspects are sufficiently addressed, and the finalised schedule is agreed in advance of the main review visit.

A copy of the finalised main review visit timetable should be lodged with QQI by the institutional coordinator.

THE MAIN REVIEW VISIT

Specific Guidelines on the conduct of the main review visit

It is planned that the main review visits for the institutional reviews in 2023-2024 will take place on-site. Each stakeholder session will be opened and closed by the reviewer leading that session. At the start of each session, they may, if time allows, provide a brief introduction to the team and the nature of the institutional review process to set the macro level context for the discussion. However, the institution is encouraged to brief attendees on the review team and the purpose of the session in advance.

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 areas of responsibility, or the scope of the scheduled session. The institution should brief participants that the topics for discussion will include a degree of flexibility, where considered necessary by the team.

The lead reviewer may 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 session and there is insufficient time to cross reference or review to further explore the matter, the lead reviewer will confirm that the issue can either be addressed or tested in subsequent sessions, or the review report will confirm inconsistencies and outline the reasons for inconsistencies as evidenced by team.

QQI representatives may attend meetings during the main review visit to support the review team and where appropriate act as a liaison between the institutional coordinator and the review team.

Key People in the planning visit and main review visit

The participant list for the planning visit and main review visit is likely to include:

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

Sample main review visit schedule

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

Examples of MRV schedules used by institutions can normally be found in the appendices of an institution's quality review report in QQI's reviews library.

Meetings
Timing Issues

- Where possible, the team should have a private meeting with the head of institution at the start and end of the main review visit;

- No more than 5-6 meetings between the team and the institution should be scheduled per day;

- Meetings should normally be held between 09:00 and 17:00;

- Time should be allocated for the team to examine documentation (electronic and hard copy).

- Comfort breaks should be factored into the schedule;

- All lunches will be private, unless otherwise agreed with the chair in advance;

- Most meetings should take place within one centralised location (e.g., the main admin block/area) to minimise disruption to the team and the schedule;

- The institutional coordinator (or their nominee) should be contactable at all times throughout the visit by telephone or in person by the chair and/or coordinating reviewer;

- Nameplates should be available at each meeting, and a list of attendees should also be provided to the coordinating reviewer;

- The team should have scheduled private meetings to gather thoughts and prepare for the next set of meetings;

- While review teams will endeavour to adhere to the agreed schedule, the institution is asked to try to remain flexible and to accommodate any last-minute timetable or scheduling changes that may arise throughout the course of the main review visit;

- The profiles of review team members (supplied by QQI) should be shared with colleagues within the institution alongside a guidance note on the review process; and

- If the institution has several campuses, a decision should be made to justify the value of the team visiting multiple sites. This should only occur if the review process and its resulting report would benefit from multi-site visits or from seeing staff and students working in-situ.

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

Diversity of Attendees
- The institution should avoid the team meeting staff members more than once, the exception being some members of the senior management team and the institutional coordinator;

- In most cases, the team would like to see colleagues, students and external stakeholders from a wide variety of discipline backgrounds and differing levels of seniority/experience;

- Teams will generally be keen to meet staff from within departments in separate parallel or consecutive meetings to those conducted with Heads of Departments or Deans;

- Teams may also like to meet undergraduate and postgraduate students separately and

again meet a range of students from differing years, profiles and disciplines including a few who study off-campus (in linked or recognised colleges) if possible; and

- Staff and students from academic and non-academic departments that have undergone quality reviews in the first and second cycle should be involved where possible.

Final wrap-up meeting/oral report

- The final meeting on the final day will be led by the chair, delivered via a brief presentation, and will provide the institution with an overview of the team's key findings, commendations and recommendations;

- Ideally the institution attendees will include the Head of institution, Senior Management Team members, a Student Representative, and the institutional coordinator;

- All findings shared at this stage must remain confidential and informal; and

- An overview of the findings may – with the chair's approval – be shared internally with colleagues and students who participated in the review to thank them for their engagement in the process and to give some initial feedback and closure. However, it must be clear that the review finding, commendations and recommendations cannot be formally disclosed until the review report is signed off by QQI and the institution.

Hybrid Sessions

It is planned that the main review visits for the institutional reviews in 2023-2024 will take place on-site. This means that review team members and all institutional stakeholders will attend in person during the main review visit.

The potential inclusion of a hybrid session e.g., a stakeholder dialling in from a remote location can be discussed at the planning visit, but ultimately it will be the decision of the review team to finalise the schedule for the MRV. Issuing the relevant online links for any hybrid session is the responsibility of the institution. The institution is also responsible for any technical support that may be required during the hybrid session. Hybrid attendance should be restricted to those participants constrained by location or accessibility.

In response to an emergency situation on the review team (e.g., in the case that a reviewer needs to attend some sessions remotely due to illness), a contingency plan will be implemented. This may involve, depending on the specific circumstances, that,

- a reviewer remotely dialling in to the stakeholder session;

- a reviewer being asked to temporarily 'step in' to another role on the team, for example the International Representative may be asked to step in as reserve chair;

- an external consultant or QQI executive being asked to step in to take on the role of coordinating reviewer.

The transition from an on-site to a fully virtual MRV will be at the discretion of QQI, in consultation with the institution and the review team. In these circumstances, updated virtual review guidelines would be issued to all stakeholders (please see Guidelines for CINNTE virtual review visit as a reference).

LOGISTICAL ARRANGEMENTS

Travel and Accommodation

QQI will make travel and accommodation arrangements for the review team members. All costs relating to the review will ultimately be covered by the QQI review fee. However, for practical reasons, institutions are required to book and pay for local costs and subsequently submit these to QQI for reimbursement. The institution is responsible for booking and managing transport for the duration of the visit. In most cases, the review team will be arriving at the hotel a day or two in advance of the review visit. Provisional bookings for all members of the team will be made in a business-class hotel close to the institution, that can be guaranteed to provide a high-quality service at a competitive rate. The team will, in most cases, need accommodation for the duration of the review.

Meeting Rooms

A private meeting room at the hotel or institution may be required the evening before the start of the main review visit to enable the team to prepare. The meeting space would typically be required for up to 2 hours from 17:00 – 19:00 on the evening prior to the start of the main review visit.

The institution is expected to make available (at no cost to QQI) three meeting rooms on campus for the duration of the main review visit:

- A lockable meeting room/ 'base room' for the team to use for private meetings – to store their luggage; consider additional documentation, access the institution's website and use for private lunch sessions. This room should have internet access, access to a printer and the facility to enable an online meeting connection, if required;

- 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. This room should have audio-visual facilities to accommodate a presentation from a laptop; and

- Additional rooms (as required) to facilitate parallel sessions.

CATERING AT VISITS

Lunch and refreshments

For the duration of the main review visit, review teams would appreciate informal light lunches to be provided by the institution, with a range of healthy options included where possible (e.g., soups, salads, sandwiches and fruit). Specific dietary requirements will be communicated by QQI to the institution. Basic refreshments and snacks including tea, coffee and water, replenished regularly throughout each day, would be welcomed also.

Unless agreed in advance, lunches will be held privately for the review team in a designated room. Where the institution would like to invite the review team to lunch in another area on campus, details of this should be provided to QQI to include in the reviewers' logistical document. An exception will be that the institution might wish to finish the session on the final day with an informal lunch for all colleagues who attend the oral report/final wrap-up session prior to the departure of the review team.

Dinner

Prior to the start of the main review visit, the institution is invited to host a dinner between the review team and members of the institution's senior management team, including the head of institution - usually no more than 6 institution attendees. Typically, this would take place the evening before the main review visit is due to commence. The reservation should be made at a restaurant (ideally with a private dining room) for early evening, e.g. 19:30 or 20:00. QQI representatives will also attend.

The institution will be asked to provide contact details for all services used by the team during the MRV.

CHECKLIST FOR INSTITUTIONS IN ADVANCE OF MAIN REVIEW VISIT

- For the main review visit sessions, has the institution booked meeting room(s) in one centralised location (e.g., the main admin block/area) to minimise disruption to the team and the schedule?
- Check that the meeting room(s) has

    - adequate supplies of tea, coffee, water and light snacks (pastries / fruit, etc) replenished regularly throughout each day,

    - a place to hang coats (e.g. a coat-stand) and store bags, laptop cases, etc,

    - an accessible toilet close by,

    - adjustable lighting, ventilation and room temperature,

    - secure and reliable Wi-Fi,

    - access to a secure printer with adequate supplies of paper and ink,

    - appropriate audio-visual equipment to support hybrid sessions and presentations,

    - a contact person in the institution to resolve any technical issues experienced by the review team,

    - easy access to an outdoor area for reviewers to get some fresh air,

    - nameplates for the stakeholders attending each session,

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APPENDIX G – List of external URLs used within this handbook

Title	Link
Qualifications and Quality Assurance (Education and Training) Act 2012 (as amended) (the 2012 Act)	https://www.irishstatutebook.ie/eli/2012/act/28/enacted/en/html
Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015)	http://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf
QQI reviews library	https://www.qqi.ie/what-we-do/quality-assurance-education-training/reviews
Quality Assurance – what it is and why it matters [1:48 min, YouTube]	https://www.youtube.com/embed/yDMAmzqKl4E?feature=oembed
QQI Policy for the Cyclical Review of Higher Education institutions	https://www.qqi.ie/sites/default/files/2021-11/qp-16-policy-for-cyclical-review-of-higher-education-institutions.pdf
QQI Core Quality Assurance Guidelines (QAG)	http://www.qqi.ie/Downloads/Core Statutory Quality Assurance Guidelines.pdf
QQI Topic Specific Quality Assurance Guidelines	https://www.qqi.ie/node/632
QQI Insights	https://www.qqi.ie/what-we-do/engagement-insights-and-knowledge-sharing/our-insights
National Framework of Qualifications (NFQ)	https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications
National Framework of Qualifications [1:23 min, YouTube]	https://www.youtube.com/embed/qK15HlhDbo4?feature=oembed
Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators	https://www.qqi.ie/sites/default/files/2021-12/qqi-roles-responsibilities-and-code-of-conduct_0.pdf
Higher Education Authority (HEA)	https://hea.ie/
QQI Statutory Quality Assurance Guidelines for Providers of Research Degree Programmes	https://www.qqi.ie/sites/default/files/2021-11/qg-6-topic-specific-qa-guidelines-for-research-degree-programmes.pdf
QQI Statutory Quality Assurance Guidelines for Independent and Private Providers coming to QQI on a Voluntary Basis	https://www.qqi.ie/sites/default/files/2021-11/qg-2-sector-specific-qa-guidelines-for-private-and-independent-providers.pdf

QQI Policy for Access, Transfer and Progression	https://www.qqi.ie/sites/default/files/media/file-uploads/ATP%20Policy%20Restatement%20FINAL%202018.pdf
Code of Practice for the Provision of Programmes to International Learners	https://www.qqi.ie/sites/default/files/media/file-uploads/Code%20of%20Practice.pdf
Ireland's Framework of Good Practice for Research Degree Programmes	https://www.qqi.ie/sites/default/files/media/file-uploads/Ireland%E2%80%99s%20Framework%20of%20Good%20Practice%20Research%20Degree%20Programmes.pdf