Quality Review Process for

Academic Departments

Revision 0

October 2018

Approved by MIC Quality Committee

27/11/2018

Contents

1   Quality at Mary Immaculate College

1.1   What do we mean by 'quality', 'quality assurance' and 'quality improvement'?

The quality of an activity or process is a measure of its 'fitness for purpose'. 'Quality assurance' (QA) refers to actions taken to monitor, evaluate and report upon the fitness for purpose of a particular activity in an evidence-based manner, while 'quality improvement' (QI) (sometimes referred to as 'quality enhancement') refers to initiatives taken to improve the fitness for purpose of the target activity/process. QA and QI are intrinsically linked, and often the term QA is taken to incorporate QI activity. QA/QI activities are applied at institutional, department, service and individual (personal) level. Continual improvement is achieved by applying QA/QI on an ongoing basis.

In a third level context, typical activities or processes include teaching and assessment, research, curriculum development and a myriad of support services provided by Professional Services. At Mary Immaculate College (MIC), an example of an academic QA/QI process is the external examination process, in which external examiners monitor and evaluate the quality (fitness for purpose) of an academic programme or subject, report their findings to the college and include suggestions for improvement. An example of a Professional Service QA/QI process is the gathering and analysis of service users' feedback with a view to identifying and implementing ways of improving services to students and others.

The periodic quality review of functional areas (academic and professional service) within the college represents a cornerstone institutional QA/QI mechanism. This document provides details on the quality review process for academic departments.

2   MIC's Quality Review Process

2.1   Purpose

The purpose of the quality review process are:

- To provide a structured opportunity for the department to engage in periodic and strategic evidence-based self-reflection and assessment in the context of the quality of its activities and processes, and to identify opportunities for quality improvement

- To provide a framework by which external peers, in an evidence-based manner, can independently review, evaluate, report upon and suggest improvements to the quality of the department's activities and processes

- To provide a framework by which the department implements quality improvements in a verifiable manner

- To provide MIC, its students, its prospective students and other stakeholders with independent evidence of the quality of the department's activities

- To ensure that all MIC departments are evaluated in a systematic and standardised manner in accordance with good international practice and in support of the objectives of the college's quality policy

- To satisfy good international practice in the context of quality assurance in higher education and to meet statutory QA requirements as enshrined in national law

2.2   Ethos

The ethos of the quality review process is that participants proactively engage in a mutually supportive and constructive spirit and that the process be undertaken in a transparent, inclusive, independent and evidence-based manner. The process provides scope for recognising achievement and good practice as well as identifying potential opportunities for quality enhancement. Above all, it needs to be constructive.

2.3   Background

MIC's quality review process, as applied to both academic departments and professional services, was developed and continues to evolve in order to satisfy college quality policy and meet legislative QA requirements. MIC complies with the Qualifications and Quality Assurance (Education and Training) Act 2012, which places a legal responsibility on the provider and linked provider to establish procedures in writing for quality assurance for the purposes of establishing, ascertaining, maintaining and improving the quality of education, training, research and related services. (Part 3, Section 28). These QA procedures must take due account of relevant quality guidelines issued by Quality and Qualifications Ireland (QQI) and/or predecessor organisations. QQI is the statutory body responsible for reviewing and monitoring the effectiveness of QA procedures adopted and implemented by higher (and further) educational institutions within Ireland.

2.4   Process Authorisation

The MIC quality review process is approved by the Quality Committee. The current process was approved by the Quality Committee on the 27th November 2018.

2.5   This document

This document outlines MIC's quality review process in general terms as it relates to the college's academic departments. This document is maintained by the Quality Office, and periodic minor updates are approved by the Director of Quality. Updates that reflect major changes to the quality review process require approval by the Quality Committee. The most up-to- date version of this document can be downloaded from the Quality Office website.

2.6   Communications, inclusivity and feedback

In line with the ethos of the quality review process (section 2.2) and international good practice, the process places an emphasis on communication, inclusivity and feedback. This is achieved in a number of ways, the most notable of which are as follows:

- The campus community is made aware of upcoming quality reviews via a global email from the Quality Office to all students and staff.
- The Quality Office provides the campus community with opportunities to contribute to the review process by registering their interest in:
  - Submitting commentary for consideration by the department during the pre-review phase
  - Participating in stakeholder group meetings with the Peer Review Group during the site visit. The Director of Quality must be assured that the department under review takes due cognisance of any such input received during the process.
- The Peer Review Report is published on the Quality Office Webpage and the campus community is made aware of these publications via a global email from the Quality Office.

3   The Quality Review Process for Academic Departments

3.1   Overview

The MIC Quality Review process consists of three phases, Self-Assessment, Peer Review and Quality Improvement. The scope of the review encompasses only the department under review and does not extend to other departments or to the college as a whole, which is subject to a cyclical institutional-level quality review process.
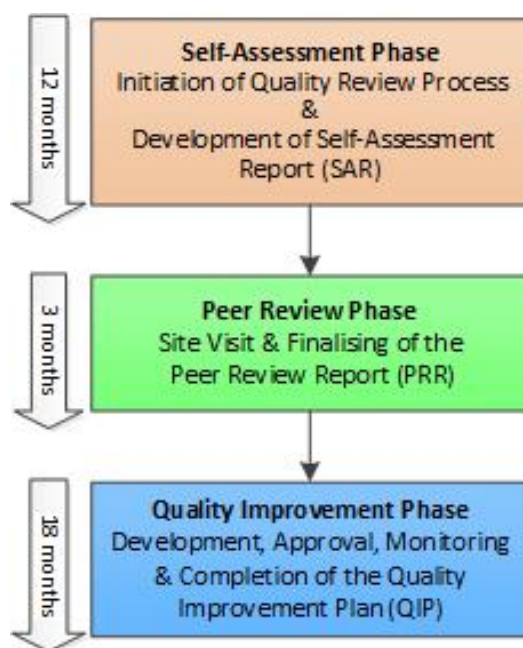

Figure 1: Overview of Academic Quality Review Process with timelines.

STAGE 1	SELF ASSESSMENT PHASE	RESPONSIBILITY
-12 months	The Director of Quality (DoQ) initiates the formal process of the quality review. An initial meeting is set up with the Head of Department to discuss the process and agree provisional dates for the Peer Review Group site visit.	DoQ
-10 months	The department appoints an **Internal Quality Review Team (IQRT)** who will be responsible for preparing the self-assessment report (SAR). The team should be put in place at least 10 months before the scheduled Peer Review Group site visit. The head of department must be a member of the team, but does not have to act as chairperson. The chairperson should be a senior member of the department. The Internal Quality Review Team should be as representative as possible of the staff profile in the department. The size of teams shall be commensurate with the size and scale of the department under review, and the Quality Office will work in a supportive and facilitative role with all departments participating in a review. The review team should be operational and meet frequently, usually every month at the start of the process but more frequently as the report is being finalised. Members of the Internal Quality Review Team should be assigned, where appropriate, responsibility for various sections of the SAR. All staff members of the department should be kept fully informed about the self-assessment process and given opportunities to contribute their views.	HoD
-9 months	The Executive Team (ET) considers nominees for the Peer Review group (PRG) and appoints the group as per the guidelines on selection of the Peer Review Group in **Appendix A** of **QP-002**. The QO conducts all liaison with reviewers.	ET, QO
-8 to 3 months	The Internal Quality Review Team conducts a Self-Assessment exercise and produces a Self-Assessment Report (SAR) using the Academic Department Quality Review *Self-Assessment Guidelines and Report Template*, **FORM-QA-001**.	IQRT
-3 months	The SAR and supporting documentation is sent to the Quality Office, Faculty Dean & VPAA for review prior to a planning meeting.	HoD

	All department staff must have access to the final report and appendices. This can be achieved by placing the material in a location that is only accessible to the department, such as SharePoint or a shared drive. The Self-Assessment Report is confidential to the department and will not be seen by persons other than staff members of the department, the relevant dean, the Vice-President Academic Affairs (VPAA), the Quality Office and the Peer Review Group without the prior consent of the head of department.	
-2 months	Planning meeting held to consider SAR, supporting documentation and schedule for site visit. Stakeholders should be contacted at this point and invited to participate in the review process. Room bookings, AV equipment and logistical requirements are made by the Quality Office.	HoD, IQRT, QO
-6 weeks	The Self-Assessment Report is sent to the *Peer Review Group* (PRG) six weeks before the Peer Review Group Visit. The Self-Assessment Report and its appendices are reviewed by the Peer Review Group in advance of the site visit and will form the basis of the Peer Review Groups' assessment of the department's performance.	

STAGE 2	PEER REVIEW PHASE	RESPONSIBILITY
Site Visit Dates	The members of the Peer Review Group spend 3 days on a site visit. Example of a site visit schedule is available in **Appendix B of QP-002.**	QO, IQRT
Site Visit Dates	The review group completes an initial draft of the *Peer Review Report* (PRR) on its findings during the site visit **using FORM-QA-002** *Academic Department Quality Review Peer Review Report Template*. The report comprises both commendations and recommendations. The findings are communicated verbally to the department at the end of the site visit. No new findings may be added once the Peer Review Group has verbally communicated their findings to the department.	PRG
+ 6 weeks	The Peer Review Group complete the draft Peer Review Report (PRR). This is sent to the Quality Office which forwards it to the Internal Quality Review Team to check for factual errors. Once this is complete the Peer Review Report is finalised.	PRG, QO, IQRT

+3 months	The finalised Peer Review Report is sent to the Internal Quality Review Team, the Faculty Dean and the Vice-President Academic Affairs (VPAA).	QO

STAGE 3	QUALITY IMPROVEMENT PHASE	Responsibility
+3 months	The department prepares a *Quality Improvement Plan* (QIP) using the *Academic Department Quality Review Quality Improvement Plan Template*, **FORM-QA-003.** Full details on the quality improvement phase can be found on **QP_003**	HoD
+4 months	The QIP is sent to the Quality Office and a meeting is scheduled with the HoD, Dean, QO to agree the QIP.	QO
+5 months	The QIP is submitted to the Executive Team for review and approval.	QO, ET
+6 months	The Peer Review Report (PRR) & QIP are submitted to the Quality Committee for noting and then to An tÚdarás Rialaithe (Governing Body). Permission is sought from An tÚdarás Rialaithe to make the **Peer Review Report** (PRG) publicly available. Once permission is granted the Peer Review Report is made publicly available via the MIC Quality Office website.	QC, UR, QO
+6 months	The QIP Action Items are transferred to the Quality Review QIP Database. It is the responsibility of the head of department to update the status of the Action Items.	QO,HoD
+6 – 18 months	The Quality Office generates quarterly QIP implementation reports and submits them to the Quality Committee.	QO, QC
+18 months	Progress meeting between the department and the QO to review progress on the departments' QIP. QO presents progress report to the QC.	HoD ,QO, QC

4   Process Verification

The Quality Office evaluates the effectiveness of the quality review process through feedback from peer reviewers (i.e., members of the Peer Review Group), the department's head and Internal Quality Review Team and the ongoing monitoring of key timelines.

5   Revision History

Rev.	Date	Approved by	Details of change	Process Owner
0	27/11/2018	Quality Committee	Initial release document	Director of Quality

Quality Review Process for

Academic Departments

Peer Review Phase

Revision 0

October 2018

Approved by MIC Quality Committee

27/11/2018

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1 The Peer Review Phase

The Peer Review Phase of the process refers to the week during which the Peer Review Group (PRG) visits the college (the site visit) to meet with the department under review and its stakeholders.

1.1 Purpose of the Visit and Role of Peer Review Group

The visit is intended to give the Peer Review Group the opportunity to further explore the department's activities and processes, to investigate issues identified in the Self-Assessment Report and to reassure themselves that the Self-Assessment Report is a comprehensive and accurate reflection of the department's operations. The visit enables the Peer Review Group to meet and enter into dialogue with the department's staff, students and other stakeholders, tour the department's facilities and meet MIC senior management. This, in turn, allows the Peer Review Group to record its findings in an evidence-based Peer Review Group report, at the heart of which are both commendations and recommendations to the department.

1.2 Composition and appointment of the Peer Review Group

The Peer Review Group typically comprises five persons, all of whom must be external to the college and includes national, international, employer and student representatives. The Director of Quality consults with the head of department and/or independently identifies potential candidates. The Director of Quality takes due diligence in relation to the suitability of all potential Peer Review Group members. Once s/he is satisfied with the calibre, impartiality and independence of the potential candidates, the Director of Quality makes recommendations on the composition of the Peer Review Group to the Executive Team, who have responsibility to approve Peer Review Group panels. Once appointed and prior to the site visit, any necessary communication between the department and members of the Peer Review Group must be facilitated by the Quality Office.

In the case of a late withdrawal of one member of the group, it may be possible to co-opt a replacement or to continue with just four members; this decision will be taken by the Director of Quality in consultation with the Peer Review Group chairperson.

The composition and role of members of the Peer Review Group is described in detail in **Appendix A.**

Six weeks prior to the visit, the Self-Assessment Report and appendices are sent by the Quality Office to the members of the Peer Review Group. The Peer Review Group chairperson asks each member of the Peer Review Group to study the entire Self-Assessment Report but to take special interest in specific assigned Self-Assessment Report chapters with a view to leading the questioning and reporting on those sections during the visit. Individual Peer Review Group members will be asked to prepare a one-page brief on each of their assigned sections under the following headings:

- Positive and praiseworthy aspects
- Apparent challenges and/or areas of concern
- Topics that need to be explored during discussions
- Additional data required in advance of the site visit
- Opportunities that the department has identified for further enhancement

These brief overviews are circulated to all members of the Peer Review Group before the visit and form the basis of the initial questioning dialogue and discussions during the visit. These briefs will not be made available to the department concerned. It may be the case that additional material is required; if so, the chair requests the department, through the Quality Office, to prepare and provide such material.

1.3   Visit Schedule

The visit to MIC usually commences at 19h00 on a Monday evening and concludes on the following Thursday at approximately 15h00. (A sample visit schedule is provided in **Appendix B**). A briefing meeting between the Peer Review Group and a member of the Quality Office and/or the Vice-President Academic Affairs is undertaken on the Monday evening, after which members of the Peer Review Group convene in private session to become acquainted with each other, share their first impressions of the department and seek clarifications, if necessary, from the chairperson. The Peer Review Group meets MIC senior management and the department's Quality Review Team and stakeholders on Tuesday and Wednesday.

Beginning on Wednesday afternoon and concluding on Wednesday evening, members of the Peer Review Group draft those sections of the report for which they are taking the lead. Thursday morning is spent sharing the drafts and finalising the draft report while working as a team. The draft report is read back to the department's staff in the afternoon.

1.4   Peer Review Group Report

The Peer Review Group documents its findings using the *Academic Department Quality Review Peer Review Report Template,* **FORM-QA-002**. All members of the Peer Review Group have collective responsibility for the contents of the report. The main body of the report lists the Peer Review Group's commendations and recommendations to the department. Recommendations are divided into two categories, level 1 and level 2. Level 1 recommendations are those that the Peer Review Group believes to be particularly significant in assisting the department to better meet the needs of its stakeholders. Level 2 recommendations are less pressing.

1.4.1   Report feedback to the department

It is key to the success of the review that the findings of the Peer Review Group be made available promptly to all staff members of the department. This is achieved in two ways:

1. Prior to departure on the Thursday, the Peer Review Group chairperson reads back the report to the department's staff. No paper copy of the report is made available to the department at this stage.

2. The Peer Review Group chairperson formally approves the report. The Quality Office then makes it available to the department strictly to check for factual errors.

1.4.2   Finalisation and Publication of the Peer Review Group Report

The Quality Office sends the Peer Review Group report to the Internal Quality Review Team, whose members (i) check the report for factual errors, (ii) verify that the recommendations fall within the scope and purpose of the quality review process. Should issues arise as a result of the verification process, the Quality Office brings these to the attention of the Peer Review Group chair, who then works with the Peer Review Group to respond or amend the report appropriately.

The Peer Review Report is submitted to the Quality Committee and then to An tÚdarás Rialaithe (Governing Body) and permission is sought from An tÚdarás Rialaithe to make the report publicly available. Once permission is granted the Peer Review Report is made publicly available via the MIC Quality Office website.

Appendix A: PRG Composition and Roles

PRG Composition

The Peer Review Group typically comprises five persons, all of whom must be external to the college. The profile of the membership is as follows:

- **Chairperson:** The chairperson is an external person, usually from outside Ireland and with knowledge of quality assurance processes in a higher education context. The chairperson does not need to be directly familiar with the work of the Department being reviewed.

- **Two senior academics:** At least one of these should be working in disciplines that provide them with a strong degree of familiarity with the core activities of the Department under review. They would typically have a significant international reputation in research and/ or teaching.

- **Professional / Employer representative:** The professional / employer representative is usually somebody who holds a senior position in industry, the commercial sector or an appropriate public or private body. The person should represent an organisation that might reasonably be expected to recruit graduates from at least one of the programmes being offered by the Department under review. Ideally, such a person will have been involved in recruiting or supervising recent graduates and/or work placement students of the Department concerned.

- **Student representative:** This person is chosen to provide a student perspective. Selected on the basis of their experience relevant to the student group, the person can be a recently graduated alumnus (typically graduated within the last three years), external to MIC or an officer of the MIC Students' Union.

- **Deputy chairperson(s**): For the purpose of providing induction training, the Director of Quality may include in the PRG a newly- appointed standing chair as deputy chair to the group. With the agreement of the chairperson, the deputy chair may chair one or more sessions and assist with the work of the PRG in any manner deemed appropriate by the chairperson.

In addition to the above positions, the Quality Office (QO) appoints a recording secretary to the group. This role is usually fulfilled by an external technical writer.

Appendix B: Sample Peer Review Visit Schedule

This sample schedule is based on previous reviews. The final schedule is decided by the chairperson of the Peer Review Group (PRG) in consultation with the Director of Quality.

Day 1	Monday		
Time	**Parties**	**Agenda**	**Location**
19h00	Peer Review Group (PRG), Quality Office (QO)	Introductory Meeting and Briefing	Off Campus
20h00	Peer Review Group (PRG)	Dinner	Off Campus

Note – the department brings appropriate persons to each meeting.

Day 2	Tuesday		
Time	**Parties**	**Agenda**	**Location**
09h00–09h30	PRG, QO, VPAA, Dean	Welcome	G08,
09h30–10h30	PRG	Planning session. Brief overview by each of the PRG members of their findings from the self-assessment report, focusing on any big issues. Planning for topics 1 and 2 and lunchtime session.	G08
10h30–11h30	PRG, IQRT, Head of Department	Introductions & Brief Overview of the Department. Discussions and questions ▪ **Mission** (topic 1)	G08
11h30–12h00	PRG, all members of department	Coffee break with all department staff	G10
12h00–13h00	PRG, IQRT, Head of Department	Discussions and questions • **Organisation, management and staffing** (topic 2)	G08
13h00-13h30	PRG, DoQ	PRG review of morning's activities. Planning for topics 3 and 4	G08
13h30–14h30	PRG, students and graduates	Buffet lunch students and graduates – a chance to meet the students and graduates and find out about their perspectives (max. 15)	G08
14h30–15h30	PRG, IQRT, Head of Department, Dean	Discussions and questions • **Design, content and review of curriculum** (topic 3)	G08
15h30–16h30	PRG, IQRT, Head of Department, DTL	Discussions and questions • **Teaching, Learning, Assessment and Feedback** (topic 4)	G08
16h30–17h00	PRG, DoQ	Review of day's findings. Identification of questions for the following day, particularly with respect to topics 5 and 6	G08
19h30	PRG	Informal dinner	Off-Campus

Day 3	Wednesday		
09h00–09h30	PRG	Private meeting of PRG to plan for topics 5 and 6	G08
09h30–10h30	PRG, IQRT, DSL	Discussions and questions • **The student experience** (topic 5)	G08
10h30–11h30	PRG	Coffee, private session – time to catch up on notes	G08
11h30–12h30	PRG, IQRT, Head of Department, AVPR	Discussions and questions • **Research activity** (topic 6)	G08
12h30–13h00	PRG	Planning for lunchtime session	
13h00–14h15	PRG, stakeholders	Buffet lunch with stakeholders, including professionals in the subject field / employers (5-6 persons)	G08
14h15–14h45	PRG	PRG review of morning's activities. Consideration of sample final year projects, master's theses and faculty publications. Preparation for final session.	G08
14h45–16h00	PRG, IQRT, Head of Department	Closing session, discussions and questions • **Quality Improvement Plan** (topic 7) • Final questions for clarification on all issues Coffee served in G08	G08
16h00–17h30	PRG	Brief recap on afternoon activities. Review of key findings in each area. Presentation by individual peers of their key findings in each area of responsibility. **Begin drafting report**	G08
18h30	PRG	Email draft commendations & recommendations to technical writer	
Day 4	Thursday		
09h00–11h00	PRG	Finish drafting the PRG report Overview of status of report and identification of commendations and recommendations	G08
11h00–13h00	PRG	Coffee break and finalisation of the PRG's commendations and recommendations. Prepare for verbal feedback to department.	G08
13h00	PRG, VPAA, DoQ	Light lunch	G08
14h00–14h30	PRG, Dean, VPAA, DoQ, Head of Department and department staff	**PRG report read out** to department staff and others	G10
14h30–15h00	PRG and all staff of department	Coffee served following report read-out	G10
15h00		Conclusion of visit	

Quality Review Process for

Academic Departments

Quality Improvement Phase

Revision 0

October 2018

Approved by Quality Committee

27/11/2018

Contents

1 The Quality Improvement Phase

The post-review phase of the quality review process comprises the following stages:

1. Consideration of recommendations by department and formulation of implementation plan
2. Identification of SMART (specific, measurable, achievable, realistic and timed) action items necessary to implement the recommendations.
3. Ongoing implementation of recommendations
4. Interim progress report to Quality Committee

1.1 The QIP template

The PRG recommendations and progress with their implementation are recorded using the *Academic Department Quality Review Quality Improvement Plan Template*, **FORM-QA-003**.

The first step in the development of the Quality Improvement Plan is the categorisation of the Action Items based on the level at which action is required (e.g. Department, Faculty, College Body e.g. Executive Team, An Chomhairle Acadúil,).

The department then completes the QIP for Action Items categorised at Department level by identifying the necessary actions / sub-actions, allocating these actions and setting appropriate target dates.

The Quality Office organises a meeting between the Head of Department, Quality Office & Dean to discuss the QIP, in particular in relation to recommendations which fall outside of the department's remit, prior to submission of the QIP to ET for finalising.

The QIP is then submitted to the Executive Team. The Executive Team review the QIP, finalise any remaining action items by identifying the necessary actions / sub-actions, allocating these actions and setting appropriate target dates and approve the Quality Improvement Plan.

1.2 Quality Committee

The Quality Improvement Plan is submitted to the Quality Committee for noting. The Quality Committee reports the submission of the QIP in its quarterly report to An tÚdarás Rialaithe.

1.3 Ongoing Implementation of Recommendations

The QIP Action Items are transferred to the Quality Review QIP Database. It is the responsibility of the head of department to update the status of the Action Items. The Quality Office generates quarterly QIP implementation reports and submits them to the Quality Committee.

1.4 The Department's Obligations

The Director of Quality must satisfy him/herself that the department has engaged fully, constructively and in accordance with the ethos of the quality review process over all of its stages. In particular, s/he must be satisfied that the department has genuinely made all reasonable efforts to pursue the quality improvement plan and provides a sufficiently compelling justification in cases where a recommendation has been rejected.

Although not an anticipated occurrence, if the Director of Quality forms an evidence-based opinion that the department fails to satisfy the above obligations, s/he must discuss this with the VPAA. In consultation with the VPAA and at their joint discretion, the following actions may be considered:

- A formal 'note of concern' is forwarded by the Director of Quality to the head of department and copied to the Faculty Dean.
- A formal 'note of concern' is forwarded by the Director of Quality to the head of department and copied to the head of department's line manager, and the head of department is invited to the next meeting of Quality Committee to discuss the concerns.
- Referral to Executive Team for appropriate action.

Quality Review
Self-Assessment Report
Department Name

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Guidance on using this template

Text in boxes provides guidance on the content of the final report and should be removed prior to finalisation of the report.

Review Ethos

The ethos of the quality review process is that participants proactively engage in a mutually supportive and constructive spirit and that the process be undertaken in a transparent, inclusive, independent, evidence-based and cost-effective manner. The process provides scope for recognising achievement and good practice as well as identifying potential opportunities for quality enhancement. The self-assessment report (SAR) is confidential to the Department, Dean, Vice President Academic Affairs, the Peer Review Group and the Quality Office and will not be shared with third parties (unless the department itself elects to do so).

Overview

The SAR should typically be up to 40 pages in length (approx. 15,000–17,000 words) and must not exceed 50 pages (approx. 18,000–20,000 words). It should be supported by appendices containing the evidence upon which the report is based.

Consensus

During the final drafting stages, the SAR should be made available to all members of the Department for comment. To the extent that it is possible to do so, the opinions/conclusions expressed in the SAR should reflect the consensus views of the Department as a whole.

Areas highlighted in blue will either be pre-populated by the Quality Office or the data required will be generated by the Quality Office.

SCOT Analysis

A realistic, open and honest discussion of strengths, weaknesses, opportunities and challenges (SCOT Analysis), as well as planned improvements, is vital to accurately inform the Peer Review Group (PRG) members and to allow them to appropriately prepare for the site visit and ultimately to produce a report that is of maximum benefit to the department and College.

The use of an external facilitator with relevant experience of SCOT analysis and strategic planning can be beneficial to the department when conducting the exercise. This external expertise will be organised by the Quality Office should the department require such assistance.

Report Contents

The exact contents of the report will most likely evolve while the report is being written. However, the department must take due cognisance of the topics listed under each chapter title. While the scope of each chapter is not restricted to these topics, the topics must be considered and addressed.

Structure

The default SAR chapter headings are:

1. Mission
2. Organisation, management and staffing
3. Design, content and review of curriculum
4. Teaching, Learning, Assessment and Feedback
5. The student experience
6. Research activity
7. Quality Improvement Plan

The self-assessment activities will vary from one department to another. Advice and guidance are available from the Quality Office. Academic departments may wish to engage the services of a facilitator, an independent person to plan and guide the self-assessment activities. Yet, the department retains ownership of, and responsibility for the process. Activities include, but are not limited to:

- A SCOT analysis
- Gathering and analysing student feedback (e.g., surveys and module evaluations)
- Independently- facilitated focus group meetings of class representatives
- Data gathering and analysis (e.g., student admissions, progression and performance data, graduate employment statistics, external examiner reports, research performance output data)
- Any other activities that the Internal Quality Review Team believes would contribute to an evidence-based evaluation of the department's performance

Reports gathered through the above activities should be included as appendices to the Self-Assessment Report or made available to the review team via a designated secure area on Moodle.

General content and approach

Clarity and cohesion are the hallmarks of a well-written SAR. The narrative should be succinct but comprehensive. It is appropriate to embed links in the text and provide supporting data in appendices. A list of possible documentary evidence is listed in **Appendix A.** Apart from the department itself, the document audience is the external quality review group, and the report should be written with this in mind.

In addition:

- The writers of the SAR must take due account of the scope of the review.

- The narrative should be data/evidence-based and analytical. The report should provide an appropriate balance of information and analysis and should include the ultimate conclusions drawn by the department.

- The self-assessment of the quality of the department's activities must include a clear and prominent focus upon the department's overall fitness for purpose and performance (e.g., setting key performance indicators (KPIs), attaining targets and evaluating the department's outputs and their impact, particularly upon students and the College as a whole).

- The report should provide evidence of the views of stakeholders.

- The layout, formatting and writing style of the document should be consistent and professional. To this end, it is recommended that the services of a technical writer be sought early in the planning process, the Quality Office will assist with this.

Chapter 1: Mission

Overview

This chapter describes the extent to which the mission of the department (i.e. its broad educational aims) is being achieved. Include reference to how the department's mission links to:

- The MIC Strategic plan
- Educational needs
- Needs of society, economy, industry

Within this chapter, it would be appropriate to include:

- **Brief introductory overview of MIC, its mission, key strategies and organisational structures.**
- Introductory overview of the department, including clear identification of its 'stakeholders', including those to whom it provides services/supports and others with an interest or concern in the department.

Analysis

Key success indicators, i.e. evidence that the mission is being achieved, should be included with respect to each aim. Typical evidence would include:

- **Admissions record (5 year analysis): numbers; entry requirements; distribution by country and county of origin, gender, age and, where appropriate, disability and ethnic minority**
- **Degree classification distribution**
- **Employment record**
- Outreach activity
- Feedback from industry

Planned Improvements

Summarise key planned improvement action items.

Chapter 2: Organisation, Management and Staffing

Overview

This chapter describes how the department organises itself, manages its staff, resources and activities and operates in accordance with key MIC policies and systems.

Within this chapter, it would be appropriate to include:

- Departmental organisational flowchart
- Academic staff experience and expertise (including profiles, areas of teaching, areas of research expertise and interests, teaching/research awards, etc.)
- Technical and administrative staff experience and expertise
- Staff professional development (including induction, CPD, mentoring, etc.)
- Operational management – responsibilities/expectations of Head of Department and staff
- Communication and consultation systems (e.g. website, portal, survey tools, etc.)
- Committees and meetings (internal and external)
- Department strategic planning activities

Analysis

An overall evaluation of the extent to which the department's organisation, management, staff and facilities are being used to ensure the department functions optimally

Areas to consider:

- The effectiveness of the department's organisational structure/flowchart/reporting lines, including an evaluation of how organisational structures support the department's management and decision-making structures and processes
- Operational management and its effectiveness, responsibilities of head of department and staff, in particular those with management support roles (e.g., programme directors, etc.).
- Adequacy and effective use of operational budget to underpin the department's vision, mission and operations
- Adequacy of staffing levels and effective use of staff to underpin the department's vision, mission and operations
- How the department reviews the adequacy of its overall suite of department-level policies and guidelines documents
- How the department monitors, reviews and improves its communications and consultation strategy and processes (with students, stakeholders and all interested parties)
- How risk is identified and managed
- Consideration of the gender dimension in all aspects of the department's activities.

Planned Improvements

Summarise key planned improvement action items.

Chapter 3: Design, Content and Review of Curriculum

Overview

This chapter describes how the department's curricula are designed, reviewed and updated to meet their stated aims. This chapter should focus on both core department programmes and programmes to which the department contributes but not necessarily 'owns' (e.g., interdisciplinary programmes).

Within this chapter, it would be appropriate to include:

- **A summary of processes in place for the design and formal approval of programmes/modules**
- **Record of recent programme/module approvals, including programme/module objectives and intended learning outcomes**
- Suitability of curricula to intended undergraduate and postgraduate student profiles, including mature students, international students, students from under-represented groups, etc.
- How input from staff, external examiners, external agencies, practitioners, industry, employers, researchers and students, as appropriate, is sought and used to ensure the continuing suitability of the curricula
- The influence of academic staff's research expertise on the curriculum
- Curricular benchmarking against other institutions – national and international
- Requirements and involvement of professional bodies, if appropriate
- How programmes are designed to enable smooth student progression and include well-structured placement opportunities, if appropriate
- How the department uses annual programme monitoring and periodic programme reviews to inform curricular change/development

Analysis

An overall evaluation of the effectiveness of the above processes, as applied/operationalised by the department Include evidence that these processes are being applied systematically (by including in appendices, for example, exemplar programme review documents)

Planned Improvements

Summarise key planned improvement action items.

Chapter 4: Teaching, Learning, Assessment and Feedback

Overview
The chapter should address how the curriculum is delivered, how the students learn and how learning is assessed. The chapter should include, typically as appendices, programme accreditation documentation or a summary of same.

Analysis
An overall evaluation of the extent to which the department's teaching and learning aligns with MIC's Strategic Plan and Teaching and Learning Policy Statements

Areas to consider:
- Balance between lectures, tutorials, laboratories, projects, group activities. (Distribution of direct contact hours, project time, etc. could be included.)
- Contributions from staff, visiting lecturers, practitioners, researchers, etc.
- How the department's research activity enhances the teaching and learning process
- Development of teaching skills for existing, new and part-time academic staff
- Student feedback on teaching and evidence of closing the feedback loop (e.g., changes made as a result of the feedback and how these changes are communicated)
- Use of technology – blended learning, technology enhanced learning
- Customisation of teaching media and methodologies to meet the requirements of students with disability
- Academic guidance for students
- How assessment measures the attainment of intended learning outcomes. (Consider including (in appendices) procedures for checking/authorising examination papers, examples of assessments, students' work, feedback from academic staff (e.g. marked scripts), model answers and marking schemes.)
- How the criteria for assessment and marking are published in advance
- Balance between examination, continuous assessment, projects and assignments
- Feedback to students on assessed work
- **Role of external examiners** (including analysis of reports). Actual reports can be included in appendices
- **Student performance: progression/retention rates, grade distributions, final awards statistics**

Planned Improvements
Summarise key planned improvement action items.

Chapter 5: The Student Experience

This chapter covers all aspects of the student experience.

Student Support

In relation to student support, the chapter should address:

- **The student support structures in place, both central (access, admissions, arts, chaplaincy, counselling, disability, health, mature students, student academic administration, sport and recreation, career guidance)** and local.
- **Induction programmes to college life** and to the department
- Systems for academic guidance, including advisors and the use of the Academic Learning Centre
- The role of programme directors, year tutors, student representatives
- How the needs of a diverse student population (e.g., mature, part-time, international) and the needs of students with disabilities are met
- What mechanisms are in place for students to make representation to the department about matters of general concern to the student body?
- How students are informed about the support processes available to them

Facilities

In relation to facilities, the chapter should address:

Rooms for lectures, tutorials, and seminars: Address how these are planned and resourced to meet academic requirements. Identify areas needing attention.

Studios and Laboratories: Address how these are planned and resourced to support academic requirements. This will include

- Summary Facility and equipment usage related to curriculum
- Budget, plans for development
- Details of technical support
- Issues such as training and safety

Library and ICT

In relation to the Library and ICT, the chapter should address:

- Address how the Department works with the Library/ICT to match texts and periodicals and ICT support to the needs of the curriculum and the overall teaching strategy. This will include:
- **An analysis of library stocks and usage**
- **Acquisition and updating policy for texts and journals**
- **Access and availability for students to library/terminals**
- **Numbers of computers, age and configuration, available software**
- **Management of PC areas, opening hours and training programmes**
- **Training and induction of students in use of library and IT**

Planned Improvements

Summarise key planned improvement action items.

Chapter 6: Research Activity

Overview
This chapter outlines how research activity in the department is planned and how it links to the objectives of the college. It should also address how the success of the department's research activity is measured.

Within this chapter, it would be appropriate to include:
- The department's research policy statement or (as appendix) strategic plan, where applicable, and alignment to MIC's research strategy
- The department's research activity, indicating staff involved
- Numbers of publications by publication type
- **Numbers of research students and research degrees awarded by category**
- Sources of funding for research

Analysis
An evaluation of the department's research performance or impact and how research activities are disseminated both within the department and beyond

Areas to Consider
- How the department benchmarks its research against that of national and international comparators and how it uses the outcomes of such evaluations to continually improve performance and impact
- How the department ensures integrity and ethical practice when conducting research
- The main challenges facing researchers in the department and how these challenges are addressed

Planned Improvements
Summarise key planned improvement action items.

Chapter 7: Quality Improvement Plan

Overview

The quality improvement plan is a two-year action plan that includes all the planned improvements cited in the previous six sections. It is typically presented in tabular form (landscape) and includes reference to targets, timelines and personnel. A very detailed plan – one that exceeds four pages – could be given in an appendix while this section of the report is used to give a shortened version of the full plan.

Appendix A: Additional SAR Related Information

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

Appendices to the SAR may include:

- Department Information
    - Organisational structure
    - Department Plan
    - Teaching and Learning/Research Strategy
    - Budgets
    - Space allocation
- Programme specifications
    - Programme Specifications
    - Module descriptors
    - Examples of Programme/Student Handbooks
    - Where appropriate, Annual Programme Monitoring Action Plans plus a record of the outcomes of the actions taken for the previous three years
    - Accreditation and Monitoring reports of Professional and Statutory Bodies(where relevant)
    - Examples of External Examiner reports plus responses
- Quantitative Data
    - Statistics on student achievement
    - Degree classifications
    - Entry qualifications
    - Progression and completion rates
    - First employment destinations
- Qualitative Data
    - Student feedback
    - Staff feedback
- Institutional information
    - MIC Strategic Plan
    - Organisation structure
    - Teaching and Learning/Research Strategy
    - Committee structure
    - Documents relating to academic procedures and quality

Please remember that the Peer Review Group can request copies of particular documents that were referred to in the text of the SAR. Also note that prior to, or during the site-visit, the PRG may request additional information from the department.

Departments should note that best practice dictates that any surveys to be undertaken in the course of preparing the SAR should be run by the Quality Office on behalf of the department, rather than by the department itself.

Quality Review
Peer Review Report
Department Name

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Action Item	PRR Reference	SAR Reference	SP Reference	AOP Reference	Recommendation	Level	Action	Allocated To	Status / Target Date

Glossary

VPAA	Vice President Academic Affairs
DQ	Director of Quality
QAM	Quality Assurance Manager
QO	Quality Office
ET	Executive Team - MIC Management Committee
PRR	Peer Review Report
SAR	Self Assessment Report
SP	Strategic Plan
AOP	Annual Operating Plan