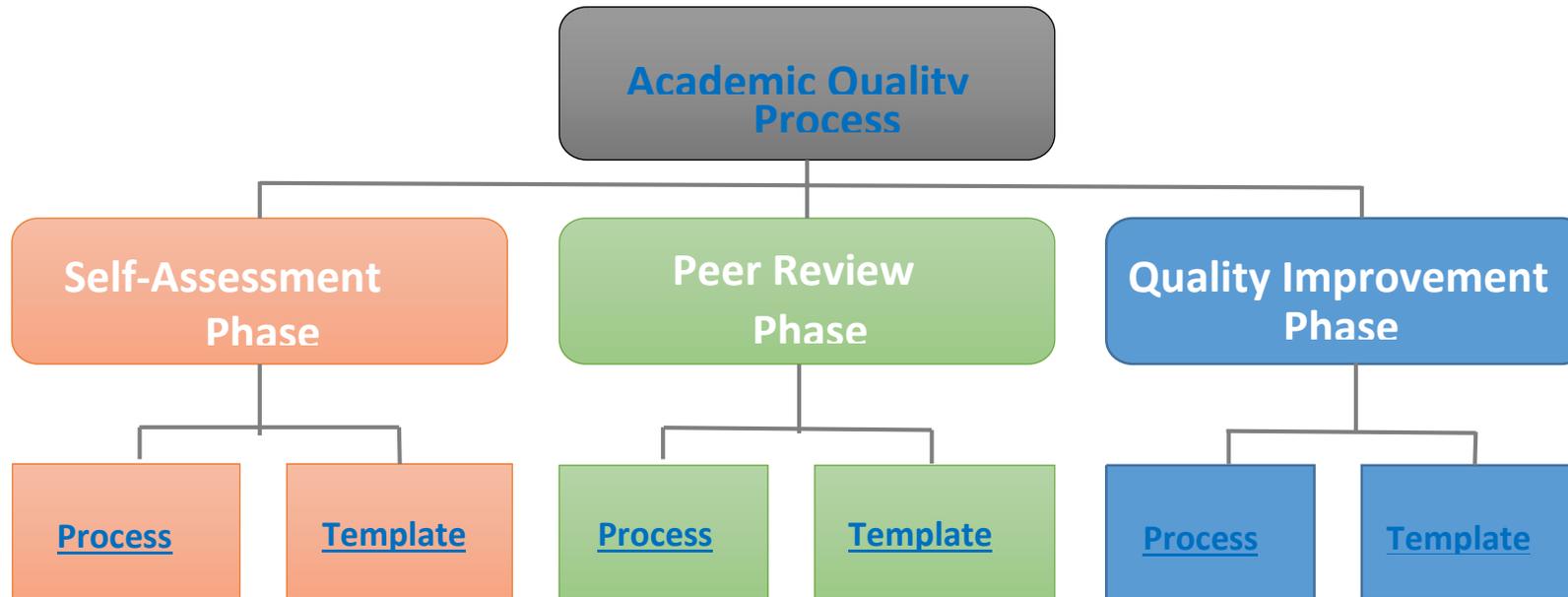


# Mary Immaculate College Academic Quality Review Guidelines

This flowchart outlines the three phases in the Academic Departmental Quality Review Process. Hyperlinks will guide you to the relevant documents for each phase.





# Quality Review Process for Academic Departments

Revision 2.3

October 2021

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## 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 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.

### 2.5 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 prereview phase

- Participating in stakeholder group meetings with the Peer Review Group during the site/virtual 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.

## 2.6 The Department's Obligations

- The Director of Quality must be satisfied that the department has engaged fully, constructively and in accordance with the ethos of the quality review process over all of its stages. Although not an anticipated occurrence, if the Director of Quality forms an evidence-based opinion that the department fails to satisfy the above obligations, the Director of Quality 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.

## 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	<p>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/virtual visit.</p>	DoQ
-10 months	<p>The department appoints an <b>Internal Quality Review Team (IQRT)</b> who will be responsible for preparing the selfassessment report (SAR). The team should be put in place at least 10 months before the scheduled Peer Review Group site /virtual visit.</p> <p>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.</p> <p>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.</p> <p>All staff members of the department should be kept fully informed about the self-assessment process and given opportunities to contribute their views.</p>	HoD
-9 months	<p>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 <b>Appendix A</b> of <b>QP-002</b>. The QO conducts all liaison with reviewers.</p>	ET, QO

-8 to 3 months	The Internal Quality Review Team conducts a SelfAssessment exercise and produces a Self-Assessment Report (SAR) using the Academic Department Quality Review <i>SelfAssessment Guidelines and Report Template, QT-001</i> .	IQRT
-3 months	The SAR and supporting documentation is sent to the Quality Office. The Director of Quality reviews the SAR and	HoD
	<p>supporting documentation and liases with the Internal Quality Review Team regarding any additions, clarifications or amendments that are recommended.</p> <p>The SAR is then sent to the Faculty Dean &amp; VPAA for review prior to a planning meeting.</p> <p>All department staff must have access to the final SAR 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.</p> <p>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 VicePresident Academic Affairs (VPAA), the Quality Office and the Peer Review Group without the prior consent of the head of department.</p>	
-2 months	Planning meeting held to consider SAR, supporting documentation and schedule for site/virtual visit. Stakeholders should be contacted at this point and invited to participate in the review process. Logistical arrangements are made by the Quality Office.	HoD, IQRT, QO
-6 weeks	The Self-Assessment Report is sent to the <i>Peer Review Group</i> (PRG) six weeks before the Peer Review Groups’ site/virtual visit. The Self-Assessment Report and its appendices are reviewed by the Peer Review Group in advance and will form the basis of the Peer Review Groups’ assessment of the department’s performance.	

STAGE 2	PEER REVIEW PHASE (On-site/Remote Management)	RESPONSIBILITY
On-Site/Remote Review Management	The members of the Peer Review Group will either spend 3 days on site or conduct the review remotely depending on the prevailing circumstances (e.g. Covid-19 restrictions). Example of both an on-site/virtual schedule are available in <b>Appendix B &amp; C of QP-002</b> .	QO, IQRT
Review Days	The review group completes an initial draft of the <i>Peer Review Report</i> (PRR) on its findings during the review days <b>using QT-002 Academic Department Quality Review Peer Review Report Template</b> . The report comprises both commendations and recommendations (and the rationale for these). The findings are communicated verbally to the department at the end of the review days. However, for	PRG
	security of data purposes a copy of the draft report will be made available to the Director of Quality. The copy of the report will be held securely until the finalised report is completed by the Peer Review Group and then destroyed. No new findings may be added once the Peer Review Group has verbally communicated their findings to the department.	
+ 6 weeks	The Peer Review Group complete the 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

STAGE 3	QUALITY IMPROVEMENT PHASE	Responsibility
+2 months	The department prepares a <i>Quality Improvement Plan</i> (QIP) using the <i>Academic Department Quality Review Quality Improvement Plan Template, QT-003</i> . Full details on the quality improvement phase can be found in <b>QP_003</b> . The QIP is sent to the Quality Office and a meeting is scheduled with the HoD, Dean, QO to agree the QIP.	HoD, QO, Dean

+3 months	The QIP is submitted to the Executive Team for review and approval.	QO, ET
+4 months	The Peer Review Report (PRR) and Quality Improvement Plan (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 both reports publicly available. Once permission is granted the reports are 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 quarterly.	QO, HoD
+6 – 18 months	The Quality Office generates quarterly QIP implementation reports and submits them to the Quality Committee.	QO, QC
+18 months	A meeting will take place between the HoD and Quality Office 18 months after the implementation of the QIP with the express intention of closing out the QIP. The HoD will prepare	HoD ,QO, QC
	a Follow-up Summary report detailing the status of each recommendation and submit this to the Quality Office. The HoD will attend the next Quality Committee meeting to discuss the Follow-up report. The Quality Committee must satisfy itself that the Department has to the best of its ability implemented the QIP. The Quality Committee once satisfied will sign-off on the completed QIP.	

## 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 Responsibility for *and* amendments to Academic Quality Review Guidelines

The Director of Quality shall have responsibility for *and* oversight of minor revisions to the Academic Quality Review Guidelines. All major revisions must be brought to Quality Committee for their approval. All revisions (minor and major) must be documented in the revision history of QP\_000 Academic Quality Review Guidelines Overview document.

## 6 Revision History

Rev.	Date	Approved by	Details of change	Process Owner
0	27/11/2018	Quality Committee	Initial release document	Director of Quality
1	05/02/2019	Director of Quality	As per ADM meeting: Added QIP Close-off procedure. Added request for rationale for PRG recommendations - PRR Template	Director of Quality
2	15th September 2020	MIC Quality Committee QC2020#03	Insertion of <b>Section 5 QP_001 Responsibility for and amendments to Academic Quality Review Guidelines</b> as per <b>Linked Provider QIP (LP09)</b>	Director of Quality
			Insertion of Remote Management for Virtual Site Visit ( <b>QP_001 &amp; QP_002</b> ) Approved QC2020#2.	
			<b>Section 1.2 QP_002:</b> Changes to composition and appointment of Peer Review Groups (PRGs) – changes resulting from 1 <sup>st</sup> Academic Review.	
			<b>QP_002 &amp; QF-001 Peer Reviewer Nomination form.</b> Insertion of statement on requirement for a gender mix on PRGs.	
			Risk Mitigation: Insertion of section in <b>QP-002 Section 1.5.1</b> on retention by DoQ of copy of draft PRR until report is finalised.	

			QIPs to be published on MIC Website – mirroring UL process. <b>QP_001 &amp; QP_003</b> changed to include requirement for permission from An tÚdarás Rialaithe to publish QIPs.	
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2.1	12 <sup>th</sup> October 2020	Dr Deirdre Ryan Director of Quality	Removed reference to Technical Writer throughout QP-001 as Quality Office will not be availing of the services of a technical writer. The final review of the SAR will be completed by the DoQ instead. QP-000 has been updated to reflect this.	Director of Quality
2.2	19 <sup>th</sup> November 2020	Dr Deirdre Ryan Director of Quality	Change to page length of SAR report QP_001.  Inclusion of the role of the Chairperson and Review members in QP_002	Director of Quality
2.3	19 <sup>th</sup> October 2021	Dr Deirdre Ryan Director of Quality	Insertion of revised QIP Process approved by ET (June 2021)	Director of Quality



# Quality Review Process for Academic Departments Self-Assessment Phase

Revision 2.3  
October 2021

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## Self- Assessment Phase

### Overview

The Self-Assessment Report (SAR) should be typically between 60 - 90 pages in length (approx. 20,000 -25,000 words). It should be supported by links and appendices containing the evidence upon which the report is based.

### Structure of the SAR

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

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 in the SAR Template (QT\_001\_SAR\_Template). While the scope of each chapter is not restricted to these topics, the topics must be considered and addressed.

### Self-assessment activities

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 SAR or made available to the review team via a designated secure area on Moodle.

### 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.

### 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. The Quality Office will assist with this.

### 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).

### 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 in the SAR Template (QT\_001\_SAR\_Template) will either be prepopulated by the Quality Office or the data required will be generated by the Quality Office.**

## 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 are referred to in the text of the SAR. Also note that prior to, or during the on-site/remote 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 Self-Assessment Report**

## **Department Name**

**Month 20XX**

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

## 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:

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
- How the Department supports MICs operating within the Athena Swan Charter.

### 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 wellstructured 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.



Quality Review Process for  
Academic Departments  
Peer Review Phase

Revision 2.3

October 2021

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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. However, in exceptional circumstances where the Peer Review Group cannot conduct an on-site visit (e.g. Covid-19 Pandemic), the site visit will be replaced by a virtual site visit.

### 1.2 Composition and appointment of the Peer Review Group

The Peer Review Group typically comprises three/four persons, all of whom must be external to the college and may include national, international, employer and student representatives. Peer Review Groups will not be comprised of persons of one gender only, but rather that there should always, at least be a gender mix.

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 including seeking the support of the Faculty Dean in bringing the recommendation on the composition of the Peer Review Group to the Executive Team, who have responsibility to approve Peer Review Group panels. The Peer Reviewer Nomination Form (QF-001) must be completed and signed by the Head of Department and Faculty Dean prior to submission to ET. Once appointed and prior to the commencement of the Peer Review, any necessary communication between the department and members of the Peer Review Group will be facilitated by the QualityOffice.

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 the remaining members (not less than three); 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 **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 On-site Visit Schedule

The visit to MIC usually commences at 09h00 on a Tuesday morning and concludes on the following Thursday at approximately 15h00. (A sample visit schedule is provided in **Appendix B**). A briefing session will be given by the Vice- President Governance and Strategy on the Tuesday morning to provide a comprehensive overview of the governance structures within MIC. Members of the Peer Review Group will then 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 Alternative Virtual Visit Schedule

In the event that the on-site visit cannot take place due to exceptional circumstances (e.g. Covid-19 pandemic), the **MIC Alternative Management of Peer Review Group Site Visit process will be used (see Appendix C for schedule)**. The review process and its relevant guidelines for drafting the self assessment report (SAR) remain unchanged. It is anticipated that stakeholder feedback for the SAR will be sought using electronic means such as survey, email, MS Teams meetings, online focus groups. The College will retain its guidelines for panel composition.

##### 1.4.1 Online Meetings

The site visit is replaced with a series of online meetings held over a period of 5-10(max) days. The elapsed time is suggested due to the more intensive nature of online meetings and to allow combination of enhanced desk review and targeted meetings.

<b>Block 1 Meetings</b>
Block 1 meetings incorporate the sessions that would typically have taken place on the Tuesday morning of the traditional review schedule. As outlined below, it ensures that the PRG have sufficient information and background from the College perspective on which to base their review. It also allows the reviewers to ask clarifying questions of the members of Quality Office, Senior Management and the Department/Service under review.
Having had these interactions, the PRG can then meet privately and begin to formulate the detailed agenda for Block 2 Meetings based on their observations, additional information provided and the outcome of the initial meetings. A requirement for the Block 2 is that there are meetings with internal and external stakeholders.
<b>Block 2 Meetings</b>
The agenda for Block 2 Meetings is sent to the QO by the Chairperson. Block 2 Meetings are held preferably 2-3 days (and no more than 5) working days after Meeting Block 1.
<b>Block 3 Meetings</b>
Block 3 meetings allows the finalisation of the report and may be a combination of online and offline activities. Block 3 corresponds with the final morning (Thursday) of the traditional review process.

#### 1.4.2 Report Production

The final agreed report is sent to the Quality Office no more than 2 working days after Meeting Block 3.

#### 1.4.3 Considerations

The scheduling of meetings may depend on timezones of PRG members. e.g Meeting Block 2 may need to be split over 2 days.

The Quality Office will be required to moderate the meeting, facilitate connections should broadband drop etc, give guidance on how to conduct the online meetings. Technical backup will be needed from ICT Services.

### 1.5 Peer Review Group Report

The Peer Review Group documents its findings using the *Academic Department Quality Review Peer Review Report Template, QT-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.

#### 1.5.1 Report feedback to the department

1. On the final review day, 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. However, for security of data purposes a copy of the draft report will be made available to the Director of Quality. The copy of the report will be held securely until the finalised draft is completed by the Peer Review Group.
2. The Peer Review Group chairperson formally approves the report. The Quality Office then sends the approved report to the Internal Quality Review Team, whose members check the report strictly for factual errors. 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.
3. 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 profile of the membership is made up of a combination of some /all of the following depending on the type and size of department under review.

Two Senior Academics ( <b>required</b> )	<ul style="list-style-type: none"> <li>• 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.</li> <li>• They would typically have a significant international reputation in research and/ or teaching.</li> <li>• Cannot be a current or recent external examiner at MIC.</li> <li>• Cannot be engaged in research/other projects with members of the Department under Review</li> </ul>
Professional / Employer representative	<ul style="list-style-type: none"> <li>• 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</li> <li>• Ideally, such a person will have been involved in recruiting or supervising recent graduates and/or work placement students of the Department concerned.</li> </ul>
Student representative	<ul style="list-style-type: none"> <li>• This person is chosen to provide a student perspective and will be selected on the basis of their experience relevant to the student group.</li> <li>• The person must be an Alumnus and external to MIC.</li> </ul>

### PRG Roles

#### Chairperson

A Chairperson will be chosen from within the members of the group. The Director of Quality will seek to appoint the Chairperson prior to commencement of the Peer Review phase to assist with the efficient management of same.

The role of the Chairperson includes:

- Approximately eight weeks before the review, read the SAR and offer initial feedback to the internal quality review team.
- With assistance from the Quality Office, assign to individual PRG members a specific section/chapter of the SAR, for which each individual will act as topic coordinator during the site visit.
- Assist the Quality Office to coordinate the site/remote visit: ensure that all meetings are conducted according to the schedule or requesting changes to the schedule as the review evolves.
- Write the introductory section of the Peer Review Group report (approx. 2 pages).

- Facilitate the completion of commendations and recommendations for the PRG report
- Read out in its entirety the PRG report or assign sections of the report to members of the PRG to read out at the final meeting with the Department
- In the days following the visit, read and approve the PRG report after it has been checked for factual errors and finalised.

### **Review Group Members**

The role of the Review Group members includes:

- Prior to the visit read the Self-Assessment Report (SAR) and prepare questions
- Take the lead on a chapter/chapters of the SAR during the review.
- Assist the Chairperson in preparing the Peer Review Report
- Proofread the final report a week or two after the conclusion of the review.

## 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.

**Note – the department brings appropriate persons to each meeting.**

Day 1	Tuesday		
09h00–09h30	PRG, QO, VPG&S, Dean	Welcome and Briefing	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, all members of department	Coffee break with all department staff	G10
11h30–12h30	PRG, IQRT, Head of Department	Introductions & Brief Overview of the Department. Discussions and questions <ul style="list-style-type: none"> <li>▪ <b>Mission</b> (topic 1)</li> </ul>	G08
12h30–13h30	PRG, IQRT, Head of Department	Discussions and questions <ul style="list-style-type: none"> <li>• <b>Organisation, management and staffing</b> (topic 2)</li> </ul>	G08
13h30–14h30	PRG, students	Buffet lunch students– a chance to meet the students and find out about their perspectives (max. 15 )	G08
14h30–15h00	PRG	PRG review of morning’s activities. Planning for topics 3 and 4	G08
15h00–16h00	PRG, IQRT, Head of Department, Dean	Discussions and questions <ul style="list-style-type: none"> <li>• <b>Design, content and review of curriculum</b> (topic 3)</li> </ul>	G08
16h00–17h00	PRG, IQRT, Head of Department, DTL	Discussions and questions <ul style="list-style-type: none"> <li>• <b>Teaching, Learning, Assessment and Feedback</b> (topic 4)</li> </ul>	G08
17h00–17h30	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

Day2		Wednesday	
09h00–09h30	PRG	Private meeting PRG to plan for topics 5 and 6	G08
09h30–10h30	PRG, IQRT, DSL	Discussions and questions • <b>The student experience</b> (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 • <b>Research activity</b> (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 • 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. <b>Begin drafting report</b>	G08
19h30	PRG	Informal dinner	Off-Campus
Day 3		Thursday	
09h00–01h00	PRG	Finish drafting the PRG report Overview of status of report and identification of commendations and recommendations	G08
01h00–14h30	PRG, Dean, VPAA, DoQ, Head of Department and department staff	<b>PRG report read out</b> to department staff and others followed by Lunch	G08
15h00		Conclusion of visit	

## Appendix C: Sample Schedule for Peer Review Virtual Visit

<b>Prework</b>	<i>PRG members provide detailed feedback to Chair. Feedback is collated by Quality Office.</i>		
<b>Day 1</b>	<b>Block 1 Meetings (1/2 day)</b>		
<b>Time</b>	<b>Parties</b>	<b>Agenda</b>	<b>Location</b>
	PRG, DoQ, QAM, Senior Line Manager	Introductory meeting and briefing	Online
	PRG, DEPARTMENT/OFFICE HEAD/DEAN/DIRECTOR and SAR Coordinator	Meeting to allow PRG to meet with Department/Service Head and SAR Coordinator, where applicable. Can be used to scene set, provide clarifications as required.	Online
	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 individual meetings.	Online
	PRG,	Begin drafting commendations/recommendations	Offline
	PRG, DoQ	Detail agenda of participants/topics for detailed meetings with high level information on areas to be discussed	Offline/May have call for clarifications

The agenda for Block 2 Meetings is sent to the QO by the Chairperson.

### Block 2 Meetings

Block 2 Meetings are held preferably 2-3 days (and no more than 5) working days after Meeting Block 1.

A strawman outline is set out below.

<b>Day 2</b>	<b>Block 2 Meetings (1 day)</b>		
08h30– 9	PRG	Private meeting of PRG to plan days sessions	Online
9-10.30		Meeting 1 (Topic) <i>Depending on the agenda, these could be shorter meetings with different topics. There is flexibility depending on the review</i>	Online
10.30-11		BREAK	Online

11-12.30		Meeting 2	Online
12.30-1.30		Lunch	
1.30-2.30		Meeting 3 (Stakeholder groups)	Online
2.30-3		BREAK	
3-4		Meeting 4 (Stakeholder groups)	Online
4.30-5.30	QRG	Review of key findings in each area. Presentation by individual reviewers of their key findings in each area of responsibility. <b>continue drafting report</b>	Offline

### Block 3 Meetings

Block 3 meetings allows the finalisation of the report and may be a combination of online and offline activities. An outline is set out below and corresponds with the final morning (Thursday) of the traditional review process.

Day 3 Block 3 Meetings (1/2 day)			
9am	PRG, QoO	Finalisation of PRG commendations and recommendations (including context and rationale).	Online
		Update VPAA/VPG&S on review findings	Online
	PRG, DoQ, QAM, Department/Office Head and staff	<b>PRG report read out</b> to Department/Office staff : key commendations/recommendations	Online
		<b>Report finalised</b>	Offline





**Quality Review  
Peer Review Report  
Department Name**

**Month 20XX**

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## Introduction

The Introduction will be completed by the Quality Office and will contain the following sections:

1. Background (to MIC's quality review process)
2. The Department (a brief description of the Department)

## Peer Review Group Observations

**This section is completed by the Peer Review Group.**

This section is typically one or two pages in length and provides the Peer Review Group with an opportunity to report upon:

1. The extent to which the Department engaged enthusiastically, honestly and effectively in the self-evaluation exercise
2. The Department's openness during the visit
3. The quality of the self-assessment report (SAR)
4. Stakeholder feedback relating to the Department and the extent to which the Department is fulfilling stakeholder needs

## Chapter 1: Vision, Mission, Strategy and Governance

### Commendations


### Recommendations (Please include a brief justification for the Recommendation)


## Chapter 2: Organisation, Management and Staffing

### Commendations


### Recommendations (Please include a brief justification for the Recommendation)


## Chapter 3: Design, Content and Review of Curriculum

### Commendations


### Recommendations (Please include a brief justification for the Recommendation)


## Chapter 4: Teaching, Learning, Assessment and Feedback

### Commendations


### Recommendations (Please include a brief justification for the Recommendation)


## Chapter 5: The Student Experience

### Commendations


### Recommendations (Please include a brief justification for the Recommendation)


## Chapter 6: Research Activity

### Commendations


### Recommendations (Please include a brief justification for the Recommendation)




# Quality Review Process for Academic Departments

## Quality Improvement Phase

Revision 2.3

October 2021

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## 1. The Quality Improvement Phase

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

1. Consideration of recommendations by department in conjunction with relevant members of senior management
2. Identification of SMART (specific, measurable, achievable, realistic and timed) action items necessary to implement the recommendations
3. Formulation and agreement of Quality Improvement Plan (QIP) with relevant members of senior management
4. QIP to Executive Team for approval
5. QIP to Quality Committee for noting
6. Permission is sought from An tÚdarás Rialaithe to publish the QIP on the Quality Office Webpage
7. Ongoing monitoring and implementation of recommendations
8. Interim quarterly progress reports to the Quality Committee
9. Final report to the Quality Committee

### 1.1 Developing the Quality Improvement Plan (QIP)

The PRG recommendations and resulting action items are recorded using the *Academic Department Quality Review Quality Improvement Plan Template, QT-003*.

The steps for the development of the Quality Improvement Plan (QIP) are as follows:

- a. The Quality Office meets with the Head of Department (HoD) for an initial discussion of the recommendations, in particular, to decide at which level the recommendations should be assigned (department, faculty or institution level).
- b. The department then completes the QIP for recommendations categorised at department level by identifying the necessary actions / sub-actions, allocating leads to these actions, and setting appropriate target dates.
- c. The Quality Office then organises a meeting with the HoD and the Dean to discuss the QIP in relation to recommendations which fall outside of the department's remit. In the first instance recommendations which align with priority objectives within the Annual Operating Plan (AOP) will be matched to the relevant action item and the lead for that action item will be contacted for approval to map the AOP action item and the QIP recommendation. Both the AOP and the QIP will be updated to reflect this mapping. Action items for recommendations which do not form part of the AOP but do reside at faculty level will be agreed with the Dean.

- d. Recommendations which are not categorised as department or faculty level and which cannot be aligned to the AOP will be discussed by the Director of Quality with the relevant member of senior management and the required action(s) and lead assigned to the QIP.
- e. When all recommendations have been discussed and action items agreed the Director of Quality will seek the approval of the Dean to submit the QIP to Executive Team (ET) for their consideration.
- f. The QIP is submitted to the Executive Team for consideration and approval. In the event that there are any issues which ET decide need further consideration these will be conveyed to the Director of Quality and the Head of Department by the Dean.
- g. Reconsideration and resubmission of the QIP to ET will take place following consultation with the relevant lead for the recommendation/action item requiring further consideration.

## 1.2 Quality Committee

The Quality Improvement Plan (QIP) is submitted to the Quality Committee for noting. The Quality Committee seeks permission from An tÚdarás Rialaithe to publish the QIP on the Quality Office Webpage.

## 1.3 Ongoing Implementation of Recommendations

The QIP Action Items are transferred to the QIP Tracker Database by the Quality Office. The Quality Office will liaise with the Head of Department (HoD) and relevant leads / senior management on a quarterly basis to update the status of the action items. The Quality Office generates quarterly QIP implementation reports and submits them to the Quality Committee for noting.

## 1.4 Closing out the Quality Improvement Plan

A meeting will take place between the HoD, the Dean and Quality Office 18 months after approval from ET for the implementation of the QIP, with the express intention of closing out the QIP. The Quality Office and the HoD will prepare a Follow-up Summary report detailing the status of each recommendation and submit this to the Quality Committee. The HoD will attend the next Quality Committee meeting to discuss the Follow-up report with the Committee. The Quality Committee must satisfy itself that the Department / Faculty / Institution have, to the best of their ability, implemented the QIP. The Quality Committee once satisfied will sign-off on the completed QIP.

