Quality Review Process for Academic Departments

Revision 3

February 2026

Contents

1 Quality at Mary Immaculate College

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

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 enhancement' (QE) refers to initiatives taken to improve the fitness for purpose of the target activity/process. QA and QE are intrinsically linked, and often the term QAE is used to incorporate both QA and QE activity. QAE activities are applied at institutional, department, service and individual (personal) level.

In a third level context, typical activities or processes include teaching and assessment, research, community outreach, curriculum development and a myriad of support services provided by Professional Services. At Mary Immaculate College (MIC), an example of an academic QAE 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 QAE 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 QAE 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 is 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 enhancement
- 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

- the department implements quality improvements in a verifiable manner

- Provide MIC, its students, its prospective students and other stakeholders with independent evidence of the quality of the department's activities
- 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
- 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, 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 Quality Office informs the campus community of upcoming quality reviews via email at the beginning of each academic year. The email provides a link to previous Peer Review Reports.
- The Quality Office provides the campus community with opportunities to contribute to the review process by
    - Facilitating the provision of stakeholder feedback for inclusion in the Self-Assessment process;
    - Inviting participation in stakeholder group meetings with the Peer Review Group during the site/virtual visit.

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 Faculty Dean. In consultation with the Faculty Dean 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 Faculty Dean, and the Head of Department is invited to the next meeting of Quality Committee to discuss the concerns.
- Referral to the Vice-President Academic Affairs 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.

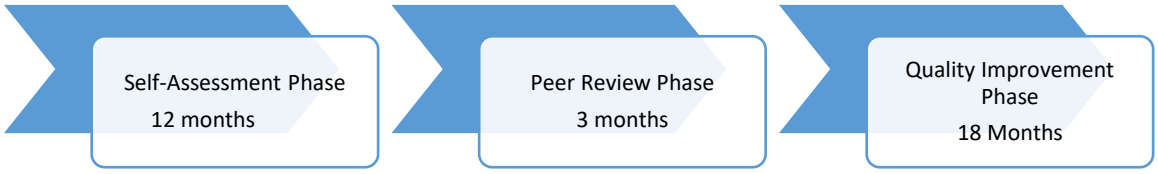

Figure 1: Overview of Academic Quality Review Process with timelines.

3.2 Associated Documentation

QP-001_Rev_2.5_Self_Assessment_Report_Process

QP-002_Rev_2.5_Peer_Review_Report_Process

QP-003_Rev_2.5_Quality_Improvement_Phase_Process

QT-001_Rev_2_SAR_Template

QT-002_Rev_1_PRR_Template

QT-003_Rev_1_QIP_Template

QT-018_Rev_1_PRG_Pre-visit_Summary_Findings

QT-019_Rev_0_QIP_Interim_Progress_Report_Template

QT-020_Rev_0_QIP_Final_Progress_Report_Template

QT-025_Rev_0_QIP_Summary_Report_Template

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** (HoD) to discuss the process and agree provisional dates for commencing the self-assessment phase (including agreeing the date for the departments facilitated initial preparation session) and the Peer Review Group visit. The DoQ presents an overview of the quality review process at the department meeting and outlines the steps and timeline involved. Departments with 5 full-time staff or less may complete an abridged version of the review process (shortened Self-Assessment Report and Peer Review Visit).	DoQ
-9 months	The department begins the self-assessment phase of their review with a facilitated workshop. This workshop includes identifying and appointing department members who will form an **Internal Quality Review Group (IQRG).** In the case of departments with small staff numbers, all members of the department will form the IQRG. The IQRG will be responsible for preparing the Self-Assessment Report (SAR). The HoD must be a member of the team but does not have to act as the review coordinator. The review coordinator should be a senior member of the department. The IQRG should be as representative as possible of the staff profile in the department. The size of each group 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 the department. The IQRG conducts a self-assessment exercise and produces a Self-Assessment Report (SAR) using the Academic Department Quality Review *Self-Assessment Phase process (QP-001) and Academic SAR Report Template*, **QT-001**. The IQRG 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 IQRG should be assigned, where appropriate, responsibility for various sections of the SAR. The Quality Office will support the IQRG to develop the SAR. Drafting of the SAR is an iterative process	DoQ, HoD, IQRG

	and will require a timeline to be set for drafting and feedback purposes. This will be done during the facilitated workshop. All staff members of the department should be kept fully informed about the self-assessment process and given opportunities to contribute their views.	
-9 months	The Executive Team (ET) considers nominees for the **Peer Review group** (PRG) and appoints the group as per the selection guidelines for the Peer Review Group in **Appendix A** of **QP-002**. The DoQ will liaise with the reviewers.	ET, DoQ
-3 months	The DoQ reviews the SAR and supporting documentation and liaises with the IQRG regarding any additions, clarifications or amendments that are recommended. The finalised SAR is signed-off by the IQRG. All department staff must have access to the final SAR and appendices. This is achieved by placing the material in a location that is only accessible to the department, such as SharePoint or a shared drive. The SAR is confidential to the department and will not be seen by persons other than staff members of the department, the relevant dean, the Quality Office and the **PRG** without the prior consent of the HoD.	IQRG, DoQ
-9 weeks	The SAR is sent to the Faculty Dean for review prior to release to the Chair of the PRG. The Quality Office then shares the SAR securely via MS Teams with the Peer Review Group Chairperson, who will read the SAR and offer feedback to the IQRG.	DoQ
-7 weeks	A meeting is held with the Chair of the PRG to discuss the Chair's initial impression of the SAR and, to set the agenda for a planning meeting of the full PRG (see QP-004 Quality Review Administration for suggested agenda).	DoQ, Chair of PRG
-6 weeks	The SAR is shared with the full PRG 6 weeks before the PRGs' visit. The SAR and its appendices are reviewed by the PRG and they complete the Pre-visit Summary of Initial Findings Report (QT-018). This forms the basis of the Peer Review Groups' assessment of the department's performance.	DoQ, PRG
-6 weeks	A planning meeting is held with the full PRG to outline the schedule for their visit, to identify leads for specific chapters	DoQ, PRG

	in the SAR and, to discuss the range of stakeholders they might wish to meet during their visit.	
-6 weeka	Stakeholders are contacted by the Quality Office at this point and invited to participate in the review process. Logistical arrangements are made by the Quality Office and the PRG visit schedule is finalised.	QO
-2 weeks	The DoQ meets with the members of the PRG to review the Pre-visit Summary of Initial Findings Report, provide additional data/clarifications, finalise list of stakeholders.	DoQ, PRG

STAGE 2	**PEER REVIEW PHASE (On-campus)**	**RESPONSIBILITY**
On-campus Review Management	The members of the PRG will normally spend 3 days on campus, this may be shortened for departments using the abridged version of the review guidelines. In exceptional circumstances the peer review may be conducted online. An example of a Peer Review Visit Schedule is available in **Appendix B of QP-002.**	PRG
Review Days	The review group meets with internal and external stakeholders and completes an initial draft of the *Peer Review Report* (PRR) on its findings during the review days **using QT-002** *Academic Department Quality Review Peer Review Report Template*. 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. No new findings may be added once the PRG has verbally communicated their findings to the department.	PRG
+ 6 weeks	The PRG complete the **Peer Review Report** (PRR). This is sent to the DoQ who forwards it to the IQRG to check for factual errors. Once this is complete the PRR is finalised.	PRG, DoQ, IQRG

STAGE 3	QUALITY IMPROVEMENT PHASE	Responsibility
+2 months	The DoQ assists the department to prepare a **Quality Improvement Plan** (QIP) using the *Academic Department Quality Review Quality Improvement Plan Template*, **QT-003.** Full details on the quality improvement phase can be found in **QP_003.**	Department, DoQ
+3 months	The QIP is submitted by the DoQ to ET for review and approval.	QO, ET
+4 months	The PRR and QIP are submitted by the DoQ to the Quality Committee for comment and noting. Permission is sought from an tÚdarás Rialaithe to make the PRR publicly available. Once permission is granted the PRR is made publicly available via the MIC Quality Office website.	DoQ, QC, UR,
+9 months	The DoQ and the HoD will liaise with relevant leads / senior management on a semester basis to update the status of the action items. The DoQ in conjunction with the HoD prepares a QIP Interim Progress Report (QT-019) and submits this to the Quality Committee for comment & noting.	DoQ, HoD, QC
+18months	A meeting will take place between the HoD and the DoQ 18 months after ET approval of the QIP with the express intention of closing out the QIP. The DoQ in conjunction with the HoD will prepare a QIP – Final Progress Report (QT-020) detailing the status of each recommendation and submits this to the Quality Committee. The HoD will attend the next Quality Committee meeting to discuss the 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. The Quality Committee reports the completion of the QIP to an tÚdarás Rialaithe and seeks its permission to make a summary report publicly available (using **QT-025 Quality Improvement Plan Summary Report**).	HoD, DoQ, 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 head and Internal Quality Review Group 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 **Section 5 QP-001** *Responsibility for and amendments to Academic Quality Review Guidelines* as per **Linked Provider QIP (LP-09)**	Director of Quality
			Insertion of Remote Management for Virtual Site Visit (**QP-001 & QP-002**) Approved QC2020#2.	
			Section 1.2 QP-002: Changes to composition and appointment of Peer Review Groups (PRGs) – changes resulting from 1st Academic Review. **QP-002 & QF-001 Peer Reviewer Nomination form.** Insertion of statement on requirement for a gender mix on PRGs.	
			Risk Mitigation: Insertion of section in **QP-002 Section 1.5.1** on retention by DoQ of copy of draft PRR until report is finalised.	
			QIPs to be published on MIC Website – mirroring UL process. **QP-001 & QP-003** changed to include requirement for permission from An tÚdarás Rialaithe to publish QIPs.	

2.1	12th 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	19th 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 group members in **QP-002**	Director of Quality
2.3	19th October 2021	Executive Team June 2020	Insertion of revised QIP Process **Section 1.1 (QP-003)**	Director of Quality
2.4	13th September 2022	MIC Quality Committee QC2022#03	**2.6 (QP-000)** The Department's Obligations. Faculty Dean replaces VPAA as 1st point of contact for Director of Quality in relation to oversight of departmental engagement with the quality review process. Structure of SAR **(QP-001)** additional chapter added to the SAR - Chapter 7 Community Outreach Activity. **1.3 (QP-003)** Change to mechanism for reporting the QIP process to Quality Committee. Two interim and a final progress report replaces quarterly updates. **1.4 (QP-004**) Approval will be sought from an tÚdarás Rialaithe to make the QIP Final Progress Report available publicly.	Director of Quality
2.5	27 January 2026	MIC Quality committee QC2026#01	Insertion of the following: Departments with 5 full-time staff or less may complete an abridged version of the review process (shortened Self-	

			Assessment and Peer Review phase). More explicit linking of Annual/Periodic/Accreditation Action plans in **QP-001** in fulfilment of recommendation 2024-IRIP-5-02 of Institutional Review Report 2024. Clear identification of assignee for actions (e.g. change from Quality Office (generic) to Director of Quality (specific). **1.3 (QP-003)** Change to mechanism for reporting the QIP process to Quality Committee. One interim report replaces two interim reports. **Section 1.2 QP-002**: Changes to composition of Peer Review Group (PRG). Removal of section in **QP-002 Section 1.5.1** on retention by DoQ of copy of draft PRR until report is finalised. Draft reports are now held on shared site on MS Teams. Change from full QIP report to summary QIP report to be published on MIC Website as per UL guidelines. **QP-001 & QP-003** changed to reflect required permission from an tÚdarás Rialaithe to publish summary QIPs Creation of **QT-025 QIP Summary Report Template**.	