General Procedures for Quality Reviews

1. Context

Trinity College Dublin, the University of Dublin undertakes internal quality reviews of its education, training, research and service provision in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012. The current revision to the procedures are in response to the publication of the QQI Core Statutory Quality Assurance Guidelines (April 2016) and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) Part 1. All quality review procedures have been updated to reflect requested under the College’s action plan in response to the HEA Gender Equity Report and the College’s Diversity & Inclusion Strategy.

2. Purpose

2.1 The purpose of this document is to outline the generic elements of the quality review process at Trinity College Dublin, the University of Dublin. These generic elements are common to reviews of Schools, Programmes, Administrative/Support Areas and Trinity Research Institutes (TRI), for which specific procedures have been developed.

2.2 This document should be read in conjunction with and in support of these separate procedures.

2.3 The aims of the quality review process are:

- to provide a structured opportunity for a unit to critically reflect on its activities and plans for development in the context of the College Strategic Plan and other strategic initiatives;
- to benefit from a constructive commentary by external reviewers to College that are experts in their field both Academic and Industry;
- to ensure that quality and standards in all areas are maintained and enhanced, and that any areas of concern are identified and addressed;
- to promote the enhancement of the unit’s provision as part of a strategy for continuous quality improvement;
- to inform the College’s Quality Assurance Framework.
3. Scope

3.1 This procedure applies to quality reviews of Schools, Programmes, Administrative/Support areas and Trinity Research Institutes (TRI) in the University;

3.2 The scope of the review includes:
   • The internal quality assurance procedures of the unit under review as applied to the full range of its activities;
   • The contribution of the unit to College-level strategic initiatives such as the Global Relations Strategy, the Innovation & Entrepreneurship Strategy, the On-line Education Strategy and the Diversity and Inclusion Strategy;
   • Benchmarking the unit against comparator institutions nationally and internationally.

4. Benefits

The benefits of quality reviews are that they:

4.1 Afford the units under review the opportunity to evaluate their own operation and performance in a structured way;

4.2 Allow the University to evaluate how well the unit’s activities are articulating the College’s Strategic Plan, strategic initiatives;

4.3 Fulfil the University’s commitment to the quality assurance of its provision of education, research and related areas;

4.4 Demonstrate alignment with the guidelines set out under the Quality and Qualifications (Education and Training) Act 2012, and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

5. Procedure

Appointment of Review Team and Internal Facilitator

5.1 The Quality Office will write to the Head of the Unit under review in Trinity Term two years prior to the review, notifying them that the unit is scheduled for review.

5.2 The Quality Office will ask the Head of the Unit to bring forward nominations for External Reviewers and these should be discussed with the Division Head to produce a short-list of nominations. Note the Unit under review should not contact potential nominees to garner their interest in participating in a quality review;
5.3 The composition of the nomination list should be balanced in terms of geography, gender and experience. Nominees should come from top-ranked Universities (QS world and subject ranking) comparable to Trinity in terms of institutional size i.e. student numbers, comprehensiveness of provision, research intensive etc. In addition to university representatives, nominees should comprise representatives from the business/professional sectors, with at least one nominee coming from within Ireland. It is very important to protect the integrity of the review and review report recommendations that the Unit not put forward nominees that could have a perceived conflict of interest i.e. External Reviewers should not have had a close association with staff in the area under review, either in a personal or professional capacity, within the last five years.

5.4 The Reviewer Nomination Form (available via the Quality Office website) should ideally include sufficient background information about the proposed Reviewers to allow an informed decision to be made by the Selection Panel. If background information is not available on the internet or through other public information sources, candidates will be contacted by the Quality Office to request a CV or resumé.

5.5 On receipt of short-listed nominees, the Quality Office will provide the short-list to the Selection Panel, who will select three-four reviewers as the preferred team along with appropriate number of reserve candidates in case of lack of availability for proposed review dates or withdrawal from the review team, prior to the review team visit.

5.6 The Head of the Unit and/or the Quality Office may also be asked to provide additional information or further nominees for consideration by the Selection Panel.

5.7 The Quality Office will contact preferred candidates to formally invite them to participate in the review. If they are not available, the reserve candidates will be approached.

5.8 Once the composition of the review team has been confirmed, the Quality Office will liaise with the Unit under review and with the relevant College Officers to identify suitable dates and align these with the Reviewers’ preferences.

5.9 An Internal Facilitator for the review will be appointed by the Quality Office, in consultation with the unit under review. Information on the appointment and role of the Internal Facilitator can be found on the Quality Office website.

Development of the Self-Assessment Report (SAR)

5.10 The self-review exercise is designed to take a critical look at the performance and direction of the unit under review. A facilitated brainstorming activity such as a SWOT analysis will inform the critical assessment and help to identify key issues to be addressed in the review. Current data on the various aspects/activities of the unit should inform the SWOT analysis. Further details on the specific requirements for individual reviews in terms of the areas/topics to be included in the SAR
are available in the Procedures for the different review types.

5.11 The Self-Assessment Report (SAR) forms the principal source of information for the External Review team prior to their arrival on-site. Its development is based on the outcome of the self-review and SWOT analysis. It should have a strategic focus, be forward looking, and provide a critical appraisal of the unit and the quality assurance processes that support the unit’s activities.

5.12 Responsibility for the development of the SAR and engagement of internal and external inputs rests with the Coordinating Group. It is important that students are included amongst the key internal stakeholders and that their feedback and input is elicited through surveys, focus groups, class representatives etc.

5.13 Data collection and analysis will be led by the unit under review and the optimal period for data arrays is 5 years. The financial/budget data included in the SAR will be provided by the Financial Services Division based on the outcome of the previous year’s annual budgetary cycle (ABC) process.

5.14 The main body of the SAR should not normally exceed 50 pages (excluding the appendices). The document must conform to Trinity’s visual identity guidelines in terms of how the University is referenced (see https://www.tcd.ie/local/identity/name/).

5.15 The Division Head or relevant College Officer and Finance Partner must sign-off on financial data included in the SAR.

5.16 The Quality Office will review drafts of the SAR, make recommendations for improvement and arrange for proofreading of the final draft prior to its dissemination to the Review team.

5.17 On completion of the SAR, a Terms of Reference (TOR) for the review will be drafted, in consultation with the Head of Unit and Unit Manager. The TOR will outline the key issues and elements for consideration by the Reviewers.

**Development of the Schedule of Meetings**

5.18 The Quality Office will take the lead in the development of a schedule of meetings to ensure that the key issues identified in the SAR are addressed during the on-site visit. A draft will be provided to the unit under review in which a recommended running order and composition of meetings will be detailed.

5.19 In developing the schedule of meetings, the Quality Office will seek to ensure that the following principles are followed:

- Key persons/representatives referred to in the SAR are included in the schedule;

- Larger meetings (max 45 minutes in duration) with groups of representatives such as
Management, Senior staff, Junior staff, students, clients, alumni etc. are preferred over shorter meetings with 1-2 attendees. Forum style meetings which allow for themed discussions with groups of relevant stakeholders should be included where possible;

- Sufficient private time is allocated in the schedule to allow the External Review team to process information between meetings and allow for changes to the schedule;

- Time allocated to report writing is protected to allow the External Review team to prepare for presentation of findings;

- A tour of relevant facilities is included;

- Transfer time between venues is considered.

5.20 The unit under review should advertise widely for stakeholder participation in the review visit. External stakeholders should be provided with sufficient notice of their meeting, and the date, time and venue should be confirmed again closer to the review date.

5.21 A guidance note for attendees is available (Appendix 1) which provides an overview of the quality review process and the purpose of their meeting with the Reviewers. This can be customised by the co-ordinating group to provide a context for the Review.

5.22 Responsibility for inviting attendees, with the exception of College Officers, rests with the unit under review. The Quality Office will schedule meetings in College Officer diaries once the review date is confirmed.

5.23 The draft SAR and a draft schedule of meetings are forwarded to the External Reviewers by the Quality Office at least seven weeks in advance of the review date. The Reviewers will have an opportunity to make amendments to the proposed review timetable in advance of, and during, the review visit.

Conduct of the site visit

5.24 The site visit is usually for a period of two to three days during which the Reviewers will meet with College Officers, staff members, and other internal and external stakeholders, conduct a review of facilities (including library holdings and ISS resources). If external organisations e.g. hospitals or professional organisations have an involvement in the unit, representatives should be invited to meet with the Reviewers.

5.25 The Unit under review should not make arrangements for members of the Review Team outside the review schedule until the report is completed, and it is not permissible for the External Reviewers to hold meetings with or give presentations/seminars to members of the area under review during the course of the site visit. A Code of Conduct for Reviewers can be found on the
Quality Officer website.

5.26 Further advice on co-ordinating a review and tips on conducting a review can be found on the Quality Office website.

Cost associated with the Review

5.27 The direct financial costs associated with the Review i.e. reviewer flights, accommodation, transfers, expenses and honorarium will be met by the Quality Office, who will organise and manage the travel and accommodation arrangements for Reviewers.

5.28 Units are responsible for the indirect costs of reviews such as resourcing the preparation of the Self-Assessment Report, catering arrangements for the site-visit etc.

Procedures for the deferral or postponement of a Quality Review

5.29 Trinity College Dublin is required under the QQI Act 2012 to conduct reviews on a seven year cycle. Quality reviews of academic, administrative and service departments and, where appropriate, thematic reviews of institution-wide issues may be undertaken as part of the regular cycle of reviews. The scheduling of reviews is organised with a view to the legislative timeframe of seven years. Under certain circumstances, however, a decision to defer or postpone a scheduled review may be made, in consultation with the Head of the Unit under review.

Procedure for the deferral of a Quality Review

5.30 The decision to defer a Quality Review occurs at the planning phase i.e. before preparation for the review commences. It is an agreed, planned event made in consultation with stakeholders.

5.31 Circumstances under which a decision to defer a scheduled review may be made include:
- Where the Unit has a planned review by an external body occurring in the same period e.g. a professional statutory body or funding body and wishes to optimise resources and preparation for both review processes. The Quality Office generally seeks to accommodate such requests.
- Where the Unit is participating in a thematic review that fulfils the requirement of a quality review.
- Where the Unit is impacted by College-level strategic initiatives e.g. the Trinity Education Project or Academic Registry Enhancement Programme that fulfil the requirements of a quality review.

Procedure for postponement of Quality Review

5.32 The postponement to a later date of a quality review, once the preparation for a review has commenced, is an unplanned event that carries with it a degree of risk including:
- The inability to reconstitute the selected review team at a later date.
- Financial cost to College due to the need to reschedule flights.
5.33 Circumstances under which a decision to postpone a quality review visit may be made include:
- Withdrawal of a member(s) of the review team that would hinder the conduct of the review. In general, the minimum number of reviewers that a review can proceed with is two, but this may vary depending on the scope of the review and the size of the Unit under review. If a reviewer gives sufficient notice (i.e. greater than 3 months) that they are withdrawing from a review the quality office will attempt to source an alternate reviewer. If insufficient notice is given, a decision to proceed will be taken on the basis that the subject matter expertise of the remaining review team members cover the scope of the review. The decision will be made by the Quality Office in consultation with relevant stakeholders.

- The Self-Assessment Report (SAR) is not fit for purpose, in that, it lacks:
  a. evidence of critical reflection
  b. objectivity
  c. a quality focus i.e. it does not address quality key systems or processes, lacks sufficient data to support the conduct of a quality review or a performance-focus;
  d. evidence of consultation with internal college stakeholders.

5.34 The risk of a SAR not being fit for purpose is minimised if the Unit under review adheres to the relevant review procedures which set out expectations on the approach to the SAR and data to be contained within the SAR and appendices. The approved procedures reflect the required elements of the national legislative framework and no element can be excluded without consultation and approval from the Quality Office.

5.35 The customised timeline provided to each Unit by the Quality Office includes a number of opportunities whereby the Unit can avail of feedback on the SAR - the initial draft, the draft for proofreading and the final SAR and appendices.

5.36 The decision to postpone a review due to the SAR not being fit-for-purpose will occur no later than six weeks from the review date and preferably before this time. The decision to postpone a review will be taken by the quality Office in consultation with relevant stakeholders.

**Follow-up process**

5.37 The Reviewers will submit a draft report to the Quality Office within three weeks of the site visit

5.38 The Quality Office will forward a copy of the draft report to the relevant College Officer the Head of the unit under review, who will communicate their response to the Quality Office within two weeks;

5.39 The Quality Office will communicate any factual accuracy comments to the reviewers, and will request that a final report be submitted within three weeks;
5.40 Upon receipt of the final report the Head of the unit under review and the relevant College Officer are asked to prepare individual responses to the Review report, which should ideally be no longer than 3-4 A4 pages. The response should not address the recommendations individually, as this is the purpose of the Implementation Plan.

5.41 The Reviewers’ report will be considered in the first instance by the Quality Committee along with the response from the unit head and the response from the relevant College Officer. The unit head will be invited to attend the Quality Committee meeting for these discussions.

5.42 Following Quality Committee approval, the review report and the responses from the unit head and the relevant College Officer will be forwarded to University Council and/or College Board for consideration. The Vice-Provost/Chief Academic Officer will draw Council or Board’s attention to any College-specific recommendations for action.

5.43 Following approval by the relevant Principal Committee, the Reviewers’ report will be published in full on the Quality Office page on the College website.

5.44 Following approval of the Reviewers’ report, the head of the unit under review will be asked to draw-up an Implementation Plan (IP) in consultation with the relevant College Officer. This IP will address all of the recommendations arising from the review process and will be submitted to the Quality Committee in the first instance and from there to University Council and/or College Board for approval. The Head of the Unit will only attend the Quality Committee meeting if there are issues that they wish to draw the Committee’s attention to. The Implementation Plan should be signed off by both the unit head and the relevant College Officer.

5.45 Within twelve months of Council and/or Board approval of the Implementation Plan a Progress Report will be submitted to Quality Committee, and then to Council and/or Board.
1. **Background to the quality review process**

The *insert Unit here* is being reviewed as part of a cycle of quality reviews of schools, programmes, administrative/service areas and research institutes that College is required to undertake under the Qualifications and Quality Assurance (Education and Training) Act 2012.

2. **The quality review process**

An External Review Team, comprising 3-4 person members is appointed to undertake the review – a balance of gender, geography and experience/speciality is taken into consideration in choosing the review team. The Unit carried out an extensive self-assessment in advance of the review and have produced a self-assessment report (SAR) which reflects our current activities and plans/strategy for the future.

During the review which is scheduled for *(insert review dates)*, the Reviewers meet with staff from the unit under review, students, College Officers and other appropriate stakeholders. The Reviewers also have an opportunity to review facilities (e.g. offices, meeting rooms, etc.).

Following the site visit, the Reviewers submit a joint report. This report along with a response from the *insert Unit here* and the relevant College Officer is considered by the Quality Committee and then by Council/Board. An Implementation plan is then drawn up and considered by the Quality Committee and by Council/Board. One year later, a progress report on the implementation of the recommendations is provided.

3. **The Review Team**

The Review Team for the Unit comprises:

*Insert Reviewers names here*

The Internal Facilitator is *insert internal facilitator name here*

His/her role is:

(i) to act in an advisory capacity, accompanying the External Reviewers throughout the review and attending all meetings during the site visit;

(ii) to facilitate the review process and ensure that meetings run to schedule;

(iii) to act as liaison between the Reviewers, the unit under review and the Quality Office;

(iv) to ensure that requests for additional documentation or meetings by the Reviewers are met in a timely fashion;

(v) to provide the university and sectoral/national context to the Reviewers when required;

(vi) to ensure that there is clarity amongst the Reviewers regarding deadlines for submission of the draft and final reports and that there is agreement as to who will collate and send the final report to the College.
The Internal Facilitator will NOT participate in the drafting of the report or in the interview process.

A note taker is also present during the meeting. This person does not have any links with the unit under review or with the Quality Office. Notes are confidential and are only circulated to the Review Team.

4. **Purpose of your meeting with the Review Team**

The purpose of the on-site meetings is to give the Reviewers an opportunity to discuss issues of interest that they have identified in the self-assessment or in the other background material, with the relevant stakeholders. The meetings will generally take the form of a discussion, and an agenda for the meeting is not outlined by the Reviewers in advance.

The other participants in your meeting with the Reviewers are:

- *Insert names here*
- *Insert names here*