The Irish Universities Quality Board (IUQB) was established in 2002 to support and promote a culture of quality in Irish higher education and independently evaluate the effectiveness of quality processes in Irish universities, as required by the Universities Act (1997).

In 2004, IUQB and the Higher Education Authority (HEA) jointly commissioned the European University Association to undertake the 1st cycle of institutional quality reviews of the seven Irish universities, the outcomes of which were published in 2005 as the Review of Quality Assurance in Irish Universities.

In 2009, following consultation with a range of key stakeholders, IUQB finalised the process for the 2nd cycle of institutional quality reviews. This process, which will operate in accordance with national legislation and agreed European standards and guidelines, is termed Institutional Review of Irish Universities (IRIU).
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Institutional Review of Irish Universities (IRIU)</td>
<td>7</td>
</tr>
<tr>
<td>External Evaluation of the IRIU Process</td>
<td>17</td>
</tr>
<tr>
<td>Annex A: Indicative Timetable for IRIU</td>
<td>19</td>
</tr>
<tr>
<td>Annex B: Guidelines for the nomination, selection, training and deployment of review teams members and the institutional co-ordinator</td>
<td>21</td>
</tr>
<tr>
<td>Annex C: Guidelines for structuring the Institutional Self-Assessment Report (ISAR)</td>
<td>27</td>
</tr>
<tr>
<td>Annex D: Structure of the IRIU Summary and Review Reports</td>
<td>31</td>
</tr>
<tr>
<td>Annex E: Extracts from the Universities Act, 1997</td>
<td>35</td>
</tr>
<tr>
<td>Annex F: Part 1: European standards and guidelines for internal quality assurance within higher education institutions, 2005</td>
<td>37</td>
</tr>
<tr>
<td>Annex G: Underpinning Principles of the IRIU</td>
<td>43</td>
</tr>
<tr>
<td>Annex H: Part 2: European standards and guidelines for the external quality assurance of higher education, 2005</td>
<td>47</td>
</tr>
<tr>
<td>Annex I: Part 3: European standards and guidelines for the external quality assurance of higher education, 2005</td>
<td>51</td>
</tr>
<tr>
<td>Glossary</td>
<td>55</td>
</tr>
</tbody>
</table>
Introduction

1. **This handbook outlines the external review process of quality assurance in Irish universities that will operate between 2009/10 and 2014/15.**

   By the end of this rolling cycle of reviews, independent reviewers will have confirmed whether Irish universities are operating in line with the requirements of (i) Section 35 (hereafter referred to as the ‘statutory requirements’) of the Universities Act, 1997 (hereafter referred to as, The Act)\(^1\) ([Annex E]), and are (ii) consistent with the Part 1 requirements of the Standards and Guidelines for Quality Assurance in the European Higher Education Area 2005 (the ESG)\(^2\) ([Annex F]).

### BACKGROUND: FRAMEWORK OF QUALITY

2. Quality assurance in the Irish university system is distinctive, since very few countries have requirements for internal quality processes specified in primary legislation. Within Ireland, ownership of quality processes explicitly rests with each university, and individual management teams view them as an increasingly essential tool to enable continuous enhancement. The Irish approach to quality is based on a holistic view of quality in an institution and involves external reviewers, students and the major stakeholders, while preserving institutional autonomy, ensuring public accountability and international benchmarking.

3. The Institutional Review of Irish Universities (IRIU) operates in the context where institutional decision-making processes include an analysis of the effectiveness of internal quality assurance processes and the degree to which their outcomes and recommendations are used in institutional decision-making and where appropriate, for enhancing them. The IRIU provides robust external assurances of the effectiveness of the internal quality assurance procedures established by each Irish university to sustain and enhance further the quality of their teaching, learning, research and support services to meet the demands of a diverse student population, including diversity in terms of previous academic attainment.

4. Internal QA procedures at Irish universities are long-standing and widely respected internationally. They have been used to influence quality assurance systems worldwide. This institutional commitment to quality has evolved over time with increased emphasis placed by universities on managing their own quality effectively, in line with national, European and

---


international best practice. Since the publication of The Act in 1997, each university has had its own quality systems in place, with most academic departments and their associated study programmes currently being reviewed for the second time and the majority of staff in administrative and support departments also having experienced a review by external peers (frequently from outside Ireland).

5. The IRIU/external review process is just one component of the comprehensive Framework for Quality in Irish Universities (second edition, 2007)³ prepared and published jointly by the Irish Universities Quality Board (IUQB) and the Irish Universities Association (IUA, the representative body for Irish universities) and ensures that all internal and external quality processes are coherent, consistent and robust. The Framework is based on the internationally accepted and recognised principles (i) an institutional self-assessment report (ii) an external assessment and site visit by a group of reviewers (iii) the publication of a review report including findings and recommendations and (iv) a follow-up procedure to review actions taken.

6. A statement on the common approach to quality assurance across the higher education sector in Ireland has also been subscribed to by the university sector and is published as the Principles for Reviewing the Effectiveness of Quality Assurance in Irish Higher Education and Training.⁴ Developed by the Irish Higher Education Quality Network (IHEQN), this statement confirms that the goal of quality assurance in Irish HE is quality improvement including the enhancement of the student experience. Quality assurance procedures operating internally and externally across Irish higher education reflect this aspiration.

7. The sector’s commitment to maintaining high quality in teaching, learning, research and assessment operates in accordance with its obligations under the Bologna process. The Irish higher education system continues to invest heavily in all the associated Bologna reforms in order to achieve its ambitious goals and objectives. This applies in particular to programmatic reform whereby all courses and each study programme must have learning outcomes defined in accordance with agreed criteria and standards.

8. Related achievements in Ireland include that in November 2006, Ireland became the first European country to verify the compatibility of its National Framework of Qualifications⁵ (a statutory framework based on learning outcomes) with the Framework for Qualifications in the EHEA.⁶ Furthermore, Ireland was placed as the leading country (of 48 higher education systems) in terms of implementation of the Bologna goals and objectives during the 2007 stocktaking exercise. The IRIU process will endeavour to demonstrate the ways that Irish universities continue operating in accordance with the obligations of the Bologna process.

9. The IRIU has also been designed to reinforce the long-standing commitment of Irish universities to connectivity and efficiency between internal and external quality processes. Consequently, while each Irish university will undergo an IRIU process approximately once every six years through a rolling cycle, universities will also engage with and formally report to the IUQB annually. The outcomes of annual institutional reports from the universities to the IUQB,

---

³ http://www.iuqb.ie/info/1072_publications.aspx?article=66eb944-3893-4a53-841a-a498a21deed8
⁵ http://www.nfq.ie/nfq/en/about.html
alongside the published IRIU review reports will be discussed annually by the IUQB with the Higher Education Authority (HEA). The maintenance and continuous improvement of quality in higher education is a key priority for the HEA, which exercises statutory functions in this regard, under the Universities Act, 1997. Of particular importance are the Authority’s functions in the review of quality assurance processes in operation in the universities. Section 35 of the Act requires the universities to establish procedures for quality assurance and Section 49 provides that the Authority may review these procedures.

10. The three elements of this annual reporting process on quality matters are interconnected yet distinct.

### UNIVERSITIES

- Conduct internal reviews and publish outcome reports
- Report to governing authorities
- Report to the IUQB and the HEA on QA and QI activities
- Meet with the IUQB Executive in Annual Dialogue (AD) meetings

### IUQB

- Annual Institutional Reports considered by IUQB Board
- Meet with each Irish University
- IUQB’s Annual Report published
- Meet with the HEA Executive & report formally to the Authority

### HEA

- Receive annual reports from universities and IUQB
- Meet with the IUQB with the outcomes of the meeting published on HEA and IUQB websites

### EXTERNAL REVIEW

11. Universities have requirements under Section 35 of The Act (hereafter referred to as the statutory requirements) to establish and implement procedures for quality assurance and, more relevantly to the IRIU, to arrange for a review of the effectiveness of internal procedures “from time to time and in any case at least every 15 years”. These reviews of effectiveness are designated in The Act as the responsibility of the individual governing authorities. In this way, the autonomy permitted in the organisation of internal reviews is complemented by accountability. In 2002, the governing authorities of all seven universities authorised the establishment of the Irish Universities Quality Board (IUQB) and delegated to IUQB the function of arranging regular reviews of the effectiveness of quality assurance procedures, which are institutional in their scope.

12. In 2004-05, the Irish Universities Quality Board (IUQB)\(^7\) and the Higher Education Authority (HEA)\(^8\) jointly commissioned the European University Association (EUA)\(^9\) through its Institutional Evaluation Programme (IEP) to undertake the first external review of the internal quality systems in all seven Irish universities.\(^10\) The EUA review teams reported “the systematic organisation and promotion of quality assurance at the initiative of the universities themselves” as being “unparalleled in any other country in Europe, or indeed in the United States or Canada”. They deemed the system “to strike the right tone and combination of public interest, accountability, and university autonomy. It encourages a greater focus on quality and improvement than some

\(^7\) [http://www.iuqb.ie](http://www.iuqb.ie)
\(^8\) [http://www.hea.ie/](http://www.hea.ie/)
systems worldwide, while at the same time being less intrusive than some other systems in Europe”. The EUA sectoral report concluded that it was, however: “time to move to a new phase” that “should build on the existing system, linking it more closely to strategic management and feeding its outputs into the ongoing development of the universities, individually and collectively”.

13. In October 2006, after consultation with the universities, it was agreed that a second round of institutional reviews would be initiated in 2009/10. At the same time, the IUQB Board decided to undergo an external evaluation to include an assessment of substantial compliance of IUQB with the Part 2 and 3 requirements of the ESG, as part of the membership criteria of the European Association for Quality Assurance in Higher Education (ENQA). The Board requested the HEA to commission the review, which was undertaken in 2007/08, with the outcomes published in September 2008.

14. In respect of ENQA’s membership criteria ‘The Panel found that the IUQB did not contravene any of the ESG in any material way and was satisfied that the IUQB was therefore in compliance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area. Recognising that IUQB membership of ENQA is a matter for ENQA to decide itself, in the opinion of the Panel, IUQB meets the membership criteria of ENQA (and the requirements for inclusion on the European Quality Assurance Register for Higher Education (EQAR)).

15. The IUQB was also advised to “continue and conclude as a matter of urgency the consideration which it is giving to putting in place a continued cycle of institutional reviews as well as developing the capacity to undertake reviews itself… a cycle of rolling reviews is recommended. A four-year timetable with a sectoral report every fifth year is suggested… the rolling cycle should also allow for concurrent reviews of different institutions so as to avoid long gaps between institutional reports”.

**UNDERPINNING PRINCIPLES**

16. In addition to maintaining consistency with the various national frameworks (quality assurance framework and the NFQ) and the IHEQN principles, the second external review process for Irish universities has been designed to operate in accordance with the following documents:

- The Universities Act, 1997
- IUQB Memorandum of Association, 2006
- The Bologna Declaration, 1999
- Graz Declaration: Forward from Berlin - the Role of the Universities (EUA, 2003)

17. Further details on the most pertinent aspects of the underpinning principles are presented in Annex G.
AIMS AND OBJECTIVES

18. The IRIU process has been established by the IUQB in consultation with the Irish universities,\(^\text{13}\) the Irish Universities Association (IUA),\(^\text{14}\) the HEA, and the National Qualifications Authority of Ireland (NQAI).\(^\text{15}\) Feedback was also obtained through the Irish Higher Education Quality Network (IHEQN) which includes the Higher Education and Training Awards Council (HETAC), and the Union of Students in Ireland (USI).

19. The aims and objectives of the IRIU process are:

- to operate an external review process consistent with The Act, and the Part 2 Standards outlined in the ESG (Annex H)
- to support each university in meeting its responsibility for the operation of internal quality assurance procedures and reviews that are clear and transparent to all its stakeholders, and which provide for the continuing evaluation of all academic, research and service departments and their activities, as outlined in The Act, incorporating the Part 1 ESG Standards
- to provide evidence that each university continues to engage with national, European and international guidelines and standards, particularly in accordance with the Bologna process
- to support institutional strategic planning and ownership of quality assurance and enhancement – a vital condition for the development and maintenance of internal quality cultures across Irish universities
- to operate as part of the Framework for Quality in Irish Universities
- to support the availability of consistent, robust, and timely information on the effectiveness of quality assurance and enhancement processes operating within Irish universities
- to provide accountability to external stakeholders in relation to the overall quality of the system and thereby instil confidence in the robustness of the IRIU process

\(^{13}\) http://www.iuqb.ie/en/links-1.aspx
\(^{14}\) http://www.iua.ie/
\(^{15}\) http://www.nqai.ie/
20. To achieve these, the IRIU process will seek to:

- be open, transparent and evidence-based
- reinforce institutional diversity and autonomy by remaining flexible and adaptable
- be consistent and operate in a collaborative spirit – reinforcing an institution’s continuous quality assurance processes rather than operating an externally imposed ‘once-off’ process
- communicate the review process clearly and in a manner easily understood by a wide range of external stakeholders, including students and employers
- support the sector in its commitment to quality enhancement through its developmental approach
- identify, encourage and report good practice and innovation that is evidenced
- to minimise burden in institutions as far as possible
- provide an efficient and cost-effective process

21. Institutions can expect to undergo IRIU normally every six years. The actual schedule of reviews will be agreed between each university and the IUQB within this timeframe. This flexibility is proposed to reinforce the connectivity between internal and external continuous quality assurance and strategic planning processes. Once a date for review has been agreed and published, each university will participate in each of the four integrated elements of the external review process, namely: (i) the production of an institutional self-assessment report (ii) an external assessment and site visit by a group of reviewers (iii) the publication of a review report including findings and recommendations and (iv) a follow-up procedure to review actions taken. An indicative timeline for the IRIU process is outlined in Annex A.

22. The IRIU will normally be conducted by a six-person team and will include a Chair and a Co-ordinating Reviewer (CR) - acting as the review secretary - recruited from the IUQB Register of Reviewers. The teams, appointed by the IUQB Board in line with ESG, and in accordance with published criteria, will consist of carefully selected and trained/briefed reviewers that have appropriate skills and are competent to perform their tasks. The teams will normally consist of:

- two international reviewers (serving or former) senior university leaders - usually a President/Rector or Deputy President/Rector one of whom will have direct experience of quality assurance processes. The Chair will be appointed by the IUQB Board in advance of deployment, from amongst the two international reviewers
- one Irish reviewer (with recent or former experience – within the last five years) at a
senior level with quality assurance processes at an Irish university, although not currently employed by an Irish university

- a student representative (current or former - less than 2 years) with direct experience of institutional and/or national quality assurance processes within or outside of Ireland
- a representative of external stakeholders (national and international) which could be an employer, an employer representative, or be an expert linked to an optional quality enhancement theme to be explored within the Main Review Visit
- a co-ordinating reviewer (acting as a full member of the team) with experience of institutional, national and/or European quality assurance processes, likely to be an academic registrar or a senior official from an international quality assurance agency

23. A three month process for nominating reviewers to the IUQB Register of Reviewers will be conducted annually, with nominations requested from a range of organisations including Irish universities. Every review team member would be required to complete a training/briefing seminar in advance of deployment. Briefings for Institutional Co-ordinators (ICs) - the key contact point within the university - will also be provided. In accordance with the ESG, each review team will be selected by the IUQB Board in line with published criteria. Reviewers so appointed will need to have appropriate skills and be competent to perform their tasks. The selection criteria for reviewers will be made available publicly through the IUQB website and every attempt will be made to ensure that reviewers reflect appropriate geographical, gender and ethnic balances.

24. Guidelines for the nomination, selection, training and deployment of review team members and institutional co-ordinators are outlined in Annex B. Universities will have an opportunity to comment on the proposed composition of their review team to ensure there are no conflicts of interest, and the IUQB Board will ensure an appropriate team is selected for the institution being reviewed.

THE IRIU METHOD

ELEMENT 1: INSTITUTIONAL SELF-ASSESSMENT REPORT (ISAR)

25. The Institutional Self-Assessment Report (ISAR) is a self-reflective and critical evaluation completed by the university outlining how effectively it assures and enhances the quality of its teaching, learning, research and service activities. The ISAR will be used as the core document by the team of reviewers appointed by the IUQB Board to undertake the IRIU process. The ISAR will provide the review team with the baseline evidence or references to the evidence available, to support claims that the university is: (i) meeting its statutory requirements, (ii) taking account of the Part 1 Standards and Guidelines of the ESG, and (iii) operating effective quality assurance and enhancement processes. Guidelines on how the institution might wish to structure the ISAR are outlined in Annex C. The suggested structure follows that to be adopted
by the review team when completing its review report. A clear indication of the institution’s approach to the matters that the review team will need to cover would ensure that the review visit can be conducted in the most efficient and effective manner.

26. Universities should use the outcomes of the 2005 EUA institutional and sector review reports as the starting point for the ISAR and identify how institutional practices have changed in accordance with the recommendations and findings.

27. Institutions are encouraged to use the ISAR to highlight the approach they have taken to the management of quality to support the institutional mission statement, goals, priorities and strategic plans. Explicit linkages should be made in the ISAR between the quality assurance and enhancement practices employed or proposed and the institutional strategic management and planning process.

28. The ISAR provides an institution with an opportunity to demonstrate how it evaluates the effectiveness of:

- the methods employed to ensure internal quality management processes are in keeping with national, European and international best practice
- its policies and procedures for quality management and enhancement
- the ways the governing authority is facilitated in and is discharging its statutory requirements for quality assurance
- the use of outcomes of internal and external quality assurance and enhancement processes to identify strengths and weaknesses in its teaching, learning, research and service areas, inform decision-making, and enhance a culture of quality within the institution
- the accuracy, completeness and reliability of its published information in relation to the outcomes of internal reviews aimed at improving the quality of education and related services

29. Additionally, the IRIU process includes an optional element where institutions are invited to identify an enhancement theme for more in-depth analysis and discussion with the reviewers. The optional enhancement theme will be considered in the institutional context, discussed in detail during the Main Review Visit, and be reported under a separate heading in the review reports.

30. The university will be required to submit seven copies of the ISAR to the IUQB Reviews Manager no later than six weeks before the Main review visit. Upon receipt, the IUQB will distribute the ISAR to the review team members. The ISAR will remain confidential between the university, the IUQB, and the review team.

**ELEMENT 2: THE REVIEW VISIT(S)**

**PLANNING VISIT**

31. A one-day Planning Visit will normally be conducted by the Chair and the Co-ordinating Reviewer
(CR) one month before the Main Review Visit. Review team members will have been invited to provide comments to the Chair and CR in advance of the Planning Visit. The IUQB Reviews Manager will attend the opening and final meetings to ensure the process is conducted in accordance with published criteria.

32. The purpose of the Planning Visit will include (but not be restricted to) the need to:

- clarify the university’s existing approach and procedures for managing and monitoring the effectiveness of quality assurance and enhancement, in accordance with its statutory requirements
- ensure that the ISAR and any supporting documentation are well-matched to the process of review
- agree the schedule of meetings and activities to be conducted throughout the Main Review Visit (including where appropriate, visits to any linked or recognised colleges)
- identify and agree any specific additional qualitative or quantitative documentation that might be required in advance of, or during, the Main Review Visit
- (optional) clarify the depth and complexity of the enhancement theme to be explored during the Main Review Visit

33. The schedule of the Planning Visit is determined by the university (in consultation with the CR) and should be designed to ensure that the Chair and CR have a clear and explicit understanding of the university’s approach to managing the effectiveness of internal quality assurance and enhancement activities. The final session of the Planning Visit will be attended by the IUQB Reviews Manager and used to agree the outline structure of the Main Review Visit, including confirming key groups of staff and students (including staff and students from linked and recognised colleges – if appropriate) that will be met, in addition to confirming how the Main Review Visit will logistically address the optional institutional enhancement theme, if the institution wishes to include one.

**MAIN REVIEW VISIT**

34. The Main Review Visit will not normally exceed five days in duration. The review team will follow the programme agreed by the Chair following the Planning Visit. Any amendments to the pre-arranged programme should be negotiated between the CR and the IC at least ten working days in advance of the team’s arrival.

35. The Main Review Visit will be used by the team to confirm the processes employed by the university for assuring the effectiveness of its quality management process in accordance with national and European requirements. The team will receive and consider evidence on the:

- ways the university responded to the institutional and sector-wide review reports of the 2004-05 EUA Review of Quality Assurance in Irish Universities\(^{16}\)
- ways the university meets its statutory requirements and the Part 1 Standards of the ESG
- ways the university is regularly evaluating its learning, teaching, research and support

---

service activities against national, European and international best practice

• ways the university has been working to ensure that it has in place procedures (including, for example, internal reviews and its external examiner processes) designed to evaluate how the learning outcomes are achieved for programmes that have been placed in the National Framework of Qualifications (NFQ)\textsuperscript{17}

• information published by the university, on the programmes and awards it is offering and the outcomes and follow-up activities arising from internal and external quality assurance processes

• university’s approach to managing and maximising the outputs of internal and external quality assurance and enhancement activities

• ways teaching effectiveness is appraised, improved and rewarded

• role of support services in enhancing the quality of education provided by the university

• systematic engagement of external peers, external examiners, students and employers in internal quality processes

• (optional) strategic enhancement theme identified by the university

36. The university is also invited to highlight to the team any plans it has for any engaging with or implementing other national, European and international reference documents that might include:

• the review report of the 2008 HEA-commissioned review of the IUQB\textsuperscript{18}

• IUQB Good Practice Guidelines\textsuperscript{19}

• International Network of Quality Assurance Agencies in Higher Education (INQAAHE) ‘Guidelines of Good Practice’, 2007\textsuperscript{20}

• European Qualifications Framework for Life-long Learning (EQF)\textsuperscript{21}

• UNESCO/OECD Guidelines on Quality Provision in Cross-border Higher Education, 2005\textsuperscript{22}

**ELEMENT 3: REVIEW REPORTS**

37. In the interests of equity and reliability, the review team’s findings and recommendations presented in the review reports will be based on recorded evidence. In line with ESG guidelines, the team will be asked by the IUQB Reviews Manager on the final day of the Main Review Visit to confirm that the review procedures used have provided adequate evidence to support the team’s findings and recommendations on the university’s procedures and practices in relation to:

• its fulfilment of its statutory requirements, which includes the:
  » regular evaluation of each department/faculty and any service provided by the university by persons competent to make national and international comparisons on the quality of teaching and research and the provision of other services at university level
  » assessment by those, including students, availing of the teaching, research and other services provided by the university

\textsuperscript{17} http://www.nqai.ie/framework.html
\textsuperscript{18} http://www.iuqb.ie/news/latest_news.aspx?article=628c8b6b-31a4-457c-8b99-04bb7a025101
\textsuperscript{19} http://www.iuqb.ie/info/good_practice_guides.aspx
\textsuperscript{21} http://www.nqai.ie/interdev_eqf.html
\textsuperscript{22} http://portal.unesco.org/education/en/ev.phpURL_ID=41508&URL_DO=DO_TOPIC&URL_SECTION=201.html
» publication of findings arising out of the application of those procedures
» implementation of any findings arising out of the evaluation, having regard to the resources available to the university
• its consistency with the Part 1 Standards of the ESG
• operating in line with national, European and international best practice
• identifying and enhancing good practice in the management of quality assurance and enhancement
• identifying issues for further development in relation to the management of quality assurance and enhancement

38. The IUQB Reviews Manager will attend three specific meetings on the final day of the Main Review Visit to ensure the robustness of the IRIU process and gain confirmation that the team’s conduct was in line with published criteria. The three meetings will be with:

• the review team - to ensure that the tasks required of the team have been completed in line with published criteria and that the team has sufficiently robust evidence to support its findings and recommendations
• the IC - to ensure that the university is satisfied with how the process has been conducted to date
• the review team, IC, and the university’s senior management team – as an end of review ‘wrap-up’ meeting, wherein the Chair gives a presentation of the key findings of the team

39. Five weeks after the end of the Main Review Visit, the IUQB will send the President/Provost the summary and review reports (prepared by the CR and signed off by the Chair - having consulted with all review team members). The university will be given five weeks in which to comment on factual accuracy and, if they so wish, to provide a 1-2 page institutional response that will be published as an appendix to the review report. Guidelines on the structure of the summary and review reports are presented in Annex D. Each IRIU will be completed when the review team reports are formally signed off by the IUQB Board, once it is satisfied that the review process was completed in accordance with published criteria. Review reports will be published thereafter on the IUQB website.

ELEMENT 4: INSTITUTIONAL AND SECTOR LEVEL FOLLOW-UP

40. One year after the Main Review Visit, the university will be asked to produce a follow-up report (incorporating the institutional action plan), normally submitted alongside the Annual Institutional Report (AIR) and discussed as part of the Annual Dialogue (AD) meeting with the IUQB. Within the report, the university should provide a commentary on how the review findings and recommendations have been discussed and disseminated throughout the university’s committee structure and academic units, and comment on how effectively the university is addressing the review outcomes. The report should identify the range of strategic and logistical developments and decisions that have occurred within the institution since the review report’s publication. Institutions will continue to have flexibility in the length and style of the follow-up
report but should address each of the key findings and recommendations that the reviewers presented. The follow-up report will be published by the IUQB.

41. IUQB, working in partnership with the sector and the HEA, will play an active role in disseminating the outcomes of the review and the good practice identified by the review team through the review process. All review reports (and associated institutional responses, if so provided) will be published on the IUQB website and will also be available in hard copy, upon request. The IUQB will regularly analyse the review reports as the basis of ongoing IUQB quality enhancement activities (publications, seminars, workshops etc.) Future IUQB good practice guidelines will also be developed in line with areas identified across the sector throughout the IRIU cycle, selected in close liaison with the sector. Best practice identified through the review process will be used as the basis of IUQB dissemination activities nationally, across Europe and internationally, in consultation with relevant institutions, to ensure that the quality of the Irish university experience and the robustness of the IRIU process are internationally recognised. The IUQB will also publish information regarding the AIRs, the IRIU process and review reports in IUQB Annual Reports (or equivalent corporate documents) and will share reports annually with the HEA.

42. If an IRIU review team identifies in its review report what it considers to be significant causes of concern, particularly in relation to the institution’s fulfilment of its statutory requirements, (in accordance with the IUQB’s Memorandum of Association, 2006) the IUQB will consult with the university in question to agree an immediate action plan to address the issue(s) of review team concern, including the time-frame in which the issue(s) will be addressed. The university will report to the IUQB every six months on progress against the action plan for the duration of the plan. Where the IUQB considers that progress in implementing the action plan is inadequate, the IUQB may, in consultation with the university and the HEA, intervene to secure a revision or acceleration of the plan, or to arrange a further review visit, ideally involving most or all of the original review team.

MONITORING, EVALUATION AND COMPLAINTS

43. The IUQB will regularly monitor and evaluate the effectiveness of the IRIU process, as part of an organisational commitment to actively contribute to the broader enhancement of a culture of quality across the Irish higher education sector and as required by Part 3 of the ESG (Annex I).

44. Monitoring and evaluation, including an impact assessment of the review process, will be undertaken regularly by providing each university, review team member and IC with an opportunity to provide structured feedback on the review process through a questionnaire issued once the review team reports have been submitted to the IUQB. Attendance at IUQB training programmes will also be used to encourage an ongoing dialogue on the experience of review team members with the method and the training provided by the IUQB. Monitoring the effectiveness of the process will also be undertaken directly with each institution through an AD process, and in designated meetings within the Planning and Main Review Visit, where the
IUQB Reviews Manager will be in attendance to ensure the adequacy of the procedures used. Formal and informal feedback is also welcomed at any stage of the review cycle.

Building on the feedback from monitoring activities, the IUQB will undertake an ongoing evaluation of the effectiveness of the IRIU in achieving its objectives. The overall purpose of evaluation is to assess the fitness for purpose of the method, identifying its strengths and weaknesses. Comparisons with quality assurance processes operating across Europe and beyond will also be undertaken on a regular basis throughout the cycle, although no significant changes to the review method will be considered without widespread consultation with the sector and other key stakeholders, including the HEA. The findings from monitoring and evaluation will help to inform the ongoing support, training and information made available by the IUQB to all those engaged with the method, to ensure that they are effectively prepared and supported in fulfilling their roles. The findings will also be used by the IUQB to continue to ensure that the procedures are sufficient to provide adequate evidence to support the review teams’ findings and recommendations. The procedures for making complaints on any aspect of the operation of the IRIU process will be made publicly available on the IUQB website alongside procedures for the resolution of disputes.
A formal evaluation of the effectiveness of the IRIU process (based on the analysis of formal and informal feedback from review teams and Irish universities) will be undertaken once all universities have completed an IRIU (scheduled for 2012/13). The national review will seek to evaluate the effectiveness of the IRIU process against the Part 2 requirements (European standards for the external quality assurance of higher education) of the ESG. An additional European review of the IUQB will also be scheduled for 2012/13 to assess IUQB’s compliance with the Part 3 ESG requirements (European standards for external quality assurance agencies).
### Annex A:
Indicative Timetable for IRIU

#### Pre-Review Visit Actions

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 months before Review Visit</td>
<td>IUQB liaison with Institutional Co-ordinator (IC) initiated</td>
</tr>
<tr>
<td></td>
<td>Institutionally specific briefings offered/provided</td>
</tr>
<tr>
<td>5 months before Review Visit</td>
<td>Review teams appointed</td>
</tr>
<tr>
<td>2 months before Review Visit</td>
<td>Review teams trained</td>
</tr>
<tr>
<td>6 weeks before Review Visit</td>
<td>Institutional Self-Assessment Report (ISAR) submitted to IUQB</td>
</tr>
<tr>
<td>4 weeks before Review Visit</td>
<td>Planning visit to institution undertaken by Chair and Co-ordinating Reviewer <em>(IUQB Reviews Manager attends first and last meetings)</em></td>
</tr>
</tbody>
</table>

#### Main Review Visit Undertaken (normally no more than five days)

#### Post-Review Visit Actions

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 weeks after Review</td>
<td>Draft summary and review report issued to the university for comment on issues of factual accuracy</td>
</tr>
<tr>
<td>10 weeks after Review</td>
<td>Institutional comments on factual accuracy and institutional response returned to the IUQB</td>
</tr>
<tr>
<td>12 weeks after Review</td>
<td>Summary and review report (including the optional institutional response as an appendix) published on IUQB website. Feedback questionnaire issued to review team members and the institution to evaluate their experience of engagement with the IRIU process</td>
</tr>
<tr>
<td>Normally 12 months after Review</td>
<td>Institutional follow-up report (including institutional action plan) to be submitted alongside Annual Institutional Report (AIR) to the IUQB</td>
</tr>
</tbody>
</table>
Annex B:
Guidelines for the nomination, selection, training and deployment of review teams members and the institutional co-ordinator

THE REVIEW TEAMS

1. The teams will consist of:

   - two international reviewers (serving or former) senior university leaders - usually a President/Rector or Deputy President/Rector, one of whom will have direct experience of quality assurance processes. The Chair will be appointed by the IUQB Board in advance of deployment, from among the two international reviewers
   - one Irish reviewer (with recent or former experience – within the last five years) at a senior level with quality assurance processes at an Irish university (although not currently employed by an Irish university)
   - a student representative (current or former - less than 2 years) with direct experience of institutional and/or national quality assurance processes within or outside of Ireland
   - a representative of external stakeholders (national/international) who could be an employer, an employer representative, or be an agreed expert linked to an optional quality enhancement theme to be explored within the IRIU visit
   - a co-ordinating reviewer (acting as a full member of the team) with experience of institutional, national and/or European quality assurance processes, likely to be an academic registrar or a senior official from an international quality assurance agency

NOMINATIONS

2. Nominations for each category of reviewer will be invited from universities across Ireland. Student reviewers may also be nominated by institutional students’ unions and the Union of Students in Ireland (USI). International reviewers, including the student representative and co-ordinating reviewer, will be selected by the IUQB Board from institutional nominations and from the IUQB’s contacts with relevant institutions and organisations in other countries. Nominees so appointed to the IUQB Register of Reviewers will have appropriate skills and be competent to perform their tasks. A call for nominations will be made annually between February and May to continue to populate the IUQB Register of Reviewers. Nomination forms will be available via the IUQB website. Nomination forms will also include a declaration of interest section.
SELECTION OF REVIEWERS

3. Every attempt will be made to ensure that the total IUQB Register of Reviewers reflects geographical, and equal opportunity dimensions. The selection of all reviewers accepted on to the register will be based on their ability to demonstrate current or recent senior level experience in at least three of the seven categories outlined below:

- engagement with institutional/organisational or national quality assurance processes
- engagement with institutional/organisational or national policy development about strategic and operational approaches to the management of quality assurance
- engagement with good practice in quality assurance and/or enhancement in a national and/or international setting
- direct knowledge and experience of quality assurance processes in more than one country
- experience of assimilating a large amount of disparate information as the basis for making evidence-based judgments
- experience of working productively and co-operatively in small teams delivering to tight deadlines
- experience of working with commercially-sensitive information

TRAINING/BRIEFING

4. All reviewers are required to undertake IUQB training (or if necessary receive a detailed briefing) in advance of deployment. The purposes of reviewer training/briefing is to ensure that all reviewers:

- understand the social, cultural, economic and legal environment that Irish universities are operating within
- become familiar with the Framework for Quality in Irish Universities
- understand the aims and objectives of the IRIU process as well as the key elements of the method
- understand the statutory requirements placed on Irish universities in relation to quality, as outlined in The Act and the ESG
- understand their own roles and tasks and the importance of team coherence and delivering a robust, evidence-based report in a timely manner

5. Additional briefing and guidance will also be provided to student reviewers, co-ordinating reviewers and Chairs. All review team members will undergo training/briefing in advance of deployment. A package of core materials (including the key national reference documents) will be issued to all reviewers as part of the training programme and will be made publicly available through the IUQB website.

6. In order to learn from the experience of the reviewers and institutions engaged with the method
and to maintain the knowledge of experienced reviewers, feedback questionnaires will be issued at the end of reviewer training sessions and once the review process is completed. The lessons learnt from institutional and reviewer feedback will be highlighted within the annual training sessions.

**DEPLOYMENT**

7. The IUQB Board will approve the deployment of reviewers from the register to the specific IRIU teams. Reviewers will not be deployed to review their own university, or a university with which they have had recent (last three years) formal connections (as external examiner, consultant, student etc). Prior to deployment on a particular review team, IUQB will require reviewers to sign a document stating that they have no conflict of interest in relation to reviewing the particular university. Reviewers will be asked to remain on the IUQB Register for 3-5 years, and are likely to be deployed at least twice in that period. Universities will have a formal opportunity to comment on the proposed composition of their review team to ensure there are no conflicts of interest, and the IUQB Board will ensure an appropriate team is selected for the institution being reviewed.

8. While some reviewers may be assigned specific responsibilities, the team will act together during the review process and decisions relating to the review will be taken collectively by the teams. All reviewers are full members of the IRIU teams, with equal status. All reviewers will have responsibility for:

- reading and analysing the ISAR and any other documentation provided by the university
- participating in the Main Review Visit
- reaching conclusions on the basis of the information and evidence gained during the Main Review Visit
- contributing to and commenting on the review reports

9. Additionally, the Chair (appointed by the IUQB Board in advance of deployment) from one of the international academic team members) will have specific responsibilities for:

- attending and managing the Planning and Main Review Visit
- agreeing the contents and scope of the review schedule with the IC and the CR
- meeting with the IC on a daily basis throughout the Main Review Visit and inviting the IC to attend meetings at the request of the team during the Main Review Visit
- ensuring that the scope of the Planning and Main Review Visit are sufficient to ensure that the review reports are based upon evidence collected in all the required categories
- ensuring that the review team works professionally and confidentially throughout the duration of the review process in accordance with published criteria
- leading the final ‘wrap-up’ session on the last day of the Main Review Visit by giving the presentation on the summary recommendations and findings to the university’s senior management team
• signing off, following consultation with the other members of the review team, the summary and final review reports within five weeks of the Main Review Visit

10. Co-ordinating Reviewers (CRs) will be appointed to support each Chair and will be responsible for producing the review outcome reports. The CRs will be full members of the team but will also have specific responsibility for:

• attending and co-ordinating the logistical arrangements for the planning and review visits – in consultation with the IC and, if necessary, the IUQB Reviews Manager
• ensuring the review team has access to appropriate documentation
• maintaining a record of discussions held with staff, students and external stakeholders
• supporting the team in identifying the evidence on which the findings and recommendations in the review reports will be based
• maintaining an ongoing record of the team’s emerging conclusions and supporting evidence
• drafting the summary and review reports after the Main Review Visit– amending both in consultation with all review team members and the Chair, to enable the Chair to sign off the report within 5 weeks of the Main Review Visit

11. The international reviewers will ensure the individual universities and the IRIU process benefits from a wider global perspective. Similarly, the national or international external stakeholder and the student reviewer will provide the team with a greater degree of externality. Familiarity with the Irish higher education system (via the external examiner system, internal review processes, collaborative arrangements etc) will be looked upon favourably in the recruitment process, although international reviewers will not be selected to review an institution with which they have worked previously. Institutions will, therefore, have an important role in nominating reviewers to the international reviewer pool of the Register. In the nomination and selection process, all reviewers will be required to sign a declaration form indicating that they have no conflicts of interest.

INSTITUTIONAL CO-ORDINATOR (IC)

SELECTION, BRIEFING AND SUPPORT

1. Universities are asked to select an Institutional Co-ordinator [IC] from within the institution that can form the main liaison point between the institution, the IUQB Reviews Manager and the review team throughout the review process. The IC should be familiar with the university’s structures, procedures, policies and committees for the management of quality assurance and enhancement. The university may decide that the institutional quality officer/director is an appropriate person to undertake this role. The review team Chair will have the right to ask the IC to disengage from the review process at any time if it is felt that there are conflicts of interest or if their presence will inhibit discussion about possible review findings and recommendations.
The IUQB Reviews Manager will visit each university to offer one-to-one briefings and support to the IC 5-8 months in advance of the planning visit to familiarise them with the processes of review and to clarify their role and responsibilities in the IRIU process.

DEPLOYMENT

Throughout the review process, the IC will be expected to:

- liaise with the IUQB Reviews Manager to submit the ISAR
- liaise with the CR on the schedule and arrange the local logistical arrangements (including catering, hospitality, transport and accommodation arrangements) for the Planning and Main Review Visit
- provide the primary contact throughout the Planning and Main Review Visit
- agree the outcome of the Planning meeting– primarily, the schedule for the Main Review Visit,
- provide any additional supporting materials required for the review team to supplement the ISAR
- meet daily with the Chair and CR throughout the Main Review Visit
- attend meetings during the Main Review Visit– at the request of the Chair
- guide the review team to appropriate sources of information to support the Main Review Visit
- be present at the final ‘wrap-up’ session on the last day of the Main Review Visit within five weeks following receipt of the review reports (normally 10 weeks after the Main Review Visit has been completed) forward comments to the IUQB from the institution on the factual accuracy of the review reports and provide the 1-2 page institutional response (if the university so chooses) for publication as an annex to the reports
- submit to the IUQB an institutional feedback form on the IRIU process

23 While the IUQB will cover the costs of hotel accommodation and travel costs for the review team members, the university is required to organise all logistical arrangements locally for the Planning and Main Review Visit (including room bookings, catering, taxi hire and hotel bookings), in liaison with the CR and, where necessary, the IUQB.
Annex C:
Guidelines for structuring the Institutional Self-Assessment Report (ISAR)

1. The ISAR should demonstrate the institution’s capacity for self-reflection and critical evaluation by giving specific references to supporting material or further reading available online, during the review, or in advance to review team members. A set template for the ISAR is not proposed by the IUQB, rather, it is suggested that each university might wish to consider aligning the ISAR with the suggested key elements of the review reports (Annex D) to ensure that the teams’ members have sufficient evidence to complete their tasks. Throughout the ISAR, universities are encouraged to consider cross referencing against the statutory requirements and areas of alignment with the Part 1 ESG standards – where appropriate.

2. The university is requested to make explicit linkages in the ISAR between the quality assurance and enhancement practices employed or proposed and the institutional strategic management and planning process. Universities should also use the outcomes of the 2005 EUA institutional and sectoral review reports as the starting point for the ISAR and identify how institutional practices have changed in accordance with the recommendations and findings.

3. As an optional extra, within the ISAR, universities are also invited to consider providing information on an enhancement theme if they wish to include one in the Main Review Visit. If this option is utilised, universities may seek to use this opportunity to highlight elements of the distinct approach already taken or soon to be taken in relation to a quality enhancement theme.

4. When compiling the ISAR, the university is encouraged under each sub-heading, to set out their view of their own effectiveness and, in each case, the university should make clear the basis for that view, including specific references to supporting material as appropriate. While universities have flexibility in how ISAR information is presented, they are requested to produce an ISAR that is no greater than 40 A4 pages in length (excluding annexes). Universities might also find it helpful to use the following sub-headings and structure.

SECTION 1: INTRODUCTION AND CONTEXT

- its size, mission, strategic aims and directions
- key recent developments within the university; this might include, but is not limited to, structural and infrastructural changes, organisational change, senior management changes etc.
- the university’s approach to quality assurance and enhancement
SECTION 2: METHODOLOGY USED TO PREPARE THE SELF-ASSESSMENT REPORT

- the method used to produce the ISAR, including the processes employed and the extent to which the views of staff and students (including those from linked and recognised colleges, where appropriate) have been incorporated within the ISAR and how the ISAR has been disseminated throughout the university community

SECTION 3: QUALITY ASSURANCE

- the key activities undertaken within the institution since the last external institutional review in relation to the strategic development and management of quality assurance and enhancement
- the ways the institution ensures the effectiveness of its core activities
- the effectiveness of its responses to internal and external quality reviews and the ways in which lessons learnt from these have been taken into account in the enhancement of institutional practice
- the structures in place and the effectiveness of the institutional processes for quality assurance and enhancement
- the effectiveness of the institution's strategic approach to self-evaluation, including the use made of external reference points
- the ways the university has been working to ensure that it has in place procedures (including, for example, internal reviews and its external examiner processes) designed to evaluate how the learning outcomes are achieved for programmes that have been placed in the National Framework of Qualifications (NFQ)
- the effectiveness of the institution's approach to monitoring and reviewing the quality of the educational programmes leading to awards made by the university on behalf of linked and recognised colleges
- the effectiveness of the institution's approach to the management of information to inform the operation and evaluation of its monitoring and review activities
- the effectiveness of the institution's approach to managing public information about quality, including the linkage with the evaluation of internal and external review activities

SECTION 4: QUALITY ENHANCEMENT

- the intended activities for quality assurance and enhancement over the next three years to further support the effectiveness of existing or proposed practices and/or remedy any shortcomings it has identified in its quality assurance processes
- the effectiveness of the institution's approach to developing, encouraging and rewarding staff that support the student learning experience
- (optional) the strategic enhancement theme that the institution wishes to discuss in detail with the review team during the Main Review Visit
SECTION 5: COMPLIANCE WITH THE UNIVERSITIES ACT, 1997 AND ALIGNMENT WITH PART 1 ESG

- the processes and procedures employed for ensuring the fulfilment of its statutory requirements – giving clear examples of where the institution believes its practices to be particularly effective
- the processes and procedures employed for considering the effectiveness of internal practices against the Part 1 standards and guidelines of the ESG – giving clear examples where appropriate

SECTION 6: CONCLUSIONS

The University should take this opportunity to clarify for the review team the effectiveness of the ways in which it considers it is:

- fulfilling its statutory requirements which includes the:
  » regular evaluation of each department/faculty and any service provided by the university by persons competent to make national and international comparisons on the quality of teaching and research and the provision of other services at university level
  » assessment by those, including students, availing of the teaching, research and other services provided by the university
  » publication of findings arising out of the application of those procedures
  » implementation of any findings arising out of the evaluation, having regard to the resources available to the university
- operating consistently with the Part 1 Standards of the ESG
- operating in line with national, European and international best practice
- most effective in identifying and enhancing good practice in the management of quality assurance and enhancement
- identifying issues for further development in relation to the management of quality assurance and enhancement

ANNEXES TO THE ISAR

5. The following information is essential for inclusion as annexes to the ISAR:

- organisational chart(s) of the university’s academic, administrative and support structures
- organisational chart(s) of the university’s governance and management structures
- comprehensive details of student and staff numbers for the whole institution
- funding: government funding, other funding sources, research funding, amount of institutional funding for teaching and research over the last three to five years
- a complete breakdown of the schedule of internal quality reviews undertaken within the institution during the current internal review cycle, listing date of publication of the outcome reports and follow-up reports, where available
- a copy of the current institutional strategic plan
• a copy of the current institutional quality assurance procedures

Beyond the list above, the institution is free to add other annexes, but the number and length of which should be limited to what is considered by the university as strictly necessary in order to understand the statements and arguments in the Institutional Self-Assessment Report.
Annex D: Structure of the IRIU Summary and Review Reports

1. Five weeks after the end of the Main Review Visit, the IUQB will send the President/Provost the summary and review reports (prepared by the CR and signed off by the Chair following consultation with all review team members). The university will be given five weeks in which to comment on factual accuracy (and if they so wish) to provide a 1-2 page institutional response to the report that will be published as an appendix to the review report. Each IRIU reviewers’ report will be formally signed off and approved by the IUQB Board once satisfied that the review process was completed in accordance with published criteria. Reports will be published by the IUQB thereafter.

2. The two review reports arising from the IRIU are designed to support the availability of consistent, robust and independent public assurances that Irish universities have in place, procedures and processes that ensure the delivery of educational experiences of the highest international standard. In recognition of the different needs and interests of internal and external stakeholders in engaging with and understanding the outcomes of the IRIU process, two review reports will be produced per university by each review team.

3. A summary report (focusing on the key findings and recommendations) is expected to attract interest from a wide variety of external audiences including:
   - existing and prospective students (national, European and international)
   - parents
   - careers advisers
   - student bodies
   - employers (national, European and international)
   - politicians
   - press
   - administrative and academic staff in Irish, European and international universities
   - public bodies within and outside of Ireland with an interest in quality assurance of higher education including:
     » Ireland: HEA, HETAC, NQAI, IUA, USI and public, statutory and regulatory bodies,
     » European/International: ENQA, EUA, other HE Quality Assurance and regulatory bodies

4. The review report is designed to be read by a more specialist audience including members
of staff from the institution being reviewed, quality managers and senior staff at other Irish universities, officers and staff from linked or recognised colleges, and other key stakeholders including the HEA and USI. It is designed to ensure the adequacy of, and continuously improve, the university’s internal quality assurance mechanisms, in line with national, European and international best practice.

PROPOSED REPORT STRUCTURE:

5. The review report will be structured as follows:

SECTION 1: INTRODUCTION AND CONTEXT
- summary information on the university’s size, mission, strategic aims and directions
- a short statement of contextual factors at the time of the review – including key recent developments within the university
- a short statement on the university’s approach to quality assurance and enhancement

SECTION 2: METHODOLOGY USED TO PREPARE THE SELF-ASSESSMENT REPORT
- a summary of the IRIU process
- a commentary on the ISAR and the way the university has engaged with the IRIU process
- key features of the conduct of the ISAR development process and the development team – including information on the breakdown of membership of a ISAR team, and the methods employed by the university for securing widespread ownership of the ISAR by staff and students.

SECTION 3: QUALITY ASSURANCE/ACCOUNTABILITY
The review team’s findings and recommendations on the university’s procedures for ensuring effectiveness in:
- addressing the outcomes of the last external review
- its core activities (teaching, learning, research and services)
- its responses to the findings and recommendations of internal quality reviews
- its strategic approach to self-evaluation, including the use made of external reference points
- how the learning outcomes are achieved for programmes that have been placed in the National Framework of Qualifications (including, for example, internal review and external examiner processes)
- the quality of the educational programmes leading to awards made by the university on
behalf of linked and recognised colleges (where appropriate)

- the management of information to inform the operation and evaluation of its quality monitoring and review activities
- managing public information about quality, including the linkage with internal and external review activities

SECTION 4: QUALITY ENHANCEMENT

The review team’s findings and recommendations on the university’s procedures for ensuring effectiveness in:

- supporting existing or proposed practices and/or remedying any shortcomings the university has identified via quality assurance processes
- developing, encouraging and rewarding staff that support the student learning experience
- (optional) the strategic enhancement theme that the university has identified for discussion during the review visit

SECTION 5: COMPLIANCE WITH SECTION 35 OF THE UNIVERSITIES ACT, 1997 AND CONSISTENCY WITH THE PART 1 ESG

The review team’s findings and recommendations on the university’s procedures for ensuring effectiveness in:

- fulfilling the statutory requirements
- its internal practices against the Part 1 standards and guidelines of the ESG
- [causes of concern – if the review team has identified what it considers to be significant causes of concern in the university’s compliance with its statutory requirements or its consistency with the Part 1 ESG, it should state the nature and extent of its concerns here]

SECTION 6: CONCLUSION

The review team will provide concluding findings and recommendations on the university’s procedures and practices for ensuring effectiveness in relation to:

- fulfilment of the statutory requirements which includes the:
  » regular evaluation of each department/faculty and any service provided by the university by persons competent to make national and international comparisons on the quality of teaching and research and the provision of other services at university level
  » assessment by those, including students, availing of the teaching, research and other services provided by the university
  » publication of findings arising out of the application of those procedures
implementation of any findings arising out of the evaluation, having regard to the resources available to the university

- consistency with the Part 1 Standards of the ESG
- operating in line with national, European and international best practice
- good practice in the management of quality assurance and enhancement
- further developments required in relation to the management of quality assurance and enhancement
### Annex E:
Extracts from the Universities Act, 1997

| Section 12. (h) | 12. The objects of a university shall include …
(h) to promote the highest standards in, and quality of, teaching and research. |
|----------------|--------------------------------------------------------------------------------------------------|
| Section 14. (1) | 14. (1) A university, in performing its functions shall—
(a) have the right and responsibility to preserve and promote the traditional principles of academic freedom in the conduct of its internal and external affairs, and
(b) be entitled to regulate its affairs in accordance with its independent ethos and traditions and the traditional principles of academic freedom, and in doing so it shall have regard to—…
(ii) the effective and efficient use of resources, and
(iii) its obligations as to public accountability… |
| Section 35. | 35. (1) A governing authority, in consultation with the academic council, shall, as soon as practicable after the governing authority is established under this Act and at such other times as it thinks fit, require the chief officer to establish procedures for quality assurance aimed at improving the quality of education and related services provided by the university.

  (2) The procedures shall include—

   (a ) the evaluation, at regular intervals and in any case not less than once in every 10 years or such longer period as may be determined by the university in agreement with An tÚdarás, of each department and, where appropriate, faculty of the university and any service provided by the university, by employees of the university in the first instance and by persons, other than employees, who are competent to make national and international comparisons on the quality of teaching and research and the provision of other services at university level, and

   (b ) assessment by those, including students, availing of the teaching, research and other services provided by the university,

and shall provide for the publication in such form and manner as the governing authority thinks fit of findings arising out of the application of those procedures.
(3) A governing authority shall implement any findings arising out of an evaluation carried out in accordance with procedures established under this section unless, having regard to the resources available to the university or for any other reason, it would, in the opinion of the governing authority, be impractical or unreasonable to do so.

(4) A governing authority shall, from time to time, and in any case at least every 15 years, having regard to the resources available to the university and having consulted with An tÚdarás, arrange for a review of the effectiveness of the procedures provided for by this section and the implementation of the findings arising out of the application of those procedures.

(5) A governing authority, in a report prepared in accordance with section 41, shall publish the results of a review conducted under subsection (4).

Section 41

41 (2) The governing authority shall publish the report in such form as it thinks fit and shall provide the Minister with a copy and the Minister shall cause a copy of the report to be laid before each House of the Oireachtas as soon as practicable after it is received by him or her.

Section 49

49.—An tÚdarás, in furtherance of its general functions under section 3 of the Higher Education Authority Act, 1971, shall assist the universities in achieving the objectives of Chapters IV, VII and VIII of Part III and may review ... (b) the procedures established in accordance with section 35, ... and may, following consultation with the universities, publish a report, in such form and manner as it thinks fit, on the outcome of any such review.
1.1 POLICY AND PROCEDURES FOR QUALITY ASSURANCE

**Standard:** Institutions should have a policy and associated procedures for the assurance of the quality and standards of their programmes and awards. They should also commit themselves explicitly to the development of a culture which recognises the importance of quality, and quality assurance, in their work. To achieve this, institutions should develop and implement a strategy for the continuous enhancement of quality. The strategy, policy and procedures should have a formal status and be publicly available. They should also include a role for students and other stakeholders.

**Guidelines:** Formal policies and procedures provide a framework within which higher education institutions can develop and monitor the effectiveness of their quality assurance systems. They also help to provide public confidence in institutional autonomy. Policies contain the statements of intentions and the principal means by which these will be achieved. Procedural guidance can give more detailed information about the ways in which the policy is implemented and provides a useful reference point for those who need to know about the practical aspects of carrying out the procedures.

The policy statement is expected to include:

- the relationship between teaching and research in the institution
- the institution's strategy for quality and standards
- the organisation of the quality assurance system
- the responsibilities of departments, schools, faculties and other organizational units and individuals for the assurance of quality
- the involvement of students in quality assurance
- the ways in which the policy is implemented, monitored and revised.

The realisation of the EHEA depends crucially on a commitment at all levels of an institution to ensuring that its programmes have clear and explicit intended review; that its staff are ready, willing and able to provide teaching and learner support that will help its students achieve those review; and that there is full, timely and tangible recognition of the contribution to its work by those of its staff who demonstrate particular excellence, expertise and dedication. All
higher education institutions should aspire to improve and enhance the education they offer their students.

1.2 APPROVAL, MONITORING AND PERIODIC REVIEW OF PROGRAMMES AND AWARDS

**Standard:** Institutions should have formal mechanisms for the approval, periodic review and monitoring of their programmes and awards.

**Guidelines:**

The confidence of students and other stakeholders in higher education is more likely to be established and maintained through effective quality assurance activities which ensure that programmes are well-designed, regularly monitored and periodically reviewed, thereby securing their continuing relevance and currency. The quality assurance of programmes and awards are expected to include:

- development and publication of explicit intended learning review
- careful attention to curriculum and programme design and content
- specific needs of different modes of delivery (e.g. full-time, part-time, distance-learning, e-learning) and types of higher education (e.g. academic, vocational, professional)
- availability of appropriate learning resources
- formal programme approval procedures by a body other than that teaching the programme
- monitoring of the progress and achievements of students
- regular periodic reviews of programmes (including external panel members)
- regular feedback from employers, labour market representatives and other relevant organisations
- participation of students in quality assurance activities.

1.3 ASSESSMENT OF STUDENTS

**Standard:** Students should be assessed using published criteria, regulations and procedures which are applied consistently.

**Guidelines:** The assessment of students is one of the most important elements of higher education. The review of assessment have a profound effect on students’ future careers. It is therefore important that assessment is carried out professionally at all times and takes into account the extensive knowledge which exists about testing and examination processes. Assessment also provides valuable information for institutions about the effectiveness of teaching and learners’ support. Student assessment procedures are expected to:
be designed to measure the achievement of the intended learning review and other programme objectives
be appropriate for their purpose, whether diagnostic, formative or summative
have clear and published criteria for marking
be undertaken by people who understand the role of assessment in the progression of students towards the achievement of the knowledge and skills associated with their intended qualification
where possible, not rely on the judgements of single examiners
take account of all the possible consequences of examination regulations
have clear regulations covering student absence, illness and other mitigating circumstances
ensure that assessments are conducted securely in accordance with the institution’s stated procedures
be subject to administrative verification checks to ensure the accuracy of the procedures.

In addition, students should be clearly informed about the assessment strategy being used for their programme, what examinations or other assessment methods they will be subject to, what will be expected of them, and the criteria that will be applied to the assessment of their performance.

1.4 QUALITY ASSURANCE OF TEACHING STAFF

Standard: Institutions should have ways of satisfying themselves that staff involved with the teaching of students are qualified and competent to do so. They should be available to those undertaking external reviews, and commented upon in reports.

Guidelines: Teachers are the single most important learning resources available to most students. It is important that those who teach have a full knowledge and understanding of the subject they are teaching, have the necessary skills and experience to transmit their knowledge and understanding effectively to students in a range of teaching contexts, and can access feedback on their own performance. Institutions should ensure that their staff recruitment and appointment procedures include a means of making certain that all new staff have at least the minimum necessary level of competence. Teaching staff should be given opportunities to develop and extend their teaching capacity and should be encouraged to value their skills. Institutions should provide poor teachers with opportunities to improve their skills to an acceptable level and should have the means to remove them from their teaching duties if they continue to be demonstrably ineffective.
1.5 LEARNING RESOURCES AND STUDENT SUPPORT

**Standard:** Institutions should ensure that the resources available for the support of student learning are adequate and appropriate for each programme offered.

**Guidelines:** In addition to their teachers, students rely on a range of resources to assist their learning. These vary from physical resources such as libraries or computing facilities to human support in the form of tutors, counsellors, and other advisers. Learning resources and other support mechanisms should be readily accessible to students, designed with their needs in mind and responsive to feedback from those who use the services provided. Institutions should routinely monitor, review and improve the effectiveness of the support services available to their students.

1.6 INFORMATION SYSTEMS

**Standard:** Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes of study and other activities.

**Guidelines:** Institutional self-knowledge is the starting point for effective quality assurance. It is important that institutions have the means of collecting and analysing information about their own activities. Without this, they will not know what is working well and what needs attention, or the results of innovatory practices. The quality-related information systems required by individual institutions will depend to some extent on local circumstances, but it is at least expected to cover:

- student progression and success rates
- employability of graduates
- students’ satisfaction with their programmes
- effectiveness of teachers
- profile of the student population
- learning resources available and their costs
- the institution’s own key performance indicators.

There is also value in institutions comparing themselves with other similar organisations within the EHEA and beyond. This allows them to extend the range of their self-knowledge and to access possible ways of improving their own performance.
1.7 PUBLIC INFORMATION

**Standard:** Institutions should regularly publish up-to-date, impartial and objective information, both quantitative and qualitative, about the programmes and awards they are offering.

**Guidelines:** In fulfilment of their public role, higher education institutions have a responsibility to provide information about the programmes they are offering, the intended learning review of these, the qualifications they award, the teaching, learning and assessment procedures used, and the learning opportunities available to their students. Published information might also include the views and employment destinations of past students and the profile of the current student population. This information should be accurate, impartial, objective and readily accessible and should not be used simply as a marketing opportunity. The institution should verify that it meets its own expectations in respect of impartiality and objectivity.
Annex G: Underpinning Principles of the IRIU

UNIVERSITIES ACT, 1997

- A governing authority, in consultation with the academic council, shall, as soon as practicable after the governing authority is established under this Act and at such other times as it thinks fit, require the chief officer to establish procedures for quality assurance, aimed at improving the quality of education and related services provided by the university.
- The procedures shall include the evaluation at regular intervals and in any case not less than once in every 10 years or such longer period as may be determined by the university, in agreement with An tÚdarás of each department and, where appropriate, faculty of the university and any service provided by the university, by employees of the university in the first instance and by persons, other than employees, who are competent to make national and international comparisons on the quality of teaching and research and the provision of other services at university level.
- The procedures shall include the assessment by those, including students, availing of the teaching, research and other services provided by the university, and shall provide for the publication, in such form and manner as the governing authority thinks fit, of findings arising out of the application of those procedures.
- A governing authority shall implement any findings arising out of an evaluation carried out in accordance with procedures established under this section unless, having regard to the resources available to the university or for any other reason, it would, in the opinion of the governing authority, be impractical or unreasonable to do so.

IUQB MEMORANDUM OF ASSOCIATION, 2006

- To receive, review and comment on annual reports from each of the Irish universities on their quality assurance and quality improvement activities, including recommendations for improvement, in respect of any evaluations or reviews initiated by the Irish universities in accordance with law.
- To arrange regular quality assurance reviews or evaluations of the Irish universities, including reviews or evaluations of the effectiveness of quality assurance and quality
improvement procedures as may be required by law

- To appoint the reviewers and, where necessary, the agencies who undertake such reviews, and to provide reports on such reviews and, where such reviews contain recommendations for action or which require a subsequent action plan, to collaborate with the Irish universities to ensure that such reviews have a predetermined follow-up procedure which is implemented consistently
- To produce and publish from time to time, summary reports describing and analysing the general findings of such reviews or evaluations
- To ensure that the processes, criteria and procedures used for any such reviews are predefined and are publicly available

STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA (ENQA, 2005)

- The primary responsibility for quality assurance in higher education lies with each institution itself
- Quality assurance for accountability purposes is fully compatible with quality assurance for enhancement purposes
- If higher education institutions are able to demonstrate the effectiveness of their own internal quality assurance processes, and if those processes properly assure quality and standards, then external process might be less intensive than otherwise

THE BOLOGNA DECLARATION, JUNE 1999

Quality assurance:

- A definition of the responsibilities of the bodies and institutions involved
- Evaluation of programmes or institutions, including internal assessment, external review, participation of students and the publication of results
- A system of accreditation, certification or comparable procedures, international participation, co-operation and networking


- Institutional autonomy creates and requires responsibility, that universities are responsible for developing internal quality cultures
- Universities for their part must foster leadership and create a structure of governance that will allow the institution as a whole to create rigorous internal quality assurance, accountability and transparency.
- QA procedures must: promote academic and organisational quality, respect institutional
autonomy, develop internal quality cultures, be cost effective, include evaluation of the QA agencies, minimise bureaucracy and cost, and avoid over-regulation.

- An internal quality culture and effective procedures foster vibrant intellectual and educational attainment. Effective leadership, management and governance also do this. With the active contribution of students, universities must monitor and evaluate all their activities, including study programmes and service departments.

- External quality assurance procedures should focus on checking through institutional audits that internal monitoring has been effectively done.
2.1 USE OF INTERNAL QUALITY ASSURANCE PROCEDURES

**Standard:** External quality assurance procedures should take into account the effectiveness of the internal quality assurance processes described in Part 1 of the European Standards and Guidelines.

**Guidelines:** The standards for internal quality assurance contained in Part 1 provide a valuable basis for the external quality assessment process. It is important that the institution’s own internal policies and procedures are carefully evaluated in the course of external procedures, to determine the extent to which the standards are being met. If higher education institutions are to be able to demonstrate the effectiveness of their own internal quality assurance processes, and if those processes properly assure quality and standards, then external processes might be less intensive than otherwise.

2.2 DEVELOPMENT OF EXTERNAL QUALITY ASSURANCE PROCESSES

**Standard:** The aims and objectives of quality assurance processes should be determined before the processes themselves are developed, by all those responsible (including higher education institutions) and should be published with a description of the procedures to be used.

**Guidelines:** In order to ensure clarity of purpose and transparency of procedures, external quality assurance methods should be designed and developed through a process involving key stakeholders, including higher education institutions. The procedures that are finally agreed should be published and should contain explicit statements of the aims and objectives of the processes as well as a description of the procedures to be used. As external quality assurance makes demands on the institutions involved, a preliminary impact assessment should be undertaken to ensure that the procedures to be adopted are appropriate and do not interfere more than necessary with the normal work of higher education institutions.
2.3 CRITERIA FOR DECISIONS

**Standard:** Any formal decisions made as a result of an external quality assurance activity should be based on explicit published criteria that are applied consistently.

**Guidelines:** Formal decisions made by quality assurance agencies have a significant impact on the institutions and programmes that are judged. In the interests of equity and reliability, decisions should be based on published criteria and interpreted in a consistent manner. Conclusions should be based on recorded evidence and agencies should have in place ways of moderating conclusions, if necessary.

2.4 PROCESSES FIT FOR PURPOSE

**Standard:** All external quality assurance processes should be designed specifically to ensure their fitness to achieve the aims and objectives set for them.

**Guidelines:** Quality assurance agencies within the EHEA undertake different external processes for different purposes and in different ways. It is of the first importance that agencies should operate procedures which are fit for their own defined and published purposes. Experience has shown, however, that there are some widely-used elements of external review processes which not only help to ensure their validity, reliability and usefulness, but also provide a basis for the European dimension to quality assurance. Amongst these elements the following are particularly noteworthy:

- insistence that the experts undertaking the external quality assurance activity have appropriate skills and are competent to perform their task
- the exercise of care in the selection of experts
- the provision of appropriate briefing or training for experts
- the use of international experts
- participation of students
- ensuring that the review procedures used are sufficient to provide adequate evidence to support the findings and conclusions reached
- the use of the self-evaluation/site visit/draft report/published report/follow-up model of review
- recognition of the importance of institutional improvement and enhancement policies as a fundamental element in the assurance of quality
2.5 REPORTING

**Standard:** Reports should be published and should be written in a style which is clear and readily accessible to its intended readership. Any decisions, commendations or recommendations contained in reports should be easy for a reader to find.

**Guidelines:** In order to ensure maximum benefit from external quality assurance processes, it is important that reports should meet the identified needs of the intended readership. Reports are sometimes intended for different readership groups and this will require careful attention to structure, content, style and tone. In general, reports should be structured to cover description, analysis (including relevant evidence), conclusions, commendations, and recommendations. There should be sufficient preliminary explanation to enable a lay reader to understand the purposes of the review, its form, and the criteria used in making decisions. Key findings, conclusions and recommendations should be easily locatable by readers. Reports should be published in a readily accessible form and there should be opportunities for readers and users of the reports (both within the relevant institution and outside it) to comment on their usefulness.

2.6 FOLLOW-UP PROCEDURES

**Standard:** Quality assurance processes which contain recommendations for action or which require a subsequent action plan, should have a predetermined follow-up procedure which is implemented consistently.

**Guidelines:** Quality assurance is not principally about individual external scrutiny events: It should be about continuously trying to do a better job. External quality assurance does not end with the publication of the report and should include a structured follow-up procedure to ensure that recommendations are dealt with appropriately and any required action plans drawn up and implemented. This may involve further meetings with institutional or programme representatives. The objective is to ensure that areas identified for improvement are dealt with speedily and that further enhancement is encouraged.

2.7 PERIODIC REVIEWS

**Standard:** External quality assurance of institutions and/or programmes should be undertaken on a cyclical basis. The length of the cycle and the review procedures to be used should be clearly defined and published in advance.

**Guidelines:** Quality assurance is not a static but a dynamic process. It should be continuous and not once in a lifetime. It does not end with the first review or with the completion of the
formal follow-up procedure. It has to be periodically renewed. Subsequent external reviews should take into account progress that has been made since the previous event. The process to be used in all external reviews should be clearly defined by the external quality assurance agency and its demands on institutions should not be greater than are necessary for the achievement of its objectives.

2.8 SYSTEM-WIDE ANALYSES

**Standard:** Quality assurance agencies should produce from time to time summary reports describing and analyzing the general findings of their reviews, evaluations, assessments etc.

**Guidelines:** All external quality assurance agencies collect a wealth of information about individual programmes and/ or institutions and this provides material for structured analyses across whole higher education systems. Such analyses can provide very useful information about developments, trends, emerging good practice and areas of persistent difficulty or weakness and can become useful tools for policy development and quality enhancement. Agencies should consider including a research and development function within their activities, to help them extract maximum benefit from their work.
Annex I:
Part 3: European standards and guidelines for the external quality assurance of higher education, 2005

3.1 USE OF EXTERNAL QUALITY ASSURANCE PROCEDURES FOR HIGHER EDUCATION

**Standard:** The external quality assurance of agencies should take into account the presence and effectiveness of the external quality assurance processes described in Part 2 of the European Standards and Guidelines.

**Guidelines:** The standards for external quality assurance contained in Part 2 provide a valuable basis for the external quality assessment process. The standards reflect best practices and experiences gained through the development of external quality assurance in Europe since the early 1990s. It is therefore important that these standards are integrated into the processes applied by external quality assurance agencies towards the higher education institutions. The standards for external quality assurance should together with the standards for external quality assurance agencies constitute the basis for professional and credible external quality assurance of higher education institutions.

3.2 OFFICIAL STATUS

**Standard:** Agencies should be formally recognised by competent public authorities in the European Higher Education Area as agencies with responsibilities for external quality assurance and should have an established legal basis. They should comply with any requirements of the legislative jurisdictions within which they operate.

3.3 ACTIVITIES

**Standard:** Agencies should undertake external quality assurance activities (at institutional or programme level) on a regular basis.

**Guidelines:** These may involve evaluation, review, audit, assessment, accreditation or other similar activities and should be part of the core functions of the agency.
3.4 RESOURCES

**Standard:** Agencies should have adequate and proportional resources, both human and financial, to enable them to organise and run their external quality assurance process(es) in an effective and efficient manner, with appropriate provision for the development of their processes and procedures.

3.5 MISSION STATEMENT

**Standard:** Agencies should have clear and explicit goals and objectives for their work, contained in a publicly available statement.

**Guidelines:** These statements should describe the goals and objectives of agencies’ quality assurance processes, the division of labour with relevant stakeholders in higher education, especially the higher education institutions, and the cultural and historical context of their work. The statements should make clear that the external quality assurance process is a major activity of the agency and that there exists a systematic approach to achieving its goals and objectives. There should also be documentation to demonstrate how the statements are translated into a clear policy and management plan.

3.6 INDEPENDENCE

**Standard:** Agencies should be independent to the extent both that they have autonomous responsibility for their operations and that the conclusions and recommendations made in their reports cannot be influenced by third parties such as higher education institutions, ministries or other stakeholders.

**Guidelines:** An agency will need to demonstrate its independence through measures, such as:

- Its operational independence from higher education institutions and governments is guaranteed in official documentation (e.g. instruments of governance or legislative acts).
- The definition and operation of its procedures and methods, the nomination and appointment of external experts and the determination of the outcomes of its quality assurance processes are undertaken autonomously and independently from governments, higher education institutions, and organs of political influence.
- While relevant stakeholders in higher education, particularly students/learners, are consulted in the course of quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the agency.
3.7 EXTERNAL QUALITY ASSURANCE CRITERIA AND PROCESSES USED BY THE AGENCIES

**Standard:** The processes, criteria and procedures used by agencies should be pre-defined and publicly available. These processes will normally be expected to include:

- a self-assessment or equivalent procedure by the subject of the quality assurance process;
- an external assessment by a group of experts, including, as appropriate, (a) student member(s), and site visits as decided by the agency;
- publication of a report, including any decisions, recommendations or other formal outcomes;
- a follow-up procedure to review actions taken by the subject of the quality assurance process in the light of any recommendations contained in the report.

**Guidelines:** Agencies may develop and use other processes and procedures for particular purposes. Agencies should pay careful attention to their declared principles at all times, and ensure both that their requirements and processes are managed professionally and that their conclusions and decisions are reached in a consistent manner, even though the decisions are formed by groups of different people. Agencies that make formal quality assurance decisions, or conclusions which have formal consequences should have an appeals procedure. The nature and form of the appeals procedure should be determined in the light of the constitution of each agency.

3.8 ACCOUNTABILITY PROCEDURES

**Standard:** Agencies should have in place procedures for their own accountability.

**Guidelines:** These procedures are expected to include the following:

1. A published policy for the assurance of the quality of the agency itself, made available on its website;

2. Documentation which demonstrates that:

- the agency's processes and results reflect its mission and goals of quality assurance;
- the agency has in place, and enforces, a no-conflict-of-interest mechanism in the work of its external experts;
- the agency has reliable mechanisms that ensure the quality of any activities and material produced by subcontractors, if some or all of the elements in its quality assurance procedure are subcontracted to other parties;
- the agency has in place internal quality assurance procedures which include an internal
feedback mechanism (i.e. means to collect feedback from its own staff and council/board); an internal reflection mechanism (i.e. means to react to internal and external recommendations for improvement); and an external feedback mechanism (i.e. means to collect feedback from experts and reviewed institutions for future development) in order to inform and underpin its own development and improvement.

3. A mandatory cyclical external review of the agency’s activities at least once every five years.
# Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>Annual Dialogue meetings</td>
</tr>
<tr>
<td>AIR</td>
<td>Annual Institutional Report</td>
</tr>
<tr>
<td>CR</td>
<td>Co-ordinating Reviewer</td>
</tr>
<tr>
<td>EFQ</td>
<td>European Qualifications Framework for Life-long Learning</td>
</tr>
<tr>
<td>ENQA</td>
<td>European Association for Quality Assurance in Higher Education</td>
</tr>
<tr>
<td>EQAR</td>
<td>European Quality Assurance Register for Higher Education</td>
</tr>
<tr>
<td>ESG</td>
<td>Standards and Guidelines for Quality Assurance in the European Higher Education Area</td>
</tr>
<tr>
<td>EUA</td>
<td>European University Association</td>
</tr>
<tr>
<td>HEA</td>
<td>Higher Education Authority</td>
</tr>
<tr>
<td>HETAC</td>
<td>Higher Education Training and Awards Council</td>
</tr>
<tr>
<td>IHEQN</td>
<td>Irish Higher Education Quality Network</td>
</tr>
<tr>
<td>IC</td>
<td>Institutional Co-ordinators</td>
</tr>
<tr>
<td>IEP</td>
<td>EUA's Institutional Evaluation Programme</td>
</tr>
<tr>
<td>INQAAHE</td>
<td>International Network of Quality Assurance Agencies in Higher Education</td>
</tr>
<tr>
<td>IRIU</td>
<td>Institutional Review of Irish Universities</td>
</tr>
<tr>
<td>ISAR</td>
<td>Institutional Self-Assessment Report</td>
</tr>
<tr>
<td>IUA</td>
<td>Irish Universities Association</td>
</tr>
<tr>
<td>IUQB</td>
<td>Irish Universities Quality Board</td>
</tr>
<tr>
<td>NFQ</td>
<td>National Framework of Qualifications</td>
</tr>
<tr>
<td>NQAI</td>
<td>National Qualifications Authority of Ireland</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>USI</td>
<td>Union of Students in Ireland</td>
</tr>
</tbody>
</table>