



---

## Procedure for Review of Administrative Units

### 1. Context

This document outlines the specific elements of the quality review process for Administrative units at Trinity College Dublin (TCD), and should be read in conjunction with the General Procedures for Quality Reviews which outline the generic elements of the process common to reviews of Schools, Programmes, Administrative Units and Research Institutes.

The procedure reflects the [QQI Core Statutory Quality Assurance Guidelines \(April 2016\)](#) and the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG\) Part 1 \(May 2015\)](#). It also reflects information requested under the College's action plan in response to the [HEA Gender Equity Report](#) and the [College's Diversity & Inclusion Strategy](#).

### 2. Purpose

2.1 These procedures set out broad guidelines for the review of Administrative Units, which aims to facilitate a critical self-assessment of the Unit under review by the Head of the Unit, staff, student users, and the relevant College Officer/Division Head.

2.2 The purpose of the review is:

- to provide a structured opportunity for the Unit to critically reflect on its activities and plans for development;
- to ensure that service provision and administrative activities are in line with the overall mission and strategic objectives of the College;
- to obtain constructive commentary and advice on the strategic direction of the Unit from external reviewers to College that are experts in their field at a senior level;
- to ensure that quality and standards in service provision are being maintained and enhanced, and that any areas of concern are identified and addressed;
- to promote the enhancement of the Unit's provision as part of a strategy for continuous quality improvement, to identify best practice through benchmarking services against institutional comparators and assess client/stakeholder satisfaction.

### 3. Scope

- 3.1 This procedure applies to quality reviews of Administrative Units at Trinity College Dublin and addresses:
- The internal quality assurance of the Unit under Review;
  - The contribution of the Unit to College-level strategic initiatives such as the Global Relations Strategy, the Innovation & Entrepreneurship Strategy, the On-line Education Strategy, the Diversity and Inclusion Strategy and the Trinity Education Project;
  - Comparisons with similar institutional services nationally and internationally.
- 3.2 In addition to a standard Quality Review, Units in agreement with the Head of Division, have the option of a strategic review or thematic review. If such an option is chosen the nomination and selection process for the External Review Team, the Terms of Reference for the review and content of the Self-Assessment Report (SAR) reflect this focus (for more information refer to Appendix 3).

### 4. Benefits

Reviews of Administrative Units:

- 4.1 Afford Administrative Units the opportunity to evaluate their own operation and performance in a structured way.
- 4.2 Allow the University to evaluate how well the Unit's activities are aligned with the College's Strategic Plan.
- 4.3 Fulfil the University's commitment to the quality assurance of its provision of education, research and related areas.
- 4.4 Demonstrate alignment with relevant sections of [the Core Statutory Quality Assurance Guidelines](#) (Appendix 1) set out under the Quality and Qualifications (Education and Training) Act 2012, and the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG\)](#) Part 1 (Appendix 2).

### 5. Procedure

#### Appointment of Review Team and Internal Facilitator

- 5.1 The Quality Office will write to the Head of the Unit under review in Trinity Term two years prior to the review, to notify them that the Unit is scheduled for review and requesting nominations for reviewers.
- 5.2 The Unit should not contact potential nominees to garner their interest in participating in a quality review. In considering nominees, it is important that no nominee has a close association with the Unit or staff of the Unit in a personal or

professional capacity within a timeframe of 5 years, to avoid the perception of or an actual conflict of interest.

- 5.3 The list of nominees is informed by the scope of the review and should be balanced in terms of geography, gender and experience, with at least one nominee coming from within Ireland. Nominees should come from top-ranked Universities (QS World Rankings) and be comparable to Trinity in terms of institutional size i.e. student numbers, comprehensiveness of provision, research intensive etc. Where relevant, nominees should comprise representatives from the business/professional sectors.
- 5.4 The [Reviewer Nomination Form](#) (available via the Quality Office website) should ideally include sufficient background information about the proposed Reviewers to allow an informed decision to be made by the Selection Panel. If background information is not available on the internet or through other public information sources, candidates will be contacted by the Quality Office to request a CV.
- 5.5 Prior to submitting the completed nomination forms to the Quality Office, the list of potential nominees should be reviewed by the Head of Division for shortlisting. On receipt of shortlisted nominees, the Quality Office will provide the short-list to the Selection Panel, who will select three to four Reviewers and reserve candidates.
- 5.6 The Quality Office will liaise with selected candidates to confirm the composition of the review team, and liaise with the Unit under review and with the relevant College Officers to identify suitable dates and align these with the Reviewers' preferences.
- 5.7 An Internal Facilitator will be appointed by the Quality Office, in consultation with the Unit under review. Information on the appointment and role of the [Internal Facilitator](#) can be found on the Quality Office website.

**Development of the Self-Assessment Report (SAR), the Terms of Reference for the review and the Review Schedule.**

- 5.8 It is recommended that the Unit establish a coordinating group to plan and manage the activities leading up to the Review. The coordinating group should be chaired by the Head of the Unit, and may include senior managers, and senior administrative and support staff.
- 5.9 The Self-Assessment Report (SAR) is a principal source of information for the External Review team prior to their arrival on-site. Its development is based on the outcome of a self-review and critical evaluation. It should have a strategic focus, be forward looking, and provide an appraisal of the Unit's activities and strategy, and the quality assurance processes that support these activities.

- 5.10 A SWOT analysis should be conducted with various internal, and where relevant, external audiences, including student and staff groupings, and other relevant administrative and service Divisions. The purpose of the SWOT is to facilitate a critical assessment and self-review of the Unit's strategy, governance, structure, activities, internal and external relationships, and resources. Tips on conducting a [SWOT analysis](#) can be found on the Quality Office website.
- 5.11 The outcomes of the SWOT analysis and analysis of data on the various activities of the Unit, including stakeholder and customer service evaluation surveys, information collected for the Unit's Strategic Plan, CORE HR data and KPI reports should inform the critical reflection process undertaken to develop the SAR. The optimal period for data analysis is five years. The data requirements to inform the SAR are outlined in Appendix 4.
- 5.12 The main body of the SAR should be between 30 - 50 pages (excluding the appendices). The format of the SAR is outlined in Appendix 3 and includes the following suggested headings:
1. Introduction;
  2. Strategic Direction and Planning;
  3. Organization and Management;
  4. Assessment of Service Performance;
  5. Resources;
  6. Administration ;
  7. Relationships and external engagement;
- 5.13 The Division Head and Division Finance Partner must sign off on financial data included in the SAR.
- 5.14 The Quality Office will work with the Head of Unit and the Head of Division to agree a Terms of Reference (TOR) for the review. The TOR will be informed by the SAR and will be confirmed on completion of the SAR. The Review Team will respond to the TOR in the Review Report.
- 5.15 As the process to develop the SAR comes to completion, the process to develop the schedule for the on-site visit commences. The Quality Office will lead the process for development of the Schedule in agreement with the Unit and Head of Division. The principles to be followed in the development of the schedule can be found in the General Procedures for Quality Reviews.
- 5.16 The final draft of the SAR with appendices and the schedule are to be submitted to the Quality Office six weeks prior to the review date. The Quality Office will arrange for proofreading of the final draft prior to its dissemination to the Review team.

- 5.17. The Unit should not invite or make any arrangement to meet with individual members of the Review Team during their time in College for the purpose of the review. Reviewers are asked to comply with a [Code of Conduct for Reviewers](#) can be found on the Quality Officer website.

Further [advice on co-ordinating a review](#) and [tips on conducting a review](#) can be found on the Quality Office website.

### **Cost associated with the Review**

- 5.18 The direct financial costs associated with the Review i.e. reviewer flights, accommodation, transfers, expenses and honorarium will be met by the Quality Office, who will organise and manage the travel and accommodation arrangements for Reviewers.
- 5.19 Units are responsible for the indirect costs of reviews such as resourcing the preparation of the Self - Assessment Report, catering arrangements for the site-visit etc.

### **Follow-up Processes**

- 5.20 Detailed follow-up processes can be found in the General Procedures for Quality Reviews. In summary, the draft review report is due to be submitted within three weeks of the site visit. Feedback on factual accuracy is provided by the Unit under review and the Head of Division and is made available to the Review team for submission of a final report within a further three weeks.
- 5.21 The Head of the Unit and the Head of Division are invited to formally respond to the final report and review recommendations. The report along with formal responses from the Head of the Unit under review and the Head of Division, are considered by the Quality Committee and then by the College Board.
- 5.22 An Implementation Plan is then prepared (see template in General Procedures for Quality Reviews) and submitted to the Quality Committee and to the College Board.
- 5.23 Within twelve months of Board approval of the Implementation Plan a Progress Report is submitted to the Quality Committee, and then to Board.
- 5.24 The Review Report and responses are published on the Quality Office website.

## **Appendix 1: Extracts from the QQI [Core Statutory Quality Assurance Guidelines](#) relevant to Administrative Unit Reviews**

- 1** Governance and management of quality
  - 1.1 Governance- a system of governance
    - a. where objectives are aligned with mission and strategy
    - b. is owned by the provider
    - d. that considers risk
    - e. that considers the results of internal and external evaluation
  - 1.2 Management of quality assurance
  - 1.3 Embedding a quality culture
- 2** Documented approach to quality assurance
  - 2.1 Documented policies and procedures
  - 2.2 A comprehensive system
- 4.** Staff recruitment, management and development
  - 4.1. Staff recruitment
  - 4.2. Staff communication
  - 4.3. Staff development
- 5.** Teaching and Learning
  - 5.4 Learning environment
    - a. The many contexts in which learning opportunities emerge e.g. suitably equipped, technically supported, access to library reference and technical and information systems
    - d. Physical premises, equipment and facilities
- 8.** Supports for Learners
  - 7.1. Supports for Learners

- b. Pastoral Care (Code of Practice for provision of programmes of education and training to International Learners)
- c. Access to services related to programmes

## **8. Information and data management**

- 8.1 Information systems
- 8.2 Learner Information systems
- 8.3 Management information Systems
- 8.4 Information for further planning
- 8.5 Completion rates
- 8.6 Records maintenance and retention
- 8.7 Data protection and freedom of information

## **9. Public information and communication**

- 9.1 Public information
- 9.2 Learner information
- 9.3 Publication of quality assurance reports

## **11. Self-evaluation monitoring and review**

- 11.1. Provider –owned internal review, self-evaluation and monitoring
- 11.2. Internal self-monitoring
- 11.3. Self - evaluation, improvement and enhancement
- 11.4. Provider –owned quality assurance engages with external quality assurance.

## [Appendix 2: Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG\)](#)

### ***Part 1: Standards for internal quality assurance***

#### **1.1 Policy for quality assurance**

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

#### **1.2 Design and approval of programmes**

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

#### **1.3 Student-centred learning, teaching and assessment**

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

#### **1.4 Student admission, progression, recognition and certification**

Institutions should consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression, recognition and certification.

#### **1.5 Teaching staff**

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

#### **1.6 Learning resources and student support**

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

#### **1.7 Information management**

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



### **1.8 Public information**

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

### **1.9 On-going monitoring and periodic review of programmes**

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society.

These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

### **1.10 Cyclical external quality assurance**

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

### Appendix 3: Approach to the Self-Assessment Report (SAR)



The Self-Assessment Report (SAR) provides the opportunity for Units to reflect on what they are doing and to demonstrate the internal quality assurance and improvement approaches that support the function and activities of the Unit, its contribution to College, to students and stakeholders and in the public domain.

The content of the SAR and appendices will be shaped by the scope of the review as agreed by the Head of Unit and Head of Division:

- a standard review: looks at the quality assurance processes that support all aspects of a unit governance, management, operations, administration and resourcing, as outlined in the next section;
- a strategic review: provides an opportunity for the unit to focus on a specific strategy or challenge. The differentiating feature of this type of review is that it sets a specific action for the review team and context for the recommendations arising from the review report;
- a thematic review: the differentiating feature of a thematic review is that it occurs across College, or reviews an area of interest or interdependencies across a number of units. The recommendations arising from the review report inform Divisional and individual unit planning.

The Terms of Reference for the review clearly state and respond to, the agreed scope of the review.

The development of the SAR should consider the following questions to support the Unit in reflecting on its activities:

- What are we currently doing – strategy, mission, purpose and functions?
- Why are we doing it – internal/external strategy or policy, response to feedback from stakeholders including students?
- How are you trying to do it – unit organisation, staffing, systems and processes?

- How effective is our approach? How do we know -evaluations, user and stakeholder surveys, monitoring of key performance indicators or targets, professional body reviews?
- What lessons have we learned – what works and doesn't work and why, unanticipated consequences, constraints /challenges experienced?
- What will we do differently in the future as a result- Action Plans, Enhancement activities/projects?

## **Chapter 1: Introduction**

The introductory chapter should set the context of the Unit at the time of the review. It should provide an update on the implementation of recommendations arising from the previous review, outline the consultative process undertaken to complete the SAR and identify key areas of focus in the review. The previous Quality Review report is included in the Appendices to the SAR.

## **Chapter 2: Strategic Direction and Planning**

This chapter should outline where the Unit is at the time of review in terms of its Strategic Planning cycle. The Unit's Strategic Plan is a key document that informs the Quality Review Process and is included in the appendices to the SAR.

Of interest to the review team are:

- the quality assurance processes that support strategic planning for current and future needs, and the anticipation of developments and/or risks that may impact the Unit and its users;
- the alignment with, and contribution to, the achievement of College strategies ([Global Relations Strategy](#), [Innovation & Entrepreneurship Strategy](#), the [On-line Education Strategy](#), [Diversity and Inclusion Strategy](#), [Trinity Education Project](#) and where appropriate to wider sectoral service and legislation/policy change;
- the process to monitor the achievement of the strategic objectives and their impact on service delivery;
- the opportunity for stakeholders and users to contribute to the Strategic Planning cycle and Unit direction;
- any strategic proposals on which reviewer opinion is to be sought.

## **Chapter 3: Organisational Structure and Management**

This chapter should outline the Unit's quality assurance processes that support the leadership, management and operations of the Unit. Key inclusions in the Appendices are an organisational chart or organogram, Terms of Reference of Unit committees and quality processes by which the Unit management provides oversight of its responsibilities.

Of interest to the review team are:

- any evaluations (internal or external) of the organisational and management structures, fora in which reports arising out of such evaluations are considered and Action Plans that respond to evaluation outcomes, including recent or proposed changes to Unit structures;
- documented policies and procedures that provide a framework for the operations of the Unit, the staff who work in the Unit and the user experience, including the cycle of review to ensure policies and procedures remain fit-for-purpose and align with [College policies](#), relevant [legislation](#) including industry, sectoral or professional body standards, regulations or Codes that apply to Unit functions;
- any Strategic Partnerships, Service Level Agreements/Memoranda of Understanding with third parties and the processes by which these are actively monitored and reported upon to ensure value for money and adherence to agreed contractual standards/KPIs.

#### **Chapter 4: Assessment of Unit Performance**

This chapter should outline the processes by which the Unit assesses its performance internally e.g. against a Service Charter and externally against appropriate professional, industry and sectoral quality standards and benchmarks. Key inclusions in the Appendices are Annual Reports, Evaluation Reports e.g. Professional Accreditation or Regulatory Body, Action Plans that address evaluation findings, Monitoring reports e.g. KPI's.

Of interest to the review team are:

- how the Unit monitors and reports performance against strategy, performance reports to management and governance in respect of Unit functions, Annual Reports, Action Plans that reflect consideration and responses to evaluation outcomes including professional accreditation, professional body registration or regulatory requirements;
- how the Unit assesses whether it meets client and stakeholder expectations (as evidenced through client/stakeholder survey results, or service indicators, stakeholder fora), how it has responded to client/stakeholder feedback and what has changed as a result, monitoring of KPI's within service level agreements (SLAs) that support the delivery of services and maintenance of functions, cycle of review of SLA's and what has changed as a result;
- membership of industry programmes that incentivise performance in function areas;
- known barriers to performance that are outside the control of the Unit and strategies for overcoming same.

#### **Chapter 5: Resources**

This chapter should outline the resources (financial, human and physical) available to the Unit to deliver on its mission and strategy and set the context for current and future levels of resourcing if these are anticipated to change. Key documents to include in the Appendices include financial information that

should be sourced from and confirmed by the Divisional Finance Partner and Head of Division; Core HR data including Equality and Diversity data that should be sourced from the Division HR Partner and Space/Floor Plans available from Estates & Facilities Department.

Of interest to the Review Team are:

- the current financial position of the Unit and efforts to ensure the sustainability of the Unit, its functions, activities and strategic directions;
- the staff composition at all levels of the Unit (by grade, gender, contract type, career stage, nationality, age);
- benchmarking data on unit staffing resources compared to national and international comparator institutions, where available;
- strategies to recruit or retain staff to address diversity, skills or capability requirements to meet strategic objectives, recognised professional or regulatory standards and user needs e.g. Continuous Professional Development, Mentoring, Family Friendly Policies, Acting-up opportunities, student internships;
- the physical facilities, infrastructure and equipment available to the Unit, an assessment on whether they are fit for purpose for the functions it delivers and the diverse range of clients and stakeholders needs;
- resource constraints and the impact they are currently having on the Unit, the user experience, stakeholder expectations and plans to address same.

## **Chapter 6: Administration**

This chapter should outline the quality assurance processes that support the effectiveness of the administration of the Unit including key systems and processes employed by staff to deliver its operations and respond to user, stakeholder and College needs, assure policy, legislative and regulatory compliance within the remit of the Unit and support Unit performance, decision-making and reporting.

Of interest to the Review Team are:

- the framework that supports the administration of the Unit e.g. Policies, Procedures, Standard Operating Procedures/Protocols, Annual Calendar, Team Planning and Meetings;
- an outline of key systems used to support the Unit functions and the delivery of the service to users and stakeholders;
- protocols on sharing of user data with other College services or external bodies, on providing information to users in accessible formats, on managing data (store and secure) in accordance with the College information compliance requirements and Records Management Policy;
- access to information that communicates the purpose of the Unit, the services it offers including information contained on the Unit website, social media platforms, publications and marketing resources and the frequency of the review and update of same;
- the experience of users and stakeholders as recipients of services provided by the Unit;
- identified obstacles to the quality and effectiveness of administration, and strategies or plans to address same.

## **Chapter 7: Relationships and external engagement**

This chapter aims to situate the Unit within its broader context, in College, in Dublin, in Ireland and internationally. Key documents for inclusion in the Appendices are a calendar detailing activity by the Unit in the public domain, list of staff memberships of professional bodies, associations, membership of key College committees or holding College level positions, samples of marketing/communication resources.

Of interest to the review team are:

- a communications strategy that responds to external relations in the wider community, including other educational institutions in Ireland and abroad, industry, public agencies, professional and community bodies and how this engagement benefits the Unit, its staff and service users;
- how the Unit assesses the success of its communications with external stakeholders e.g. if the Unit conducts Google analytics on its webpage or Social Media to inform itself of the most visited pages/topics;
- is information available in languages other than English, if requested, to respond to the increasing diversity of the College student community;
- professional activities undertaken by staff in the public domain.

**Appendix 4: Suggested data for inclusion in the body of the SAR or Appendices, or to be made available to the External Review team during the on-site visit.**

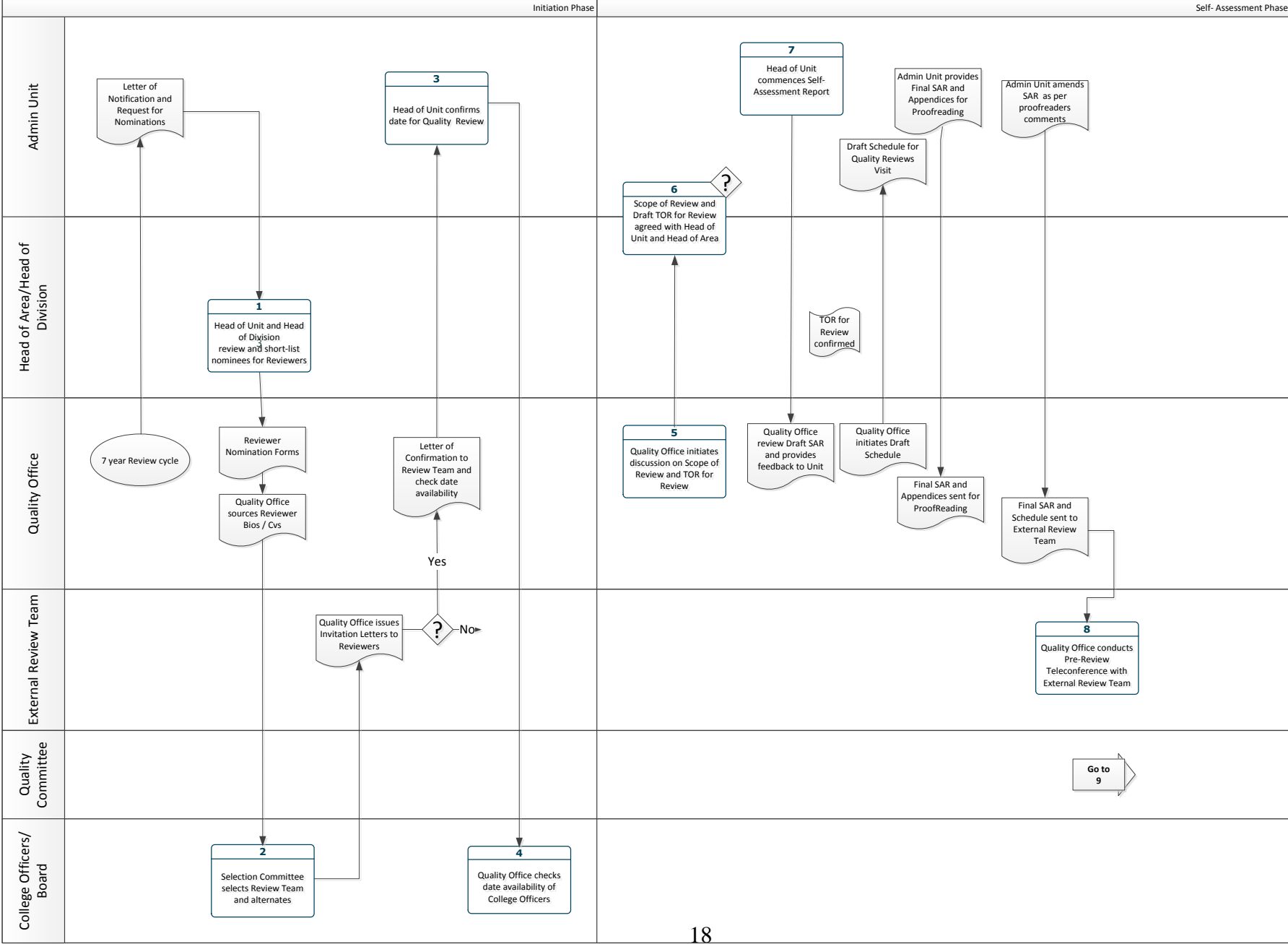
Data Requirements	Source
<p><i>Organisation/management/strategy</i></p> <ul style="list-style-type: none"> <li>• Unit’s Strategic Plan</li> <li>• Organisational chart including reporting lines</li> <li>• Relevant Committee structure and links to principal committees of College</li> <li>• Terms of Reference of Committees</li> <li>• Profile of management and leadership and committee membership structures (internal/external, gender, diversity)</li> <li>• Previous Quality Review Report</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Unit</li> <li>• Administrator</li> </ul>
<p><i>Performance</i></p> <ul style="list-style-type: none"> <li>• Unit KPI’s or targets and reports on same</li> <li>• Appropriate benchmarking data</li> <li>• Client/stakeholder survey results</li> <li>• Service level agreements and monitoring of KPIs</li> <li>• Annual Reports/Accreditation Reports/Evaluation Reports</li> <li>• Action Plans that address evaluation findings</li> <li>• Monitoring of legislative, regulatory or policy compliance requirements within the remit of the Unit</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Unit</li> <li>• Administrator</li> <li>• Division HR Partner</li> <li>• <a href="#">Secretary’s Office website</a></li> </ul>
<p><i>Finance:</i></p> <ul style="list-style-type: none"> <li>• Summary financial statement outlining the Unit financial position e.g. I&amp;E, budget;</li> <li>• Financial projections for the next 3 years;</li> <li>• ABC Package;</li> <li>• FTEs</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Unit</li> <li>• Administrator</li> <li>• Division Finance Partner</li> <li>• Division HR Partner</li> </ul>
<p><i>Staffing:</i></p> <ul style="list-style-type: none"> <li>• Staff role/job-title and contract type</li> <li>• Staff biographies</li> <li>• Details of available staff development opportunities</li> <li>• Garda vetting records (to be available upon request)</li> <li>• Diversity profile (grade, age, gender, nationality and contract type)</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Unit</li> <li>• Administrator</li> <li>• Human Resources (Staff Office)</li> <li>• Division HR partner</li> </ul>
<p><i>Infrastructure:</i></p> <ul style="list-style-type: none"> <li>• Maps showing facilities and space</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Unit</li> </ul>

Data Requirements	Source
<ul style="list-style-type: none"> <li>• Space management plan including Access;</li> <li>• Available resources/equipment/facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Administrator</li> <li>• Estates &amp; Facilities Office</li> </ul>
<p><i>Administration</i></p> <ul style="list-style-type: none"> <li>• Copies of standard operating procedures (SOPs) and evidence of compliance with those of suppliers;</li> <li>• Copies of service level agreements and KPIs</li> <li>• Copies of policies and procedures</li> <li>• System and process performance data and reports</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Unit</li> <li>• Administrator</li> </ul>
<p><i>Relationships and external engagement:</i></p> <ul style="list-style-type: none"> <li>• Annual calendar of events detailing professional activities undertaken by staff such as: <ul style="list-style-type: none"> <li>➤ Acting in an advisory capacity on public commissions, boards and task forces;</li> <li>➤ Consultancy;</li> <li>➤ Outreach.</li> </ul> </li> <li>• Links with: <ul style="list-style-type: none"> <li>➤ other Units within the University;</li> <li>➤ companies;</li> <li>➤ professional bodies;</li> <li>➤ industry/sector.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Head of Unit</li> <li>• Administrator</li> </ul>



## Appendix 5: Summary timetable and process for quality reviews

<b>Timing</b>	<b>Activity</b>	<b>Responsibility</b>
18-24 months prior to the Review	Letter of Notification of upcoming review Nomination of potential external review team members	Quality Office Head of Unit
12-18 months prior to the Review	Selection Committee meet to select review team Confirmation of review date Briefing of Unit on review process	Quality Office
12-4 months prior to the Review	Development of the Self-Assessment Report Data Analysis and Surveys/Focus Groups Collation of Appendices to support SAR Draft Terms of Reference for the Review Draft Schedule for Onsite Visit	Head of Unit and Coordinating Group  Quality Office Head of Division
8-12 weeks prior to the Review	Draft SAR and Appendices to be submitted to Quality Office for review and comment  Progress work on Draft Schedule for Review Team visit.  Confirm Terms of Reference for Review	Head of Unit and Coordinating Group Quality Office
8 weeks prior to the Review	Final SAR and Appendices to be submitted to Quality Office for external proofreading	Head of Unit
7 weeks prior to the Review	SAR and Appendices returned to Unit to address proofreader's corrections	Quality Office
6 weeks prior to the Review	Final SAR and Appendices and Schedule to be submitted to Quality Office for dissemination to the Review Team	Head of Unit
4 weeks prior to the Review	Teleconference with Review Team to discuss the self-assessment and the draft schedule	Quality Office
2 weeks prior to the Review	Provision of additional information that responds to Teleconference discussion (if applicable)  Confirmation of meeting attendees Confirmation of catering requirements	Head of Unit Quality Office  Head of Unit
1 Day prior to the Review	Base room set up	Unit staff
On-site Review	Coordination of flow of meeting attendees Response to Review Team requests for additional information	Unit staff



High-level Quality Review Process

