

GUIDELINES AND PROCEDURES FOR THE EXTERNAL QUALITY REVIEW OF THE NATIONAL UNIVERSITY OF IRELAND

Part of the CINNTE review process with
institution-specific amendments to the
terms of reference



QAI REVIEW

CINNTE 

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1. THE INSTITUTIONAL REVIEW PROCESS

1.1 Background

These guidelines and procedures for an external quality review of the National University of Ireland (NUI) were developed and published in accordance with the Qualifications and Quality Assurance (Education and Training) Act, 2012 (the 2012 Act). They are intended to guide and assist NUI, reviewers and QQI in the planning, implementation, and reporting on a review of NUI. QQI consulted with NUI on the preparation of these guidelines and procedures.

A review of NUI is part of a wider series of external reviews of Irish higher education institutions, known as the [CINNTE cycle of reviews](#). The current schedule of independent quality reviews of higher education institutions has been underway since 2017 and is set to run through 2024.

As well as reviewing the quality of education, training, and research, CINNTE reviews look at how well each institution's internal quality assurance procedures are working and identify areas for improvements. The CINNTE review process promotes transparency and accountability; accordingly the findings from each institutional review are published in a CINNTE review report on the QQI website.

CINNTE reviews provide an opportunity for an institution to assess the quality of the provision of education, training, and research under its remit; the fulfilment of its third mission; and the effectiveness of its ongoing monitoring and review activities, to ensure they are fit for purpose. They provide an opportunity for an external team to reflect on the effectiveness of the procedures and to provide external advice on their enhancement where appropriate. External review gives assurances about the quality of the student experience and the academic standards of qualifications and promotes confidence in the role and contribution of the institution to the public good.

The CINNTE review process is in keeping with Parts 2 and 3 of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015) and based on the internationally accepted and recognised approach to reviews, i.e.:

- The publication of Terms of Reference (available in Appendix A);
- An Institutional Self-Evaluation Report (ISER);
- An external assessment and site visit by a team of reviewers;
- The publication of a review report including findings and recommendations; and
- A follow-up procedure to review actions taken.

NUI

NUI is a federal university comprising four Constituent Universities¹ and, currently, two Recognised Colleges². NUI is empowered by charter and statute to recognise other institutions of higher education. Recognised Colleges are required to meet NUI quality standards in the academic programmes and student experience that they offer. Through the implementation of quality assurance policies, procedures and guidelines, NUI seeks to assure that quality standards are comparable to those in the NUI Constituent Universities, and on this basis, Recognised Colleges are permitted to award degrees and other qualifications of the National University.

As a designated awarding body,³ NUI has authority to make awards that are included within the National Framework of Qualifications (NFQ). NUI is unique as a designated awarding body in that it is not a provider of education and training programmes that lead to the degrees and qualifications that it awards. Accordingly, the scope of quality assurance procedures applicable to NUI as a designated awarding body are more confined, focusing primarily on NUI's responsibilities for the external quality assurance of Recognised Colleges which are linked providers of NUI.

Statutory Basis for Review of NUI

Under Section 32 of the 2012 Act, NUI has established procedures for reviewing the implementation and effectiveness of quality assurance procedures of Recognised Colleges which are linked providers⁴ of NUI. A review of NUI, under Section 40 of the 2012 Act, prioritises the implementation by NUI of the forgoing procedures and their effectiveness. These guidelines and procedures may be considered as statutory procedures for an NUI review⁵.

Scope of Review

The statutory scope of a review of NUI is set out under Section 40 of the 2012 Act. In effect, QQI reviews the implementation and effectiveness of procedures established by NUI⁶ for the quality assurance approval, monitoring, review and follow up of Recognised Colleges which are linked

1 University College Dublin; University College Cork; National University of Ireland Galway; National University of Ireland Maynooth.

2 RCSI University of Medicine and Health Sciences; Institute of Public Administration.

3 Such designation under the 2012 Act applies to a previously established university; the National University of Ireland; an educational institution established as a university under section 9 of the Act of 1997; a technological university; an institute of technology and the Royal College of Surgeons in Ireland.

4 A linked provider is a provider that is not a designated awarding body but enters into an arrangement with a designated awarding body under which arrangement the provider provides a programme of education and training that satisfies all or part of the prerequisites for an award of the designated awarding body.

5 Section 40 of the 2012 Act establishes the statutory basis for an external quality review of NUI. Section 32 specifies the purpose of such a review and Section 27 provides for the issuing of guidelines and procedures to facilitate such a review.

6 These procedures should be interpreted according to NUI policy, namely: [Guidelines for the Institutional Review of Quality Assurance Effectiveness at Recognised Colleges which are linked providers of NUI \(2020\)](#).

providers of NUI. Currently, the [Institute of Public Administration](#) is the only Recognised College which is a linked provider of NUI. NUI and QQI have agreed that the scope of a review of NUI should also take account of certain broader quality assurance roles and functions of NUI. These include quality assurance arrangements concerning Recognised Colleges, which are not linked providers of NUI, and Constituent Universities.

Recognised Colleges that are not Linked Providers of NUI

The Royal College of Surgeons in Ireland (RCSI) has been a Recognised College of NUI since 1977. The quality assurance relationship between NUI and RCSI arises from NUI's statutory obligations to its Recognised Colleges (NUI Statutes, 1908, as amended), which followed the Irish Universities Act of 1908. The quality assurance relationship between NUI and RCSI⁷ aims to ensure that the education and research programmes offered and awarded by RCSI, which lead to degrees and other qualifications of NUI, are of an academic standard comparable to that provided by the Constituent Universities of NUI. RCSI is a designated awarding body, with its quality assurance procedures approved and reviewed separately by QQI. However statutorily, degrees and other qualifications awarded by RCSI are degrees and qualifications of the National University once approved by NUI⁸. NUI implements an academic programme approval and programme review process for all RCSI qualifications and appoints external examiners to taught and research degrees.

Accordingly, a review of NUI will comprehend a high-level assessment of the quality assurance relationship between NUI and RCSI.

Constituent Universities

The Universities Act of 1997⁹ reconstituted the previous three colleges of the National University as Constituent Universities: University College Cork (National University of Ireland, Cork); University College Dublin (National University of Ireland, Dublin) and the National University of Ireland, Galway. Under the Universities Act, St Patrick's College, Maynooth, previously a Recognised College of NUI, was also granted university status as the National University of Ireland, Maynooth (now referred to as Maynooth University).

While the quality assurance policies and procedures in operation in the four Constituent Universities, and their governance, are outside the scope of a review of NUI, a review of the implementation and effectiveness of NUI's quality assurance policies and procedures for its linked providers will necessarily involve input from the Constituent Universities. The Constituent Universities are represented on the overall governance structure (the Senate)

7 NUI and RCSI (2020) The Quality Assurance Relationship between the National University of Ireland and the Royal College of Surgeons in Ireland – University of Medicine and Health Sciences.

8 This arrangement is provided for in the Universities Act, as amended by the Quality and Qualifications Act (2012),

9 The Universities Act (1997) <http://www.irishstatutebook.ie/eli/1997/act/24/enacted/en/html>

of the National University and therefore play a governance role in the oversight of quality assurance in Recognised Colleges and oversight of the maintenance of comparable academic standards between Recognised Colleges, linked providers, and the Constituent Universities.

The scope of a review of NUI prioritises the statutory function to facilitate an independent assessment of how effectively NUI quality assures its linked providers. The quality assurance relationship between NUI and the RCSI is also in scope, the focus of which will be informed by the self-evaluation report. Finally, the scope of a review of NUI recognises the important role of Constituent Universities in setting and advising on academic standards and in contributing to the quality assurance functions of NUI.

These guidelines and procedures:

- establish the procedures for an external quality review of NUI under Section 40 of the 2012 Act.
- provide guidance and support to NUI in its preparation for an external review.
- are designed for multiple audiences: quality assurance professionals, those who have central roles in the review process, and those who may be more peripherally involved. They are designed to provide a comprehensive understanding of the review process for staff within NUI.
- provide guidance to members of review panels ensuring that they have a good understanding of the quality assurance system in Ireland and of the scope, purpose, objectives, and procedures that apply in a review of NUI.
- combine conceptual policy matters with practical instruction in a single document, to avoid multiple sources of information. They also cite some possible resources which may be of assistance to anyone engaged in the review process.

1.2 The Quality Assurance Framework of NUI

An external review of NUI is part of the broader quality framework for NUI. External review provides for an independent assessment of the implementation and effectiveness of NUI's internal quality assurance system. External review builds on other quality assurance processes, including: the establishment of statutory quality assurance guidelines by QQI; the establishment and implementation of quality assurance procedures by NUI; the submission by NUI of Annual Quality Reports (AQR); and Dialogue Meetings between NUI and QQI. NUI's quality assurance framework is shown in Figure 1.

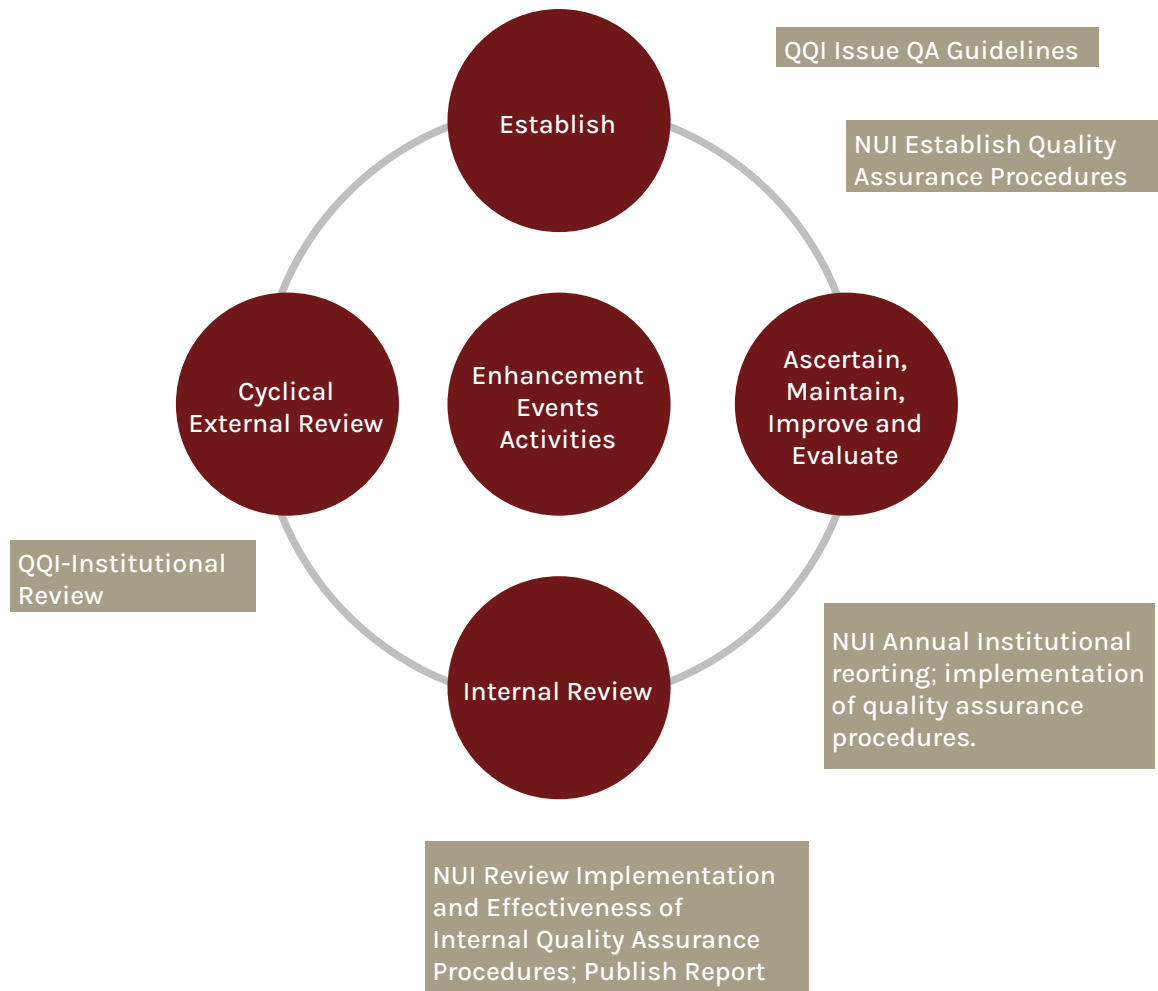


Figure 1 Quality Assurance Framework for NUI

1.2.1 Quality Assurance Guidelines

QQI has published a set of Core Statutory Quality Assurance Guidelines¹⁰ and Specific Quality Assurance Guidelines for the Review of Linked Providers by NUI¹¹. These guidelines are underpinned by the Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015). When establishing, renewing, and reviewing its quality assurance procedures, and when approving and reviewing the quality assurance procedures of their linked providers, NUI is required to have regard to QQI's statutory quality assurance guidelines.

10 Core Statutory Quality Assurance Guidelines set out expectations for all providers in establishing quality assurance procedures QQI Core Statutory Quality Assurance Guidelines

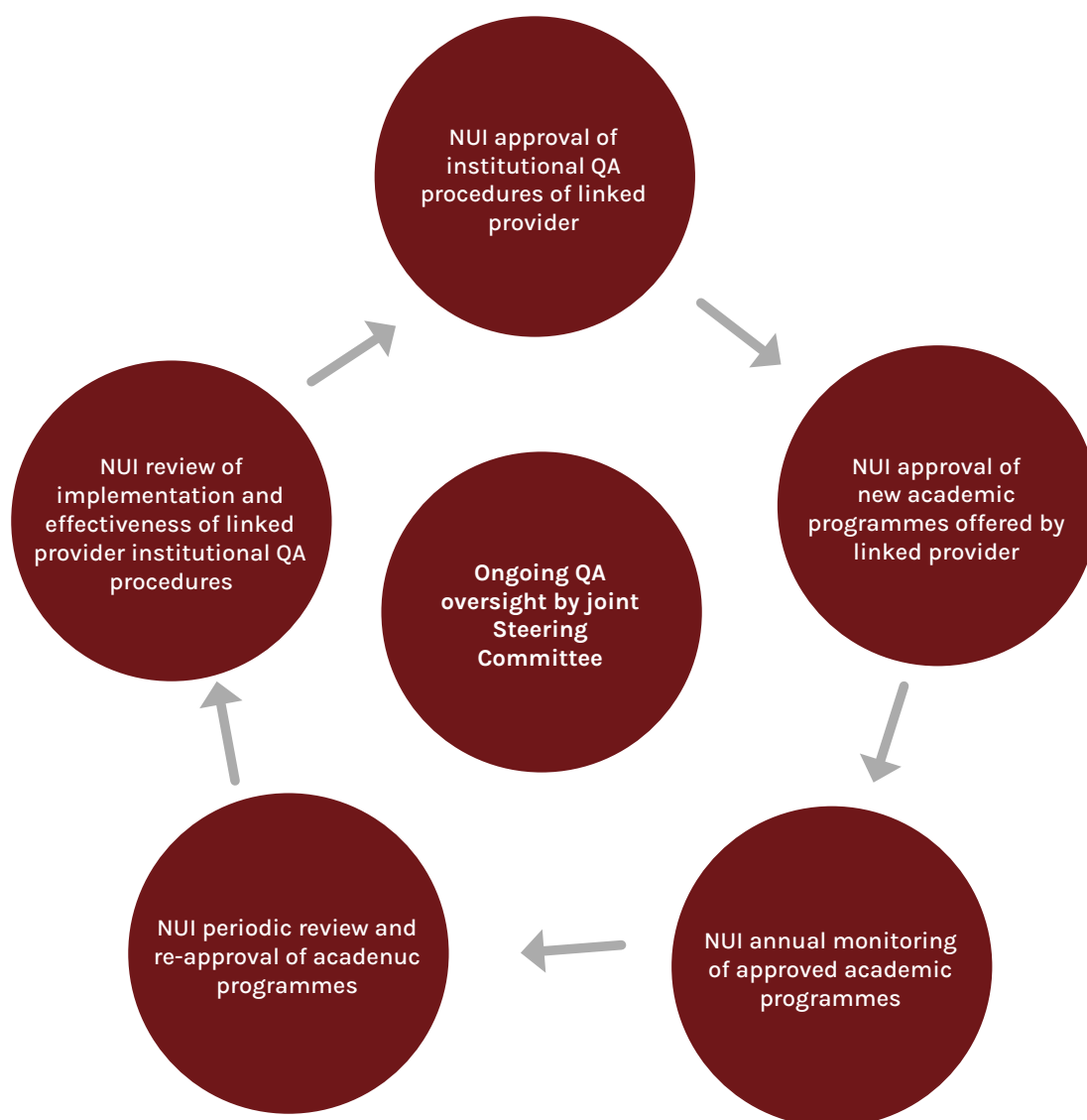
11 NUI is required to have regard to these guidelines when establishing procedures for quality assuring its linked providers. [Statutory Guidelines for the Review of Linked Providers by the National University of Ireland \(NUI\)](#).

1.2.2 Quality Assurance Procedures

NUI's quality assurance procedures have regard to QQI guidelines and are comprehensive, covering all education, training, research, and related activities under NUI's remit. Quality assurance procedures apply to all programmes leading to NUI awards that are included within the National Framework of Qualifications (NFQ).

The implementation and effectiveness of NUI quality assurance procedures for the approval, monitoring and review of linked providers is the primary focus of a review of NUI. This process is outlined in Figure 2.

Figure 2 NUI Quality Assurance of Linked Providers (Adapted with kind permission of NUI)



1.2.3 Annual Quality Reports

NUI submits an Annual Quality Report (AQR) to QQI. The reporting period is an academic year and runs from September 1 to August 31.

The AQR is intended to articulate with the external periodic review. On a basic level, it is intended that the AQR, particularly part one, will assist with documentation management for institutions in review and lessen the burden on NUI to provide the Review Team with a significant amount of documentation in advance of their visit.

The accumulation of several AQRs over several years should give NUI and the Review Team an evidence basis for the way in which the quality assurance system of the institution works on a rolling basis, the ways in which the system has developed over time, the factors that influence it and prevalent themes and issues. Finally, the annual reflection on matters such as effectiveness and impact should provide a source of information to inform the periodic self-evaluation process, even though it is acknowledged that these elements of AQR are relatively brief and superficial and do not comprise the more comprehensive type of 'taking stock' exercise that is envisaged during the institutional self-evaluation process.

1.2.4 Dialogue Meetings

Dialogue Meetings take place regularly between institutions and QQI. The purpose of each Dialogue Meeting is to provide a forum for NUI and QQI to update each other about developments in quality assurance and to advise each other of themes and issues that may arise on a more frequent basis than cyclical review. The notes arising from the Dialogue Meetings may be used by NUI as part of its self-evaluation to analyse the ongoing engagement between NUI and QQI. Dialogue Meetings also provide an opportunity for QQI and NUI to progress engagements mandated by legislation, such as consultation on QA procedures.

1.2.5 Periodic Institutional Review

Institutional review takes place on a periodic scheduled basis. It provides an opportunity for NUI to assess the quality of the provision of education, training, and research under its remit; the fulfilment of its third mission; and the effectiveness of its ongoing monitoring and review activities to ensure that they are fit for purpose. It provides an opportunity for an external team to reflect on the effectiveness of the procedures and to provide external advice on their enhancement where appropriate. A review of NUI gives assurances about the quality of the experience of students enrolled in NUI's Recognised Colleges and Constituent Universities as well as the academic standards of qualifications and promotes confidence in the role and contribution of NUI to the public good.

The schedule for the review of NUI is set out below.

Institutional Self-Evaluation Report (ISER)	Virtual Planning Visit	Main Review Visit	Final Report
Q4 2022	Q1 2023	Q2 2023	Q3 2023

The process for the review of NUI has been designed to reflect Parts 2 and 3 of the ESG (2015). It incorporates the internationally accepted and recognised elements of reviews, i.e.:

- The publication of terms of reference (available in Appendix A);
- The preparation of an Institutional Self-Evaluation Report (ISER) (in Section 2);
- The conduct of an external assessment and site visit by a team of reviewers (Section 3);
- The publication of a review report including findings and recommendations (Section 4); and
- A follow-up procedure to review actions taken (Section 5).

1.2.6 The National Framework of Qualifications

The National Framework of Qualifications (NFQ) is enshrined in legislation and was established in 2003 as a framework for the development, recognition, and award of qualifications in the State. Based on a system of levels of knowledge, skill, and competence, the NFQ promotes transparency and trust in qualifications. Because the NFQ has been formally aligned with the European Qualifications Framework and the Qualifications Framework for the European Higher Education Area, qualifications achieved in Ireland enjoy an international currency and holders of such qualifications find it easy to use their qualifications in Europe and beyond.

The 2012 Act requires NUI to include its qualifications within the NFQ by ensuring that the institution has transparent procedures to ensure that learners have acquired the standard of knowledge, skill and competence associated with the relevant NFQ level before an award is made. NUI ensures that award standards consistent with the NFQ are maintained across Recognised Colleges and linked providers offering programmes leading to degrees and other qualifications of NUI.

Internal quality assurance procedures should therefore be capable of demonstrating that programmes leading to qualifications awarded by NUI are developed with reference to the NFQ and are monitored over time to ensure that NFQ standards are maintained¹². This expectation is also made explicit in Part 1 of the ESG (p. 12):

¹² NUI has put arrangements in place for the inclusion of NUI degrees and other qualifications within the NFQ.

'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 Purposes of Institutional Review

The aim of institutional review is to provide an independent external review of the effectiveness and implementation of NUI's own internal quality assurance procedures. In developing these guidelines and procedures, QQI and NUI have also agreed Terms of Reference (ToR) for an institutional review of NUI (Appendix A). The ToR establish four key purposes, in summary these are:

1. To encourage a QA culture and the enhancement of the student learning environment and student experience of students enrolled in the Constituent Universities and Recognised Colleges (including linked providers) of NUI.
2. To provide feedback to NUI about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance.
3. To contribute to public confidence in the quality of qualifications awarded by NUI by promoting transparency and public awareness
4. To encourage quality by using evidence-based, objective methods and advice.

1.4 Objectives of the Review and Criteria for their Evaluation

The objectives of an NUI review are documented in the Terms of Reference (see appendix A). The NUI Institutional Self-Evaluation Report (ISER) and the review report must analyse whether NUI has achieved these and the extent to which they have been achieved.

2. SELF-EVALUATION



2.1 The Self-Evaluation Process

Self-evaluation is a self-reflective and critical evaluation completed by the members of NUI's community. It is the way in which NUI outlines how effectively it assures and enhances the quality of its teaching, learning, research, and service activities.

The report produced by NUI following the self-evaluation process, called the Institutional Self-Evaluation Report (the ISER), is the core document used by the Review Team. It provides them with the documented evidence, or references to evidence, to support claims that NUI is meeting the objectives and criteria set out in the Terms of Reference.

The ISER will shape the key points of dialogue with the Review Team, the structure of the review visits and the resulting review report. The purpose of the ISER is to provide the Review Team with sufficient information and evidence to assess the effectiveness of quality assurance at NUI.

The ISER will very much set the tone for the whole review experience. The ISER provides an opportunity for NUI to engage in open dialogue, self-reflection and critical evaluation and will be taken by the Review Team as demonstrative of NUI's capacity for these. It will also provide the themes and key lines of enquiry for the Review Team to follow up on in their visits.

The ISER provides a reasoned analysis that transparently portrays NUI, its identity, and its distinctiveness, in terms of its approach to quality assurance and enhancement. It is advisable that the ISER share ‘challenges’ openly and does not disregard weakness, nor overstate (or understate) achievements. It is more effective if significant issues and challenges are identified by NUI themselves rather than by review teams.

The ISER must meet the needs of its primary audience in being evaluative and reflective in nature, using references to other sources for descriptive information. A well-written ISER will be user-friendly (i.e., jargon free and understandable by an external audience) and offer a balance between explanation and self-evaluation (ideally 60:40).

A set template for the ISER is not proposed by QQI. It is the responsibility of NUI to determine the most appropriate format for its own ISER, considering its particular profile and context and the Terms of Reference for the review.

The self-evaluation guidelines here are designed to be read in conjunction with the Terms of Reference in Appendix A, and the additional guidelines on the ISER in Appendix C.

2.2 Two Overarching Intended Outcomes of Self-Evaluation

Firstly, the self-evaluation process will provide NUI with an opportunity to demonstrate and analyse how it evaluates the effectiveness of:

- Its policies and procedures for quality assurance and quality enhancement;
- The ways the governing authority is facilitated in and is discharging its responsibilities for quality assurance (Is there clarity and transparency about process, the distribution of responsibilities, and the criteria for decisions?);
- The procedures in place for reporting, governance, and publication;
- The methods employed to ensure internal quality management processes are in keeping with national, European, and international best practice;
- The overarching procedures of NUI for assuring itself of the quality of taught programmes and research degree programmes leading to qualifications awarded by NUI;
- The use of outcomes of internal and external quality assurance and enhancement processes to identify strengths and weaknesses and enhancement targets in teaching and learning, informing decision-making, and enabling a culture of quality within NUI;
- The use of relevant information and data to support evidence-based decisions about quality; and
- The accuracy, completeness, and reliability of published information in relation to the outcomes of internal reviews aimed at enhancing the quality of education and related services;
- Progress on the development of quality assurance since the last review of NUI;

- The use of the AQR and ISER procedures within NUI;
- The procedures established by NUI for the assurance of the quality of linked providers, collaborations, partnerships, and overseas provision, including joint awarding arrangements, joint provision, and other collaborative arrangements such as clusters and mergers;
- The enhancement of quality by NUI through governance, policy, and procedures;
- The congruency of quality assurance procedures and enhancements with NUI's own mission and goals or targets for quality;
- Innovative and effective practices for quality enhancement; and
- Relevant procedures for access, transfer, and progression.
- And, secondly, whether its tools, quality assurance policies and procedures are effective in answering these questions.

2.3 The Internal Team

2.3.1 Institutional Coordinator

NUI should, early in the process, preferably from the outset, appoint an Institutional Coordinator [IC] from within NUI who will be the main liaison point between NUI, QQI and the Review Team, throughout the review process. The Institutional Coordinator should be familiar with NUI's structures, procedures, policies, and committees for the management of quality assurance and enhancement. NUI may decide that its quality officer/director is an appropriate person to undertake this role, or the person who is formally designated as having the responsibility for the oversight of quality. The Review Team Chair will have the right to ask the Institutional Coordinator to withdraw from the review process at any time if it is felt that there are conflicts of interest or if their presence would inhibit discussion about possible review findings and recommendations. Further guidance about the role of the Institutional Coordinator is available in Appendix B.

2.3.2 The Institutional Self-Evaluation Team

The most effective institutional self-evaluation reports are produced through a collaborative and participative evaluation process, usually led by a small task and finish group who are in a good position to comment on the effectiveness of NUI's approach to quality assurance and enhancement. The Institutional Coordinator for the review process will be a key member of the group.

The group is best chaired by a member of the senior management team. The seniority of the Chair is vital if the evaluation process is to be open, reflective, and evaluative, and given credence within the NUI community.

It is recommended that, while the self-evaluation process can be as inclusive and participative as possible, the final ISER be written by a small group or possibly be designated to one

officer, to ensure that a single voice comes through the document. Near-final drafts of the ISER could be shared with the task and finish group and other staff across NUI and any partner providers, or collaborating providers where appropriate, to ensure inclusivity. Internal committee structures and communication methods should also be utilised where appropriate. If the timeline permits, it is also recommended that the ISER be submitted to relevant stakeholder groups for comment/information. It is also recommended that students and other stakeholders from relevant institutions be included in the consultation and drafting process.

2.4 ISER Content

It is suggested that the ISER contain the following elements, but not necessarily in this order:

- The specific context of NUI, including the regulatory environment to include clear descriptions of the relationship between NUI and its Constituent Universities, linked providers, and Recognised Colleges;
- Information about NUI's collaborations
- Information pertaining to the comprehensive institution-wide nature of the review;
- A brief description of the process for the development of the ISER; and
- A clear and simple explanation of NUI's own internal quality assurance governance, policies, and procedures.

The key focus of the ISER is to critically self-evaluate the performance of NUI with respect to each objective set out in the Terms of Reference. The self-evaluation of each objective can be clearly marked and highlighted in the ISER, perhaps reflected in separate sections. The emphasis in the ISER is best placed on evaluating how effectively NUI has performed against the objective, rather than what NUI has done to meet the objective. It is advisable for NUI to set out their own view of their own effectiveness under each sub-heading and make clear the basis for that view, including specific references to evidence and supporting materials.

It is essential that the analysis be free from unsupported assertion and clearly present evidence to demonstrate how what is stated is known and can be verified.

The process will lead NUI to conclusions about the established objectives of the review, considering the set criteria. The conclusions may also lead to a series of planned actions by NUI based on the findings. The ISER will assist the Review Team in exploring avenues that NUI itself has identified as important in its ongoing development.

The sources of evidence and practice which will underpin the self-evaluation may include:

- Quality assurance activities and enhancements undertaken by NUI. These may include ongoing quality assurance activities such as programme approval and reviews, research approval and review, collaborations and partnerships, national enhancement initiatives, regional initiatives, and institution-led initiatives.

- Evidence about quality assurance and enhancement from a range of informational sources such as:
 - case studies of specific initiatives or events
 - staff surveys, graduate surveys, and external stakeholder surveys
 - focus groups
 - relevant data and metrics that NUI have used to monitor and evaluate their performance
 - information accumulated from the AQR process
 - The inclusion of evidence may also incorporate an analysis of what these sources of information tell NUI about quality and how well the use of this information is managed by the institution;
 - Quality assurance processes in place and quality assurance activities and enhancements undertaken by NUI with respect to linked providers.
 - The perspective of key stakeholders about quality assurance and quality enhancement;
 - Comparisons with institution-identified benchmarks for measuring the effectiveness of quality assurance and enhancement; and
 - Previously prepared AQRs;
 - Conclusions may include:
 - The performance of NUI with respect to the objectives set out in the Terms of Reference;
 - The overall and specific effectiveness of quality assurance and enhancement in NUI; and
 - A series of planned actions, based on the findings, culminating in an improvement plan.

2.5 Submission of the ISER to the Review Team

It is advisable that the ISER be read and endorsed by the Chancellor of NUI before being sent to QQI to confirm that the senior management team has accepted the ISER as an accurate reflection of the institutional approach to quality assurance and enhancement. NUI should ensure that, at the very least, the ISER is made available to all NUI staff that will meet the Review Team.

The publication of the ISER is a voluntary decision on behalf of NUI. It is standard practice for an ISER to be disseminated to staff within the institution and to key external stakeholders.

NUI is required to submit the ISER (electronically) to QQI on the agreed date set out in the Terms of Reference. Upon receipt, the ISER will be distributed to the Review Team members. The ISER and the information contained therein will remain confidential between NUI, QQI and the Review Team members and will not be shared with third parties. NUI will be required to upload the ISER and appendices to Share Point/MS Teams or similar.

3. EXTERNAL REVIEW



3.1 The Review Team

QQI will appoint a Review Team to conduct the institutional review. Review Teams are composed of peer reviewers who are senior institutional leaders from comparable institutions, learner representatives as well as external representatives. NUI will have an opportunity to comment on the proposed composition of its Review Team to ensure there are no conflicts of interest, and QQI will ensure an appropriate and entirely independent team of reviewers is selected for the NUI review. QQI has final approval over the composition of each Review Team.

There will be appropriate gender representation on the Review Team, which will include a Chairperson and Coordinating Reviewer. The Team will consist of carefully selected and trained/briefed reviewers who have appropriate skills and are competent to perform their tasks.

3.1.1 Criteria for Membership of the Review Team

The principles of competence and independence will be exercised when appointing the Review Team.

Competence

NUI and its stakeholders must have confidence that the review is being conducted by competent persons who have appropriate levels of experience and knowledge and who can offer an informed, expert opinion on the activities of NUI. The composition of the Review Team will acknowledge NUI's unique operating context while ensuring an appropriate mix and balance of expertise.

Independence

The Review Team must arrive at its decision in an independent manner, free of influence from NUI and of other interests. Stakeholders must have confidence that the review has been conducted by independent experts.

- It is important that Review Team members engage in the review process without any conflict of interest, or perception of conflict of interest. It is in NUI's interest that its review be conducted in a transparent manner by independent external peers as an endorsement of their practice. Independence could be compromised, or perceived to be compromised, if Review Team members were to:
 - Hold a current appointment or have been a previous appointment-holder in NUI (e.g., existing employees, consultants etc.);
 - Be a learner or graduate of the institution;
 - Hold a membership or recent membership of QQI's board or sub-committees; and
 - Have any other potential conflict of interest.

3.1.2 Conflicts of Interest

Review Team members will be asked to declare any potential conflicts of interest prior to appointment. NUI will also be asked to declare any potential conflicts of interest prior to the appointment of the members of the Review Team. Where a potential conflict of interest subsequently emerges, the responsibility for disclosing it rests with the person concerned in consultation with the Chairperson. In such cases, QQI will rule on the continuing eligibility of Review Team members.

Guidelines for the nomination, selection, training, and deployment of Review Team members are included in Appendix B. NUI will have an opportunity to comment on the proposed composition of their Review Team to ensure there are no conflicts of interest.

3.2 Desk Review and Planning

3.2.1 Desk Review

In preparation for the planning and main review visits, each team member is requested to conduct their own independent desk analysis of the ISER and supporting materials, including AQRs and data supplied by the HEA. The profile and data provided by the HEA will set the scene

for the review and provide the institutional operating context as well as providing the Review Team with an external reference for the mission, vision, values, and strategies of NUI.

The ISER and AQR will be considered alongside each other by the Review Team. Review Team members are asked to identify comments, queries and concerns arising from their analysis and arrive at an initial impression of the performance of the institution in relation to the purpose and scope of the review. Each Review Team member will be asked to submit initial comments within a template supplied by QQI. The comments will be collated, summarised, and disseminated by the Coordinating Reviewer in advance of the first team meeting. Reviewers will consider the approach taken by NUI to the self-evaluation process, including:

- Who wrote the ISER?
- Who approved the ISER?
- Who was on the development team?
- Were a range of staff and stakeholders consulted?
- How long did it take to develop?
- How has it been disseminated within NUI?

Key questions asked by reviewers when analysing the AQR and the ISER might be:

- How well have the descriptive and analytical functions been balanced by NUI?
- Is there evidence of comprehensive self-analysis and self-reflection?
- Is there evidence of comprehensive understanding and alignment with ESG and QQI Quality Assurance Guidelines?
- Is there evidence of deliberate management of quality assurance and enhancement?
- Is there evidence of robust and effective relationships with linked providers and Recognised Colleges? Is there evidence of NUI using external references and benchmarks (national and international)?
- Is there evidence of compliance with regulatory requirements (NFQ, ESG, QQI Quality Assurance Guidelines, other QQI policy etc.)?
- Is there evidence of the use of data and narrative sources of information?
- Is there evidence of a shared commitment to a quality culture?
- Can the Review Team identify issues that NUI would like to explore?

This initial analysis sets the groundwork for the initial team meeting, allowing the Review Team to begin the process of individually and then collectively identifying general themes, issues and areas of further investigation or clarification to be followed up on in the visits.

Review Team members are discouraged, at the desk analysis stage, from forming strong views or making final judgements. First impressions, whether positive or negative, are the basis for further discussions and evidence gathering throughout the planning and main review visits. The initial list of comments and impressions will be tested and addressed through the review process and should be answered before the end of the main review visit.

3.2.2 Initial Meeting and Planning

Prior to the virtual planning visit with NUI, the Team will have an initial meeting to begin the process of collectively identifying general themes, issues and areas for further investigation or clarification. The initial meeting will result in a shared list of issues that will form the basis of discussions between the Chair and Coordinating Reviewer and NUI and will be refined throughout the review process as evidence emerges. The analysis of the AQR may provide the Team with sufficient grounds to satisfy itself that NUI has complied with the requirements of ESG and had regard to relevant QQI quality assurance guidelines and procedures.

If this is the case, then a greater portion of the planning and main review visit meetings can be devoted to collating evidence of the effectiveness of quality assurance and enhancement initiatives.

QQI will organise a virtual training and briefing event for the Review Team prior to their initial meeting. The Team will receive training in preparation for the review on:

- The role of QQI and legislative background to institutional review;
- The key principles underpinning relevant QQI and sector policies;
- The aim, objectives, and guiding principles of institutional review process;
- The steps involved in the institutional review process;
- The specific roles of Review Team members, including the role of the Review Chairperson and Coordinating Reviewer and expert tasks; and
- A range of review techniques (e.g., open questioning, active listening, giving feedback, reviewing evidence).

A representative of the HEA may brief the Team on HEA data. As set out in the agreement with QQI, there may be occasions when the HEA may wish to bring particular issues, based on evidence, to the attention of the Review Team. In addition to briefing the Review Team on the wider higher education system, the HEA may also provide student enrolment and graduation data on the member institutions of the NUI federation. A representative of the IUA will also brief the Team about the higher education landscape and other higher education priorities.

3.3 The Review Visits

The process is intended to be of value to NUI undergoing the review in addition to being a valuable independent confirmation that the criteria of the review are being met by NUI. The Review Team briefing emphasises the importance of reviewers providing NUI with constructive feedback on its endeavours as a mechanism for institutional change management to the same extent as it stresses providing confirmation of the effectiveness of procedures undertaken to date. For this to occur to best effect, NUI should consider the Team as critical

friends rather than inspectors. To enable the visits to work effectively, it is essential that the process and the Review Team's time are managed efficiently and effectively.

A site visit has a number of key functions:

- To enable the Review Team to share the impressions gained from the pre-visit information;
- To explore and gather evidence, in meetings and interviews with the key staff, about the current state of quality assurance and enhancement at NUI;
- To formulate the Review Team's preliminary findings and communicate these;
- To identify any areas of good practice to be commended and to identify any recommendations for improvement; and
- To compile information and produce material to be used in the draft report.

Open, honest, and constructive dialogue of the highest quality is essential at both the planning and main review visits if the Team is to gain a true and accurate understanding of NUI's distinct character and its approach to embedding a culture of quality throughout the organisation. The schedules for the two site visits should be designed to provide the Team with an opportunity to meet a diverse group of staff (academic and non-academic) and obtain a learner perspective from across the whole NUI. NUI staff should be prepared to have an open and honest exchange with the Review Team.

NUI is asked to submit draft schedules for the planning visit and main review visit prior to the initial meeting of the Team. This will enable the Team to begin early discussions on the types of meetings and attendees required and assist NUI in securing an appropriate range of colleagues, learner representatives and external stakeholders. When securing attendees for the various meetings to be conducted, NUI must ensure that they are fully aware that the timetable will not be finalised until the planning visit is undertaken and thus is likely to undergo some revisions due to the requirements of the Team.

3.4 The Planning Visit

3.4.1 Timing

A half-day virtual planning visit will be conducted by the Chairperson and the Coordinating Reviewer approximately 7 weeks before the main review visit. Review Team members will have been invited to provide comments on the ISER and additional documentation required by the Chairperson and Coordinating Reviewer in advance of the planning visit. A QQI staff member will also attend the planning visit to ensure the process is conducted in accordance with published criteria.

3.4.2 Purpose

The purpose of the planning visit will include (but not be restricted to) the need to:

- Clarify NUI'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 ISER 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 provider 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;
- Identify and agree the location, physical or virtual for the main review visit and any facilities and resources that might be required by the Team;
- Discuss the content of previous AQR reports; and
- Confirm institutional profile and data supplied in the ISER and by the HEA.

3.4.3 Agreeing Documentation Requirements for the Main Review Visit

During the planning visit, the Chairperson and Coordinating Reviewer are likely to identify additional documents that the Review Team seeks access to before the main review visit to enable the Team to make evidence-based conclusions at the end of the review process. Examples of these are listed in the table below.

Quality Assurance Reviews

An example of a review by NUI of the implementation and effectiveness of quality assurance procedures established by a linked provider – including a paper trail of the review guidelines, self-assessment documents, review visit timetables, review reports, follow-up plans, minutes of relevant committees that discussed the reports (including the governing authority), examples of how and when the reports and action plans were published or shared with internal and external audiences.

External Examiners

An example of the paper trail relating to the appointment of external examiners at Recognised Colleges – including a paper trail of guidelines on the appointment of external examiners, a copy of any guidance/briefing notes given, review reports completed by the examiners, copies of how Recognised Colleges responded to comments from these externals, and minutes showing how the external examiner comments were fed through the internal governance system

Programme Approval and Review

Perhaps a series of documents tracing the trajectory of a programme from initial design through approval, monitoring and review with specific reference to NUI's programme approval processes for its linked provider and Recognised Colleges. This may include a programme descriptor document, programme feedback, external examiner documents and other sources of feedback and papers relating to the various governance fora through which the programme has progressed. Documents recording the application of NFQ, and Bologna policies and instruments could also be included.

3.5 The Main Review Visit

3.5.1 Purpose

The main review visit will be used by the Review Team to seek evidence to determine the effectiveness of the processes employed by NUI for assuring quality management in keeping with their own mission and strategy and in accordance with national and European requirements. The Team will receive and consider evidence on the ways in which NUI has performed in respect of the objectives and criteria set out in the Terms of Reference.

3.5.2 Duration

The main review visit will not normally exceed three days in duration. The Review Team may be retained on site for one further day to commence drafting their report. The Review Team will follow the programme agreed by the Chairperson following the planning visit. Any amendments to the pre-arranged programme should be negotiated between the Coordinating Reviewer and the Institutional Coordinator at least ten working days in advance of the Review Team's arrival. Although it is intended to conduct the main review visit on site at NUI, it may be necessary to conduct the visit virtually.

3.5.3 Protocols

Throughout the main review visit the reviewers and NUI are asked to create an atmosphere of genuine dialogue. To this end, questioning and discussions within meetings will be fair, courteous, and constructive but also probing, focusing on the collation and testing of evidence. Reviewers will be asked to ensure that by the end of each meeting they will have obtained new information or gathered sufficient evidence to contribute to the findings, commendations and recommendations that will be presented in the review report.

See Appendix D for more specific guidelines on planning and main review visits.

4. THE REPORT

4.1 The Purpose of the Report

The report sets out the finding of the Review Team. The content for the written report will be prepared and agreed by the whole Team at the end of the review process. The Team will be asked by the Coordinating Reviewer, 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 NUI's procedures and practices in relation to the objectives and criteria set out in the Terms of Reference.

The report is designed to support the availability of consistent, robust, and independent public assurances that NUI has in place procedures and processes that ensure the delivery of educational experiences and qualifications of the highest international standard. The report will be drafted to take due account of the different needs and interests of internal and external stakeholders in engaging with and understanding the outcomes of the process.

4.2 Timing and Audience for the Report

Approximately twelve weeks after the end of the main review visit, QQI will send the Chancellor and Registrar of NUI the review report (prepared by the Coordinating Reviewer and signed off by the Chairperson, having been agreed with all Review Team members). NUI will be given two weeks in which to comment on factual accuracy and, if they so wish, to provide a one- or two-page institutional response that will be published along with the review report.

The review report is designed to be read by a specialist audience including members of staff from NUI, quality managers and senior staff at other higher education institutions, officers and staff from Recognised Colleges and linked providers, and other key stakeholders. It is designed to assure the adequacy of and continuously improve NUI's internal quality assurance mechanisms, in line with national, European, and international best practice.

4.3 Outline Report Structure

A template will be provided to the Review Team for the completion of the report. The template will be based on the structure outlined below.

Section 1: Introduction and Context

- Summary information on NUI's mission, strategic aims, legal status, and strategic direction;
- A short statement of contextual factors at the time of the review - including key recent developments within NUI as well as summary programme, student, and staff information; and
- A short statement on NUI's approach to quality assurance and enhancement, including context on any external regulatory requirements.

Section 2: Methodology used to prepare the Institutional Self-Evaluation Report (ISER)

A summary of the institutional review process to include:

- Key features of the conduct of the ISER development process and the development team;
- Including information on the membership of the ISER team and the methods employed by NUI for securing widespread ownership of the ISER by internal stakeholders; and
- A commentary on the ISER and the way that NUI has engaged with the institutional review process.

Section 3: Quality Assurance/Accountability

Each objective will be dealt with separately in a clearly labelled sub-section in Section 3. Each objective will be addressed considering the criteria established for its measurement in the ToR. The findings for each objective will be set out in a series of paragraphs. Each paragraph will consist of a statement/series of statements explaining the finding and citing the evidence to support the finding. Conclusions will include the identification of any strengths and areas for improvement. If the Review Team has identified what it considers to be significant causes of concern in NUI's performance with respect to the relevant criteria, the nature and extent of its concerns will be stated clearly.

Section 4: Conclusions

The key findings and recommendations of Section 3 will be extracted and clearly labelled in a conclusions section. Each finding, be it a commendation or recommendation, will be listed.

Based on the findings of Section 3, Section 4 will also provide overarching specific qualitative statements regarding each objective, based on the Team's consideration of the findings in relation to that objective as a whole. There will be a specific qualitative statement regarding:

- The effectiveness of the quality assurance procedures of NUI and the extent of their implementation;
- The extent to which the quality assurance procedures can be considered compliant with the ESG and having regard to QQI's statutory Quality Assurance Guidelines (QAG);
- The enhancement of quality by NUI through governance, policy, and procedures;
- The extent to which the procedures are in keeping with QQI Policy Restatement: Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training (2015); and
- The extent to which the procedures are compliant with the Code of Practice for the Provision of Programmes to International Learners.

4.4 Factual Accuracy Checking

NUI will be given a formal opportunity within the post-review timeline to check the factual accuracy of the review report. It is important that NUI be aware that the accuracy-checking process should be precisely that; it is not an opportunity to re-write the Team's report. NUI is invited to identify accuracy changes and comments for consideration by the Team, particularly where numerical data, committee names and operational titles are presented. In most cases data used will have been obtained from the ISER.

Additionally, as an evidence-based review, the Review Team will only comment on what it found, in terms of evidence seen, before or during the main review visit. If there are instances where the Team refer to an activity, document or policy that existed within NUI but was not witnessed during the institutional review process, NUI is invited to make it known to the Review Team. In such instances, the Review Team may be willing to amend a few key words to adjust the tone, rather than the findings, where appropriate. A template to assist NUI in the factual accuracy process will be provided by QQI.

4.5 Institutional Response

NUI is also invited to provide a formal response to the review report (ideally no longer than 2 pages in length). The NUI response will be considered by QQI alongside the review report, however it can be submitted to a subsequent meeting and published thereafter if needed (i.e., if it needs to be approved through internal NUI committees etc.). NUI is asked to begin the institutional response- drafting process alongside the factual accuracy-checking exercise, however a slightly longer deadline is given for its submission to enable NUI to make any final amendments to its response, taking account of the accuracy-checking exercise and the value of having sight of the final report.

4.6 The Quality Profile

The Quality Profile (two pages in length) is published by QQI and will provide a synopsis of the process followed alongside the key findings and key commendations and recommendations of the Team. This profile, available electronically, is expected to attract interest from a wide variety of external audiences, especially prospective students. A template for the Quality Profile will be developed in consultation with NUI.

4.7 Publication of Review Report

QQI and NUI will publish the review report, NUI's response (optional) and the follow-up report of NUI. NUI will choose whether to publish their ISER, although it is encouraged in the interests of transparency.

QQI will supply electronic PDF copies of the review report that can be published on its website and shared with internal and external key stakeholders.

5. FOLLOW-UP

5.1 The Follow-up Report

One year after the publication of the review report, NUI will be asked to produce a follow-up report (incorporating the institutional action plan, which is due three months after the publication of the review report) for submission to QQI. Within the report, NUI should provide a commentary on how the review findings and recommendations have been discussed and disseminated throughout NUI's committee structure and academic units, Constituent Universities and Recognised Colleges (including linked providers), and comment on how effectively NUI is addressing the review outcomes. The report should identify the range of any relevant strategic developments and decisions that have occurred within NUI since the publication of the review report. NUI 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 QQI and by NUI. Significant milestones in the follow-up report, along with reflections and learnings from the external cyclical review process, can be included in subsequent AQRs.

QQI, working in partnership with the sector and other agencies, 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 provided) will be published on the QQI website and will also be available in hard copy, upon request. QQI will regularly analyse the review reports as the basis of ongoing QQI quality enhancement activities (publications, seminars, workshops etc.). Best practice identified through the review process will be used as the basis of QQI dissemination activities nationally, across Europe and internationally, in consultation with relevant institutions, to ensure that the quality of the Irish higher education experience and the robustness of the institutional review process are internationally recognised.

If the Review Team identifies in its review report what it considers to be significant causes of concern, particularly in relation to NUI's fulfilment of relevant statutory requirements, QQI will consult with NUI to agree an immediate action plan to address the issue(s) of Review Team concern, including the timeframe in which the issue(s) will be addressed. Any such action plan and associated timeframe will comprise 'directions' (under Section 41 of the 2012 Act) by QQI. NUI will report to QQI every six months on progress against the action plan for the duration of the plan.

Where QQI considers that progress in implementing the action plan is inadequate, QQI may, in consultation with NUI, intervene to secure a revision or acceleration of the plan, or to arrange a further review visit, ideally involving most or all the original Review Team. This process is not expected to be implemented and would only be used in exceptional circumstances where significant failures to meet statutory requirements were found by the Team.

Formal and informal mechanisms for gaining feedback on the review process will operate throughout the process. The Institutional Coordinator will normally be the conduit for feedback which will include managing the completion of the formal questionnaire that will be issued to NUI at the end of the process for completion electronically.

Monitoring and evaluation, including an impact assessment of the review process, will be undertaken by QQI. NUI, Review Team members and the Institutional Coordinator, will be provided with an opportunity to provide structured feedback on the review process once the Review Team report has been submitted to QQI. Formal and informal feedback is also welcomed at any stage of the review cycle.

Appendix A: Terms of Reference for the Review of the National University of Ireland (NUI)

Section 1 Background and Context for the NUI Review

1.1 Context and Legislative Underpinning

These are the Terms of Reference for a review of the National University of Ireland under Section 40 of the Qualifications and Quality Assurance (Education and Training) Act 2012.

NUI is a federal university comprising four Constituent Universities¹³ and, currently, two Recognised Colleges¹⁴. NUI is empowered by charter and statute to recognise other institutions of higher education. Recognised Colleges are required to meet NUI quality standards in the academic programmes and student experience that they offer. Through the implementation of quality assurance policies, procedures and guidelines, NUI seeks to assure that quality standards are comparable to those in the NUI Constituent Universities, and on this basis, Recognised Colleges are permitted to award degrees and other qualifications of the National University.

NUI as a designated awarding body¹⁵ has authority to make awards that are included within the National Framework of Qualifications (NFQ). NUI is unique as a designated awarding body in that it is not a provider of education and training programmes that lead to the degrees and qualifications that it awards. Accordingly, the scope of quality assurance procedures applicable to NUI as a designated awarding body are more confined, focusing primarily on NUI's responsibilities for the external quality assurance of Recognised Colleges which are linked providers of NUI.

Statutory Basis for Review of NUI

Under Section 32 of the 2012 Act, NUI has established procedures for reviewing the implementation and effectiveness of quality assurance procedures of Recognised Colleges

13 University College Dublin; University College Cork; National University of Ireland Galway; National University of Ireland Maynooth.

14 RCSI University of Medicine and Health Sciences; Institute of Public Administration.

15 Such designation under the 2012 Act applies to a previously established university; the National University of Ireland; an educational institution established as a university under section 9 of the Act of 1997; a technological university; an institute of technology and the Royal College of Surgeons in Ireland.

which are linked providers¹⁶ of NUI. A review of NUI, under Section 40 of the 2012 Act, prioritises the implementation by NUI of the forgoing procedures and their effectiveness.

These guidelines and procedures may be considered as statutory procedures for an NUI review¹⁷.

The matters within scope of a review of NUI are:

- the statutory obligation to facilitate an independent assessment of how effectively NUI quality assures its linked providers.
- the quality assurance relationship between NUI and the RCSI; the level of scrutiny and assessment of this relationship will be signalled by NUI in the preparation of their self-evaluation report.
- the role of Constituent Universities in influencing and advising on academic standards and in contributing to the quality assurance functions of NUI.

1.2 Purposes of NUI Review

The aim of institutional review is to provide an independent external review of the effectiveness and implementation of NUI's own internal quality assurance procedures. The four key purposes for the institutional review of NUI are set out in the table below:

PURPOSE	ACHIEVED AND MEASURED THROUGH
<p>1. To encourage a QA culture and the enhancement of the student learning environment and experience as overseen by NUI.</p>	<ul style="list-style-type: none"> • exploring quality as well as quality assurance within NUI and its linked providers • emphasising the student and the student learning experience in reviews • providing a source of evidence of areas for improvement and areas for revision of policy and change and basing follow-up upon them • exploring innovative and effective practices and procedures

¹⁶ A linked provider is a provider that is not a designated awarding body but enters into an arrangement with a designated awarding body under which arrangement the provider provides a programme of education and training that satisfies all or part of the prerequisites for an award of the designated awarding body.

¹⁷ Section 40 of the 2012 Act establishes the statutory basis for an external quality review of NUI. Section 32 specifies the purpose of such a review and Section 27 provides for the issuing of guidelines and procedures to facilitate such a review.

<p>2. To provide feedback to NUI about institution-wide quality and the impact of its mission, strategy, governance and management on quality and the overall effectiveness of quality assurance.</p>	<ul style="list-style-type: none"> • emphasising the ownership of quality and quality assurance at the appropriate level within NUI • pitching the review at a comprehensive institution-wide level • evaluating compliance with legislation, policy, and standards • evaluating how NUI has identified and measured itself against its own benchmarks and metrics to support quality assurance governance and procedures • emphasising the improvement of quality assurance procedures
<p>3. To contribute to public confidence in the quality of qualifications awarded by NUI by promoting transparency and public awareness</p>	<ul style="list-style-type: none"> • adhering to purposes, criteria and outcomes that are clear and transparent • publishing the reports and outcomes of reviews in accessible locations and formats for different audiences • evaluating, as part of the review, NUI reporting on quality and quality assurance, to ensure that it is transparent and accessible
<p>4. To encourage quality by using evidence-based, objective methods and advice.</p>	<ul style="list-style-type: none"> • using the expertise of international, national and student peer reviewers who are independent of NUI • ensuring that findings are based on stated evidence • facilitating NUI to identify measurement, comparison, and analytic techniques, based on quantitative data relevant to their own mission and context, to support quality assurance • promoting the identification and dissemination of examples of good practice and innovation

System-Level Purpose

An additional specific purpose for institutional review is to support system-level enhancement of the quality of higher education – achieved and measured by:

- The publication of periodic synoptic reports;
- Ensuring that there is sufficient consistency in approach between similar institutions to allow for comparability and shared learning; and
- The publication of an NUI quality profile

Section 2 Objectives and Criteria

2.1 Objectives of the Review and Criteria for their Evaluation

The NUI Institutional Self-Evaluation Report and the review report must analyse whether NUI has achieved these and the extent to which they have been achieved.

Objective 1

To review the effectiveness and implementation of the QA procedures of NUI through consideration of the procedures set out, primarily, in the AQR. Where necessary, the information provided by the AQR is supplemented by additional information provided through documentation requests and interviews. The scope of this includes the procedures for reporting, governance, and publication. This also incorporates an analysis of the ways in which NUI applies evidence-based approaches to support quality assurance processes, including quantitative analysis, evidence gathering and comparison. Consideration will also be given to the effectiveness of the AQR and ISER procedures within NUI.

The scope of this objective also extends to the overarching procedures of NUI for assuring itself of the quality of research degree programmes under its approval.

In addition to the procedures for the approval and review of linked providers, this objective also encompasses the effectiveness of the procedures established by NUI for the assurance of the quality of collaborations, partnerships and overseas provision, joint awarding arrangements, joint provision, and other collaborative arrangements.

Criteria for its measurement:

The criteria to be used by the Review Team in reaching conclusions for this objective are:

- [Standards and Guidelines for Quality Assurance in the European Higher Education Area](#);
- [QQI Core Statutory Quality Assurance Guidelines](#);
- QQI Statutory Guidelines for the Review of Linked Providers by the National University of Ireland (NUI)
- [Guidelines for the Institutional Review of Quality Assurance Effectiveness at Recognised Colleges which are Linked Providers of NUI](#)
- Section 27, 32 and 40 of the 2012 Act; and
- NUI's own objectives and goals for quality assurance.
- Where appropriate and actioned by NUI, additional QQI Guidelines such as those for research degree programmes will be incorporated.

Objective 2

To review the enhancement of quality by NUI through governance, policy, and procedures.

To review the congruency of quality assurance procedures and enhancements with NUI's own mission and goals or targets for quality.

To identify innovative and effective practices for quality enhancement.

Criteria for its measurement:

The criteria to be used by the Team in reaching conclusions for this objective are:

- NUI's own mission and vision;
- The goals or targets for quality identified by NUI; and
- Additional sources of reference identified by NUI.

Objective 3

To review the effectiveness and implementation of procedures for access, transfer, and progression, established and maintained by linked providers of NUI

NUI to ensure that linked providers establish procedure for access, transfer, and progression of learners in accordance with QQI policy. NUI to review the effectiveness and implementation of a linked provider's procedures for learner access, transfer, and progression.

Criterion for its measurement:

The criterion to be used by the Team in reaching conclusions for this objective is the QQI Policy Restatement: Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training (2015)

Objective 4

Following the introduction of the statutory international education quality assurance scheme and, where relevant, to determine the compliance of a linked provider of NUI with the Code of Practice for the Provision of Programmes to International Learners.

Criteria for its measurement:

The criterion to be used by the Team in reaching conclusions for this objective is the Code of Practice for the Provision of Programmes to International Learners.

2.1.1 Additional Questions

The Terms of Reference set out a range of additional questions for the Review Team. The purpose of these questions is to support the Team in reaching their findings and, in particular, in reaching a specific overarching statement in respect of each objective, considering their evidence and findings as a whole.

These questions are:

- How have quality assurance procedures and reviews been implemented by NUI?
- How effective are the internal quality assurance procedures and reviews of NUI?
- Are the quality assurance procedures in keeping with European Standards and Guidelines?

- Are the quality assurance procedures in keeping with QQI policy and guidelines, or their equivalent?
- Who takes responsibility for quality and quality assurance across NUI?
- How transparent, accessible, and comprehensive is reporting on quality assurance and quality?
- How is quality promoted and enhanced?
- Are there effective innovations in quality enhancement and assurance?
- Is the student experience in keeping with NUI's own stated mission and strategy?
- Are achievements in quality and quality assurance in keeping with NUI's own stated mission and strategy?
- How do achievements in quality and quality assurance compare to NUI's own goals or targets for quality?

Section 3 The Review Process

3.1 Process

The primary basis for the review process is this set of guidelines and procedures.

3.2 Review Team Profile

QQI will appoint a Review Team to conduct the institutional review. Review Teams comprise of peer reviewers who are senior institutional leaders from comparable institutions, learner representatives as well as external representatives. The Team will consist of carefully selected and trained and briefed reviewers who have appropriate skills and are competent to perform their tasks. The Team will operate under the leadership of the Review Chairperson. Reviewers are not QQI employees, but rather peers of NUI. NUI will have an opportunity to comment on the proposed composition of their Review Team to ensure there are no conflicts of interest. QQI will ensure an appropriate team of reviewers is selected for NUI, all of whom will be entirely independent of NUI. QQI has final approval over the composition of each Review Team.

The team will be comprised of 4-6 individuals, and it is likely that the main review visit will take three days, with a possible fourth day to facilitate the Review Team to commence the drafting of the review report. NUI's Review Team will include a Chairperson and Coordinating Reviewer, and may be supported by a Rapporteur, who is not a member of the Team, to take and collate notes of meetings. Although it is intended that the main review visit will be conducted on site, it may need to be facilitated virtually in extenuating circumstances.

There will be appropriate gender representation on the Review Team.

The Review Team will be appointed in keeping with the following profile:

1. A Review Chairperson

The role of the Chairperson is to act as leader of the Review Team. This is an international reviewer who is a (serving or recently former) senior third-level institution leader – usually a head of institution or deputy head of institution or a senior policy advisor who:

- Possesses a wide range of higher education experience;
- Demonstrates a deep understanding of the complexities of the higher education system;
- Understands often unique QA governance arrangements; and
- Has proven experience in the management of innovation and change.

2. A Coordinating Reviewer

The role of the Coordinating Reviewer is to act as secretary to the Team as well as to be a full Review Team member. This is usually a person with expertise in the higher education system and prior experience in participating in external reviews. As the Coordinating Reviewer is responsible for drafting the report, they will possess proven excellent writing abilities.

3. A Student Reviewer

The role of the Student Reviewer is to represent the student voice in the Review Team. The Student Reviewer will have significant experience of higher education or have completed a specific programme preparing them for the role of Student Reviewer or will previously have had a key role in other relevant institutional reviews.

4. An External Representative

The role of the External Representative is to bring a ‘third mission’ perspective or a perspective on the unique role of NUI in Irish higher education, to the Review Team.

In addition to the specific roles above, the full Team complement will include a range of experts with the following knowledge and experience:

- International reviewer experience;
- EQF and Bologna expertise;
- Experience of higher education quality assurance processes;
- Experience in governance; and
- Experience and proven ability in the advancement of teaching and learning.

Details of review team roles and responsibilities can be found in Appendix B.

5. Rapporteur

The Review Team may be supported by a Rapporteur, who is not a member of the Team, to take and collate notes of meetings and support the drafting of the report.

3.3 Procedure and Timelines

The outline set out below will be elaborated further and timelines will be set out to accompany it, through discussion and consultation.

Step	Action	Dates	Outcome
Terms of Reference (ToR)	Collation of an institutional information profile by QQI Confirmation of ToR with NUI and HEA	9 months before the main review visit	Published Terms of Reference
Preparation	Appointment of an expert Review Team Consultation with the institution on any possible conflicts of interest	6-9 months before the main review visit	Review Team appointed
Self-evaluation	Forwarding to QQI of the Institutional Self-Evaluation Report (ISER)	12 weeks before the main review visit	Published ISER (optional)
Desk Review	Desk review of the ISER by the Team	Before the Initial Meeting	ISER initial response provided
Initial Virtual Meeting	An initial meeting of the Review Team, including reviewer training and briefing. This will be a virtual meeting.	5 weeks after the ISER, 7 weeks before the main review visit	Team training and briefing is complete. Team identify key themes and additional documents required
Planning Virtual Visit	A virtual visit of NUI by the Chair and Coordinating Reviewer to receive information about the ISER process, discuss the schedule for the main review visit and discuss additional documentation requests. This visit will be conducted virtually.	5 weeks after the ISER, 7 weeks before the main review visit	An agreed note of the planning visit

Main Review Visit	To receive and consider evidence on the ways in which the institution has performed in respect of the objectives and criteria set out in the Terms of Reference. While it is intended that this review will be conducted on site, it may be conducted virtually in extenuating circumstances.	12 weeks after the receipt of ISER	A short preliminary oral report to the institution
Report	Preparation of a draft report by the Team. An additional meeting of the Review Team may be arranged to facilitate finalisation of the report	Report submitted to QQI 6-8 weeks after the main review visit	QQI Review Report
	Draft report sent to NUI for a check of factual accuracy	12 weeks after the main review (virtual) visit	
	NUI responds with any factual accuracy corrections	2 weeks after receipt of draft report	
	Preparation of a final report		
	Preparation of an institutional response	2 weeks after factual accuracy response 2 weeks after final report	Institutional response
Outcomes	Consideration of the review report and findings by QQI together with the institutional response and the plan for implementation	Next available meeting of QQI committee	Formal decision about the effectiveness of QA procedures In some cases, directions to NUI and a schedule for their implementation
	Preparation of QQI quality profile	2 weeks after decision	Quality profile published

The form of follow-up will be determined by whether ‘directions’ are issued to NUI. In general, where directions are issued, the follow-up period will be shorter and more specific actions may be required as part of the direction

Follow-up	Preparation of an institutional implementation plan	3 months after the publication of the review report	Publication of the implementation plan by NUI
	One-year follow-up report to QQI for noting. This and subsequent follow-up may be integrated into annual reports to QQI	1 year after the publication of the review report	Publication of the follow-up report by QQI and NUI
	Continuous reporting and dialogue on follow-up through the annual institutional reporting and dialogue process	Continuous	Annual Institutional Quality Report Dialogue Meeting notes
Note: The total period from start to finish is approximately 15 months but will depend on QQI committee meeting dates.			

Appendix B: Roles and Responsibilities within the Review

The Review Team

Roles and Responsibilities of the Review Team

Throughout the review process the Review Team will be asked to identify findings, commendations, and recommendations on the effectiveness of NUI's quality assurance and enhancement processes in relation to the objectives set out in the Terms of Reference. The principal requirements asked of reviewers throughout the process are to

- Contextualise – gain a sound understanding of NUI, its mission, size, strategies, and procedures, whilst taking account of the wider higher education and training context in Ireland;
- Critique – be a critical friend to NUI by commenting on and questioning the effectiveness and suitability of the institution's quality assurance and enhancement methods to ensure that they are fit-for-purpose. Identifying positives and negatives and identifying any blockages to effective practices;
- Contribute to the on-going enhancement and development of NUI's effectiveness by providing examples of alternative practices as a catalyst for change, referencing national, European, and international exemplars, where known; and
- Confirm – provide independent validation to internal and external audiences of the effectiveness of the measures used within NUI and its compliance with statutory requirements and consistency with European standards.

- While members of the Team will be assigned specific responsibilities throughout the process by the Chairperson, the Team will act together and decisions relating to the review findings will be taken collectively. All Team members will have responsibility for:
- Reading and analysing the ISER (Institutional Self-Evaluation Report) and any other documentation provided by NUI or QQI;
- Participating in the main review visit and Team induction training and briefings;
- Leading on a section of the review report, as directed by the Chairperson, including leading questions on such matters during a range of meetings, collating available evidence and reporting all findings;
- Investigating and testing claims made in the ISER and other NUI documents throughout the main review visit by speaking to a diverse range of stakeholders;
- Seeking out evidence from different units and services, at differing levels within NUI, to be assured that sufficient evidence exists to confirm NUI procedures and practices are operating systematically and effectively;
- Reaching conclusions based on the evidence gathered; and
- Contributing to and commenting on the review report in a timely manner.

Individual Roles within the Review Team

The Chairperson

This is an international reviewer who is a (serving or recently former) senior third-level institution leader - usually a head of institution or deputy head of institution or a senior policy advisor who:

- Possesses a wide range of higher education experience;
- Demonstrates a deep understanding of the complexities of the higher education system;
- Understands often unique QA governance arrangements; and
- Has proven experience in the management of innovation and change.

The Chairperson will be selected for his/her respected national and/or international status, knowledge of public policy and administration and experience relevant to quality assurance in higher education in Ireland.

The appointment of the Chairperson is critical to the successful stewardship of the Review Team and its task. Given the importance of the review, the effort invested by institutional teams and the limited time available, it is important that the business of the Review Team is conducted in an efficient and effective manner. For this reason, it is necessary that the

Chairperson has prior experience of a similar process, be of high standing in his/ her field and critically, have a proven ability to exercise appropriate 'soft' skills to chair meetings effectively.

In addition to the responsibilities outlined above, the Chairperson will be asked to:

- Agree the content and scope of the main review visit schedule with the Institutional (NUI) Coordinator and Coordinating Reviewer;
- Ensure the scope of the main review visit is sufficient to ensure that the review report is based on evidence collected in the required categories;
- Be a liaison point for the NUI Coordinator and the Coordinating Reviewer;
- Meet the NUI Coordinator daily throughout the main review visit (alongside the Coordinating Reviewer) and invite the NUI Coordinator to attend meetings at the request of the Team;
- Ensure that the Team works professionally and confidently throughout the duration of the review process, in accordance with any agreed Code of Conduct (ensuring that NUI's staff and Review Team members exchange views in a manner respectful of their positions etc.);
- Assign roles to the Team in advance of the main review visit (this could be done at the induction training stage) to match reviewer experience of and interest in different aspects of the process;
- Keep the Team focused on its tasks, roles, and responsibilities;
- Provide a short introductory statement and closing summary at the start and end of each meeting within NUI and thank all participants for their contributions, making sure that there are no unsettled issues or questions;
- Make final decisions throughout the main review visit, where necessary;
- Lead preparations for and deliver the Oral Report at the 'wrap-up' session with NUI on the final day of the main review visit;
- Oversee the production of the final review report - drafted on behalf of the Team by the Coordinating Reviewer following consultation with the Team and submitted to QQI within 6-8 weeks of the main review visit;
- Approve amendments to the final report in response to NUI's comments on factual accuracy; and
- Convene additional meetings if necessary.

The Coordinating Reviewer

The Coordinating Reviewer is a full member of the Team. Their role is to coordinate the review, taking notes (QQI may appoint a note-taker to assist the Coordinating Reviewer with this) and drafting the report of the Team following the main review visit. The Coordinating Reviewer will also:

- Attend the virtual planning visit and main review visit;
- Agree the content and scope of the main review visit schedule with the Chairperson and NUI;
- Ensure the scope of the planning visit and main review visit are sufficient to ensure that the review report is based on evidence collected in the required categories;
- Be the liaison point with the NUI Coordinator, Chairperson, and the rest of the Team throughout the process;
- Coordinate logistical arrangements in consultation with the NUI Coordinator, Chairperson and QQI;
- Maintain a record of discussions held throughout the planning visit and main review visit including during private Review Team meetings;
- Meet with the NUI Coordinator and Chairperson daily throughout the main review visit;
- Collate and photocopy or retrieve notes taken by other Review Team members before the end of the wrap-up session on the final day of the main review visit to assist in the production of the final report;
- Support the Team in identifying the evidence on which the findings and recommendations in the review report will be based;
- Maintain an on-going record of the Team's emerging findings, commendations, and recommendations;
- Draft the preliminary feedback report on final day for delivery by the Chairperson;
- Draft the review report in consultation with the Chairperson and Review Team to be submitted to QQI within 6-8 weeks of the main review visit; and
- Make factual accuracy changes as identified by NUI, in consultation with the Chairperson and the QQI.

The Student Reviewer

The Student Reviewer is an equal member of the Review Team and participates in all aspects of the review. The Student Reviewer represents the 'voice of the learner' and brings a valuable perspective which can inform and enrich discussions. He/she may have a particular focus on the learner experience and topics of interest might include, for example:

- Academic matters such as the curriculum, assessment, teaching, and learning;
- Support services, such as library, IT, sports, societies, welfare, and careers services etc.; and
- Learner input into decision-making and involvement in quality assurance.

The External Representative (National and International)

The External Representative is an equal member of the Team and takes part in all aspects of review. The External Representative may bring a 'third mission' perspective or a perspective on

the unique role of NUI in Irish higher education, which can inform and enrich discussions. By way of example, they may have specialist knowledge of some of the following areas:

- External expectations of graduate skills and competencies;
- Quality assurance systems within a federal education and training structures
- The external perception of NUI and its activities;
- Knowledge of the area identified in any specific enhancement themes for the review;
- Quality assurance practices in other sectors; and
- Good management practices in other sectors.

Review Team Training and Briefing

Given the complexity of the institutional review process, it is a requirement that members of the Review Team undertake an induction training event in the conduct of institutional reviews. This is important to enhance openness and transparency and will increase confidence in the process.

The Review Team will receive NUI -specific training in advance of deployment, which may include briefings about the sector. The focus of the training session is to ensure that all reviewers:

- Understand the social, cultural, economic, and legal environment within which NUI is operating;
- Understand relevant statutory requirements placed on Irish institutions in relation to quality, as outlined in the ESG;
- Understand the aims and objectives of the review process as well as the key elements of the method; and
- Understand their own roles and tasks and the importance of team coherence and delivering a robust, evidence-based report in a timely manner.

In advance of attending the training session, reviewers will be asked to familiarise themselves with the following:

- The guidelines and procedures including the Terms of Reference for the review;
- NUI's Institutional Self-Evaluation Report and Annexes;
- Draft timetables for the planning visit and main review visit; and
- Reviewer Briefing Notes.

During the training event, the Team will be provided with an opportunity to share reactions, views, and comments on the NUI Institutional Self-Evaluation Report (ISER) that will have been received 3-5 weeks in advance of the training session, alongside a copy of the draft timetable for the main review visit. The outcomes of this discussion will form the basis of the planning visit, conducted by the Review Team Chairperson and Coordinating Reviewer.

The aims of the reviewer training induction programme are:

- To ensure that reviewers fully understand the institutional review process and its context prior to participating in the Review Team;
- To maximise the objectivity, consistency, and integrity of the institutional review process;
- To increase reviewer ownership of the review process; and
- To capture lessons learned from reviewers' experience elsewhere in the interests of developing best practice

On completion of the training induction event, participants will understand:

- The role of QQI and the legislative background to institutional review;
- The nature and role of NUI and its operating environment;
- The key principles underpinning relevant QQI and sector policies;
- The aim, objectives, and guiding principles of the institutional review process;
- The steps involved in the institutional review process;
- The specific roles of Team members including the role of the Review Chairperson and Coordinating Reviewer and expert tasks; and
- A range of review techniques (e.g., open questioning, active listening, giving feedback, reviewing evidence).

Role of the Institutional Coordinator – Selection, Briefing and Support

NUI will be asked to select an Institutional Coordinator from within the institution to be the main liaison point between NUI, QQI and the Review Team throughout the review process. The Institutional Coordinator should be familiar with NUI's structures, procedures, policies, and committees for the management of quality assurance and enhancement. NUI may decide that the institutional quality officer/director is an appropriate person to undertake this role. The Review Team Chairperson will have the right to ask the Institutional Coordinator to disengage from the review process at any time if it is felt that there are conflicts of interest or if their presence would inhibit discussion about possible review findings and recommendations.

QQI will visit NUI (virtually) to offer one-to-one briefing and support to the Institutional Coordinator 5-8 months in advance of the (virtual) planning visit to familiarise them with the processes of review and to clarify their role and responsibilities in the institutional review process.

Throughout the review process the Institutional Coordinator will be expected to:

- Liaise with the QQI to submit the ISER;
- Liaise with the Coordinating Reviewer on the schedule, and make the local logistical arrangements (including catering, hospitality, transport, and accommodation arrangements) for the main review visit;
- Provide the primary contact throughout the planning and main review visit;
- Agree the outcome of the planning visit – primarily, the schedule for the main review visit;
- Provide any additional supporting materials required for the Review Team to supplement the ISER;
- Meet daily with the Chairperson and Coordinating Reviewer throughout the main review visit;
- Attend meetings during the main review visit – at the request of the Chairperson;
- Guide the Review Team to appropriate sources of supporting information;
- Be present at the final ‘wrap-up’ session on the last day of the main review visit;
- Within two weeks following receipt of the review report (normally 12 weeks after the main review visit has been completed) forward comments to QQI from NUI on the factual accuracy of the review report;

Two weeks after the report is finalised, provide the 1–2-page institutional response (if NUI so chooses) for publication as an annex to the review report; and

- Submit to QQI an institutional feedback form on the institutional review process.

Appendix C: ISER Guidelines

1. Features of the Process

It is the responsibility of NUI to devise its own systematic and critical process for evaluating its own activity and formulating recommendations for its own improvement. It is more appropriate therefore to set parameters for the institutional self-evaluation rather than prescribing a

particular approach. The self-evaluation methodology used needs to be flexible, scalable, and appropriate to NUI and one which will fully address the Terms of Reference.

Institutional self-evaluation should be judiciously designed to ensure it:

- Has a clear focus and purpose;
- Incorporates broad consultation with internal and external stakeholders of NUI, especially students;
- Is sufficiently rigorous, systematic, evidence-based, and comprehensive to meet all the objectives and criteria in the Terms of Reference;
- Adds value, minimises unnecessary overheads and assists in building capacity in NUI (i.e., it is not simply a paper exercise, leading to ‘paralysis by analysis’ or be undertaken solely to satisfy external requirements);
- Enhances understanding and ownership of quality assurance processes within NUI
- Provides an honest evaluation of institutional strengths and weaknesses;
- Demonstrates evidence of leadership at all relevant levels within NUI and involvement of relevant staff;
- Gives appropriate consideration to the environment of NUI;
- Integrates with and builds upon other related management processes where relevant (e.g., strategic planning, operational management, internal audit, etc.);
- Results in recommendations for improvement which NUI will factor into future plans; and
- Is primarily evaluative rather than descriptive.

2. Planning the Self-Evaluation

The internal self-evaluation process will typically take a considerable amount of time to plan. Across Europe and internationally, the traditional approach to institutional review is a major self-study undertaken on a five-yearly basis. This typically takes the form of ‘root and branch’ reviews involving most/all departments in an institution. This is a worthwhile model, particularly for initial reviews. It has a number of drawbacks also, one of which is the tendency to reinforce departmental and functional boundaries. This may be one of an institution’s challenges in approaching a review. As an institution matures in managing its quality assurance systems, in subsequent reviews, the effectiveness and general applicability of this model is open to debate. As our understanding of quality improvement and enhancement in higher education is evolving, and given the rate of change in our environment, relying on a process undertaken once every five years may no longer be a desirable approach to take. Self-evaluation is becoming an ongoing critical analysis of quality assurance and enhancement and may be effectively integrated with a wider range of QQI engagements with institutions, such as Annual Quality Reports (AQR) and dialogue meetings.

Institutions that adopt a transparent, inclusive, reflective, and evidence-based approach to the production of the Institutional Self-Evaluation Report are more likely to achieve outcomes that are of value and useful to the Review Team members and to colleagues internally. Furthermore, international experience suggests that those institutions that consciously used the self-evaluation process as part of their on-going internal quality assurance and enhancement activities were more positive about the outcomes of the process than those who saw it as an external imposition. Given the workload involved and the level of internal discourse engendered by the process, it would seem advisable that institutions seek as much integration as possible between the self-evaluation process and the internal quality processes as a tool for continuous quality enhancement. However, while it is hoped that the self-evaluation process and the resulting ISER will be of value internally, its primary audience should be the Review Team, and its primary purpose is to make the review process work.

3. Time Span for the Self-Evaluation

It is important that the self-evaluation process begins early to give sufficient time to allow for ownership by staff and students across the institution, ideally, at least 6 months in advance of the main review visit.

Institutional review covers a broad timeframe. It may be possible, for example, to pinpoint a milestone such as the development of a new strategic plan or a major re-organisation of the institution as a starting point. If appropriate, the institution should use the outcomes of any previous review as the starting point and identify how institutional practices have changed in accordance with the findings and recommendations.

NUI should pay attention to the objectives for the review and the criteria aligned to each objective in the Terms of Reference as these will assist the institution in evaluating its own performance.

4. Key Self-Reflective Questions

One of the central questions asked by the institutional review process is how an institution evaluates the effectiveness of its activities. Effectiveness is a complex and challenging question given the known difficulties in measuring performance in higher education; broad consensus on the topic does not exist. An element of subjective judgement is unavoidable, but any judgements should be informed by an evidence-based approach and a process of internal peer evaluation. The following general questions may assist the process:

- What are we currently doing?
- Why are we doing it?
- How effective is our approach? How do we know?
- What lessons have we learned?
- What will we do differently in future as a result?

And each answer given to these questions should be counterpointed with the corresponding question of ‘How do we know?’ Assertions are not useful answers; answers must be based on evidence, both qualitative and quantitative.

The following specific questions might also be useful when appraising quality assurance activities:

- Does the activity meet its stated goals and objectives? How do we know? Are the goals appropriate in the first instance? Is there sufficient and clear alignment between the activities of the institution and its articulated mission?
- What other impacts is the activity having? Are there unintended impacts? Is the scope of provision, at both framework levels and at breadth of fields, clear and comprehensible to peer organisations? What institutional benchmarking has been undertaken?
- What mechanisms and criteria have been used to choose partner organisations?
- What is the risk assessment model of the institution and how does it inform decision-making? Is it systematically employed?
- What is the feedback from internal and external stakeholders? Are the stakeholders clear on the mission and strategy of the institution?
- What sources of expert opinion are available? (e.g., outcomes from a peer review)
- How does the activity compare when benchmarked with other higher education institutions and other comparators, both in Ireland and abroad?
- What qualitative and quantitative indicators are available to measure the performance of the activity?
- How does the activity inform planning and operational management?
- How are staff involved? Is this part of ‘the way things are done’?
- How are students involved? Is this part of ‘the way things are done’?
- Does it impact the core functions of the institution and lead to improvements?
- What improvements and outcomes can be directly attributed to the activity versus what would happen anyway?

A case study can provide an example of quality assurance in action, tracing the implementation of quality assurance and its governance from initialisation or approval, onwards to monitoring and review and, through this, analysing the interplay between the various procedures and their overall effectiveness. It can be a compelling way to communicate the reality of how a particular policy and procedure is implemented.

5. Documentation

A streamlined approach to the ISER documentation is encouraged as it is desirable both to minimise the overhead associated with the process and to maximise the time spent on reflection, evaluation and capturing lessons learned.

Some practical tips for an effective ISER are:

- a simple indexing system (avoiding overly elaborate numbering systems)
- clear cross references to additional documents and hyperlinks to avoid unnecessary repetition
- diagrams and flow charts to explain structures, processes, and reporting lines
- an evaluative summary at the end of each section
- a glossary of abbreviations and acronyms

Annexes to the ISER should be kept to a minimum and, where possible, should be provided electronically. Common annexes may include:

- Organisational chart(s);
- Flow charts for key quality assurance processes, e.g., approval, monitoring and review of linked providers;
- The nature of the qualifications awarded and any accreditation requirements and dates of current approvals where relevant;
- Details of formal and informal partnerships and any programmes offered in collaboration (associated memoranda of agreement should be available on request);
- Lists of contracts in place for the provision of educational and/or research services to any organisation;
- A copy of the current institutional strategic plan;
- A copy of the current institutional quality assurance procedures, quality assurance manuals/handbooks;
- 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;
- Examples of feedback, indicators, or outcomes of reviews;
- Evidence of actions taken because of feedback, indicators, or outcomes of reviews;
- Short case studies of good practice to demonstrate criteria under a particular objective;
- Examples of quality enhancement initiatives across the institution;
- Evidence of integration between QA processes and planning systems and/or operational management; and
- Evidence of how developments in the QA system are disseminated and communicated to key stakeholders (both internal and external).

NUI is free to add other annexes, but the number and length of these should be limited to what NUI considers strictly necessary to support the assertions and argumentation in the ISER. Any

additional evidence should support the key objectives and criteria of the review and an index be provided for same. It is essential that NUI is careful to discriminate clearly when providing additional information, and only provides documents that are relevant. The index should clearly indicate the relevance of the material and link it explicitly back to the ISER and the objectives and criteria of the review. Electronic copies of all documentation must be submitted.

Some Resources to Support Self-Reflection

[Quality Assurance Agency \(QAA\) Scotland: Institutional approaches to self-evaluation \(IASE\): Project report](#)

[Quality Assurance Agency \(QAA\) Scotland: Updating commentary for Good practice in Reflective Analysis when preparing for Enhancement-led institutional review](#)

www.nzqa.govt.nz/providers-partners/self-assessment/make-self-assessment-happen/tools-and-resources/case-studies-in-self-assessment/

SWOT analysis, or a bespoke confrontational SWOT. Zwaenepoel (2011), offers an interesting commentary on an '[Interactive SWOT methodology](#)'.

Appendix D: Specific Arrangements for Visits

1. The Virtual Planning Visit

1.1 The Virtual Planning Visit Timetable

The schedule of the virtual planning visit is determined by NUI (in consultation with the Coordinating Reviewer) and should be designed to ensure that the Chairperson and Coordinating Reviewer obtain a clear and explicit understanding of NUI's approach to managing the effectiveness of internal quality assurance and enhancement activities. The final session of the planning visit will be 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 meet with the Review Team, in addition to confirming how the main review visit will logistically address the optional institutional enhancement theme, if NUI wishes to include one.

The timetable should include a series of meetings with relevant senior officers and members of the team that developed the ISER. Specific time should be allocated to discussing the draft

main review visit timetable in detail. A discussion on the enhancement theme (if appropriate) should also be included; depending on staff availability, the planning visit should typically start around 09:30 and close around 14:30; QQI will attend meetings to ensure clarity on process and consistency in its application.

1.2 Arrangements

This visit will be conducted virtually and QQI will make the necessary arrangements to facilitate a virtual meeting. The QQI representative will introduce the Chairperson and Coordinating Reviewer to the Institutional Coordinator and attend the planning visit meetings, to ensure that all necessary matters are discussed and addressed to the satisfaction of the Review Team and NUI.

1.3 Post-Planning Virtual Visit Work

A note of the key items discussed and agreed at the virtual planning visit will be drawn up by the Coordinating Reviewer, in consultation with the Chairperson, and shared with the rest of the Team and the Institutional Coordinator, alongside the final draft of the main review visit timetable. This will include any conclusions drawn or evidence contained in the AQR. Any additional documentation to be supplied by the institution will also be disseminated electronically at this stage. These documents may be made available additionally in hard copy throughout the main review visit.

Following the virtual planning visit, logistical and personnel arrangements and amendments will need to be made to the draft main review visit timetable as a matter of urgency. Additional documents and data may also need to be collated and either emailed in advance or made available during the main review visit.

The Institutional Coordinator should therefore block out a period to address these outcomes and liaise with the Coordinating Reviewer to ensure that all aspects are sufficiently addressed in advance of the main review visit and that the finalised timetable is agreed by the Institutional Coordinator and Coordinating Reviewer in advance of their arrival for the main review visit.

A copy of the finalised main review visit timetable should be lodged with QQI by the Institutional Coordinator.

2. The Main Review Visit

2.1 Specific Guidelines on the Conduct of the Main Review Visit

Each meeting will be opened and closed by the review Chairperson. At the start of each meeting the Chairperson will provide a brief introduction to the Team and the nature of the review process to set the macro level context for the discussion. The Chairperson will also confirm

that to triangulate information throughout the main review visit, the Team may ask questions and seek opinions on a wide range of topics that might be outside of the topic set for the specific session but fall within the scope of the overall review. This might seem odd to the participants if they are being asked about matters that appear to be outside of their particular areas of responsibility, or the scope of the scheduled session, but the Chairperson will reassure participants at the start of each meeting that the topics for discussion will include a degree of flexibility, where considered necessary by the Team.

The Chairperson will also confirm that he/she reserves the right to move the discussion on if time is short or if sufficient (or insufficient) information and evidence has been gained on a particular topic area. Furthermore, if conflicting opinions or experiences emerge within a meeting and there is insufficient time to cross reference or review to further explore the matter, the Chairperson will confirm that the issue will either be addressed or tested in subsequent meetings, or the review report will confirm inconsistencies and outline the reasons for inconsistencies as evidenced by Team.

QQI may attend meetings during the main review visit to ensure the robustness of the institutional review process and obtain confirmation that the Review Team's conduct is consistent with the process and in line with criteria.

2.2 Key People in the Main Review Visit

The participant list for the main review visit is likely to include the following attendees (or equivalent NUI role/body):

Institutional attendees	Virtual Planning Visit (1 day)	Main Review Visit
Head of Institution	√	√
Deputy/Vice Head of Institution	√	√
Registrar or Head of Academic Affairs	√	√
Institutional Coordinator/Head of Quality	√	√
Members of the Task and Finish Group that produced the ISER	√	√
Members of the Quality Committee, Academic Council, Academic Affairs Committee		√
Members of the Governing Authority (Internal & External - including the Chair)		√
Staff that have engaged in quality assurance and enhancement processes within the institution		√

Students (Student representatives, in addition to actual bachelor, master, doctoral and higher doctorate students)		✓
External stakeholders and partners (collaborating institutions, Constituent Universities, employers, professional bodies, agencies)		✓
Staff from linked and Recognised Colleges that have engaged in NUI quality assurance procedures.		✓

2.3 Sample Main Review Visit Schedule

A template will be provided to the institution as part of preparation for the review.

2.4 Meetings

Timing Issues

- Where possible, the Team should have a private meeting with the Head of Institution at the start AND end of the main review visit;
- No more than 4-5 meetings between the Team and the institution should be scheduled per day;
- Meetings should normally be held between 09:30 and 17:00;
- Time should be allocated for the Team to examine documentation (electronic and hard copy).
- Comfort breaks should be factored into the schedule;
- All lunches will be private, unless otherwise agreed with the Chairperson in advance;
- Most meetings should take place within one centralised location (e.g., the main admin block/area) to minimise disruption to the Team and the schedule;
- The Institutional Coordinator should be always contactable throughout the visits by telephone or in person by the Chairperson and/or Coordinating Reviewer;
- Nameplates should be available at each meeting, and a list of attendees should also be provided to the Coordinating Reviewer;
- The Team should have scheduled private meetings to gather thoughts and prepare for the next set of meetings;
- While Review Teams will endeavour to adhere to the agreed schedule, NUI is asked to try to remain flexible and to accommodate any last-minute timetable or scheduling changes that may arise throughout the course of the main review visit;
- The profiles of Review Team members (supplied by QQI) should be shared with colleagues within NUI alongside a guidance note on the review process;

Size of Groups

- To assist the Chairperson to manage each meeting and ensure that all attendees have an opportunity to contribute to each discussion, the institution is asked to limit the number of attendees per meeting to a maximum of 8. Ideally there should be between 4-6 attendees per meeting.

Diversity of Attendees

- The institution should avoid the Team meeting staff members more than once, the exception being some members of the senior management team and the Institutional Coordinator;
- In most cases, the Team would like to see colleagues, students, and external stakeholders from a wide variety of discipline backgrounds and differing levels of seniority/experience;
- Teams may also like to meet staff from linked providers and Recognised Colleges, and from Constituent Universities that can offer a range of perspectives and insights that contribute to the objectives of this review

Final Wrap-Up Meeting/Oral Report

- The final meeting on the final day will be led by the Chairperson, delivered via a brief presentation, and will provide NUI with an overview of the Team's key findings, commendations, and recommendations;
- Ideally NUI attendees will include at least the Head of Institution, Senior Management Team members, a Student Representative, and the Institutional Coordinator but should be as inclusive as possible;
- All findings shared at this stage must remain confidential and informal; and
- An overview of the findings may – with the Chairperson's approval – be shared internally with colleagues and students who participated in the review to thank them for their engagement in the process and to give some initial feedback and closure. However, it must be clear that the review finding, commendations and recommendations cannot be formally disclosed until the review report is signed off by QQI and by NUI.

2.5 Logistical Arrangements

Travel and Accommodation

QQI will make travel arrangements for the Review Team members. All costs relating to the review will ultimately be covered by the QQI review fee. However, for practical reasons, institutions are required to book and pay for local costs and subsequently submit these to QQI for reimbursement.

NUI is responsible for booking and managing localised hotel accommodation and booking and managing transport for the duration of the visit. In most cases, the Review Team will be arriving

at the hotel a day or two in advance of the review visit. Provisional bookings for all members of the Team should be made in a business-class hotel close to the institution, that can be guaranteed to provide a high-quality service at a competitive rate. The Team will therefore, in most cases, need accommodation for 5-6 nights for the duration of the review. The option for members of the Team to extend their stay linked to travel arrangements should also be referenced when the initial booking is made.

Meeting Rooms

A private meeting room at the hotel will also be required for the evening before the start of the main review visit to enable the Team to initiate preparations. This meeting space is required from 17:00 – 20:00 on the evening prior to the start of the main review visit.

A private meeting room or private dining room should also be secured for the dinner on the penultimate evening to enable the Team to prepare for the final day's oral presentation.

NUI is expected to make available (at no cost to QQI) three meeting rooms on site for the duration of the main review visit:

- A lockable meeting room/ 'base room' for the Team to use for private meetings – to store their luggage; consider additional documentation, access the institution's website, and use for private lunch sessions;
- A second room should be provided that can accommodate up to 15 people. This should be used as the main meeting room throughout the visit; and
- A third room will be required occasionally throughout the main review visit to accommodate any parallel meetings where the Team might split – this should accommodate between 8-10 people. This room could also be used for the brief meetings between the Coordinating Reviewer, Chairperson, and Institutional Coordinator at the start of each day.

2.6 Catering at Visits

For the duration of the review, Review Teams would appreciate it if relatively informal light lunches could be provided by NUI, with a range of healthy options where possible (e.g., soups, salads, sandwiches, and fruit). Specific dietary requirements will be communicated by QQI to NUI. Unless agreed in advance, lunches will be private working Team lunches in the Team's base room. The key exception will be that the institution might wish to finish the session on the final day with an informal lunch for all colleagues who attend the oral report/final wrap-up session prior to the departure of the Review Team. It would be appreciated if tea, coffee, and water could be made available to the Team and replenished regularly throughout each day.

NUI is asked to host on one evening a dinner between the Team and members of NUI's Senior Management Team, including the Head of Institution – usually no more than 6 institution attendees. The reservation should be made at a restaurant (ideally with a private dining room) for 19:30 or 20:00.

NUI is asked to make provisional reservations for the Team (6 attendees) (around 20:00hrs) each night either in the main hotel restaurant (if secured as part of the room rate deal) or at nearby restaurants. If external restaurants are to be used, a taxi service should also be secured if the restaurants are not within walking distance.

NUI is asked to make a dinner reservation in a private meeting room or a private dining room to enable the final dinner to be a working dinner. QQI will attend and therefore the booking should be made for 7 people at 19:30.

Appendix E: Selected Policies and Guidelines

1. Selected NUI policies and guidelines

(Note: These documents provide points of reference relevant to the various quality assurance activities of NUI. The list is accurate at the time of publication, however, policies and guidelines are regularly reviewed and updated, and new policy documents may be published. The [NUI website](#) remains the most current and complete source of quality assurance policy documents)

NUI (2020) Guidelines for the Institutional Review of Quality Assurance Effectiveness at Recognised Colleges which are Linked Providers of NUI

[Guidelines for the Institutional Review of Quality Assurance Effectiveness at Recognised Colleges which are Linked Providers of NUI](#)

NUI (2020) The Quality Assurance Relationship between the NUI and the Royal College of Surgeons in Ireland - University of Medical Health Sciences

[The Quality Assurance Relationship between the National University of Ireland and the Royal College of Surgeons in Ireland - University of Medicine and Health Sciences.](#)

NUI (2020) Regulations, Procedures and Guidelines for the Approval of New programmes and Changes to Existing Programmes in the Recognised Colleges [Degrees and Qualifications of the National University of Ireland - Regulations, Procedures and Guidelines for the approval of New Programmes and Changes to Existing Programmes in the Recognised Colleges.](#)

NUI (2020) NUI Policy in Relation to the Usage of Titles of Degrees and other Qualifications [NUI Policy in relation to the Usage of Titles of Degrees and other Qualifications](#)

NUI (2019) Guidelines for Periodic External Review of Programmes leading to NUI Degrees and other Qualifications in Recognised that are also Linked Providers of NUI [Guidelines for the Periodic External Review of Programmes Leading to NUI Degrees and Other Qualifications in Recognised Colleges that are also Linked Providers of NUI.](#)

NUI (2019) NUI External Examiners Primary Degree and Taught Postgraduate Courses in NUI Recognised Colleges [NUI – Primary Degree and Taught Postgraduate Courses in NUI Recognised Colleges](#)

NUI (2018) Recognised College of NUI: Information for Prospective Applicants [NUI Recognised College: Prospective Applicants](#).

NUI (2017) NUI Policy for Quality Assurance and Enhancement [NUI Quality Assurance Policy](#).

NUI (2013) Quality Assurance for Collaborative and Transnational Provision of Academic Programmes Leading to NUI Qualifications [NUI A5 Awards Booklet](#)

NUI (2013) Degrees and Qualifications of NUI: Recognition of Prior Learning [NUI A5 Awards Booklet](#)

NUI (2021) Higher Doctorate Degrees awarded by NUI: Criteria, Regulations, Application Procedure and Guidelines [Higher Doctorate Degrees on Published Work awarded by the National University of Ireland – Criteria, Regulations, Application Procedures and Guidelines](#).

2. Key QQI and European Policy texts used in the development of these guidelines.

QQI (2019) Statutory Guidelines for the Review of Linked Providers by the National University of Ireland [NUI Statutory Guidelines](#)

QQI (2015) QQI Policy and Criteria for Access, Transfer and Progression in relation to Learners for Providers of Further and Higher Education and Training [ATP Policy Restatement](#).

QQI (2016) Statutory Quality Assurance Guidelines: Developed for use by all Providers. [Core Statutory Quality Assurance Guidelines](#)

QQI (2015) Code of Practice for Provision of Programmes of Education and Training to International Learners [Code of Practice](#).

QQI (2016) Policy for Cyclical Reviews of Higher Education Institutions
[Cyclical Review of Higher Education Institutions](#).

QQI (2016) Policy on Quality Assurance Guidelines [Policy on Quality Assurance Guidelines](#).

QQI (2016) Statutory Quality Assurance Guidelines developed by QQI for Designated Awarding Bodies [Sector-Specific Quality Assurance Guidelines for Designated Awarding Bodies](#).

QQI (2017) Statutory Quality Assurance Guidelines developed by QQI for Providers of Research Degree Programmes [Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Research Degree Programmes](#)

QQI (2017) Cyclical Review Handbook: Universities and other Designated Awarding Bodies
[CINNTE QQI Review Cyclical Review Handbook - Universities and other Designated Awarding Bodies](#)

QQI (2019) Ireland's Framework of Good Practice for Research Degrees [Ireland's Framework of Good Practice for Research Degree Programmes](#)

ENQA (2015) Standards and Guidelines for Quality Assurance in the European Higher Education Area [ESG_2015 Standards and Guidelines for Quality Assurance in the European Higher Education Area](#)

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