QQI REVIEW

CINNTE

CYCLICAL REVIEW

HANDBOOK

For Technological Universities (June 2023)

www.QQI.ie

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1. THE CYCLICAL REVIEW PROCESS - Overview

1.1 Introduction

This CINNTE Handbook refers to the review cycle of CINNTE reviews of Technological Universities (TUs). The handbook reflects methodologies used in the process including hybrid and virtual practice during the review[1].

This handbook should be read in conjunction with the Terms of Reference for the review of Technological Universities which are included in this handbook as appendices.

Technological Universities (TUs)

The Technological Universities Act (2018) provides for the establishment of technological universities, as well as setting out their functions and governance structure.

In 2020, the CINNTE schedule of cyclical reviews was revised to reflect the establishment of the new technological universities. The CINNTE Quality Review schedule for Universities, the RCSI, incorporating the new Technological Universities and Institutes of Technology is published on QQI's website. Published reports from the reviews of institutions that were part of the CINNTE review cycle in 2017-2022 are available in QQI's reviews library.

In this handbook, Technological Universities (TUs) will be referred to as the 'institution.'

Background

The CINNTE cyclical review evaluates the effectiveness of institution-wide quality assurance procedures to establish, ascertain, maintain and enhance the quality of education, training, research and related services that the institution provides.

Quality and Qualifications Ireland (QQI) coordinates these reviews in consultation with the institution.

The review process is based on the internationally accepted and recognised approach to reviews and is in keeping with Parts 2 and 3 of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015), this includes:
  – The publication of relevant Terms of Reference,
  – An institutional self-evaluation report (ISER);
  – An external review 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 the actions taken by the institution.

QQI developed this handbook, in the first instance, to provide guidance and support to an institution in its preparation for an external review. The handbook is designed for multiple audiences within the institution, including:
  – Quality assurance professionals,
  – Those who have central roles in the review process, and
  – Those who may be more peripherally involved.

The purpose of this guide is to provide comprehensive assistance to the institution's staff in understanding the review process. Each institution will be required to adapt this guidance and support it locally.

This handbook is also intended as a guide to the process for review team members. Additional information referring to the review team's role in the cyclical review process is issued to the team in separate documentation.

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1   This handbook is a revised version of the Cyclical Review Handbook for Universities and other Designated Awarding Bodies.

Figure 1: Quality assurance - what it is and why it matters [1:48 min, YouTube]

1.2 The Quality Assurance Framework

The reviews coordinated by QQI provide an external dimension to an institution's internal quality assurance and reviews. Cyclical review is also interdependent on and integrated with a wider range of QQI engagements, including:

- Quality assurance guidelines
- each institution's quality assurance policies and procedures
- Annual Quality Reports (AQRs)
- Quality Dialogue Meetings (QDMs)

These engagements offer assurance to learners and the public that the learning experience provided by an institution is being monitored for good practice and that effective arrangements are in place for the quality assurance of its educational services.

Further information on the quality monitoring activities conducted by QQI is available in Appendix D.
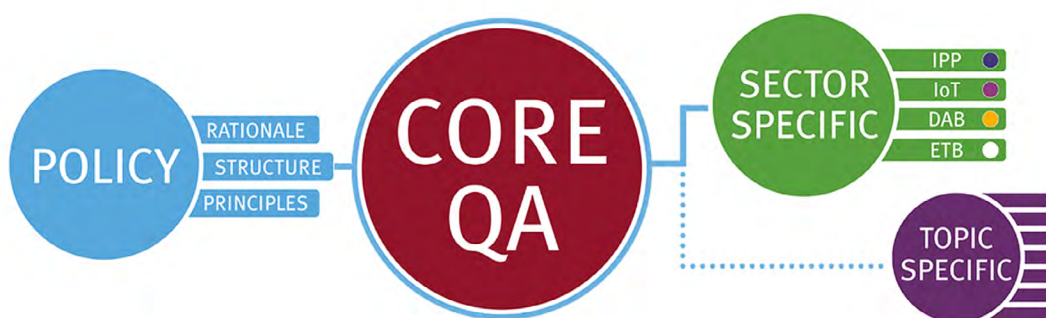
Figure 2: Quality assurance

Periodic Cyclical Review

QQI has established a [Policy for the Cyclical Review of Higher Education Institutions](#). Cyclical review provides an opportunity for each institution to evaluate:

– the quality of its provision of education, training and research,

– the fulfilment of its third mission (i.e., representing the economic and social mission of the university), and

– the effectiveness of its ongoing monitoring and review activities, to ensure they are fit for purpose.

Cyclical review is an opportunity for an externally-appointed review team to reflect on the effectiveness of an institution's quality assurance procedures and to provide advice on their enhancement where necessary.

The process employed for cyclical review has been designed to reflect Part 2 and Part 3 of ESG 2015 and incorporates the internationally accepted and recognised elements for reviews.

Quality Assurance Guidelines

The quality assurance (QA) procedures of institutions are set out in the following QQI guidelines, which are underpinned by [ESG 2015](#):

– QQI Core Quality Assurance Guidelines (QAG);

– [QQI Sector Specific Quality Assurance Guidelines for Universities and Other Designated Awarding Bodies](#)

– [QQI Sector Specific Quality Assurance Guidelines for Institutes of Technology](#)

– [QQI Topic Specific Quality Assurance Guidelines](#)

Institutions are required to have regard to the QQI QA Guidelines, linked above, when establishing, renewing and reviewing their own QA procedures, and the QA of their linked providers[2].

Purposes of Cyclical Review

The Policy for the Cyclical Review of Higher Education Institutions specifies four purposes for CINNTE reviews:

1. To encourage a QA culture and the enhancement of the student learning environment, inclusion and experience within institutions.

2. To provide feedback to institutions 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 institutions by promoting transparency and public awareness.

4. To encourage quality by using evidence-based, objective methods and advice.

System Level Purpose

An additional specific purpose for cyclical review is to support systems-level enhancement of the quality of higher education, achieved and measured by:

– the publication of [periodic insight reports](#),

– ensuring that there is sufficient consistency in approach between similar institutions to allow for comparability and shared learning, and

– the publication of [institutional quality profiles](#).

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2   QQI defines linked providers as higher education providers that do not have the power to award degrees, but provide a programme of education and training that satisfies all or part of the prerequisites for an award of the designated awarding body through arrangements with a designated awarding body.

QQI Institutional Review Process

QQI

Review Team | **Institution**

Self-Evaluation
Institution conducts an evaluation of its QA system and outlines its findings in the Institutional Self-Evaluation Report (ISER)

Desk Review
Review Team members assess the ISER and submit their initial impressions to the Coordinating Reviewer

Review Team Briefing
Review Team members receive training from QQI on the review process (online)

Initial Meeting
Review Team members meet to discuss their initial impressions (online)

Planning Visit
An online visit to the institution by Review Team representatives to plan for the Main Review Visit

Main Review Visit
Review Team conducts a series of on-site meeting with staff, learners and stakeholders to discuss the institution's QA arrangements

Review Report
Review team prepares a report of its findings

Follow-Up
Institution submits an action plan to QQI to address the review findings and a progress report is provided a year later

Figure 3: Stages of the review process

Quality Assurance Procedures

National policy requires that the QA procedures of an institution be comprehensive and cover all education, training, research and related activities of the institution. This includes:
- programmes leading to awards recognised in the National Framework of Qualifications (NFQ) and awards of other awarding bodies;
- the approval, monitoring and review of effectiveness of the QA procedures of linked providers.

Institutions are also encouraged to undertake quality reviews of academic, administrative and service departments as part of their regular periodic reviews of study programmes.

Depending on the structure of the institution, unit-based reviews of schools, faculties and colleges may also be included. Institutions may also undertake thematic reviews of institution-wide issues.

The submission of annual quality reports (AQRs) to QQI and quality dialogue meetings (QDMs) with QQI are integral parts of an institution's engagement with QQI. Further details on these can be found in the Quality Monitoring Appendix.

Objectives of the Review and Criteria for their Evaluation

The objectives of a review are documented in the Terms of Reference. The institutional self-evaluation report (ISER) and the review report should address whether an institution has achieved these objectives and the extent to which they have been achieved.

The Policy for Cyclical Review of Higher Education Institution sets 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 also contained in the Terms of Reference.

The National Framework of Qualifications
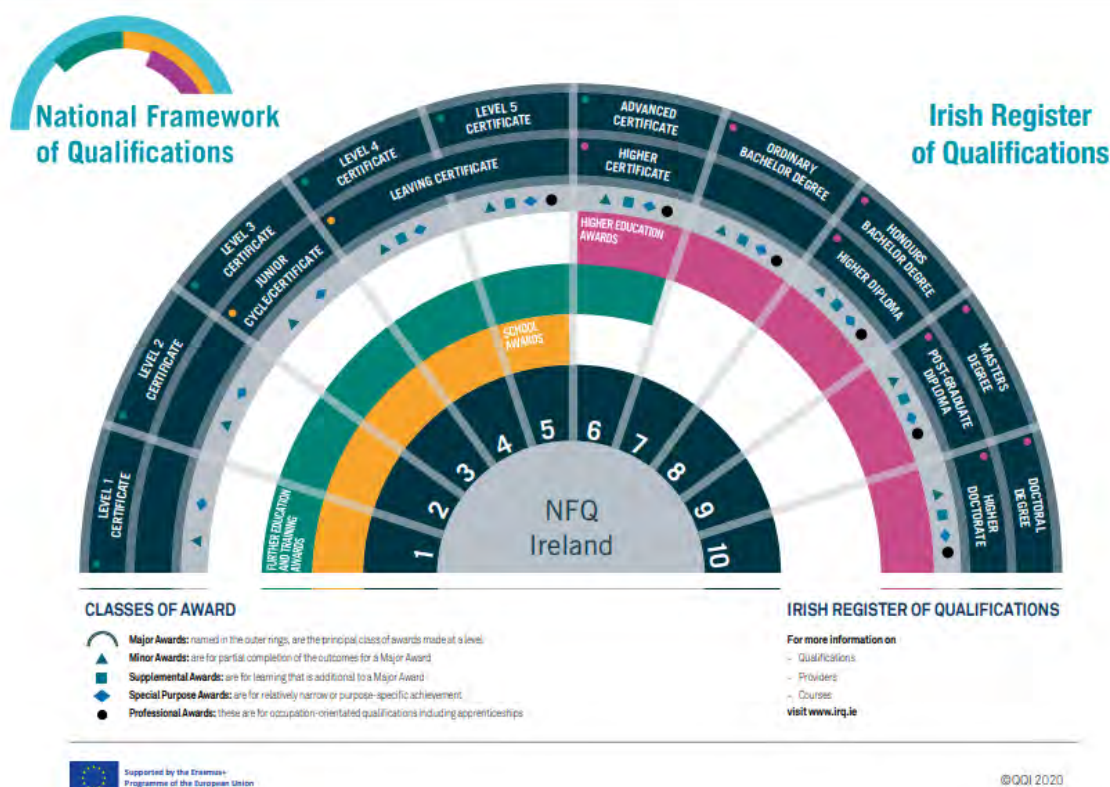
Figure 4: National Framework of Qualifications

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 Ireland.

The NFQ promotes transparency and trust in qualifications by basing it on a system of levels:
– level of knowledge,
– level of skill, and
– level of competence.

The 2012 Act requires institutions to include their qualifications in the NFQ. This means that awarding bodies must ensure that learners have acquired the standard of knowledge, skill and competence associated with the NFQ level before an award is made.

Internal quality assurance procedures should therefore be capable of demonstrating that the programmes and qualifications offered by the institution are developed with reference to the NFQ and are monitored over time to ensure that NFQ standards are maintained.

This expectation is also made explicit in Part 1 of the ESG.
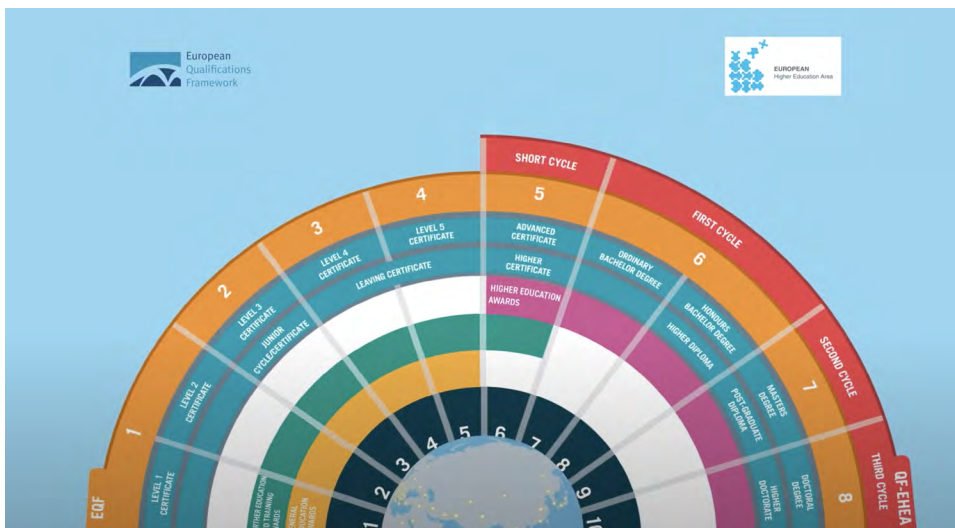
Figure 5: National Framework of Qualifications [1:23 min, YouTube]

2. SELF-EVALUATION

2.1 The Self-Evaluation Process

Self-evaluation is a self-reflective and critical evaluation completed by representatives of the institution and their stakeholders. This includes learners, staff at all levels of the organisation, and external stakeholders such as employers. It illustrates how effectively the institution assures and enhances the quality of its teaching, learning, research and service activities. The process should demonstrate the effectiveness of the institution's QA procedures but also include areas for further development or improvement.

When self-evaluation is conducted effectively, and in an open and inclusive manner, it is one of the most important and valuable components of the review process. Further information about the self-evaluation process is available in Appendix C.

2.2 The Institutional Profile

As part of the CINNTE review process, the institution is required to submit an institutional profile to QQI. The institutional profile is published on QQI's website. The profile provides information on a range of aspects regarding the institution – its history, structure (campus locations), mission, vision and strategic goals, governance and management structures, approach to quality, staff profile, student profile and student numbers, including international students.

The institutional profile introduces the institution to the review team and will be the first document the team will read.

[Examples of previously published institutional profiles](#) are available through QQI's reviews library.

QQI advises that, where possible, institutions consider the accessibility of documents submitted as part of the CINNTE review process.

2.3 The Institutional Self-Evaluation Report (ISER)

The institutional self-evaluation report (ISER) – the report produced by the institution following the self-evaluation process – is the core document used by the review team in preparation for, and during, the main review visit.

It provides the review team with documented evidence, or references to evidence, to support claims that the institution is meeting the objectives and criteria set out in the Terms of Reference.

In terms of its approach to QA and enhancement, the ISER provides a reasoned analysis that transparently portrays the institution, its identity and its distinctiveness.

The ISER provides an opportunity for the institution to engage in open dialogue, self-reflection and critical evaluation and will be viewed by the review team as a demonstration of the institution's capacity for same.

It is advisable that the ISER acknowledge the institution's 'challenges' and openly addresses weakness. The report should not overstate (or understate) achievements. It is more effective if significant issues and challenges are identified by institutions themselves than subsequently by the review team during review.

The ISER should be evaluative and reflective in nature, with references to other sources for descriptive information. The ISER will shape the key points of dialogue with the review team, the structure of the review visit, the resulting review report and set the tone for the whole review experience.

A well-written ISER is user-friendly (i.e., jargon free and easily understood by an external audience) and offers a balance between explanation and self-evaluation (ideally 60:40).

QQI does not propose a set template for the ISER. Each institution is responsible for determining the most appropriate format for its own ISER, taking into account its unique profile and context and the Terms of Reference for the review.

The ideal ISER is **concise**. Typically, the report of a large institution should be approximately 80 pages/30,000 words but not exceed 100 pages/45,000 words, excluding supporting documentation/material attached in the annexes.[3]

The self-evaluation guidelines are designed to be read in conjunction with the Terms of Reference and the additional Guidelines on the institutional self-evaluation report in Appendix C, which includes a list of key self-reflective questions.

2.4 Institutional Self-Evaluation Report (ISER) – Content

The key focus of the ISER is to critically self-evaluate the institution's performance with respect to each objective set out in the Terms of Reference. This can be clearly marked and highlighted in the ISER, perhaps reflected in separate sections.

Instead of focusing on what the institution **has done** to meet each objective, the ISER should demonstrate **how effectively** the institution has performed against achieving each objective.

It is advisable that the institution set out its own view of its effectiveness under each sub-heading and make clear the basis for that view, including specific references to evidence and supporting materials.

The ISER should be free of unsupported assertions and clearly present evidence to demonstrate that what is stated can be verified.

In light of the set criteria, this process will help the institution to reach conclusions about the review's established objectives. Based on these findings, the conclusions may also lead to a series of planned actions by the institution.

Sources of evidence and practice that underpin the self-evaluation process can include:
– Quality assurance activities and enhancements undertaken by the institution, 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 sources such as:
  • case studies of specific initiatives or events,
  • student surveys, staff surveys, graduate surveys and external stakeholder surveys,
  • data and metrics such as enrolment profiles, completion rates, graduate destination information, research outcomes, participation information and staffing numbers,
  • information accumulated through AQRs.

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3   An earlier version of the handbook recommended a word count of 40 page/15,000 words for the ISER which was considered inadequate to fully articulate the internal QA activities of an institution.

The inclusion of evidence may also incorporate an analysis of what these sources of information are telling the institution about quality and how well the use of this information is managed by the institution, including
- 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,
- previous AQRs, and
- quality assurance processes in place and quality assurance activities and enhancements undertaken by the institution with respect to linked providers.

Conclusions may include:
- the performance of the institution with respect to the objectives set out in the Terms of Reference,
- the overall and specific effectiveness of quality assurance and enhancement in the institution, and
- a series of planned actions, based on the findings, culminating in an improvement plan.

2.5 Submission of the ISER

Before submission to QQI, the ISER should be read and endorsed by the President of the institution to confirm that the senior management team accepts the ISER as an accurate reflection of the institutional approach to quality assurance and enhancement.

The institution is encouraged to publish the ISER and is advised to ensure that the ISER is circulated amongst institutional staff and students, particularly those who will meet with the review team.

The institution is required to submit a digital copy of the ISER to QQI via a dedicated SharePoint site on the agreed date set out in the schedule. Upon receipt, the ISER will be distributed by QQI to the review team. The ISER and the information it contains will remain confidential between the institution, QQI and the review team members.

3. THE EXTERNAL REVIEW

3.1 The Institutional Coordinator

The institution will be asked to select an institutional coordinator to be the main liaison point between the institution, QQI and the review team throughout the review process. The institutional coordinator should be familiar with the institution's structures, procedures, policies and committees for the management of quality assurance and enhancement.

Further information on the role and responsibilities of the institutional coordinator is available in Appendix B.

3.2 The Review Team

QQI will appoint a six-member review team to conduct the institutional review. The team will include a chair, a coordinating reviewer, a student representative, senior institutional leader(s) from comparable institutions, as well as external representative(s). QQI will select an entirely independent[4] team of reviewers. QQI is committed to appointing a balanced team in terms of gender representation and including reviewers from diverse backgrounds. The composition of previous CINNTE review teams is available in the QQI reviews library.

QQI seeks input from the institution on the preferred profile of a specific review team. The institution is consulted prior to confirming the team. Before being appointed, review team members will be required to disclose any possible conflicts of interest. The institution will also be asked to declare any potential conflicts of interest prior to the appointment of the members of the review team.

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4   QQI's document, Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators, under Section 2 'Independence', lists possible scenarios where the independence of a review team member could be compromised, or perceived to be compromised.

Review Team Roles

QQI will endeavour to appoint a review team with contextual experience / knowledge of the institution under review

Chair — An **international** reviewer who is a (serving or recently former) senior third-level institution leader who:

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

Coordinating Reviewer — Acts as **secretary** to the Team

- a person with expertise in the HE system and prior experience in participating in external reviews.
- responsible for drafting the report, so he or she will possess proven excellent writing abilities.

Student Reviewer — Represents the **student voice** in the Review Team, typically a postgraduate student with significant experience of HE.

External / Industry Representative(s) — Brings the **'third mission' perspective**, for example, they may have specialist knowledge of some of the following areas:

- External expectations of graduate skills and competencies;
- Issues and trends in industry or the wider community;
- The external perception of the institution and its activities;
- QA practices in other sectors;
- Good management practices in other sectors; and
- Knowledge of the area identified in any specific enhancement themes for the review;
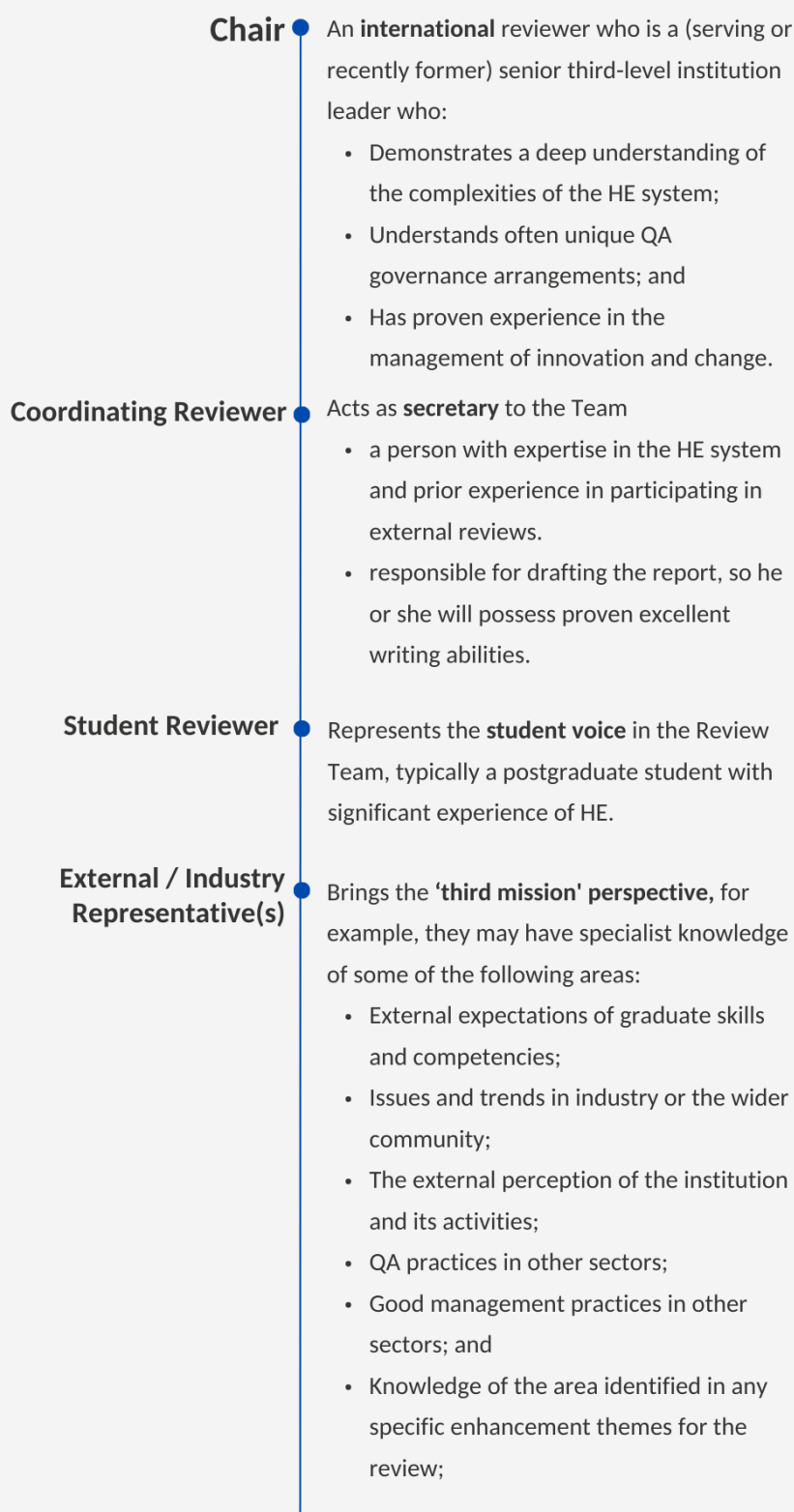
Figure 6: review team roles

3.3 Review Team Briefing and Initial Meeting

An overview of the review process timeline is available in Appendix A.

3.3.1 Review Team Briefing

QQI will organise an online briefing session for the review team prior to their initial meeting. Further information on the topics covered during the review team briefing can be found in Appendix B.

A representative from the Higher Education Authority (HEA) will brief the review team on HEA data, their agreement with the institution[5] and the performance of the institution relative to this. A representative from the Technological Higher Education Association (THEA) and/or the Irish Universities Association (IUA) may also be invited to brief the review team.

The review team briefing emphasises the importance of reviewers providing constructive feedback to the institution as a mechanism for institutional change management, as well as providing confirmation of the effectiveness of procedures implemented to date.

3.3.2 Initial Meeting

In preparation for the planning visit and main review visit, each review team member is requested to conduct their own independent desk analysis of the ISER and supporting materials, including annual quality reports (AQRs), the institutional profile and data supplied by the HEA. The institutional profile and the data provided by the HEA will set the scene by positioning the institution within the Irish higher education sector and providing the review team with an external reference for the mission, vision, values and strategies of the institution.

For the review team, the initial meeting begins the process of collectively identifying general themes, issues and areas for further investigation or clarification.

A shared list of issues from the initial meeting will serve as the starting point for talks between the chair, the coordinating reviewer and the institution at the planning visit. This list will be refined throughout the review process as evidence emerges.

3.4 Planning Visit

Approximately seven weeks[6] before the main review visit, the chair and the coordinating reviewer will attend a half-day online planning visit with the institution, hosted by QQI. As the chair and/or the coordinating reviewer may be located in a different time-zone, the planning visit may need to be scheduled outside of normal GMT office hours.

Review team members will have provided their own comments on the ISER to the chair and coordinating reviewer at the team's initial meeting.

The schedule of the planning visit is prepared by the institution (in consultation with QQI on behalf of the review team) and should include a series of meetings with the institution's President, Registrar, and other members of the Senior Management Team, the institutional coordinator and members of the team that developed the self-evaluation report. A sample planning visit schedule is available in Appendix E.

Requests for additional documentation from the institution will also be discussed in advance of the planning visit. A QQI staff member will attend the planning visit to support the review team and the institution and ensure the process is conducted in accordance with published criteria.

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5   See Strategy and Performance Dialogue | Funding, Governance and Performance | Higher Education Authority (hea.ie)
6   In some circumstances, a shorter lead-in time between the planning visit and main review visit may be unavoidable. Any change to the indicative timeframe will be agreed in consultation with the institution concerned.

The purpose of the planning visit is to:
- clarify the institution'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,
- 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 for the main review visit and any facilities and resources that might be required by the team. The institution is asked to select one campus location for the main review visit. The evaluation of campus facilities does not form part of the terms of reference for the review. The additional planning and time involved in travelling to different campus locations places a significant burden on the review visit schedule and review team,
- discuss, if applicable, the content of previous AQRs, and
- confirm the institutional profile and data supplied by the ISER and the HEA.

During the planning visit, the chair and coordinating reviewer will identify any additional documents required before the main review visit to assist the team in reaching conclusions at the end of the review process. Examples include external examiner reports, internal review reports, student feedback, programme approval and review. Examples of QA processes are listed in Appendix E.

3.5 Main Review Visit Preparation

A note of the key items discussed and agreed at the planning visit, including the final draft of the main review visit schedule, will be drawn up by the coordinating reviewer, in consultation with the chair, and shared with other members of the review team and the institutional coordinator.

Any additional documentation to be supplied by the institution will also be disseminated at this stage. All documentation from the institution should be uploaded via QQI's SharePoint. When uploading files and folders, the institution should be mindful of path and file name length: QQI SharePoint supports up to 260 characters for the total file and path length.

If any changes to the main review visit schedule are determined at the planning visit, the institutional coordinator may need to amend logistical and personnel arrangements for the main review visit. The institutional coordinator should liaise with QQI to confirm that all agreed changes are addressed appropriately in advance of the main review visit and that the finalised schedule has been approved by the chair.

The institution should begin preparation for the main review visit well in advance of the planning visit and finalise arrangements quickly thereafter. Coordination of diaries can be highly complex and the attendance of participants in accordance with the detailed schedule should be confirmed at an early stage where possible. Appendix E provides guidelines on specific arrangements for the main review visit.

The profiles of review team members (supplied by QQI) should be shared with participants alongside a guidance note on the CINNTE review process. Certain stakeholder groups (particularly learners) may also benefit from direct briefing on the process (for example, from NStEP) and should be offered opportunities to clarify their role or the nature of their discussion with the review team.

Participants should also be informed that the review team will guide the direction of the discussion at the meetings and some degree of flexibility may be necessary to facilitate this. Participants should have full access to the self-evaluation report and any supporting material. Where a participant requires specific supports or accommodations to engage effectively in the main review visit, it is the responsibility of the institution to make appropriate arrangements. The institutional coordinator should advise the coordinating reviewer of any such arrangements.

3.6 The Main Review Visit

The main review visit provides an opportunity for the review team to seek further evidence regarding the effectiveness of the quality processes in place and assurances that these internal quality activities are consistent with the mission and strategy of the institution and with national and European guidelines.

The team will gather further evidence through engagement with participants and consider how the institution has performed based on the objectives and criteria set out in the Terms of Reference.

The review team will follow the review schedule agreed by the chair following the planning visit. Any proposed amendments to this schedule should be negotiated between the coordinating reviewer and the institutional coordinator in advance of the team's arrival.

The main review visit is normally held on-site in the institution and attended by all review team members. It generally does not exceed five days in duration. On day five, the review team will commence drafting their report and present their initial, high-level findings to the institution via an Oral Report.

The main review 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 stakeholders, about the current state of quality assurance and enhancement at the institution,
– to formulate the review team's preliminary findings and communicate these,
– to identify any areas of good practice to be commended and any recommendations for possible improvement, and
– to compile information and produce material to be used in the draft report.

Open, honest and constructive dialogue is essential at both the planning and main review visits if the team is to gain a true and accurate understanding of the institution's distinct character and its approach to embedding a culture of quality throughout its organisation.

The schedule for the main review visit should provide the team with an opportunity to meet a diverse group of staff (academic and non-academic) and students (undergraduate, postgraduate) from across the institution, as well as key external stakeholders.

When securing attendees for the various meetings, they should be informed that the timetable will be subject to change until the planning visit is concluded. At this point the schedule will be finalised.

With the exception of some members of the senior management team and the institutional coordinator, the institution should avoid, where possible, including institution staff members at more than one meeting, unless they are specifically requested by the review team.

To assist the chair to manage each meeting and ensure that all attendees have an opportunity to contribute to each discussion, it is recommended that the number of attendees per meeting is limited to a maximum of eight. Ideally, there should be six to eight attendees at each meeting (unless the proposed format, e.g., a world café-style approach, necessitates otherwise).

Conduct of the Main Review Visit

The reviewers and institution are encouraged to create an atmosphere of genuine dialogue throughout the main review visit. To that end, questions and discussions in meetings will be fair, courteous, and constructive, but also probing, with a focus on the gathering and testing of evidence.

For open and honest discussion to occur to the best effect, attendees should consider the review team as critical friends who are there to engage in discussion, share independent perspectives and contribute value to the review of the institution.

The review team are tasked by QQI to ensure that by the end of each meeting they have gathered the information and evidence needed to contribute to the findings, commendations and recommendations that will be presented in the review report.

QQI representatives may attend meetings during the main review visit to support the review team with this stage of the review process. They may also act as a liaison between the institutional coordinator and the review team where appropriate. From time to time and as part of QQI's internal quality training, other QQI representatives may also be present as observers only. This will be managed in consultation with the institutional coordinator.

The Oral Report

An oral report, detailing a brief overview of the review team's findings, is presented by the chair at the final session of the main review visit. In advance of this session, the review team will meet privately with the head of institution to provide a brief overview of their findings. Following this private briefing, their report to a wider audience will be a short oral presentation and will provide the institution with an overview of the review team's preliminary conclusions, key findings, commendations and recommendations. Ideally, attendees at this session will include the president, members of the senior management team, the self-evaluation steering group, a group of learners and the institutional coordinator.

The oral report marks an end to the formal engagement between the review team and the institution during the review process. It provides an opportunity for the review team to share some of the key findings that will be included in the review report but there will be no opportunity for discussion and debate. All findings shared at this stage are confidential and informal.

See Appendix E for more specific guidelines on planning and main review visits, including the oral report.

4. THE REVIEW REPORT

4.1 The Purpose of the Review Report

The review report sets out the findings of the review team. At the end of the review process, the entire team will prepare and agree on the content of the written report.

The review report is designed to support the availability of consistent, robust and independent public assurances, and to confirm that the institution has in place procedures and processes that ensure the delivery of educational experiences of the highest international standard. In addition to commendations, the review report includes recommendations to which the institution responds.

4.2 Factual Accuracy Checking

Within the post-review timeline, the institution will be given a formal opportunity to check the factual accuracy of the review report.

The institution will be given two weeks in which to comment on factual accuracy and invited to provide an institutional response (see below).

It is important that the institution be aware that the factual accuracy checking process will be precisely that, and not an opportunity to re-write sections of the report.

The institution is invited to identify any changes required for accuracy and comments for consideration by the team, particularly where numerical data, committee names and operational titles are presented. In most cases, data used in the review report will have been obtained from the ISER. A template to assist the institution in the factual accuracy process will be provided by QQI.

Additionally, as an evidence-based review, the team will only comment on what it found, in terms of evidence seen, or through engagement with stakeholders, before or during the main review visit. If there are instances where the team make reference to an activity, document or policy that existed in the institution but was not witnessed during the institutional review process, the institution is invited to make it known to the team. In such instances, the team may be willing to amend a few key words to adjust the tone, rather than the findings, where appropriate.

4.3 Institutional Response

The institution is invited to provide a formal response to the review report (ideally no longer than 2 pages in length) that will be published as a section of the main review report.

The institutional response drafting process is initiated alongside the factual accuracy exercise. However, a longer deadline is given for its submission to enable the institution 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.

4.4 The Quality Profile

The quality profile (one page in length) is published by QQI and will provide a synopsis of the process followed alongside the key findings and five key commendations and recommendations of the team. This profile is expected to attract interest from a wide variety of external audiences, especially prospective students. Published examples of institutional quality profiles are available in the QQI reviews library.

4.5 Publication of the Review Report

QQI and the institution will publish the review report, the institution's response (optional) and the follow-up report of the institution. It is not mandatory for the institution to publish its ISER. However, it is strongly encouraged to do so.

The final report (including the formal institutional response) will be considered by QQI's governance structures for approval. Following approval of the report's publication, QQI will provide an electronic copy of the review report to the institution. Both parties will publish the document on their respective websites and share with internal and external key stakeholders.

5. FOLLOW-UP

5.1 The Implementation Plan and Follow-up Report

Three months after the publication of the review report, the institution is asked to submit an implementation plan, outlining the institution's high-level plans for addressing the findings of the review team as outlined in the review report.

One year after the publication of the review report, the institution will be asked to produce a follow-up report (incorporating the implementation plan) for submission to QQI. Published examples of follow-up reports are available in the QQI reviews library.

In the report, the institution should provide a commentary on how the review findings and recommendations have been discussed and disseminated throughout the institution's committee structure and academic units, and comment on how effectively the institution is addressing the review outcomes.

The follow-up report should identify the range of strategic and logistical developments and decisions that have been taken in the institution since the publication of the review report. The length and style of the follow-up report will remain flexible for institutions, but it must address all the key findings and recommendations of the review team.

The follow-up report will be published by QQI and the institution. Significant milestones in the follow-up report, along with reflections and learnings from the external cyclical review process, can be included in subsequent AQRs. If the review team identifies what it considers to be significant causes of concern, particularly in relation to the institution's fulfilment of relevant statutory requirements, QQI will consult with the institution to agree an immediate action plan to address these concerns, including the timeframe in which the issue(s) will be addressed. The action plan and the timeframe will comprise 'directions' (Section 35 of the 2012 Act) by QQI. The institution 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 the institution, intervene to secure a revision or acceleration of the plan, or to arrange a further review visit, ideally involving some or all members of the original review team. This process would only be initiated in exceptional circumstances where significant failures to meet statutory requirements are found by the team.

Throughout the review process, formal and informal mechanisms for gathering feedback on the process will be in place. Both formal and informal feedback are welcome at all stages of the review cycle.

5.2 Review Outcomes

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) will be published on the QQI website.

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.

APPENDIX A

Terms of Reference for the review of Technological Universities

The Terms of Reference for the review of the Technological Universities are an adaptation of the CINNTE review Terms of Reference for Designated Awarding Bodies. These Terms of Reference provide an enabling framework to facilitate and further enhance the institutional review process of the new institutions.

Section 1 Background and Context of the Review

1.1 Context and Legislative Underpinning

In 2016 QQI adopted a Policy for Cyclical Review of Higher Education Institutions, which set out the scope, purposes, criteria, model and procedures for the review process. These are detailed in this handbook.

The Technological Universities Act 2018 provides for the establishment of technological universities, as well as setting out their functions and governance structure. These Terms of Reference provide supplemental information for the quality review of new technological universities within the CINNTE Review Cycle Schedule 2017-2024.

The CINNTE schedule of cyclical reviews has been revised to reflect the planned establishment of technological universities; the institutional review of each new technological university is planned to commence 18 months from the date of establishment of that technological university with submission to QQI of the institutional self-evaluation report (ISER).

1.2 Purpose

The Policy for the Cyclical Review of Higher Education Institutions highlights four purposes for individual institutional reviews, as set out in this handbook. These are consistent in these Terms of Reference, with some amendments to the measures as highlighted below:

Purpose	Achieved and measured through
1. To encourage a QA culture and the enhancement of the student learning environment and experience in institutions.	– 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 – exploring quality as well as quality assurance **with a focus on the development of an integrated quality system in the new institution**
2. To provide feedback to institutions about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance	– emphasising the governance of quality and quality assurance at the level of the institution – pitching the review at a comprehensive institution-wide level – evaluating compliance with legislation, policy and standards – evaluating how the institution **intends to** identify and measure itself against its own benchmarks and metrics to support quality assurance governance and procedures – emphasising the improvement of quality assurance procedures

3. To contribute to public confidence in the quality of institutions by promoting transparency and public awareness	– 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, institutional reporting on quality and quality assurance, to ensure that it is transparent and accessible
4. To encourage quality by using evidence-based, objective methods and advice	– Using the expertise of international, national and student peer reviewers who are independent of the institution; – ensuring that findings are based on stated evidence – facilitating the institution to identify measurement, comparison and analytic techniques, based on quantitative data relevant to its **evolving** mission and context, to support quality assurance – promoting the identification and dissemination of examples of good practice and innovation

Section 2 Objectives and Criteria

The overarching theme for the institutional review of a newly formed technological university is: ensuring a forward-looking perspective.

2.1 Review Objectives

Enhancing academic quality and excellence should be a key goal of each newly formed technological university. It is recognised that these new institutions will need to move from an implicit strategy based on the sum of the dissolved institutions, to a common global mission, strategy and goals, and that it will take time to mainstream an institution-wide quality assurance system, and to implement institution-wide procedural change.

The objectives of the CINNTE review are framed within this context. Whilst the review process will be forward-looking, it must also ensure trust through transparency and commitment to a culture of quality assurance.

Objective 1

To review the effectiveness and implementation of the QA procedures of the new technological university through consideration of the procedures set out in the annual quality report submitted by the university.

The scope of information in respect of quality assurance contained in the annual quality report (AQR), or otherwise reported, includes reporting procedures, governance and publication. It is recognised that the procedures that governed quality assurance in the dissolved institutions may not be unified in one single document at the time of submission of the AQR and/or review process. There may, therefore, be a number of individual procedures set out in the AQR that reflect former institutional approaches, and supplementary information may be requested by the review team in the form of documentation or interviews in advance of, or during, the review process.

The relevant outcomes of the last review of the former institutions should be addressed and resolved, and the development of the new unified quality assurance system in place since the establishment of the new institution, evaluated. The review team will also consider the effectiveness of the AQR and institutional self-evaluation report (ISER) processes implemented across the new technological university.

The scope of this objective also extends to the technological university's overarching approach to assuring itself of the quality of its research degree programmes and research activities in the context of its establishment as a new institution, and to the effectiveness of the procedures for the quality assurance of its collaborations, partnerships and overseas provision.

Objective 2
To review the enhancement of quality by the technological university through governance, policy and procedures.

In the new technological university, institution-wide governance, policy, procedures, mission, goals and targets for quality may not be fully established at the time of the review. In this context, the process – and progress – towards developing these elements will be evaluated, and the methodology and design of quality assurance, as well as transitional governance approaches, will be considered.

Objective 3
To review the effectiveness and implementation of procedures for access, transfer and progression.

2.2 Review Criteria

Criteria for Objective 1

The review report will include a specific qualitative statement on the effectiveness of the quality assurance procedures of the new institution and/or the extent of their development and/or implementation. The report will also include a specific statement on the extent to which the quality assurance procedures can be considered as compliant with the European Standards & Guidelines (ESG) and as having regard to QQI's statutory Quality Assurance Guidelines (QAG).

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 (ESG 2015):
- QQI Core Quality Assurance Guidelines (QAG);
- QQI Sector Specific Quality Assurance Guidelines for Universities and Other Designated Awarding Bodies
- Qualifications and Quality Assurance (Education and Training) Act 2012 (as amended) (the 2012 Act); and
- The technological university's objectives and goals for quality assurance, where these have been determined.

Where appropriate and actioned by the institution, additional QQI guidelines may be incorporated:
- Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Statutory Apprenticeship Programmes
- Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Research Degree Programmes
- National Framework for Doctoral Education

Criteria for Objective 2

The review report will include a specific qualitative statement on the enhancement of quality by the institution through governance, policy, and procedures. This statement may be accompanied by a range of ancillary statements and recommendations in reference to this objective in the context of the newly formed institution. If identified, innovative and effective practices for quality enhancement will be highlighted in the report.

The criteria to be used by the team in reaching conclusions for this objective are:
- The new institution's mission and vision, or the plans and process in place for their development.
- The goals or targets for quality identified by the institution and/or the plans or process in place for their development.
- Additional sources of reference identified by the institution.

Criteria for Objective 3

The report will include a qualitative statement on the extent to which the current procedures being implemented in the new institution are in keeping with [QQI Policy for Access, Transfer and Progression](#).

Key questions to be addressed by the review for each objective in the context of the new institution:
  – How is a new unified quality assurance system being planned for and developed?
  – How are quality assurance procedures and reviews being implemented in the new institution?
  – What transitional quality assurance arrangements have been put in place? What reflections would the institution make on these?
  – Who takes responsibility for quality and governance of quality assurance in the newly established, multi-campus, geographically spread institution?
  – How effective are the current internal quality assurance procedures of the institution?
  – How transparent, accessible and comprehensive is reporting on quality and quality assurance across the institution? What documentation and supporting information is available?
  – How is quality promoted and enhanced?
  – Are there effective innovations in quality enhancement and assurance?
  – How is the new university developing a common mission, strategy and goals for quality?
  – How has information on transitional arrangements been communicated?

Section 3 The Review Process
3.1 Process

The primary basis for the review process is this handbook.

3.2 Review Team – Technological Universities

QQI will appoint an external review team to conduct an institutional review of each new technological university. The size of the team and the duration of their visit will depend on the size and complexity of the institution but in general the review team for a technological university will consist of 6 persons. Each review team includes a chair 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. A single team may undertake the review of two different institutions.

Reviewers are not QQI employees, but rather peers of the institution. The institution will have an opportunity to comment on the proposed composition of their 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 each institution. QQI has final approval over the composition of each review team.

There will be appropriate gender representation on the review team. 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 chair.

The review team for the institution-wide review of the newly formed technological universities will be appointed in keeping with the following profile[7].

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7   QQI seeks guidance from the institution on the profile of a specific review team. The institution is consulted in advance, prior to confirming the team.

1. A review chair

The role of the chair is to act as leader of the review team. This will be 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, with specific experience of creating a new university and/ or of merging higher education institutional contexts.

– Demonstrates a deep understanding of the complexities of the higher education system and of establishing a new higher education institution.

– 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 will usually be 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, typically, be an Irish or international student with significant experience of higher education or an undergraduate student who has completed a quality assurance training programme and/or has had a role in institutional self-evaluation and/or review.

4. An external representative

The role of the external representative is to bring the "third mission" perspective to the review team, **specifically in the context of the establishment of a new technological university.** By way of example, they may have specialist knowledge in some or all of the following areas:

– External expectations of graduate skills and competencies,

– Issues and trends in industry and/or the wider community,

– The external perception of the new institution and its activities,

– Quality assurance practices in other sectors,

– Knowledge of an area identified in the specific review team profile.

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

– experience of higher education quality assurance processes in a newly established institution and/or merging institutional context,

– experience of postgraduate research programmes,

– experience and proven ability in the advancement of teaching and learning,

– experience of a higher education institution with similar profile and/or mission.

All elements of the CINNTE cyclical review process, and guidance on conducting the institutional self-evaluation process, are detailed in this handbook.

3.3 Procedure and Timelines

The outline set out in the policy (below) will be elaborated further and timelines will be set 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 institution and HEA	9 months before the main review visit (MRV)	Published Terms of Reference
Institutional profile	Forwarding to QQI of the institutional profile	6-9 months before the MRV	Published Institutional Profile
Preparation	Appointment of an expert review team Consultation with the institution on any possible conflicts of interest	6-9 months before the MRV	Review team appointed
Self-evaluation	Forwarding to QQI of the institutional self-evaluation report (ISER)	12 weeks before the MRV	Published ISER (optional)
Desk review	**Desk review of the ISER completed by the team**	At least 1 week before the initial meeting	ISER initial response provided
Initial meeting	An initial meeting of the review team, including reviewer training and briefing	5 weeks after the ISER, 7 weeks before the MRV	Team training and briefing is complete. Team identifies key themes and additional documents required
Planning visit	A visit to the institution 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	5 weeks after the ISER, 7 weeks before the MRV	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	12 weeks after the receipt of ISER	A short preliminary oral report to the institution
Report	Preparation of a draft report by the team - **1st draft submitted to QQI** Draft report sent to the institution for a check of factual accuracy Institution responds with any factual accuracy corrections Preparation of a final report	6-8 weeks after the MRV 12 weeks after the MRV **14** weeks after **MRV** **16** weeks after **MRV**	QQI review report
Report	Preparation of an institutional response	**18** weeks after **MRV**	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 the institution and a schedule for their implementation
	Preparation of QQI quality profile	2 weeks after decision	Quality profile published

The form of the follow-up will be determined by whether 'directions' are issued to the institution. In general, where directions are issued, the follow-up period will commence sooner and more specific actions may be required as part of the direction.			
Follow-up	Preparation of an institutional implementation plan	1 month after decision	Publication of the implementation plan by the institution
	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 MRV	Publication of the follow-up report by QQI and the institution
	Continuous reporting and dialogue on follow-up through the annual institutional reporting and dialogue process	Continuous	Annual 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

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 the institution's quality assurance and enhancement processes in relation to the objectives set out in the Terms of Reference.

Criteria for Membership of the Review Team
The principles of competence and independence will be exercised when appointing the review team.

Competence
The institution and its stakeholders must have confidence that the review is being conducted by competent persons with appropriate levels of experience and knowledge and who can offer an informed, expert opinion on the activities of the institution. While each institution and each review team is unique and requires different competencies, review teams should have an appropriate mix and balance of expertise.

Independence
A review team must arrive at its decision in an independent manner, free of influence from the institution and of other interests. Stakeholders must have confidence that the review has been conducted by independent experts.

It is important that team members engage in the review process without any conflict of interest, or perception of conflict of interest. It is in the institution's interest that its review be conducted transparently 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 or past appointment in the institution (e.g., existing employees, consultant etc.),
- be a learner or graduate of the institution,
- hold a membership or recent membership of the Board or sub-committees of QQI, or
- have any other potential conflict of interest.

The principal requirements asked of reviewers throughout the process are to:
- **Contextualise:** gain a sound understanding of the institution, its mission, size, strategies and procedures, whilst taking account of the wider social, cultural, economic and political environment in Ireland,
- **Critique**: be a critical friend to the institution 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 the institution's effectiveness by providing examples of alternative practices as a catalyst for change, referencing national, European and international exemplars, where known,
- **Confirm**: provide independent validation to internal and external audiences of the effectiveness of the measures used in the institution 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 chair, 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 and any other documentation provided by the institution or QQI,
– Participating in the main review visit and team induction training and briefings,
– Leading a section of the review report, as directed by the chair, 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 institution documents throughout the main review visit by speaking to a diverse range of staff, students and stakeholders,
– Seeking evidence from different units and services, at differing levels of the institution, to be assured that sufficient evidence exists to confirm that institution procedures and practices are operating systematically and effectively throughout the institution,
– Reaching conclusions on the basis of the evidence gathered,
– Contributing to and commenting on the review report in a timely manner.
–

Individual Roles in the Review Team

The chair

This will be 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,
– Has proven experience in the management of innovation and change.

The chair will be selected for their 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 chair 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 be conducted in an efficient and effective manner. For this reason, it is necessary that the chair have prior experience of a similar process, be of high standing in their field and, critically, have a proven ability to exercise appropriate 'soft' skills to chair meetings effectively.

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

– Agree the content and scope of the main review visit schedule with the institutional coordinator and the 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 institutional coordinator and the coordinating reviewer,
– Meet the institutional coordinator on a daily basis throughout the main review visit (alongside the coordinating reviewer) and invite the institutional coordinator to attend meetings at the request of the team,
– Ensure that the team works professionally and confidently throughout the review process, in accordance with any agreed Code of Conduct (ensuring that institution'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 and interests with 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 in the institution 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 the institution 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 the institution's comments on factual accuracy,
- Convene additional meetings if necessary.

Please note that if the chair is unable to fully participate in the main review visit (due to illness, etc), another member of the review team may be asked to step into the role as reserve chair.

The coordinating reviewer

The coordinating reviewer is a full member of the team. Their role is to coordinate the review, taking notes and drafting the report of the team following the main review visit. The coordinating reviewer will also:
- Attend the planning visit and main review visit,
- Agree the content and scope of the main review visit schedule with the chair and institution,
- Ensure the scope of the planning 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 institutional coordinator, chair and the rest of the team throughout the process,
- Coordinate logistical arrangements in consultation with the institutional coordinator, chair and QQI,
- Maintain a record of discussions held throughout the planning and main review visit including during private review team meetings,
- Meet with the institutional coordinator and chair daily throughout the main review visit,
- Retrieve and collate 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 the final day for delivery by the chair,
- Draft the review report in consultation with the chair and review team in order to submit the draft report to QQI within 6-8 weeks of the main review visit,
- Make factual accuracy changes as identified by the institution, in consultation with the chair and QQI.

Please note that if the coordinating reviewer is unable to fully participate in the main review visit (due to illness, etc), QQI will seek a replacement, to take on this role for the week of the MRV. If a replacement cannot be sourced, then a QQI executive will step into the role of coordinating reviewer.

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. They 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.,
- Learner input into decision-making and involvement in quality assurance.

The external representative (national and international)

The external representative reviewer is an equal member of the team and takes part in all aspects of review. The external representative brings the 'third mission' perspective (i.e., representing the economic and social mission of the institution) 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,
– Issues and trends in industry or the wider community,
– The external perception of the institution and its activities,
– Knowledge of the area identified in any specific enhancement themes for the review,
– Quality assurance practices in other sectors,
– 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 training specific to the institution under review 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 the institution is operating,
– Understand relevant statutory requirements placed on Irish institutions in relation to quality, as outlined in ESG 2015,
– Understand the aims and objectives of the review process as well as the key elements of the method,
– 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 Terms of Reference for the review,
– The institution's institutional self-evaluation report (ISER) and annexes,
– Draft timetables for the planning visit and main review visit,
– Reviewer briefing notes /handbook.

During the training event, the team will be provided with an opportunity to share reactions, views and comments on the 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 chair 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,
– To capture lessons learned from reviewers' experience elsewhere in the interests of developing best practice.

On completion of the training induction event, participants will have an understanding of:
– The role of QQI and the legislative background to institutional review,
– 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 chair and coordinating reviewer and expert tasks,
– The contingency plans in place if the chair or coordinating reviewer is absent for a significant period of time during the MRV,
– A range of review techniques (e.g., open questioning, active listening, giving feedback, reviewing evidence).

Role of the Institutional Coordinator

Selection, Briefing and Support

The institution will be asked to select an institutional coordinator from within the institution to be the main liaison point between the institution, QQI and the review team throughout the review process. The institutional coordinator should be familiar with the institution's structures, procedures, policies and committees for the management of quality assurance and enhancement. The institution may decide that the institutional quality officer/director is an appropriate person to undertake this role. The review team chair will have the right to ask the 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 each institution to offer one-to-one briefing and support to the institutional coordinator 5-8 months in advance of the planning visit to familiarise them with the processes of review and to clarify their role and responsibilities in the institutional review process.

Deployment

Throughout the review process the institutional coordinator will be expected to:
– Liaise with QQI to submit the ISER and confirm all arrangements leading to 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 chair and coordinating reviewer throughout the main review visit,
– Attend meetings during the main review visit – at the request of the chair,
– Guide the review team to appropriate sources of 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 the institution on the factual accuracy of the review report,
– Two weeks after the report is finalised, provide the 1-2 page institutional response (if the institution so chooses) for publication as an annex to the review report,
– 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 an institution to devise a systematic and critical process for evaluating its activity and formulating recommendations for its improvement. Setting parameters for institutional self-evaluation rather than prescribing a specific approach is thus more appropriate.

The self-evaluation methodology used must be flexible, appropriate to the institution and fully address the Terms of Reference.

Institutional self-evaluation should be carefully designed to ensure it:
  – Has a clear focus and purpose,
  – Incorporates broad consultation with internal and external stakeholders of the institution, especially students,
  – Is sufficiently rigorous, systematic, evidence-based and comprehensive to meet all of the objectives and criteria in the relevant Terms of Reference,
  – Adds value, minimises unnecessary overheads and assists in building capacity in the institution (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 in the institution,
  – Provides an honest evaluation of institutional strengths and weaknesses,
  – Demonstrates evidence of leadership at all relevant levels of the institution and involvement of relevant staff,
  – Gives appropriate consideration to the environment of the institution,
  – 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 the institution will factor into future plans,
  – 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. Internationally, the traditional approach to institutional review is a major self-study undertaken on a five-yearly basis. 'Root and branch' reviews involving most or all departments in an institution are the most common way to accomplish this.
This is a worthwhile model, particularly for initial reviews. However, the tendency to reinforce departmental and functional boundaries is just one of its many drawbacks. This may become one of the challenges for an institution 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 understanding of quality improvement and enhancement in higher education evolves and given the rate of change in this 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 (AQRs) and quality dialogue meetings (QDMs).

Institutions are more likely to achieve outcomes that are of value and useful to the review team members and to internal colleagues when they adopt a transparent, inclusive, reflective and evidence-based approach to producing the ISER. 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 Self-evaluation

It is important that the self-evaluation process begin early to allow sufficient time for ownership by staff and students across the institution, ideally, no later than 4-6 months in advance of the main review visit.

Institutional review covers a broad timeframe. As a starting point, 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.

The institution should pay attention to the objectives of 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

How an institution evaluates the effectiveness of its activities is one of the central questions asked by the institutional review process. Given the known difficulties in measuring performance in higher education, consideration of effectiveness can be a challenging topic on which there is not broad consensus.

Although some subjective judgment is unavoidable, any decisions should be informed by an evidence-based approach and an internal peer evaluation process.

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 the future as a result?

Answers to each of these questions should be counterpointed with a corresponding question: '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 are the other impacts of this activity? Are there unintended impacts? Is the scope of provision, at both framework levels and 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 (learners, industry, graduates, staff, etc.)? 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 have happened anyway?

A particularly useful method of demonstrating an effective practice or process is by reference to case studies. Examples of useful cases could include:
- stories around the student cycle,
- the programme cycle,
- partnership/collaboration agreement cycle,
- unit (department/school/service department) cycle.

Examples of case studies included in annual quality reports (AQRs) submitted to QQI from public and private higher education institutions are available on QQI's website.

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. Texts such as the 2012 report from the European Quality Forum How does quality assurance make a difference? may be useful for guidance should the institution wish to adopt this communication method.

Two Overarching Intended Outcomes of Self-Evaluation
Firstly, the self-evaluation process will provide an institution 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 the institution for assuring itself of the quality of its taught programmes, research degree programmes and programmes of research,
- The use of outcomes of internal and external quality assurance and enhancement processes to identify strengths and weaknesses and enhancement targets in its teaching, learning, research and service areas, informing decision-making, and enabling a culture of quality in the institution (Are they clear and transparent to all stakeholders? Is there appropriate critical mass in the provision of programmes?),
- The use of relevant information and data to support evidence-based decisions about quality,
- 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 the institution's quality assurance framework since establishment as a technological university (TU),
- The use of the AQR and ISER procedures in the institution,
- The procedures established by the institution for the assurance of the quality of collaborations, partnerships and overseas provision, including the procedures for the approval and review of linked

providers, joint awarding arrangements, joint provision and other collaborative arrangements such as clusters and mergers,

– The enhancement of quality by the institution through governance, policy, and procedures,

– The congruency of quality assurance procedures and enhancements with the institution's mission and goals or targets for quality,

– Innovative and effective practices for quality enhancement,

– Procedures for access, transfer and progression.

And, **secondly**, whether its tools, quality assurance policies and procedures are effective in answering these questions.

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 include the use of:
– 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. The number and length of these should be limited to what the institution considers strictly necessary in order to support the assertions and line of reasoning in the ISER. Common annexes may include:
– Organisational chart(s),

– Flow charts for key student processes, e.g., assessment appeals, student complaints, seeking reasonable accommodation in an examination,

– Comprehensive details of student and staff numbers for the whole institution across programmes,

– The nature of the qualifications awarded, 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),

– Funding figures and sources for teaching and research,

– Lists of staff qualifications and staff publications,

– 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/handbook,

– The schedule of internal quality reviews undertaken in 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 as a result 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,

– Evidence of how developments in the QA system are disseminated and communicated to key stakeholders (both internal and external).

A useful text to consult may be the [QAA Scotland report, Updating commentary for Good practice in Reflective Analysis](#) when preparing for enhancement-led institutional review.

Any additional evidence should support the key objectives and criteria of the review, and an index be provided for same. It is essential that the institution discriminate clearly when providing additional information, and only provide documents that are relevant. This is a skill in its own right and suggests understanding of and competence in the review process. 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.

APPENDIX D

Quality Monitoring: Annual Quality Reports (AQRs) and Quality Dialogue Meetings (QDMs)

QQI's Policy on Monitoring outlines the overarching organisational approach that QQI will take to monitoring the qualifications and QA landscape.

Annual Quality Reports

Each institution provides QQI with an annual quality report (AQR). The reporting period is an academic year, from September 1 to August 31.

The AQR provides documentary evidence of the development and evolution of each institution's internal quality system. It provides QQI with assurance that internal QA procedures have been established and are being implemented consistent with regulatory requirements.

The AQR - Part A and Part B

The AQR, particularly part A, has been designed to assist with **document management** in the institutional review process and will facilitate institutions in providing review teams with procedural QA documentation in preparation for the external review process.

Part B of the AQR focuses specifically on the **effectiveness and impact of the internal QA framework** on the QA activities and developments across the institution during the reporting period.

Institutions are invited to use case studies to demonstrate quality in action and to highlight areas of practice for dissemination at any point in this part of the report. A database of case studies submitted by private and public institutions is available on QQI's website.

As part of its Insights series of reports, QQI prepares annual summaries of quality reports.

Quality Dialogue Meetings

QQI holds quality dialogue meetings (QDMs) with individual providers on a periodic basis. These meetings are an opportunity for QQI and the institution to discuss strategic developments in quality assurance as well as the institution's context, achievements, challenges and future plans.

The notes of QDMs may be used by institutions in self-evaluation to analyse the ongoing engagement between the institution and QQI. QDMs may also provide an opportunity for QQI and institutions to progress engagements mandated by legislation, such as consultation on QA procedures (Section 29 of the 2012 Act).

APPENDIX E

Specific Arrangements for Visits

1. The Planning Visit

The planning visit, hosted by QQI and conducted online, is attended by the review team chair and coordinating reviewer on behalf of the team to meet with members of the institution.

The schedule of the planning visit is determined by the institution (in consultation with the coordinating reviewer and QQI). It should be designed to ensure that the chair and coordinating reviewer obtain a clear and explicit understanding of the institution'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 the review team will meet. In addition, this session will also confirm how the main review visit will logistically address the optional institutional enhancement theme, if the institution wishes to include one.

The schedule should include a series of meetings with relevant senior officers and members of the team that developed the ISER.

Time	Purpose	Participants	Name
30 mins	Introductory meeting with Quality Office To discuss the key outcomes required by the end of the day. Institution: may make introductions, and a few opening statements about the institution's approach to review. Reviewers: may provide some initial comments/ feedback from the team on the ISER & main review visit (MRV) timetable and confirm what needs to be discussed.	Chair	
		Coordinating reviewer	
		QQI Representative(s)	
		Institutional coordinator	
45 mins	Meeting with Senior Management representatives, including the head of institution Institution: may comment on organisational and strategic developments in the institution which may impact on the quality processes and/or the MRV. A macro level overview of the direction of travel by the institution in relation to quality assurance and enhancement may also be helpful, alongside any confidential or commercially sensitive issues the institution wishes to make known to the team. Reviewers: may provide an overview of macro level feedback and views from the team based on the documentation considered in advance of the visit. The representatives of the senior management team will be invited to highlight any specific issues or areas that the institution would like the team to consider.	Chair	
		Coordinating reviewer	
		QQI Representative(s)	
		Institutional coordinator	
		Senior management: (names and roles)	
10-15 min break			

45 mins	Meeting with ISER working group (WG) & discussion of ISER	Chair	
		Coordinating reviewer	
	Institution invited to provide a brief outline of the actions undertaken since the last institutional review, if applicable, and the approach undertaken to meet the statutory requirements.	QQI Representative(s)	
		Institutional coordinator	
	Reviewers: the chair will outline the team's initial reactions to the ISER and identify any areas of confusion or areas requiring further clarification/ information/evidence. The MRV draft timetable will be reviewed with the ISER WG to ensure it reflects the principal areas and themes outlined in the ISER. The team will want to see that the scheduled sessions facilitate and enhance discussion on the themes raised in the ISER, and provide the evidence needed to compile the report.	Members of group that developed the ISER: (names and roles)	
45 mins	Discussion of main review visit schedule (MRV)	Chair	
		Coordinating reviewer	
	To finalise arrangements for the MRV and ensure that the institution and review team members are content that:	QQI Representative(s)	
		Institutional coordinator	
	– all aspects of the planning for the review have been addressed. – follow-up actions are clearly identified including the submission of additional documentation and updates to the MRV.	Quality office staff	

Figure 7: Sample Planning Visit schedule

1.2 Post-planning Visit Work

A note of the key items discussed and agreed at the planning visit will be drawn up by the coordinating reviewer, in consultation with the chair, and shared with the rest of the team and the institutional coordinator, alongside the final draft of the main review visit timetable. This can include any conclusions drawn or evidence contained in the AQR. Any additional documentation to be supplied by the institution will also be disseminated at this stage (electronically) throughout the main review visit.

During the planning visit, the chair and coordinating reviewer are likely to ask on behalf of the team to have a few actual paper trails (hard copy or electronic) of key QA processes available to them in their private meeting room during the MRV to allow them to confirm that they have seen evidence of QA policies operating in practice. Examples of these are listed below:

1.2.1 QA Processes

Internal Reviews

An example of one academic and one non-academic internal review – including a paper trail of the internal 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. Examples of the use of data and quantitative sources of information to inform findings and decision making may also be provided.

Student Feedback

Perhaps one example of feedback at module level and one at programme or departmental level – including a paper trail to show student feedback structures and how the feedback loops are closed, including examples where students are kept advised of actions taken as a direct result of student comments..

Programme Approval and Review

Perhaps a series of documents tracing the trajectory of a programme from initial design through approval, monitoring and review. This may include a programme descriptor document, programme feedback, external examiner documents, 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. Examples of the use of data and quantitative sources of information to inform findings and decision-making may also be provided. A separate series of documents may also be provided for the evolution of a research degree programme.

Research Approval and Review

Perhaps a series of documents tracing the trajectory of a programme of research from initial proposal through to review might be included. Alternatively, documents relating to the review of research in schools or departments may be more appropriate. Notes or minutes relating to the quality assurance and/ or review of research activities at a cross-institutional level may also be included. Examples of the use of data and quantitative sources of information to inform findings and decision making may also be provided.

Committee Papers

A selection of Committee Papers (Agendas and Minutes) from key committees, including: Quality Committee, Teaching and Learning Committee, Research Committee, academic decision-making body, Governing Authority etc. A briefing document that outlines the relationship between the Governing Authority and academic decision-making body might also be helpful here, if available, to show how the two bodies interact. In particular, it is helpful to emphasise the link between quality assurance, decision-making, the stated mission of the institution and the use of evidence to inform decision making.

Following the planning visit, 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 of time to address these outcomes and liaise with the coordinating reviewer to ensure that all aspects are sufficiently addressed, and the finalised schedule is agreed in advance of the main review visit.

A copy of the finalised main review visit timetable should be provided to QQI by the institutional coordinator.

2. The Main Review Visit

2.1 Specific Guidelines on the Conduct of the Main Review Visit

The main review visits for the institutional reviews in 2023-2024 will take place on-site. Each stakeholder session will be opened and closed by the reviewer leading that session. At the start of each session, they may, if time allows, provide a brief introduction to the team and the nature of the institutional review process to set the macro level context for the discussion. However, the institution is encouraged to brief attendees on the review team and the purpose of the session in advance.

In order to triangulate information throughout the main review visit, the team may ask questions and opinions on a wide range of topics that might fall outside the topic set for the specific session but come within the scope of the overall review. It may seem odd to participants to be asked about matters that appear to be outside of their particular areas of responsibility, or the scope of the scheduled session. The institution should brief participants that the topics for discussion will include a degree of latitude, where considered necessary by the team.
The lead reviewer may 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 in a session and there is insufficient time to cross reference or review to further explore the matter, the lead reviewer will confirm that the issue can either be addressed or tested in subsequent sessions, or the review report will confirm inconsistencies and outline the reasons for inconsistencies as evidenced by the team.

QQI representatives may attend meetings during the main review visit to support the review team and where appropriate act as a liaison between the institutional coordinator and the review team.

2.2 Key People in the Planning Visit and Main Review Visit

The participant list for the planning visit and main review visit is likely to include:

Institutional Attendees	Planning visit	Main review visit
Head of Institution	X	X
Deputy/Vice Head of Institution	X	X
Registrar or Head of Academic Affairs	X	X
Members of the Task and Finish Group that produced the ISER	X	X
Members of the Quality Committee, Academic Affairs Committee, Academic Council		X
Members of the Governing Authority (Internal & External – including the Chair)		X
Staff that have engaged in quality assurance and enhancement processes in the institution (including staff from the quality office, personnel/HR office, staff development/teaching enhancement unit, planning unit, research office, student services unit, library and IT services, Marketing and Communications team etc.)		X

Students (Students representatives, in addition to actual bachelor, master and doctoral level students – including those taught on and off campus or online)		X
External stakeholders and partners (linked and recognised colleges, collaborating institutions, employers, professional bodies, agencies)		X
Heads of Faculty/School/Department – particularly those with devolved responsibilities for quality assurance and enhancement		X
Staff and students from departments/schools or services that have engaged with internal quality reviews		X
Staff involved in teaching and learning support and student support services		X
Research active and research inactive staff, alongside staff that manage theinstitutional research centres		X

2.3 Sample Main Review Visit Schedule

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

Examples of MRV schedules used by institutions can normally be found in Appendix B of an institution's quality review report in QQI's reviews library,

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 5-6 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 chair in advance,
- Most meetings should take place in one centralised location (e.g., the main admin block/area) to minimise disruption to the team and the schedule,
- The institutional coordinator (or their nominee) should be contactable at all times throughout the visit by telephone or in person by the chair 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, the institution 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 in the institution alongside a guidance note on the review process,

Size of Groups

To assist the chair 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 ensure that the team do not meet 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 will generally be keen to meet staff from departments in separate parallel or consecutive meetings to those conducted with Heads of Departments or Deans,
- Teams may also like to meet undergraduate and postgraduate students separately and again meet a range of students from differing years, profiles and disciplines including a few who study off-campus (in linked or recognised colleges) if possible,
- Staff and students from academic and non-academic departments who have undergone quality reviews in the first and second cycle should be involved where possible.

Final Wrap-up Meeting/Oral Report
- The final meeting on the final day will be led by the chair, delivered via a brief presentation, and will provide the institution with an overview of the team's key findings, commendations and recommendations,
- Ideally the institution attendees will include the head of institution, senior management team members, student representatives, and the institutional coordinator,
- All findings shared at this stage must remain confidential and informal,
- An overview of the findings may – with the chair'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 the institution.

Hybrid Sessions

It is planned that the main review visits for the institutional reviews in 2023-2024 will take place on-site. This means that review team members and all institutional stakeholders will attend in person during the main review visit.

The potential inclusion of a hybrid session e.g., a stakeholder dialling in from a remote location can be discussed at the planning visit, but ultimately it will be the decision of the review team to finalise the schedule for the MRV. Arrangements for any hybrid session is the responsibility of the institution. The institution is also responsible for any technical support that may be required during the hybrid session. Hybrid attendance should be restricted to those participants constrained by location or accessibility.

In response to an emergency situation on the review team (e.g., in the case that a reviewer needs to attend some sessions remotely due to illness), a contingency plan would be implemented. This may involve, depending on the specific circumstances, that:
- a reviewer remotely dialling in to the stakeholder session,
- a reviewer being asked to temporarily 'step in' to another role on the team, for example the international representative may be asked to step in as reserve chair,
- an external consultant or QQI executive being asked to step in to take on the role of coordinating reviewer.

The transition from an on-site to a fully virtual MRV will be at the discretion of QQI, in consultation with the institution and the review team. In these circumstances, updated virtual review guidelines would be issued to all stakeholders (please see Guidelines for CINNTE virtual review visit as a reference).

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 relationship fee. However, for practical reasons, institutions are required to book and pay local costs and subsequently submit these to QQI for reimbursement.

The institution is responsible for booking and managing hotel accommodation and managing transport for the review team for the duration of the main review visit. In most cases, the 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, which can be guaranteed to provide a high-quality service at a competitive rate.

The team will, 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 be secured for the team's dinner on the evening of Day 4 of the MRV. This will enable the team to prepare for the final day's oral presentation.

The institution is expected to make available (at no cost to QQI) three meeting rooms on campus 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. This room should have internet access, access to a printer and the facility to enable an online meeting connection, if required.
- 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. This room should have audio-visual facilities to accommodate a presentation from a laptop.
- Additional rooms (as required) to facilitate parallel sessions.

2.6 Catering at Visits

Lunch and refreshments

For the duration of the main review visit, review teams would appreciate informal light lunches to be provided by the institution, with a range of healthy options included where possible (e.g., soups, salads, sandwiches and fruit). Specific dietary requirements will be communicated by QQI to the institution. Basic refreshments and snacks including tea, coffee and water, replenished regularly throughout each day, would be welcomed also.

Unless agreed in advance, lunches will be held privately for the review team in a designated room. Where the institution would like to invite the review team to lunch in another area on campus, details of this should be provided to QQI to include in the reviewers' logistical document. An 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.

Dinner

Prior to the start of the main review visit, the institution is invited to host a dinner between the review team and members of the institution's senior management team, including the head of institution – usually no more than 6 institution attendees. Typically, this would take place the evening before the main review visit is due to commence. The reservation should be made at a restaurant (ideally with a private dining room) for early evening, e.g. 19:30 or 20:00. QQI representatives will also attend.

The institution is also asked to make provisional reservations for the review team (6 attendees) each evening for the duration of the main review visit either in the main hotel restaurant (if secured as part of the room rate deal) or at nearby restaurants. If external restaurants are proposed (and not within walking distance) then transportation via taxi may also need to be arranged.

For the dinner on Day 4 of the review (usually Thursday) the institution 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.

The institution will be asked to provide contact details for all services used by the team during the MRV.

2.7 Checklist for Institution's Pre-main Review Visit
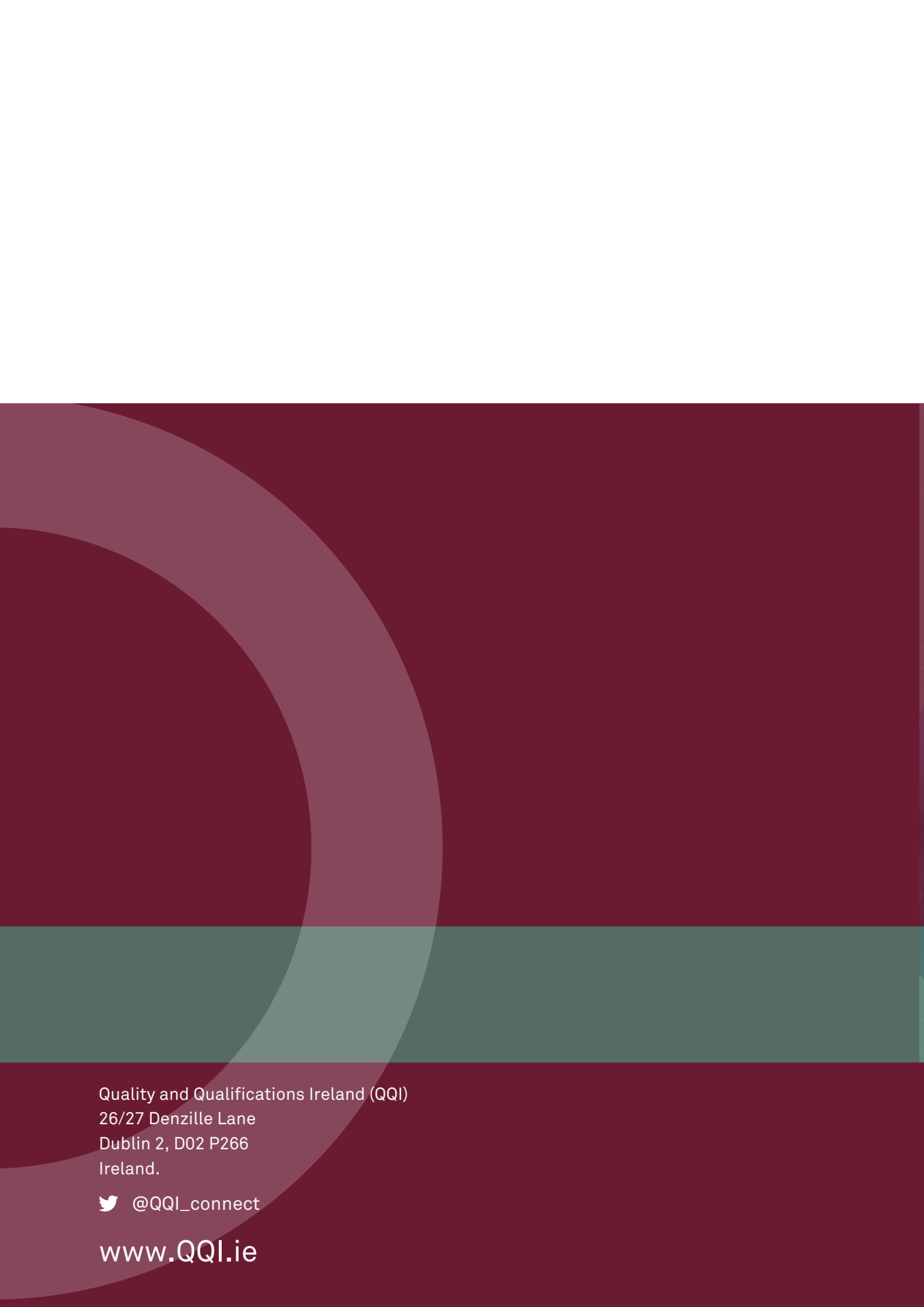
- Has a local, business class hotel been booked for the review team, bearing in mind any accessibility requirements?
- Have dinner reservations been made for the review team on the required evenings, bearing in mind any accessibility and dietary requirements?
- For the main review visit sessions, has the institution booked meeting room(s) in one centralised location (e.g., the main admin block/area) to minimise disruption to the team and the schedule?
- Check that the meeting room(s) will have:
- adequate supplies of tea, coffee, water and light snacks (pastries / fruit, etc) replenished regularly throughout each day,
- a place to hang coats (e.g. a coat-stand) and store bags, laptop cases, etc,
- an accessible toilet close by,
- adjustable lighting, ventilation and room temperature,
- secure and reliable Wi-Fi,
- access to a secure printer with adequate supplies of paper and ink,
- appropriate audio-visual equipment to support hybrid sessions and presentations,
- a contact person in the institution to resolve any technical issues experienced by the review team,
- easy access to an outdoor area for reviewers to get some fresh air,
- nameplates for the stakeholders attending each session,
- Has the institution communicated details of the hotel booking, dinner reservations, lunch locations (if applicable), transport details to QQI?

APPENDIX F

List of External URLs Used in this Handbook

Title	Link
Qualifications and Quality Assurance (Education and Training) Act 2012 (as amended) (the 2012 Act)	https://www.irishstatutebook.ie/eli/2012/act/28/enacted/en/html
Technological Universities Act, 2018	https://www.irishstatutebook.ie/eli/2018/act/3/enacted/en/html
CINNTE Quality Review schedule for Universities, the RCSI, incorporating the new Technological Universities and Institutes of Technology	https://www.qqi.ie/sites/default/files/2022-11/Schedule%20for%20the%20review%20cycle.pdf
Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015)	http://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf
QQI reviews library	https://www.qqi.ie/what-we-do/quality-assurance-education-training/reviews
Quality Assurance – what it is and why it matters [1:48 min, YouTube]	https://www.youtube.com/embed/yDMAmzqKl4E?feature=oembed
QQI Policy for the Cyclical Review of Higher Education institutions	https://www.qqi.ie/sites/default/files/2021-11/qp-16-policy-for-cyclical-review-of-higher-education-institutions.pdf
QQI Core Quality Assurance Guidelines (QAG)	http://www.qqi.ie/Downloads/Core Statutory Quality Assurance Guidelines.pdf
QQI Sector Specific Quality Assurance Guidelines for Universities and Other Designated Awarding Bodies	https://www.qqi.ie/sites/default/files/2021-11/qg-4-sector-specific-qa-guidelines-for-universities-and-other-designated-awarding-bodies.pdf
QQI Sector Specific Quality Assurance Guidelines for Institutes of Technology	https://www.qqi.ie/sites/default/files/2021-11/qg-5-sector-specific-qa-guidelines-for-institutes-of-technology.pdf
QQI Topic Specific Quality Assurance Guidelines	https://www.qqi.ie/node/632
QQI Insights	https://www.qqi.ie/what-we-do/engagement-insights-and-knowledge-sharing/our-insights
National Framework of Qualifications (NFQ)	https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications
National Framework of Qualifications [1:23 min, YouTube]	https://www.youtube.com/embed/qK15HlhDbo4?feature=oembed
Roles, Responsibilities and Code of Conduct for Reviewers and Evaluators	https://www.qqi.ie/sites/default/files/2021-12/qqi-roles-responsibilities-and-code-of-conduct_0.pdf
Higher Education Authority (HEA)	https://hea.ie/
Higher Education Authority (HEA): Strategy and Performance Dialogue	https://hea.ie/funding-governance-performance/managing-performance/strategy-and-performance-dialogue/

QQI Statutory Quality Assurance Guidelines for Providers of Research Degree Programmes	https://www.qqi.ie/sites/default/files/2021-11/qg-6-topic-specific-qa-guidelines-for-research-degree-programmes.pdf
QQI Statutory Quality Assurance Guidelines for Independent/Private Providers coming to QQI on a Voluntary Basis	https://www.qqi.ie/sites/default/files/2021-11/qg-2-sector-specific-qa-guidelines-for-private-and-independent-providers.pdf
QQI Policy for Access, Transfer and Progression	https://www.qqi.ie/sites/default/files/media/file-uploads/ATP%20Policy%20Restatement%20FINAL%202018.pdf
Code of Practice for the Provision of Programmes to International Learners	https://www.qqi.ie/sites/default/files/media/file-uploads/Code%20of%20Practice.pdf
Ireland's Framework of Good Practice for Research Degree Programmes	https://www.qqi.ie/sites/default/files/media/file-uploads/Ireland's%20Framework%20of%20Good%20Practice%20Research%20Degree%20Programmes.pdf