Quality Assurance and Enhancement Review in Administrative and Support Units

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Purpose:	This document is intended to assist administrative and support units in carrying out a quality review.
Approval:	Approval will be by Quality Committee of Academic Council and Governing Authority
Review:	Document will be reviewed in 2015, in line with new quality guidelines to issue from QQI.
Audience:	University Executive , VP and Directors of Administrative and Support Units, External Quality Agencies
Policy Author:	Director of Strategy and Quality
Policy Owner	Office of the Vice President for Strategy and Quality

Table of Contents

1.   The Maynooth University Approach to Quality Assurance and Enhancement

Maynooth University is fully committed to the development of a culture that recognises the importance of quality assurance and enhancement in all its activities. In support of this objective, the University policy statement on quality assurance and enhancement emphasises a broad developmental, learning and performance approach through which an ongoing process of institutional learning and improvement can be sustained.

The University policy on quality assurance and quality enhancement is guided by international best practice as espoused by the European University Association and it is also compliant with the statutory requirements in the Universities Act, 1997 Section 35[1], with the QQI Act 2012[2] and with the requirements of Part 1: European Standards and Guidelines for Internal Quality Assurance 2014[3].

The University has a broad approach to quality assurance and enhancement, embedded in its culture of collegially driven innovation. This approach is aimed at sustaining and enhancing an underlying commitment to excellence in all activities, academic and otherwise, building upon its core values of inclusiveness, equality and service to enhance the public good and maintaining a relationship with the State that balances autonomy and accountability.

Quality assurance and quality enhancement in Maynooth University are supported through a combination of policies and procedures implemented on an ongoing basis, and periodic reviews of all units of the University. The implementation of all quality related activities normally involves participation by staff and students, evidence based methodologies and a combination of internal and external peer review panels.

This document specifically refers to periodic quality reviews of administrative and support units in the university.

2.   Periodic Quality Reviews of Units of the University

Administrative and support units in Maynooth University contribute, whether directly or indirectly, to the experience students have and to the overall learning environment in the university, as well as playing a significant role in achieving the university's overall strategic goals. Reviewing and assessing the activities and plans of administrative and support units are therefore important components of the overall quality culture and strategy of the university, as it seeks to assure and enhance its services to its stakeholders.

In addition to on-going, embedded quality assurance and enhancement, Maynooth University operates a regular programme of quality reviews of all units – academic, administrative and

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[1] http://www.irishstatutebook.ie/1997/en/act/pub/0024/

[2] http://www.qqi.ie/Publications/Qualifications%20and%20Quality%20Assurance%20Act%202012.pdf

[3] http://issuu.com/revisionesg/docs/esg_-_draft_endoresed_by_bfug

support - in the University. Such reviews of individual units/departments take place once every five years. The focus of these quality reviews is on both quality assurance (QA) and quality enhancement (QE) in relation to the achievement of the core objectives of the University Strategic Plan 2012-2017.

The QA dimension is to enable the unit under review to set out the QA procedures that are already in place for the functions that it is responsible for, and to reflect on the effectiveness of those procedures. The effectiveness dimension should be considered against the backdrop of the European Standards and Guidelines for quality assurance in the European Higher Education Area (ESG), Part 1: Internal Quality Assurance (2014 draft) and supported by evidence. The focus of the QE dimension in the reviews is to enable the Unit to document significant initiatives that have been undertaken, or are planned.
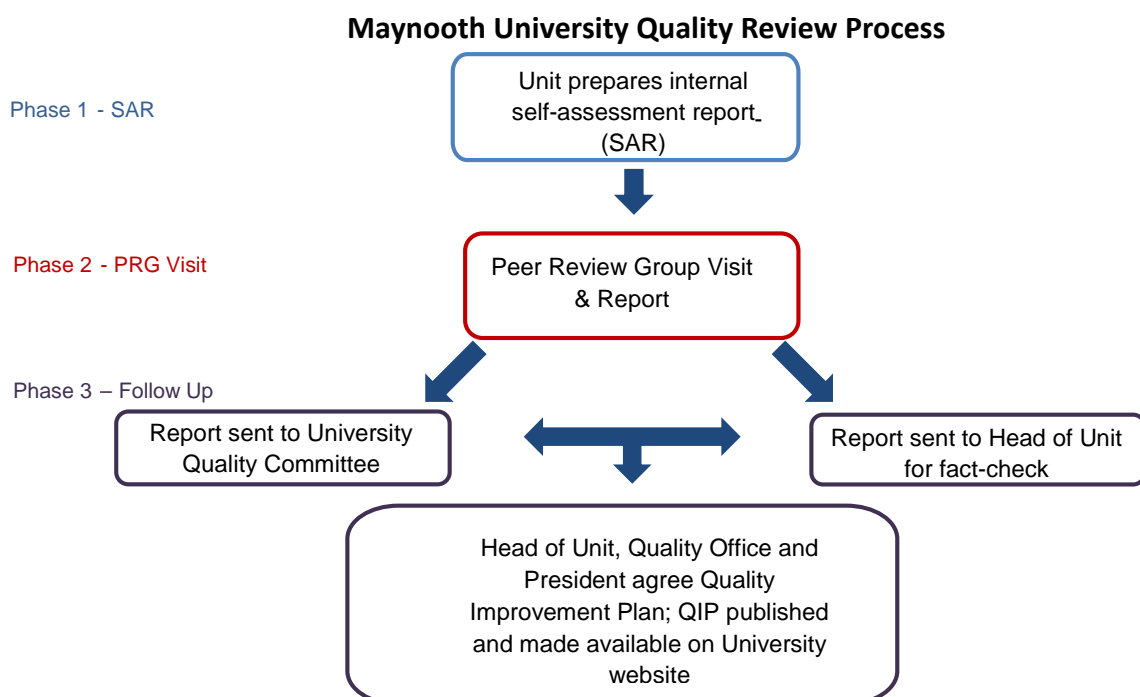
3.   The Quality Review Process

3.1   Stages in the Review

Quality reviews in Maynooth University are cornerstones of the entire quality assurance and enhancement approach and typically involve a **three phase process** (Figure 2):

1.   The preparation of an internal self-assessment report (SAR) by the unit,

2.   A peer review visit and report,

3.   Implementation of a quality improvement plan (QIP) that is aligned with the University Strategic Plan.

Figure 2: Phases in Quality Review

Maynooth University Quality Review Process

Phase 1 - SAR — Unit prepares internal self-assessment report (SAR)

Phase 2 - PRG Visit — Peer Review Group Visit & Report

Phase 3 – Follow Up — Report sent to University Quality Committee — Report sent to Head of Unit for fact-check

Head of Unit, Quality Office and President agree Quality Improvement Plan; QIP published and made available on University website

3.2   Self-Assessment

The core component of the quality review is self-assessment, emphasising the value for a unit to reflect critically and constructively on these basic questions:

Question	Addressing the Question
What are we trying to do?	Role and purpose of the Unit Aims & objectives of the Unit
How are we trying to do it?	Reflective self-assessment, including a SWOT analysis, of the effectiveness of current operations and activities in fulfilling this role and purpose
How effective are we and how do we know?	Outputs from feedback systems and measures the unit uses to monitor quality achievements and service standards
What lessons have we learned and what will we change in order to improve?	Enhancements the unit plans to implement, based on the findings of the self-assessment and the peer review

Self-assessment is therefore a process by which the Unit reflects on its objectives (including measuring the alignment between these objectives and the University's Strategic Plan), critically analyses the activities it engages in and the approach it takes to achieve these objectives, and ultimately produces a self-assessment report (or SAR).

The SAR provides the peer review group with essential information to prepare both the review visit and the final review report. The purpose of the self-assessment report is for the Unit to provide a comprehensive self-critical and reflective analysis of the performance of the functions, services and administration of the Unit. Specifically, the SAR will:

1) Set out a concise yet comprehensive summary of the Unit's strategic objectives and their alignment with the University's Strategic Plan and the manner in which the functions, services and administration of the Unit are organised and operate to achieve objectives;

2) Describe the Unit's existing quality systems and processes and assess their effectiveness;

3) Identify appropriate benchmarks used by the Unit in assessing performance and quality;

4) Help the Unit to identify and analyse its strengths, weaknesses, opportunities and threats, and to suggest appropriate remedies where necessary; in particular to identify those

weaknesses, if any, which are under the control of the Unit and which can be altered by actions of the Unit;

5) Identify shortfalls in resources and provide an externally-validated basis on which a plan for addressing these shortfalls can be constructed;

6) Provide a framework within which the Unit can continue to work in the future towards quality improvement.

The SAR should present a concise (approximately 20-30 pages) synthesis and analysis of the findings of the assessment process. It should be evaluative and reflective in its nature, emphasising qualitative analysis and underpinned by quantitative data as appropriate. It should refer to other quality–relevant sources such as strategic plans, office quality manuals etc. for descriptive information.

A draft of the SAR will be forwarded to the Quality Committee for consideration 2 months before the site visit and the final SAR is sent to the Peer Review Group by the Quality Office one month before the site visit (see below).

A template is appended to this document to guide Units in the preparation of the SAR.

3.3   Peer Review

In parallel to the preparation of the SAR, the University will put in place a process to appoint a Peer Review Group (PRG) to review the SAR, visit the university, and specifically the Unit concerned, and report and make findings in relation to the Unit quality review.

3.3.1   Composition and Appointment of the Peer Review Group

The number of peer reviewers and the composition of experts on the group will be determined for the particular quality review. The PRG will usually consist of, at a minimum, the following members:

- At least two external (cognate) members, with at least one from outside Ireland

- At least two internal members from the University's community

- An internal rapporteur

External and internal members of the panel will have equal status in terms of their contribution to the work of the panel, attendance at meetings during the site visit and input to the peer review report. Gender equality should be a consideration in determining the composition of panels.

Four months before a site visit, The Unit under review will be invited to submit at least four names as potential external reviewers. These suggested experts should not be closely associated with the Unit under review. The names should be sent to the Quality Office, who will ensure appropriate university sign-off of the selected external members.

The internal members will be nominated by the Quality Committee.

The internal rapporteur will be nominated by the Quality Office.

The final composition of the PRG will be decided approximately 3 months before the site visit. All contact and correspondence with the reviewers, both internal and external to the University, will be made by the Quality Office, including all necessary arrangements for the visit.

3.3.2   Peer Review Group Visit

The PRG are provided with the SAR by the Quality Office at least one month before a scheduled site visit. Following their analysis of the SAR, the PRG visit the Unit for an appropriate time to meet staff, students and stakeholders. This visit will be carefully planned between the Head of Unit, the Quality Office and the members of the PRG. Detailed timetabling and scheduling of the visit is undertaken by the Quality Office.

The aims of the site visit are to clarify and verify details in the SAR, to enable meetings between the PRG, staff of the Unit and stakeholders and for the PRG to review the activities of the Unit in the light of the SAR. On completion of their visit, the PRG make an exit presentation of their main findings to the staff of the Unit. This presentation does not involve discussion of the findings, but is merely a broad indication of aspects where commendations and recommendations will be made in the Peer Review Group Report.

3.3.3   The PRG Report

Prior to the commencement of the review visit, the PRG should agree a Chair of the panel. As well as chairing the meetings during the visit, this individual will ensure the delivery of the peer review group report. How the report will be prepared and by whom will be decided on by the PRG, however all members will comment on drafts of the report and the final draft should be agreed by all members. The final draft of the report should be sent to the Quality Office within one month of the visit to the university.

4.   Timeline for the Review

Quality reviews will be scheduled by the Quality Office in consultation with the unit. As set out in the indicative schedule below, the first step in the process is for the Unit to establish a Quality Review Committee to carry out a self-assessment and prepare a report which will be submitted to the Quality Office.

In consultation with the Unit, the Quality Office will finalise the composition of the PRG. Once completed, the Quality Office will make arrangements for the PRG group to receive the SAR and any additional materials relevant to the process

The PRG will visit the University and meet Unit management, staff, students and stakeholders and consider the issues arising from the documents. All arrangements for the visit will be made by the Quality Office

The PRG will deliver an exit presentation to all Unit staff at the end of the visit.

The PRG report will issue no later than one month after the site visit and following an opportunity for the Unit to view a draft version to check for factual accuracy. An indicative timescale for quality reviews is set out below.

Step	Actions	Projected Timeline (+/- Site Visit)
Agree Terms of Reference for Unit Review Set up the Unit Quality Review Committee	Terms of Reference agreed with the Quality Office Quality Review Committee formed within Unit representative of all staff & functions.	- 4 months
Self-Assessment and Appointment of Peer Review Group	Peer reviewer group proposed by Unit (external members) and Quality Committee (internal members)	- 4 months
	PRG membership agreed and membership finalised by invitation to members by Quality Office	- 3 months
	Unit conducts Self-Assessment Review and prepares SAR	- 4 months to - 2 months
	SAR forwarded to the Quality Committee for consideration	- 2 months
	Unit finalises SAR and forwards to Quality Office. Quality Office sends SAR to PRG	- 1 month
Peer Review Group Visit	Peer review Group visit to include meetings with University Executive, Unit under review and their stakeholders Exit presentation made by PRG to all Unit staff and Quality Office, summarising key findings	2 days
Final Peer Review Report	Peer review report from PRG received & forwarded to unit and Quality Committee by QO with opportunity to verify factual matters	+ 1 month
Quality Improvement Plan	Unit prepares Quality Improvement Plan (QIP) and sends to Quality Committee for consideration Final version of QIP sent to Quality Office for institutional sign-off. Peer review report and quality improvement plan published on the university website.	+ 3 months
Follow-up	Implementation follow-up report	+ 21 months

5.   Template for Self-assessment Report

1. Table of Contents

2. Methodology

3. Profile of the Unit: Strategic Review and Analysis

    a. Aims and Objectives of the Unit

    b. Range of activities and services provided

    c. Organisational structure and reporting arrangements

4. Context for the Review

    a. University Strategic Plan

    b. Unit Strategy

    c. Outcomes and actions from previous reviews

5. SWOT and Benchmarking Analysis

6. User Groups and Service Standards

7. Communications within and beyond the Unit

8. Staff Profile and Development

9. Infrastructure and Facilities

10. Draft Quality Improvement Plan