Maynooth University Guidelines for Internal Quality Reviews of Academic Departments / Schools

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Purpose:	This document provides guidance to academic departments/schools undertaking internal quality reviews
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Audience:	University Executive, Heads of Department, Staff, Students, External Quality Agencies
Policy Author:	Vice President: Strategy and Quality
Policy Owner	Office of the Vice President for Strategy and Quality

Contents

1.   Context

The *Maynooth University Framework for Quality Assurance and Enhancement* (2016), approved by both the Academic Council and the Governing Authority, provides the context and approach for quality reviews in the University. Quality is a key concept in the Vision statement and objectives of the University *Strategic Plan 2012-2017*. The University also has statutory-based obligations in relation to quality assurance and enhancement. The Framework will enable the University to achieve its objectives, fulfil its legal obligations, demonstrate compliance with European Standards and Guidelines, and progressively embed and sustain a quality culture in all activities related to teaching, learning, research and related services.

2.   Focus and purpose

The focus of the University internal quality reviews is on both quality assurance (QA) and quality enhancement (QE). The QA dimension is to enable the department/school 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* (2015) and supported by evidence. The focus of the QE dimension in the reviews is to enable the department/school to document significant initiatives that have been undertaken, or are planned.

The specific purpose of an internal Quality Assurance Review is two-fold:
- To enable the Department / School under review to demonstrate its understanding of quality, and to document and evaluate the procedures it utilises to assure the quality of the activities for which it is responsible so that the University can demonstrate that it has effective quality assurance procedures,
- To enable the Department / School to engage in a process of review and reflection that is summarised in the Self-Assessment Report; to benefit from the expertise of the peer review panel during and after the visit of the panel; to assist the Department / School to consolidate and strengthen the procedures that are working well; and to prepare a Quality Improvement Plan to address future challenges and overcome any identified weaknesses.

Following this approach, the Quality Review process can be both summative and formative. As most units have previous experience of a quality review it is expected that there will be more emphasis on the formative dimension in this round of reviews.

3.   Principles

The Maynooth University quality framework is guided by the following over-arching and operational principles:

Over-arching principles
- **Purpose:** the primary purpose of quality assurance and enhancement is to support the achievement of the strategic objectives of the University and to ensure the highest standards and continuous improvement in all of the activities of the University;

- **Culture:** a quality culture is achieved through the commitment of staff, students, the university leadership and management, and the governance bodies to continuous improvement;
- **Design and implementation:** the University quality assurance framework is designed and implemented having regard to international norms and standards and national statutory requirements and guidelines;
- **Scope:** the scope of the quality framework includes both periodic reviews of units and programmes, and also monitoring and review of policies and procedures that sustain and enhance quality on an on-going basis;
- **Inclusive and transparent:** quality evaluation procedures are inclusive of all stakeholders (students, staff, representatives of external interest groups), are transparent and consistent in application, support in-depth assessment, reflection and change and are performance-focused in relation to the mission and objectives of the University;
- **External Validation:** all quality reviews involve panels that include peers from outside the university to provide objectivity and opportunities for assessing performance against international standards,
- **Students and stakeholders:** all quality reviews involve engagement with students and other stakeholders;
- **Public confidence**: public confidence in the effectiveness of the University quality procedures is achieved by the publication of quality review reports and the related quality implementation plan.

Operational principles
- The effectiveness of quality assurance procedures and the extent of quality enhancement initiatives in different units of the university are evaluated through reviews conducted by the University Quality Office on a cyclical basis,
- The unit under review can be an academic department/school, research institute, administrative unit, support unit or an amalgamation of units such as a Faculty. It may also be a programme (e.g., an omnibus degree programmes), a set of programmes (e.g., taught postgraduate programmes in a Faculty), a specific initiative (e.g., reform of the first year curriculum) or a theme (e.g., quality and impact of Maynooth University research). The University quality framework is not intended as a procedure for reviewing the performance of individuals,
- The scope of reviews of academic departments / schools is holistic in that they comprehend research and scholarship, education, public engagement, and interactions with internal support units. Particular emphasis is placed on the quality of the entire student educational experience with due regard to the diversity of the student population; the quality and impact of research and scholarship; and the work environment and developmental opportunities for staff,
- The focus of quality reviews of administrative and support services is on the quality and effectiveness of the services provided, the processes and systems that support those services, the overall contribution to the strategic development and effective operation of the University, and the work environment and developmental opportunities for staff,
- All quality reviews are supported by key metrics aligned with the University Performance Framework and are appropriately benchmarked against comparable units in other universities,
- The main findings and recommendations from reviews are reviewed by the President, the University Executive, and any other relevant management and governance structures within the University,

- An annual report is prepared by the university officer responsible for quality to the Quality Committee, the Governing Authority and the Academic Council.

4.   Objectives

The objectives of the Maynooth Framework for Quality are to enable the University:
- To demonstrate to the University staff, students and governance bodies and external stakeholders that quality procedures are in place for the purpose of establishing, ascertaining, maintaining and improving the quality of education, training and research and related services that it provides, and which have been established following consultation with Quality and Qualifications Ireland[1];
- To maintain public confidence, especially that of external stakeholders, in the quality and standards achieved by the staff and students of the University;
- To confirm that the quality procedures are effective in enabling units of the University to achieve the level of quality and the objectives which the University aspires to under its vision and strategic plan;
- To foster and sustain a quality culture supported by on-going learning and innovation in all units of the University, and by providing feedback to all staff and students on ways and opportunities for continuous improvement;
- To facilitate quality enhancement based on recommendations arising from reviews and other initiatives, and by highlighting effective practices to be shared among internal audiences;
- To demonstrate alignment with the legislative provisions and compliance with relevant European Standards and Guidelines, and other applicable national and international guidelines;
- To publish reports on quality reviews in order to provide assurance to external stakeholders, including the QQI and the HEA, and to the wider public on the quality of the education, training, research and related services that it provides;
- To be prepared for periodic external institutional review of the University quality assurance procedures.

5.   Implementation

The Maynooth University Framework for Quality is implemented via quality reviews of departments, units, programmes and thematic issues, and also through the implementation of university wide policies and procedures.

6.   Quality Reviews of Departments / other Units:

The typical model used for all internal quality reviews includes five phases:

1. *Self-Assessment:* The department / unit under review prepare a Self-Assessment Report (SAR). Guidelines approved by the Quality Committee and some technical assistance are provided by the Strategy and Quality Office;
2. *Peer Review Report:* A peer review panel is established which normally includes two external members and two from within the university – the size of the panel may vary according to the scale and scope of the unit under review. The SAR is sent to the peer review

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[1] Qualifications and Quality Assurance (Education and Training) Act 2012, Sections 28 (1) and 29 (a), (b)

panel. The panel visit the university, typically for two days, to meet with staff and students of the unit under review, staff from other relevant units of the university, relevant members of the University leadership and management, and representatives of external interest groups. Following the visit, the panel submit a peer review report (PRR) to the Quality Office. The Head of Unit is provided an opportunity to propose corrections to any factual inaccuracies in the PRR;

3. *Quality Improvement Plan:* The unit considers the recommendations contained in the PRR and prepares a draft Quality Improvement Plan (QIP) for discussion with the President (or nominee) from which an agreed set of actions ensues. The University Executive is informed of the outcomes from the Review, its recommendations, and approves the Quality Improvement Plan which will be incorporated into the Strategic Plan for the unit;

4. *Publication of outcomes:* The review process is completed by publication on the Quality Office website of the Peer Review Report and the agreed Quality Improvement Plan. The Quality Committee, the Academic Council and Governing Authority are also informed of the outcomes from the review.

5. *Follow-up:* All units will be required to provide a progress report to the Quality Committee every two years on the implementation of the Quality Improvement Plan.

6.1 The Self-Assessment Report

The self-assessment report (SAR) is prepared as a 'stock taking' exercise by the Department and also as a resource for the Panel of Reviewers. Its purpose is to provide a comprehensive self-critical and reflective analysis of the performance of the functions, services and administration of the Department. It is 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 the main functions of the department?	Role and purpose of the department Specific aims & objectives of the department
What policies, processes and procedures are used by the department?	Reflective self-assessment by the department, Document / reference policies and procedures, Identify recent initiatives, Use examples where appropriate
How effective are the procedures?	Evidence re outputs / outcomes Feedback from students, staff of other units in the University, external stakeholders Summary SWOT analysis
What improvements can be made?	Guided by outputs from previous sections prepare a draft quality improvement plan with actions that can be undertaken by the department based on its own resources and actions that may require additional resources from the University. This section will be an important guide for the Review panel.

Self-assessment is therefore a process by which the department reflects on its objectives (including measuring the alignment between these objectives and the University's Strategic Plan), critically evaluates the activities it engages in and the approaches taken to achieve these objectives, and ultimately

produces a self-assessment report (or SAR). A template for the content of the SAR is attached in Appendix A.

6.2   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 department concerned, and report and make findings in relation to quality assurance and enhancement by the department.

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 staff.

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 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.

6.3   Peer Review Group Visit

The PRG will be 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 department and stakeholders, and for the PRG to review the activities of the department 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 department. 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.

6.4   The Peer Review Group Report

Prior to the commencement of the review visit, the PRG will 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 will be agreed by all members. Timeline for the Review

The PRG report will issue no later than one month after the site visit and following an opportunity for the department to view a draft version to check for any factual errors. The final PRG report will be considered by the Department whom will prepare a draft Quality Improvement Plan (QIP) that will be discussed with the President and the Director of Quality. The agreed QIP and PRG report will be published on the Quality Office website.

6.5   Outline Timeframe for Internal Review Process

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
	Draft SAR forwarded to the Quality Office for consideration and feedback	- 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

7.   Appendix A: Outline template for Self-Assessment Report

1. Table of Contents

2. Methodology for preparation of the Self-Assessment Report

3. Profile of the Department

   a. Size, recent trends, position in the University (which Faculty),
   b. Aims and Objectives
   c. Range of activities and services provided
   d. Department size, resources and facilities – benchmark against the University and where appropriate against comparable units in other Irish Universities
   e. Internal organisational structure and reporting arrangements

4. Context for the Review

   a. The University Strategic Plan
   b. The Maynooth University Framework for Quality Assurance and Enhancement
   c. Outcomes and actions from previous reviews

5. Policies and procedures used by the Department in support of QA and QE in the areas of teaching and learning, research and scholarship, internal service and external engagement

6. Effectiveness and impact of policies and procedures used by the Department based on feedback from students, staff of other units and external stakeholders; and relevant performance metrics

7. SWOT and Benchmarking Analysis including self-assessment of the department staffing, resources and facilities

8. Draft Quality Improvement Plan

Appendices (provide web links where possible).