

## Quality Assurance / Quality Improvement (QA/QI) Reviews at RCSI

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[What are QA/QI Reviews?](#)

QA/QI Reviews are self- assessment exercises by which a School or a Department within a higher education institution, or indeed a higher education institution as a whole, reflects on its mission and objectives, and analyses critically the activities it engages in to achieve those objectives. A site-visit by a team of peer and external assessors provides external validation and advice to help the unit plan for the future. The process allows a unit to celebrate and 'show-case' what is excellent in its activities, and to reflect on areas that might be approached differently to improve effectiveness and delivery of service to the institution and its stakeholders. QA/QI Review is very different from audit and/or accreditation; instead, the focus is on frank, confidential self-reflection by the unit staff.

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### *Why do we run QA/QI review at RCSI?*

RCSI always has been acutely aware of the need to assure and improve the quality of its programmes. It has a well-developed culture of self-reflection and critical evaluation of the programmes delivered by its component Schools, particularly in the context of statutory accreditation requirements monitored by the Irish Medical Council and similar bodies.

In parallel, initiatives led by the European Union to develop and promote the European Higher Education Area (EHEA) have had a major influence on the external environment. The Bologna Process, launched in 1999, aims to establish the EHEA as a group of 47 countries with common quality standards in higher education and common mechanisms for ensuring the transferability of academic credits and qualifications.

The activation of RCSI independent Degree Awarding Status in 2010 brought the College within scope of the legislative and regulatory frameworks governing quality assurance in Irish higher education, most recently the Qualifications & Quality Assurance (Education & Training) Act 2012. This requires all higher education institutions to carry out internal QA/QI reviews and to participate in periodic Institutional Reviews coordinated by the regulatory body, Quality & Qualifications Ireland (QQI).

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### *What types of QA/QI reviews take place?*

- There are two types of QA/QI Reviews at RCSI; Institutional Reviews and Internal Quality Reviews.
- Internal Quality Reviews are reviews of academic units (i.e. Schools & Faculties) and administrative/service units.
- Internal Quality Reviews are administered by the Quality Enhancement Office.
- Institutional Reviews are administered by Quality and Qualifications Ireland (QQI), the higher education agency for Ireland.

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### *What are the Institutional QA/QI Reviews and who runs them?*

Institutional Reviews are 'root & branch' reviews of individual higher education institutions are administered by Quality & Qualifications Ireland (QQI) and carried out by an independent international expert panel commissioned by QQI.

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### *What are Internal QA/QI Reviews and who runs them?*

Internal Quality Reviews are carried out on a rolling basis in academic units and administrative/service units in RCSI. Internal Quality Reviews are carried out as part of the legislative and regulatory requirements under our Independent Degree Awarding Status (particularly the Universities Act 1997). Internal Quality Reviews operate within the Irish Universities agreed framework for quality assurance/quality improvement systems, which is consistent with both the legislative requirements of the Universities Act 1997 and international good practice.

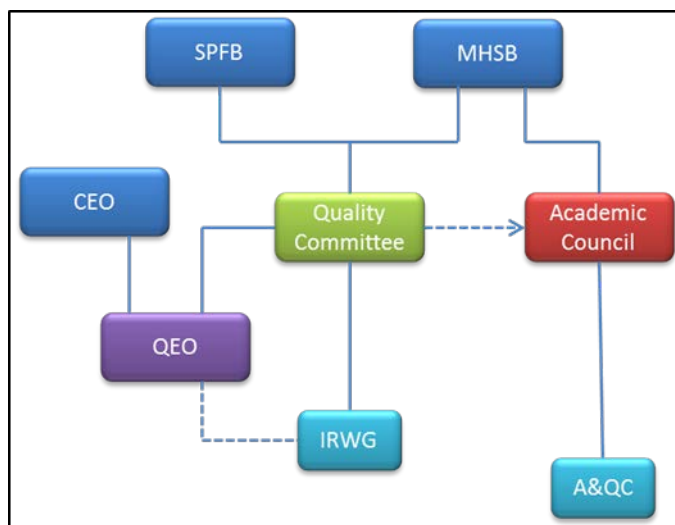
The Quality Enhancement Office (QEO) assists in the planning and management of the quality review process, although the responsibility for each review lies with the unit under review.

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### *How are the QA/QI processes governed and run within RCSI?*

Following independent degree-awarding status in 2010 the Quality Enhancement Office and the Quality Committee were established to fulfil the requirement for a formal quality assurance structure within RCSI and to oversee the quality of RCSI awards and to work in parallel with the external quality assurance mechanisms of the NUI.

The Quality Committee (QC) will report both to the Medicine & Health Sciences Board (MHSB) and the Surgery & Postgraduate Faculties Board (SPFB). The Quality Enhancement Office (QEO) will act as the 'executive arm' of the QC and will report to the Chief Executive Officer (CEO) of RCSI. The QC will have one sub-committee reporting to it, the Institutional Review Working Group (IRWG); the IRWG is responsible for the management of Institutional Reviews conducted by Quality & Qualifications Ireland (QQI) under the terms of the Universities Act 1997.



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#### *What is the RCSI Quality Committee (QC)?*

The RCSI Quality Committee (QC) is responsible for the creation of policy and for the implementation of quality processes and quality assurance/quality improvement (QA/QI) activities across academic and administrative areas of all RCSI campuses.

The terms of reference and membership of the Quality Committee is available on the [RCSI website](#)

#### *What is the RCSI Quality Enhancement Office (QEO)?*

The RCSI Quality Enhancement Office (QEO) is the executive function of the Quality Committee and of its sub-committees. The role of the QEO is to support the implementation of the RCSI quality policy by:

- Coordinating all relevant activities, primarily a rolling programme of internal QA/QI reviews of Schools & Administrative/Service Units and of Institutional Reviews of RCSI international campuses.
- Collecting the data needed to allow the Quality Committee to assure the quality of RCSI operations.

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#### *What is the calendar of RCSI Internal QA/QI Reviews for the coming years?*

Internal QA/QI reviews for Academic Units and Administrative/Service Units take place every six to eight years. The reviews are scheduled in consideration of other accreditation or external quality review processes impacting on Schools and Administrative/Service units.

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#### *How do internal QA/QI Reviews work?*

The review model comprises of four major elements:

- Preparation of a Self-Assessment Report and supporting documentation
- A 2/3 day site visit by a Peer Review Group
- Preparation of a peer review group report with recommendations that is made public
- Agreement of a quality improvement plan for implementation of the review report's recommendation that is made public

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### *What is a Self-Assessment Report (SAR)?*

The self-assessment exercise is a process by which the unit reflects on its mission and objectives, and analyses critically the activities it engages in to achieve these objectives. It provides for an evaluation of the unit's performance of its functions, its services and its administration.

Each unit under review is required to complete a SAR. The SAR will be evaluative and reflective in nature as well as being critical and concise. A typical SAR consists of approximately 40 pages, excluding appendices.

It is important to note that the SAR remains confidential and will not be published.

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### *What is a Peer Review Group (PRG) & how are the members chosen?*

A key element to the internal review process is the PRG. It is comprised of four members, three independent external experts and one internal senior staff representative. A technical writer/rapporteur may also be engaged as part of the PRG.

It is recommended that the external experts include a national and international representative with relevant expertise, capable of making national and international comparisons in respect of the activities of the unit. The external panel members should not have had any formal connections with the unit during the last five years, e.g. acted as external examiner or a partner on a research project etc. The internal representatives should include a senior academic and a senior non-academic staff member not associated closely with the unit.

The selection of the PRG members is made in consultation between the QEO and the unit under review. The unit will have the opportunity to nominate external and internal representatives. The QEO will also put forward nominations, and the PRG members will be selected in agreement between the QEO and the unit.

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### *What happens during the PRG site-visit?*

The PRG site visit takes place over 2-3 days. During the course of the visit the review group usually:

- Meets with the unit co-ordinating committee, head of the unit, members of staff not on the coordinating committee, students and graduates , users of the unit and external stakeholders (as appropriate)
- Meets with the Chief Executive Officer of RCSI, the Dean and/or members of the College's Senior Management Team.
- Visits the facilities that support the activities of the unit, including as appropriate, lecture rooms, laboratories, offices, library and other relevant services (as appropriate)
- Completes the first iteration of the Draft Report and presents its principal findings and recommendations in an exit presentation to all available staff of the unit, prior to departure

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### *What is expected of me if am invited to meet the PRG as a stakeholder?*

RCSI staff, students and external stakeholders have an important contribution to make to the internal quality review process and are encouraged to participate in the review process if invited to do so. The unit under review identifies its key stakeholders and the stakeholders are then invited by the QEO to meetings between the PRG and others in their stakeholder group. For example, a stakeholder group could be undergraduate students, academic teaching staff, researchers, administration support, affiliated teaching staff or external clients.

The stakeholder meetings are approximately 45 minutes long, during which time you will have the opportunity to discuss your experiences with the unit, the services provided to you by the unit or the services you provide to the unit. You are also asked to consider not only your personal experiences but also those of the range of constituents you represent. For example if you are invited in your capacity as a Module Co-ordinator or Head of Department, you may want to give consideration to how well the unit meets the needs of your staff and students in terms of the services and resources it provides. In preparation for the meeting a suggested approach is to consider the following questions:

1. What does the unit do particularly well?
2. Is there anything that you feel could be improved?

The focus of Internal Quality Review is on the enhancement and development of the unit under review. The PRG are considered 'critical friends' and those invited to meet with the PRG are encouraged to be open, honest and constructive in their feedback.

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### *What happens after the PRG issues their report?*

The PRG will issue their report in draft form and the unit will have the opportunity to review it and respond on matters of factual accuracy only. Once the unit has responded the PRG will take the units comments into account and the report will be finalised. The report will contain a number of recommendations which will form the basis for a quality improvement plan (QIP). Once the QIP is finalised, both the report and the QIP will be signed off by the Quality Committee and published on the RCSI website.

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#### *How is a Quality Improvement Plan (QIP) developed, approved and monitored?*

- Following a review of the recommendations in the SAR and the PRGR, the Head of Unit and co-ordinating committee develop a QIP.
- A meeting is scheduled between the QEO and the Unit to review the draft QIP where the response/actions planned are approved.
- Once the draft QIP has been approved, a meeting is scheduled between members of the Senior Management Team (SMT), the Director of the QEO/ QEO Review Lead and the Head of the Unit. The purpose of this meeting is to agree objectives, to ensure that they are aligned with the RCSI strategic plan and to identify and approve additional resources where necessary. Significant additional resource requirements may need further negotiation and approval by the RCSI Finance Committee.
- It is important to note that occasionally not all recommendations will be approved and/or may be deferred due to ongoing or planned changes in the College environment.
- The final QIP is submitted to the Quality Committee (QC) for approval.

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#### *What documents are published once the Internal QA/QI Review process is complete?*

Once the QA/QI Review process is complete the following documents will be published on the [RCSI website](#):

- The Peer Review Group Report (PRGR)
- The Quality Improvement Plan

The Self-Assessment Report is a confidential document and is not published.

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Quality Enhancement Office