

## RCSI Quality Enhancement Office

### Outline of the Internal Quality Assurance Review process

#### [1] Background & context

Ireland is a member of the European Higher Education Area (EHEA), a group of 48 countries which has adopted a common approach to higher education and professional training that has been developed through the Bologna Process<sup>1</sup>. The Bologna Process aims to ensure comparability, mutual recognition and mobility of qualifications across the EHEA through a common approach to higher education, the European Credit Transfer & Accumulation System (ECTS), qualifications frameworks and quality assurance of higher education. The Quality Assurance (QA) processes mandated by Bologna are set out in the European Standards & Guidelines for Quality Assurance in Higher Education<sup>2</sup>. In contrast to the compliance-focused approaches to QA commonly encountered in healthcare and in industry, the unique features of these higher education QA processes are [a] the degree to which self-assessment drives the review process and [b] the overall focus on quality enhancement.

As a 'Designated Awarding Body' under the terms of the Qualifications and Quality Assurance (Education and Training) Act 2012<sup>3</sup>, RCSI is required to review the effectiveness of its internal quality assurance policies and procedures through cyclical review of schools, faculties and administrative offices, including international programmes and branch campuses. Following the establishment of the Quality Enhancement Office (QEO) in late 2010, the first Internal Quality Assurance Reviews took place during 2011 and the process continues, following a calendar of 'rolling' reviews approved by the RCSI Quality Committee in the context of its operational and strategic plans

#### [2] Process

The Internal Quality Assurance Review process involves three distinct phases encompassing a six month time period.

##### Phase I – Self-assessment

The unit under review undertakes a period of self assessment focusing on four key questions:

- What do we do?
- How do we do it?
- How do we know it works?
- How might we do it better?

Typically a unit will take 2-3 months to complete its self assessment, the main output of which is a 'Self-Assessment Report (SAR)'. SAR documents are usually brief (40 pages max.) and accompanied by supporting documents as required. The SAR is a confidential document seen only by the unit which produces it, the QEO & Quality Committee and the Peer Review Group involved in Phase II of the review (see below). The confidentiality of the SAR in this type of review is a guarantor of a 'safe space' in which the unit under review can engage openly with the process.

##### Phase II – External Validation

In parallel with developing the SAR, the unit works with the QEO to appoint a 'Peer Review Group (PRG)' who will act as 'critical friends' to the Unit, carrying out a site-visit (of 2.5-3.0 days duration) and meeting with the unit's stakeholders. The PRG consists usually of four members [1 x QA specialist (Chair); 1 x internal RCSI nominee; 2 x external experts] but may be larger depending on the needs of

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<sup>1</sup> <http://www.eua.be/policy-representation/higher-education-policies/the-european-higher-education-area-and-the-bologna-process>

<sup>2</sup> [http://www.enqa.eu/wp-content/uploads/2015/11/ESG\\_2015.pdf](http://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf)

<sup>3</sup> <http://www.irishstatutebook.ie/eli/2012/act/28/enacted/en/html>

the unit under review. The primary role of the PRG is to validate the content of the SAR and to make recommendations for the future trajectory of the unit. The PRG will deliver an exit presentation at the end of the site-visit and then, some six weeks later, will issue a Peer Review Group Report detailing their findings, commendations and recommendations.

#### Phase III – Quality Improvement Planning

On receipt of the Peer Review Group Report, the unit develops a 'Quality Improvement Plan (QIP)' in response to the PRG recommendations. This takes a simple tabular format with assignment of responsibility, time-lines & budgetary implications. The final QIP, together with the Peer Review Group Report, is then presented for approval to the relevant governance body within RCSI [e.g. in the case of a School, this will be the Medicine & Health Sciences Board].

On completion of the review process, the Peer Review Group Report and QIP are published on the RCSI web-site as required by the legislation. However, due to its confidential nature, the SAR is never made public.

The overall timeline for the review process therefore is:

Phase I – Self-assessment: 2-3 months

Phase II – External Validation: 4-6 weeks approx.

Phase III – QIP Development: 4-6 weeks approx.

#### **[3] QIP implementation & continuity in the review process**

Ordinarily the parallel review cycles run by the QEO operate on a 6-7 year cycle, though some units which do not fall within the scope of these cycles may be subject to review on a one-off basis at the behest of RCSI Senior Management. As a means to ensure some continuity between reviews, implementation of the QIP arising from the previous review will be assessed mid-Cycle (i.e. after approx. 3-4 years) by the relevant governance body.

QEO

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