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# Internal Quality Review

## Quality Improvement Plan Guidelines





# DOCUMENT CONTROL SHEET

Name of Unit	Quality Enhancement Office					
Project Title	Internal Quality Review					
Document Title	Quality Improvement Plan Guidelines					
This Document Comprises	DCS	TOC	Text	List of Tables	List of Figures	No. of Appendices
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Rev	Status	Author(s)	Reviewed By	Approved By	Office of Origin	Issue Date
Rev1	Draft	AW			QEO	02/08/2012
Rev 1	Draft		DTC		QEO	08/08/2012
Rev1	Final	AW		DTC / AW	QEO	27/08/2012
Rev 2	Final	AW			QEO	07/01/2015
Rev 3	Final	AW			QEO	11/06/2020

**Record of modifications to document**

Date	Document Version	Modification
11 June 2020	Rev 3 Final	New cover page Added section 'Structure of QIP' Changed 'College' to 'University' where appropriate

## Quality Improvement Plan

Following an Internal Quality Review, the unit is required to develop a Quality Improvement Plan (QIP). The QIP should be based on recommendations from the Self Assessment Report (SAR), the Peer Review Group Report (PRGR) and the Quality Enhancement Office (QEO). The following is a guide to assist Units in preparing a QIP.

The purpose of the Unit's Quality Improvement Plan is to be a strategic operating tool that will help you manage your department and work towards its successful improvement and development. It outlines the activities required in achieving your Unit's quality improvement recommendations.

The Quality Improvement Plan can:

- Act like a map for improvement and development
- Assist you with management control
- Help you brief all concerned
- Help you secure financial resources

### Structure of the QIP

The QIP should usually take the form of short summaries of the action taken/planned, or if actions are not being taken, an explanation provided. The recommendations, with the associated actions taken or planned, may be structured as follows:

- i. Teaching and learning, research, organisational, administrative and other matters which are completely under the control of the Unit
- ii. Shortcomings in services, facilities or procedures which are outside the control of the Unit
- iii. Inadequate staff levels, facilities and other resources which require capital or recurrent funding. Realistic estimates of the capital and recurrent costs to implement recommendations/ planned action should be included.

It is the Unit's responsibility to compile a full response. This means that it must obtain responses to those recommendations relating to other areas of RCSI, to which actions arising from the report were addressed. For instance, if the Report recommended that a lecture theatre needed to be refurbished, it is the Unit's responsibility to find out from the Senior Management Team and/or Head Estate and Support Services what action has, or will/will not be taken, in response to this recommendation. A realistic assessment of available resources (both at Unit and institutional level) should be borne in mind when formulating plans.

**It is important that all recommendations in the PRG Report be addressed.** Some recommendations for improvement may appear in the text of the PRG Report narrative. Please ensure these are included for consideration. Some recommendations may not be explicitly stated but are implied as consequences of a concern, for example, "the Unit has no mechanism to feedback action taken, in response to issues raised by students". These too, should be included in the Quality Improvement Plan.

The Quality Improvement Plan should address all recommendations (and/or other suggestions) in the PRG Report and should include:

- (a) recommendations implemented already
- (b) a list of goals which can be achieved realistically in the following year
- (c) a list of longer term goals to be achieved, for example, over five years
- (d) recommendations which the Unit and/or Senior Management Team consider to be unreasonable or impractical: in such instances, the Committee should give reasons for such a conclusion, and should, if possible, suggest alternative strategies for quality improvement.



## The process for the development, approval and implementation of a QIP

- 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 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 University environment.
- The final QIP is submitted to the Quality Committee (QC) for approval.
- Implementation of the plan is monitored by means of subsequent reports. After three years the Head of Unit submits a progress report on actions taken with (if necessary) the reasons why agreed actions have not been completed. The progress report will be considered by the Quality Enhancement Office, the Quality Committee, with a formal presentation to Medicine & Health Sciences Board or Surgical and Postgraduate Faculties Board as appropriate and (if required) to members of the Senior Management Team.

Throughout the process the QEO monitors the development, completion and approval of the QIP by the Unit, the Quality Committee and the Senior Management Team.

### Tips for writing the QIP

1. The QIP should be kept short and to the point. Only two to five pages should be necessary to outline your objectives and action around their achievement.
2. The QIP is to provide direction and therefore actions planned should be written in SMART format

S – Specific

M – Measureable

A – Achievable

R – Realistic

T – Timed

For example, a recommendation such as “*The unit should develop a long-term strategic plan*”. The Response / Action Planned could be written as “*The unit will develop a strategic plan for the next five years with reference to the RCSI Strategic Plan, to ensure alignment with the strategic objectives of the University. The plan will be developed and implemented by March 2013*”.

This is *specific*, it is *timed*, it is *achievable* and *realistic* in terms of resource requirements and timescale and its progress and achievement are *measureable*.

3. Developing the QIP is a step by step process answering such questions as: What? Why? How? Who? Where? When?

- a. Stating the Recommendation (i.e. the overall objective) and what the purpose of the recommendation is (What is the desired outcome of this?).
  - b. Breaking the Recommendation down into SMART sub-objectives/action points (What are the actions to be done to achieve the overall objective?).
  - c. Stating who has the responsibility for action (Who is involved? Who is to do what?).
  - d. Stating what the resource implications are.
  - e. Stating what is the timescale for implementation/achievement of recommendation.
  - f. Written in consideration of the key measurements for any strategy of activity – Quantity, Quality, Time, Cost (What benchmarking/control measures are involved?).
4. In establishing the steps to achieve a recommendation, it may be useful (although not necessary) to consider the implications for some, or all, of the unit key performance areas, such as:
- Budgeting/Resourcing
  - Physical resources and equipment.
  - Staff – Appointment and Development.
  - Students – Recruitment, Teaching and Learning. Research and Scholarly Activity – Activity and Income.
  - Communication – Internal and External to Department/Unit to all stakeholders. Service Standards – As Academic (Teaching) or Non-Academic (Facilitation)
  - Day-to-Day Operation/Administration.

The following table shows an example of a QIP. A template for creating a QIP is available from the QEO.

[Insert Name of Unit]



Quality Improvement Plan [Insert Date]

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
<i>Example</i> The Unit should develop a long-term strategic plan.	<i>Example</i> SAR 1.3 PRGR 2.4	<i>Example</i> The unit will develop a strategic plan for the next five years with reference to the RCSI Strategic Plan, to ensure alignment with the strategic objectives of the University.  The plan will be developed and implemented by March 2013.	<i>Example</i> Head of Unit and sub-committee.	<i>Example</i> None	<i>Example</i> Q1 2013	<i>Example</i> The strategic plan will be reviewed on a yearly basis and benchmarked against XYZ in the RCSI Strategic Plan	<i>Example</i> In progress
The relationship between the Unit and the Research Institute needs to be formalised.	PRGR 8.1	The Head of Unit will request membership of the Research Committee thus creating an appropriate communication route between the Unit and the Research Institute	Head of Unit in liaison with the Research Institute	None	Q4 2012	Representation on the Research Committee should facilitate opportunities for collaboration on research studies and applications for funding.  The Unit will review research output on an annual basis.	Ongoing
The Unit should improve and implement recruitment procedures in order to attract high quality postgraduates from a wider range of institutions and backgrounds.	SAR 4.4 PRGR 4.2	The Unit will prepare a strategic plan for improvement and implementation of recruitment procedures by March 2013, with the intention of initiating the recruitment procedures from	Sub-committee appointed by Head of Unit in liaison with the Admissions Office and the School of Postgraduate Studies	Recruitment Promotion Cost Proposal to be drawn up by sub-committee by March 2013, for approval in the context of the Resource Allocation Model for the	Implement recruitment procedures September 2013	The effectiveness of the Recruitment Initiatives will be reviewed in September 2013 in consideration of longer term initiatives.	In progress



[Insert Name of Unit]



Quality Improvement Plan [Insert Date]

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
		September 2013 for 2014 Programmes.		University			
<p>The Unit does not have a strong profile within the RCSI. The PRG identified the need to develop a stakeholder engagement strategy and clear communication strategy.</p> <p>The raising of the profile of the Unit must be a key strategy to enable the RCSI to deliver their mission in respect to innovation, collaboration and service.</p>	PRGR 8.3	<p>1. The Unit will seek representation on relevant committees.</p> <p>2. The Unit will develop and communicate a stakeholder engagement strategy by the end of March 2013.</p> <p>The Unit will seek input from stakeholders during the process.</p>	Unit sub-committee in liaison with the Communications Department.	Rectifiable within current budget.	<p>Q4 2012</p> <p>Q1 2013</p>	<p>Feedback from stakeholders will be sought at the end of 2013 and benchmarked against objectives in the stakeholder strategy.</p>	<p>On-going</p> <p>In progress</p>