



**University of Limerick**

**Institutional Review of  
Mary Immaculate College**

**Terms of Reference**

## Section 1: Background and Context for the Review

### 1.1 Context and Legislative Underpinning

The *Qualifications and Quality Assurance (Education and Training) Act 2012* as amended establishes the concepts of a designated awarding body and a linked provider and defines each as follows:

**Designated awarding body (DAB):** “a previously established university, the National University of Ireland, an educational institution established as a university under section 9 of the Act of 1997, the Dublin Institute of Technology and the Royal College of Surgeons in Ireland”

**Linked provider:** “a provider that is not a designated awarding body but enters into an arrangement with a designated awarding body under which arrangement the provider provides a programme of education and training that satisfies all or part of the prerequisites for an award of the designated awarding body”

UL falls under the definition of a DAB. As such, UL recognises its statutory responsibilities in respect of linked providers and commits to meeting those responsibilities. The Act places an obligation on DABs to approve, monitor and review its linked providers’ quality assurance (QA) procedures. The provisions of the Act are supported by *Sector-specific Quality Assurance Guidelines for Designated Awarding Bodies*, published by Quality and Qualifications Ireland (QQI).

The relationship between UL and its linked providers is largely framed by inter-institutional Memorandums of Understanding (MoUs) or Memorandums of Agreement (MoA) and the quality assurance and enhancement (QAE) oversight arrangements articulated in the University [Linked Provider Framework](#). Further details of the University’s linked provider relationships are available on the [UL Website](#).

Monitoring and review of the linked provider relationship involved two distinct procedural elements:

1. Annual monitoring and review of the already-established QA procedures of the linked provider;
2. Periodic review of the adequacy and effectiveness of the implementation of the QA procedures by the linked provider.

Annual monitoring takes the form of an Annual Quality Report (AQR) which is submitted by the Linked Provider to the University, followed by an Annual Dialogue Meeting (ADM). At least once every seven years, the University schedules a periodic review to be conducted of both the adequacy of the linked provider’s QA procedures and the extent to which the provider is implementing the procedures effectively. This document outlines the Terms of Reference for the periodic review of Mary Immaculate College (MIC).

## 1.2 Purposes

The purposes for the Institutional Review of Mary Immaculate College are outlined below.

Purpose	Achieved and measured through:
1. To encourage a QA culture and the enhancement of the student learning environment and experience within MIC	<ul style="list-style-type: none"> <li>- emphasising the student and the student learning experience in reviews</li> <li>- providing a source of evidence of areas for improvement and areas for revision of policy and change and basing follow-up upon them</li> <li>- exploring innovative and effective practices and procedures</li> <li>- exploring quality as well as quality assurance within MIC</li> </ul>
2. To provide feedback to MIC about institution-wide quality and the impact of mission, strategy, governance and management on quality and the overall effectiveness of their quality assurance.	<ul style="list-style-type: none"> <li>- emphasising the ownership of quality and quality assurance at the level of MIC</li> <li>- pitching the review at a comprehensive institution-wide level</li> <li>- evaluating compliance with legislation, policy and standards</li> <li>- evaluating how MIC has identified and measured itself against its own benchmarks and metrics to support quality assurance governance and procedures</li> <li>- emphasising the improvement of quality assurance procedures</li> </ul>
3. To contribute to public confidence in the quality of MIC by promoting transparency and public awareness.	<ul style="list-style-type: none"> <li>- adhering to purposes, criteria and outcomes that are clear and transparent</li> <li>- publishing the reports and outcomes of reviews in accessible locations and formats for different audiences</li> <li>- evaluating, as part of the review, institutional reporting on quality and quality assurance, to ensure that it is transparent and accessible</li> </ul>
4. To encourage quality by using evidence-based, objective methods and advice	<ul style="list-style-type: none"> <li>- using the expertise of international, national and student peer reviewers who are independent of MIC</li> <li>- ensuring that findings are based on stated evidence</li> <li>- facilitating institutions to identify measurement, comparison and analytic techniques, based on quantitative data relevant to their own mission and context, to support quality assurance</li> <li>- promoting the identification and dissemination of examples of good practice and innovation</li> </ul>

## Section 2 Objectives and Criteria

### 2.1 Review Objectives

#### **Objective 1**

To review the effectiveness and implementation of the QA procedures of MIC through consideration of the procedures set out, primarily, in the Annual Quality Report (AQR). Where necessary, the information provided by the AQR is supplemented by additional information provided through documentation requests and interviews. The scope of this includes the procedures for reporting, governance and publication. This also incorporates an analysis of the ways in which MIC applies evidence-based approaches to support QA processes, including quantitative analysis, evidence gathering and comparison. Progress on the development of QA since the previous review of MIC will be evaluated. Consideration will also be given to the effectiveness of the AQR and self evaluation procedures within MIC. The scope of this objective also extends to the overarching procedures of MIC for assuring itself and University of Limerick of the quality of its taught and research degree programmes. It also extends to a review of the quality assurance of its research activities.

This objective also encompasses the effectiveness of the procedures established by MIC for the assurance of the quality of collaborations, partnerships and overseas provision, joint provision and other collaborative arrangements.

#### **Objective 2**

To review the enhancement of quality by MIC through governance, policy, and procedures.

To review the congruency of QA procedures and enhancements with MIC's own mission and goals or targets for quality.

To identify innovative and effective practices for quality enhancement.

#### **Objective 3**

To review the effectiveness and implementation of procedures for access, transfer and progression.

These terms of reference assume that MIC will apply to QQI to be authorised to use the International Education Mark in 2023. On being authorised to do so, MIC is deemed to comply with the Code of Practice for the Provision of Programmes to International Learners.

### 2.2 Review Criteria

#### **Criteria for Objective 1**

The Review Report will include a specific qualitative statement on the effectiveness of the QA procedures of MIC and the extent of their implementation. The report will also include a specific statement about the extent to which the QA procedures can be considered compliant with the ESG and as having regard to QQI's Statutory Quality Assurance Guidelines (QAG) and relevant UL policies and regulations. These statements will be highlighted in the report of the review.

The statements may be accompanied by a range of ancillary statements, recommendations and possibly recommendations for directions in reference to this objective.

The criteria to be used by the Team in reaching conclusions for this objective are:

- [European Standards & Guidelines for Quality Assurance](#) in European Higher Education Area (ESG)
- [QQI Statutory Quality Assurance Guidelines](#) (Core)
- *QQI Topic Specific Statutory Quality Assurance Guidelines for Providers of Research Degree Programmes*

- Section 28 of the 2012 Act as amended
- MIC's own objectives and goals for quality assurance
- An evaluation of the progress made since the last review

Where appropriate and actioned by MIC, additional QQI topical Statutory Quality Assurance Guidelines will be incorporated.

### **Criteria for Objective 2**

The Review Report will include a specific qualitative statement on the enhancement of quality by MIC through governance, policy, and procedures.

The statements may be accompanied by a range of ancillary statements and recommendations in reference to this objective. If identified, innovative and effective practices for quality enhancement will be highlighted in the report.

The criteria to be used by the Team in reaching conclusions for this objective are:

- MIC's own mission and vision
- The goals or targets for quality identified by MIC
- Additional sources of reference identified by MIC

### **Criteria for Objective 3**

The report will include a qualitative statement on the extent to which the procedures are in keeping with QQI policy for Access, Transfer and Progression.

This statement may be accompanied by a range of ancillary statements and recommendations and possibly recommendations for conditions in reference to this objective.

The criterion to be used by the Team in reaching conclusions for this objective are MIC policy and procedures for Access, Transfer and Progression.

### **Key questions to be addressed by the review for each objective**

- How have QA procedures and reviews been implemented within MIC?
- How effective are the internal QA procedures and reviews of MIC?
- Are the QA procedures in keeping with European Standards and Guidelines?
- Are the QA procedures in keeping with QQI and UL policy, regulations and guidelines, or their equivalent?
- Who takes responsibility for quality and QA across MIC?
- How transparent, accessible and comprehensive is reporting on quality and QA?
- How is quality promoted and enhanced?
- Are there effective innovations in QA and quality enhancement?
- Is the student experience in keeping with MIC's own stated mission and strategy?
- Are achievements in QA and quality in keeping with MIC's own stated mission and strategy?
- How do achievements in QA and quality measure up against MIC's own goals or targets for quality?

## Section 3 The Review Process

### 3.1 Process

The primary basis for the review process outlined in this document.

### 3.2 Review Team Profile

UL, in consultation with MIC, will appoint the Review Team to conduct the institutional review of MIC. Review Teams are composed of peer reviewers who are students and senior institutional leaders and staff from comparable institutions as well as external representatives. The size of the Team and the duration of their visit will depend on the size and complexity of MIC but in general the Review Team will consist of 5-6 persons. The Review Team includes a Chairperson and Coordinating Reviewer, and may be supported by a rapporteur, who is not a member of the Team, to take and collate notes of meetings.

Reviewers are not MIC employees. MIC will have an opportunity to comment on the proposed composition of their Review Team to ensure there are no conflicts of interest, and UL will ensure an appropriate and entirely independent Team of reviewers is selected for MIC. UL has final approval over the composition of the Review Team.

There will be appropriate gender representation on the Review Team. The Team will consist of carefully selected and trained and briefed reviewers who have appropriate skills and are competent to perform their tasks. The Team will operate under the leadership of the Review Chairperson.

The Review Team will be appointed in keeping with the following profile:

#### **1. A Review Chairperson**

The role of the Chairperson is to act as leader of the Review Team. This is an international reviewer who is a serving (or recently former) senior third-level institution leader – usually a head of institution or deputy head of institution or a senior policy advisor who:

- possesses a wide range of higher education experience; demonstrates a deep understanding of the complexities of the higher education system;
- understands often unique QA governance arrangements;
- has proven experience in the management of innovation and change.

#### **2. A Coordinating Reviewer**

The role of the Coordinating Reviewer is to act as secretary to the Team as well as to be a full Review Team member. This is usually a person with expertise in the higher education system and prior experience in participating in external reviews. As the coordinating reviewer is responsible for drafting the report, he or she will possess proven excellent writing abilities.

#### **3. A Student Reviewer**

The role of the student reviewer is to represent the student voice in the Review Team. The student reviewer will be typically a PhD student with significant experience of higher education or an undergraduate student who has completed a specific programme preparing them for the role or who has previously had a key role in other institutional reviews.

#### **4. An External Representative**

The role of the external representative is to bring a 'third mission' perspective to the Review Team.

In addition to the specific roles above, the full Team complement will include a range of experts with the following knowledge and experience:

- International reviewer experience
- EQF and Bologna expertise
- Experience of higher education QA processes
- Experience of managing research within or across institutions
- Experience in governance
- Experience and proven ability in the advancement of teaching and learning

### 3.3 Procedure and Timelines

The outline set out below will be elaborated further and timelines will be set out to accompany it, through discussion and consultation.

#### ***The Main review visit will take place in Q1 2024***

<b>Step</b>	<b>Action</b>	<b>Dates</b>	<b>Outcome</b>
<b>Terms of Reference (ToR)</b>	Confirmation of ToR with MIC	To be agreed at ADM Dec 22	Published Terms of Reference
	Completion of an institutional information profile	3 months before the Main Review Visit (MRV)	
<b>Preparation</b>	Appointment of an expert Review Team	Q1 2023	Review Team appointed
	Consultation with MIC on any possible conflicts of interest		
<b>Self-evaluation</b>	Forwarding to UL of MIC Self-Evaluation Report (ISER)	November 2023	Published ISER (optional)
<b>Desk Review</b>	Desk review of the ISER by the Review Team	Before the initial meeting	ISER initial response provided
<b>Initial Meeting</b>	An initial meeting of the Review Team, including reviewer training and briefing	Mid January 2024	Team training and briefing is complete.
			Team identify key themes and additional documents required
<b>Planning Visit</b>	A visit to MIC by the Chair and Coordinating Reviewer to receive information about the ISER process, discuss the schedule for the Main Review Visit and discuss additional documentation requests	Mid January 2024	An agreed note of the Planning Visit
<b>Main Review Visit</b>	To receive and consider evidence on the ways in which MIC has performed in respect of the objectives and criteria set out in the Terms of Reference	March 2024	A short preliminary oral report to MIC
<b>Report</b>	Preparation of a draft report by the Team	6-8 weeks after the MRV	
	Draft report sent to MIC for a check of factual accuracy	12 weeks after the MRV	
	MIC responds with any factual accuracy corrections	2 weeks after receipt of draft report	



Step	Action	Dates	Outcome
	Preparation of a final report	2 weeks after factual accuracy response	UL Review Report
	Preparation of an MIC response	2 weeks after final report	Institutional response
<b>Outcomes</b>	Consideration of the Review Report and findings by UL together with MIC response and the plan for implementation	Next available meeting of UL Academic Council	Formal decision about the effectiveness of QA procedures  <i>In some cases, directions to MIC and a schedule for their implementation</i>
<b>Follow-up</b>	<i>The form of follow-up will be determined by whether 'directions' are issued to MIC. In general, where directions are issued the follow-up period will be sooner and more specific actions may be required as part of the direction</i>		
	Preparation of an MIC implementation plan	1 month after publication of review report	Publication of the implementation plan by MIC
	One-year follow-up report to UL for noting. This and subsequent follow-up may be integrated into annual reports to UL	1 year after publication of review report	Publication of the follow-up report by UL and MIC
	Continuous reporting and dialogue on follow-up through the annual institutional reporting and dialogue process	Continuous	Annual Institutional Quality Report  Dialogue Meeting notes
<b>Note: The total period from start to finish is approximately 15 months but will depend on UL and MIC committee meeting dates.</b>			

### 3.4 Role of University of Limerick in the Review

In accordance with its role as a Degree Awarding Body under Section 28(5b) of the 2012 Act as amended 2019, UL will

1. Publish draft TOR for the review of MIC for consultation Agree and publish final TOR for the review of MIC
2. Contact, confirm and appoint review team members
3. Facilitate the review process with MIC
4. Provide MIC with advice on process and criteria
5. Support the review activities of the review team and advise the team on criteria and policy
6. Act as a point of contact between the review team and MIC
7. Organise visits in cooperation with the review team and MIC
8. Provide training to the review team
9. Edit reports for approval and publication
12. Publish the review report and the response of the institution

### 3.5 Review Costs

In keeping with standard practice, the costs of the review will be paid by the institution (MIC).