



University College Dublin

Guidelines for Internal Periodic Review

(Support Service Unit)

**UCD Quality Office
July 2023 v 2.5**

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Note: These Guidelines will be updated periodically to reflect good practice and lessons learned from earlier reviews.

The Review Process

“Quality Assurance is not a static but a dynamic process. It should be continuous and not ‘once in a lifetime’. It does not end with the first review or with the completion of the formal follow-up procedures. It has to be periodically renewed. Subsequent external reviews should take into account progress that has been made since the previous event”.

(Standards and Guidelines for Quality Assurance in the European Higher Education Area: ENQA, 2005)

Introduction

Support Service Reviews will be conducted on a 7 year cycle. Throughout this document the term “unit” will be used to describe a Directorate, unit or any other support entity. The University’s strategic and holistic approach to support service review acknowledges that the various aspects of a unit’s operations (including: organisation and management, resources, core services) are inter-related and ensures that members of the unit come together to reflect upon what they are trying to achieve in all aspects of their work, and how these different areas of activity impact upon one another. All members of the unit, are included in the review and are expected to engage, as appropriate, in discussions and the preparation of all materials, as a collegial activity. The primary focus of the review is on quality improvement.

1. Purpose of Review

The purpose of periodic review is to assist the University to assure itself of the quality of each of its constituent units and to utilise learning from this essentially developmental process in order to effect improvement, namely:

- To monitor the quality of the student experience.
- To identify, encourage and disseminate good practice, and to identify challenges and how to address these.
- To provide an opportunity for units to test the effectiveness of their systems and procedures for monitoring and enhancing quality and standards.
- To encourage the development and enhancement of these systems, in the context of current and emerging provision.
- To inform the University’s strategic planning process.
- The process provides an external benchmark on practice.
- To provide public information on the University’s capacity to assure the quality and standards of its awards. The University’s implementation of its quality procedures also enables it to demonstrate how it discharges its responsibilities for assuring the quality and standards of its awards, as required by the

Qualifications and Quality Assurance (Education and Training) Act 2012 and the QQI Core Statutory QA Guidelines (2016) and the ESG (2015). These documents have also informed the UCD guidelines.

Other potential benefits of the process are set out in Appendix 1.

2. Outline of the Periodic Review Process

The overall aim of the review process is on-going improvement. In order to derive maximum benefit from the process, the University wishes to ensure that the approach to self-assessment and review should be simple, flexible and easy to implement. It is the aim of the Quality Office to make the process as simple and understandable as possible. The key stages are:

1. Establish a Self-assessment Report Co-ordinating Committee
2. Draft Self-assessment Report (SAR)
3. Site Visit - consideration of the SAR by a Review Group (RG)
4. RG prepare a Report incorporating recommendations for quality improvement
5. Unit prepares an Action Plan for quality improvement
6. Follow-up to review progress against the action plan

3. Self-assessment Rationale

Self-assessment is the first key step that a unit takes in preparing for a quality review. There are four basic questions that need to be addressed as part of this process, namely:

- What are we trying to do?
- How are we trying to do it?
- How do we know it works?
- How do we change in order to improve?

Self-assessment is the process by which a unit (college, school, research, support/service unit, or study programme) reflects on its objectives and critically analyses the activities it engages in to achieve these objectives. It provides an evaluation of the unit's performance, of its functions, its services, and its administration. The self-assessment should be constructively self-critical and analytical; it should act as the basis for a dialogue between the unit and the Review Group. The Self-assessment Report (SAR) should:

- present detailed information about the unit, its mission, functions and activities

- present a succinct but comprehensive statement of the unit's strategic aims and objectives and discuss how these are aligned with those of the University
- describe the quality systems and processes that are already in place along with sample outcomes
- provide a comprehensive self-critical analysis of the activities of the unit, which may include a formal benchmarking exercise
- describe the collective perception of staff and students of their role not only in the University, but where appropriate, in the international community and in the social, cultural and economic development of Ireland
- provide evidence of the views of external stakeholders
- help the unit to identify and analyse its strengths, weaknesses, opportunities and challenges, and allows it to suggest appropriate remedies where necessary
- identify weaknesses in procedural, organisational or other matters that are under the control of the unit, and which can be remedied internally
- identify shortfalls in resources and provide an externally validated case for increased resource allocation
- provide a framework within which the unit can continue to work in the future towards quality improvement

(Source: IUA/IUQB – A Framework for Quality in Irish Universities)

Regular, formal self-assessment is the core component of the Irish Universities quality framework, where the emphasis is placed on the immediate value to the unit of this analytical and self-critical process. The preparation of the SAR acts as a stimulus and provides opportunities for reflection and consultation, enabling units to plan and manage strategically and to align their development plans with those of the whole University. The main emphasis in all of the self-assessment processes is of both a quantitative and qualitative analysis, with a view to continuous improvement.

The SAR provides the Review Group with essential information to prepare both for the review visit and the review group report. The preparation of the SAR follows essentially the same process for all units within the University. However, the content of Reports may vary to reflect the nature of the unit's activities.

4. Thematic Reviews

In addition to academic and support service unit reviews, from time-to-time, University-wide thematic reviews will also be undertaken. In this instance, the self-assessment process will be headed by a relevant senior staff member and the members of the self-assessment co-ordinating committee will be drawn from the relevant parts of the institution. Separate procedures exist for thematic review.

5. Briefing Meeting with Head of Unit

The UCD Quality Office Co-ordinator will hold a briefing meeting with the head of the unit, at least ten months before the review, to discuss the review process, schedule, and required documentation, and to agree deadlines for the receipt of documentation. The Director/Deputy Director of Quality is also available to meet and brief staff of the unit, if required. An overview of the provisional timeline for internal review is set out in Appendix 3. An indicative timetable for the Review site visit is set out in Appendix 4.

6. Establishment of the Self-Assessment Co-ordinating Committee

At the outset of the review process the unit designates a group from within the unit to form the Co-ordinating Committee which is responsible for the preparation of the Self-assessment Report (SAR). The Committee should be representative of the key staff groupings within the unit, and should normally include the Head of the Unit, who will play an active role in the self-assessment process, and at least one other senior member of staff. The Committee should be operational and not too large. A member of staff, not necessarily the Head of the unit, will chair the Co-ordinating Committee and liaise with the Quality Office. A member of the Committee should be assigned the responsibility of collating and editing the SAR. All staff members of the unit should be kept fully informed of the self-assessment process and should be given an opportunity to contribute their views.

Following consultation with the unit, the UCD Quality Office may provide a further briefing to the Co-ordinating Committee. Before making a detailed plan for the self-assessment, the Co-ordinating Committee should read the Guidelines carefully, discuss these with their colleagues, and importantly consult with the Director of Quality and/or staff in the Quality Office. The Head of Unit and/or Chair of the Co-ordinating Committee and Director/Deputy Director of Quality should then agree provisional dates of formal meetings. The Director/Deputy Director of Quality should be invited to the first meeting of the Co-ordinating Committee, and thereafter to appropriate meetings, to provide advice and guidance, to monitor progress and to review the final draft of the SAR. Regular communication between the Director/Deputy Director of Quality and the Co-ordinating Committee is encouraged. The best results for reviewed units has occurred most often when this contact has been maintained.

7. Feedback from User Groups

It is important to obtain the views of user groups, and these can be obtained through peer review, focus groups or questionnaires. Advice on appropriate mechanisms is available from the Quality Office, UCD Teaching and Learning (<http://www.ucd.ie/teaching/>) or the Director of Institutional Research. Sample questionnaire templates are available from the Director of Institutional Research. These questionnaires are intended to provide guidance and are neither definitive nor exhaustive. Individual units may have special requirements and these should be discussed at an early stage with the Director of Institutional Research (Maura McGinn, UCD Director of Institutional Research, Email: maura.mcginn@ucd.ie, Tel: 01 716 1088).

For the purposes of the Quality Review, two roles within the HR team are key – HR Partner and Organisation Development. As part of their services, both areas work together to facilitate units in conducting the staffing and organisation aspects of the Quality Review Process. They draw on the expertise of other HR and Support unit inputs as necessary during the process. For further information on support

provided by HR services and contact details, please see the HR information paper at <http://www.ucd.ie/quality/>).

8. Structure and Content of Documentation

The precise nature of the materials prepared for review is to some extent dependent on the service area, but will always include as a key element, a self-assessment report (see Appendix 2), accompanied by supporting information, including an organisation chart, staff profiles, unit strategic or work plans, which may include a strategic plan, a unit profile comprising staff statistical information, previous internal and external review reports (where these exist), budgetary information and minutes of relevant Committees. A proportion of the documentation required will be submitted in advance and circulated to the Review Group. Other documents will be made available to the Review Group for reference during the review site visit itself. (See Appendix 5).

9. Writing the Self-assessment Report

The SAR is the main vehicle through which the unit conveys information about itself. Equally, and perhaps more importantly, it is the starting point for critical reflection by the unit about the way it is managed and handles quality with regard to its particular activities. It is an evidence-based reflection of what the unit believes to be working well in the unit and what it believes to be working less well. It should be full and frank, not attempting to hide problems, but not forgetting to cover strengths; and it should be developmental, offering thoughts on how to improve provision within the unit.

The unit is not required to provide a detailed description of what it does. Some background information will be necessary to set the context, but the emphasis should instead be on the critical self-evaluation of how effective and successful it believes the various aspects of its provision to be. This exercise provides a useful opportunity to explain why the unit is reassured that service provision is excellent and points to the evidence which supports this view; or where provision could be improved and provide recommendations for corrective action. This section should typically be no longer than three pages. Additional guidance on writing the SAR is available at <http://www.ucd.ie/quality/infoforstaff/>

The structure of the SAR is typically:

1. Introduction and Details of the Unit
2. Planning, Organisation and Management
3. Functions, Activities and Processes
4. Management of Resources – Staff (including Staff Development), Facilities, Budget and Financial Issues
5. User Perspective
6. Analysis of Strengths, Weaknesses, Opportunities and Challenges - Overall Analysis and Recommendations for Improvement
7. Appendices e.g. organisational structures, summary staff CVs

A template for the Self-assessment Report, with a number of guiding prompts (not exhaustive) under each section, is set out in Appendix 2. The template should be used to structure the SAR, however, there is some scope to tailor the structure of the SAR to address specific unit needs, and advice on any aspect of the SAR should be discussed with the UCD Quality Office. Prompts are provided as an aide-memoire, to aid evaluation and to guide thinking about the content of the SAR. Please highlight strengths and areas of good practice but also highlight those areas that the unit is working to improve: state the issue and the actions that are being taken to resolve or improve the situation. Examples should be provided within the text and reference made to documentary evidence, for example, via footnotes, to support statements made in the self-assessment document. Detailed information available in another existing document need not be reproduced in the SAR; instead, append the document to the SAR, or make it available for the site visit. Reference to electronic documents may be made by providing the web address, as required.

The SAR should not be a lengthy document, and it is recommended that it typically should be **no longer than 40 pages**, with additional appendices. Keep it succinct and remember that the SAR acts as a basis for a dialogue between the unit and the Review Group.

Examples of additional supporting documentation that may be included with the SAR and/or made available in the Review Group meeting room during the site visit, are set out in Appendix 5.

Inputs to the SAR should include, where appropriate:

- user group feedback
- staff feedback
- student feedback
- employer feedback
- unit plans
- relevant statistics
- committee minutes

Ten bound copies of the SAR, with appendices, plus one unbound copy and one electronic copy, should be delivered to the UCD Quality Office, at least four weeks in advance of the site visit.

A hard copy of the SAR should be circulated to all staff members of the unit, and the relevant Vice-President/Senior University Officer (or equivalent), prior to the site visit.

The Review Group Report will be published on the University website at <http://www.ucd.ie/quality/> following consideration by UMT and upon acceptance by the University Governing Authority, (in accordance with the Qualifications and QA Act (2012) and the QQI Core Statutory Quality Assurance Guidelines (2016)). In order to encourage critical self-reflection, however, the SAR will be confidential to the unit, President/Deputy President, College Principal, the Review Group and the Quality Office.

10. Review Group Composition

A typical Review Group for a support unit might include:

- Two senior UCD officers (at least one should be a UCD academic member of staff), one of whom acts as Chair and one as Deputy Chair.
- Two* external experts in the discipline, normally chosen from a list of at least six candidates supplied to the Director of Quality, by the Co-ordinating Committee. The external experts will normally include Heads of units cognate to the unit under review, but may also include one or more senior practitioners from business; the public sector or a profession relevant to the unit under review. Nomination forms are set out in Appendix 7 and are available electronically from the UCD Quality Office.

* (Note: this number may vary, as appropriate, to reflect the size and diversity of the unit under review, having regard to the principle that the number of internal UCD members shall not exceed the number of external members)

A short-list of proposed **external reviewers** will be submitted by the unit under review by an agreed deadline (typically 3 nominees per external representative required – see guidance notes for the selection of reviewers at Appendix 6). The list of proposed reviewers will be considered by the UCDQO, in consultation with the relevant Vice-President/Senior Officer, if required. External nominees may be removed from the list or additional externs may be added to the list of nominees, by the UCDQO or the relevant Vice-President/Senior Officer. If the unit under review does not provide nominees to be considered for the Review Group, by the agreed deadline, the UCDQO, in consultation with the relevant Vice-President/Senior Officer, will propose the composition of the Review Group.

As necessary, in order to adapt to changing circumstances (e.g. a prospective reviewer being unavailable or a reviewer dropping out at short notice) the procedures for the establishment of Review Group will remain flexible.

The final selection of the Review Group will be reported to the Academic Council Committee on Quality. The final selection will be independent of the unit under review.

Note:

1. Both genders (wherever possible) should be represented on the nomination lists.
2. A support unit must declare any relationship it might have with a proposed external reviewer. This must be done during the initial consultation period and outlined on the external nominee form (see Appendix 7).

11. Objectives and Function of the Review Group

(i) Objectives

The objectives of the Review Group are to:

- Clarify and verify details in the SAR.
- Review the unit's strategic alignment with the University Strategy.
- Verify how well the aims and objectives of the unit are fulfilled, having regard to the available resources.
- Confirm the unit's strengths, weaknesses, opportunities and challenges as outlined in the SAR.
- Assess how the unit evaluates its effectiveness.
- Discuss any perceived strengths and weaknesses not identified in the SAR.
- Check the suitability of the working environment.
- Make recommendations for improvement.

(ii) Function

The Review Group will:

- Study the SAR.
- Visit the unit over two or three days (Site Visit, see Section 12).
- Clarify and verify details in the SAR.
- Review the activities of the unit in the light of the SAR.
- Prepare a draft report and present the main findings in an exit presentation to the Unit.
- Write the Review Group Report.

12. Site Visit

(i) Planning

The Review Group visits the unit typically over a 2 or 3 day period. This site visit is central to the review process and must be carefully planned. Close liaison is required between the unit's co-ordinating committee, and the UCD Quality Office. The UCD Quality Office will also engage the Chair of the Review Group at appropriate points.

The dates for the site visit are arranged by the Quality Office, in consultation with the unit. This has important implications for the timing of all the other activities. In particular, in order to give everyone involved an opportunity to clear their diaries, the membership of the Review Group is arranged as early as possible and the dates for the site visit fixed. All members of the unit are expected to be available for the duration of the site visit. Prior to (and subsequent to) the site visit all contact with the internal and external reviewers regarding the review, including arrangements for travel and accommodation, is carried out by the Quality Office.

(ii) Timetable for the Review Group meetings

A suitable room must be provided by the unit for the use of the Review Group during the course of the visit. Documents such as management reports, financial and budgeting reports, or any other relevant material should be made available to the Review Group in the base room. Further information on supporting documentation is available from the UCD Quality Office. Catering for the Review Group site visit, will be organised by the unit under review, and again, advice is available from the UCD Quality Office. As previously indicated, most reviews will take place over 2 or 3 days, although reviews of larger Support Service units may take longer. A typical outline agenda for the site visit may be found at Appendix 4.

Guidance on the format and timetable for the site visit will be provided by the UCD Quality Office. The timetable for the site visit meetings is initially organised by the Head of Unit and/or Chair of the Unit's Co-ordinating Committee, in consultation with the UCD Quality Office and Chair of the Review Group. Users of the unit (which may include students) who meet with the Review Group, are selected by the Co-ordinating Committee and confirmed following consultation with the Quality Office, and Chair of the Review Group. The timetable should be finalised, populated with those attending, and forwarded to the UCD Quality Office no later than 1 week prior to the visit. The timetable is then made available to all relevant staff of the Unit and students, if applicable. Students, employers and other users of the Unit who meet with the Review Group, are selected by the Co-ordinating Committee and confirmed following consultation with the Quality Office and the Chair of the Review Group. The Unit will be responsible for proposing any additional categories of staff/students or other stakeholders (who do not appear on the draft timetable), who in their view, should also meet the Review Group. **The Unit under review will also be responsible for identifying and arranging for staff/students and other stakeholders to meet the Review Group at the appropriate time** - further advice is available from the UCD Quality Office.

The order of meetings can be altered to reflect the availability of staff/students/employers on a particular day, with the exception of the final morning or afternoon, which is reserved for the preparation of the first draft of the Review Group Report. The Review Group, following receipt of the SAR, may request additional timetabled meetings.

In summary, the Review Group should typically (as time allows):

- a) meet with the Vice-President, Co-ordinating Committee, the Head of the unit, a representative group of the staff not on the Co-ordinating Committee, representative groups of unit staff (administrative and technical) current students (if appropriate), and users of the unit.
- b) visit workrooms and offices and such other facilities which support the activities of the unit.
- c) complete the first draft of their Report and present the principal findings and recommendations to a meeting of the unit.

When the site visit is over, no member of the unit should be in contact with the Review Group on matters relating to the Self-assessment Report, the site visit or the Review Group Report. If contact has to be made it should be through the UCD Quality Office.

(iii) Exit Presentation

Normally one of the extern Review Group members or the Chair will make the exit presentation to the unit. This will be a presentation of the key preliminary findings (for example, bullet point headlines on points of commendation and improvement) of the Review Group and will not involve discussion with the Unit, as these initial findings may be modified in the light of subsequent reflection and discussion within the Review Group.

13. The Review Group Report

In keeping with the formative nature of the process, where possible, Review Groups are requested to express their recommendations in a positive and constructive manner that encourages quality enhancement.

The structure of the Review Group Report will broadly reflect that of the unit's self-assessment report (see Appendix 8). Comment by Review Group members should primarily be analytical rather than descriptive and refer to either source documentation, oral evidence and/or direct observations. Recommendations should have a reference point in the Report narrative.

Report Completion

At the end of the site visit, the Review Chair should ensure that the Review Group has prepared a reasonably advanced first draft. An agreed timeline for finalisation of the report and sign-off by the Review Group should be set and communicated to the UCD Quality Office. Typically, a final report should be made available no later than **8 weeks** after the site visit, and should be sent to the UCD Quality Office, with emails from all Review Group members, confirming that this is the agreed report.

It is also important that the Review Group should not contact the unit with regard to any matter relating to the review. Any request should be communicated through the UCD Quality Office.

The UCD Quality Office will circulate the report to the unit's co-ordinating committee, for correction of factual error. In addition, the unit may also submit a brief response (of no more than two pages, if appropriate) relating to the Report. Please note that this is not an opportunity to open up further dialogue,

on issues covered during the Review Group site visit. Any subsequent communication between the UCD Quality Office and the unit under review, about any aspect of the Review, shall be via the Head of Unit and/or the Chair of the Unit's Co-ordinating Committee.

The Review Group Report is an independent document prepared by the Review Group as peer reviewers. Rarely is there any requirement to undertake any editing other than, for example, reformatting or correction of factual errors. These minor edits are undertaken in consultation with the Review Group Chair. In exceptional circumstances, however, there may be a need for more considered reflection regarding a phrase or a small section of the Review Group Report, in order to ensure, for example, the judicious use of language and/or appropriate alignment with presentational and drafting guidelines. In these exceptional instances, the UCD Quality Office will, in consultation with the Review Group Chair, discuss alternative presentation/phrasing options. The UCD Quality Office will, however, retain editorial responsibility for the final report to promote consistency. As appropriate, a similar consultation process involving the relevant Head of Unit will also apply to draft Unit responses to Review Group Reports. If a unit does not agree with the content and/or recommendations in the report, these matters should be addressed in the Quality Improvement Plan under the various headings outlined under section 15.

The UCD Quality Office finalises the Review Group Report by correcting any factual errors and appending any unit response(s) as an annexe to the Report. No other amendments are made to the Report by the Quality Office. The Report is now final.

The UCD Quality Office sends copies of the final Review Group Report to the President, Registrar, and relevant University Officer(s), the Review Group members and any other persons authorised by the Registrar/President. The UCD Quality Office also sends copies of the final Report to the head of unit for circulation to members of the unit.

14. Publication of Review Group Reports

The Review Group will be considered by the University Management Team – see flowchart at Appendix 9. The Review Group Chair will meet with the University Management Team when the Review Group Report is considered. The Review Group Report will then be considered by the UCD Governing Authority and published on the UCD Quality Office website (<http://www.ucd.ie/quality/>), in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012. Upon acceptance, the Quality Improvement Plan will also be published alongside the Review Group Report (see paragraph 15.5 below).

15. Follow-Up to Review

Follow-up is an integral part of the process. The decisions on improvement, which are made in the follow-up to self-assessment and review, provides a framework within which each unit can continue to work toward the goal of developing and fostering a quality culture in the University. With the support of the College Principal/Vice-President, each unit is also required, under the Universities Act (1997)/Qualifications and Quality Assurance (Education and Training) Act 2012, to implement each of the recommendations of the Report, unless it would be unreasonable or impractical to do so.

The Quality Improvement Plan (QIP)

- 15.1 The Head of the unit, on receipt of the Review Group Report and following a meeting with the UCD Quality Office, will establish a Quality Improvement Committee which is representative of staff

from the unit. The Quality Improvement Committee will arrange to have a Quality Improvement Plan (QIP) drafted within twelve weeks, based on the Review Group Report findings. Guidelines for the completion of Quality Improvement Plans are available from the UCD Quality Office and/or at <http://www.ucd.ie/quality/>. The QIP should be developed in consultation with the College Principal/Vice-President. Two QIP templates are available – see *UCD Guidelines for the Preparation and Implementation of the Quality Improvement Plan*: <http://www.ucd.ie/quality/>. 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) Service aspects/functions, 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 the University, 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 Head of Estate 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 Review Group Report be addressed. Some recommendations for improvement may appear in the text of the RG 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.

15.2 The Quality Improvement Plan should address all recommendations (and implied and/or other suggestions) in the Review Group Report and includes:

- (a) recommendations already implemented
- (b) a list of goals which can be realistically achieved in the following year
- (c) a list of longer term goals to be achieved, for example, over five years
- (d) recommendations which the Quality Improvement Committee 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.

- 15.3 The QIP should be developed in consultation with the relevant Vice President. The QIP should be used to inform the units strategic and resource planning activities.
- 15.4 Units submitting QIPs should ensure that there is sufficient (brief) detail in the actions planned or actions taken under each recommendation. Responses should not be vague – please see the guidance material for the preparation of QIPs: www.ucd.ie/quality.

The QIP should be sent to the UCD Quality Office by the agreed submission deadline. Upon receipt of the QIP, the UCD Quality Office will arrange to have the QIP considered by the Chair of the Review Group. Other staff may be co-opted as required.

If reasonable progress is not made to address the Review Group Report recommendations within the agreed timeframe, the matter will be referred to the Academic Council Quality Enhancement Committee to determine what further action should be taken.

- 15.5 The RG Chair, in consultation with the UCDQO, will consider the QIP and may seek further clarification and/or additional information, prior to submitting the QIP to the University Management Team (UMT) for consideration. UMT Secretariat will invite the Head of Unit to the relevant meeting of UMT to discuss the QIP (see flowchart at Appendix 9). Following the UMT meeting, the UMT Secretariat will confirm with the UCD Quality Office, that the QIP may be published, or advise what action UMT has requested, pending publication of the QIP.

A report on QIPs published; that have had extensions of time; and those that remain outstanding in a stated period, will be made to ACQEC, at least annually.

Funding for Quality Improvement

- 15.6 Recommendations that require additional funding should be considered in the light of University policy and priorities, having regard to the resources available to the University, at the time. They may also act as a driver for a unit or college in prioritising and (re-) allocating available resources.

Progress Review

- 15.7 Approximately twelve months after the QIP has been accepted, each unit will be asked to prepare a progress report on the implementation of the QIP actions. The Progress Report should be developed in consultation with the relevant Vice President. The Unit's Progress Report should be forwarded to the UCD Quality Office.

Upon receipt of the Progress Report, the UCD Quality Office will convene a progress review meeting. The QIP Progress Report forms the basis of the dialogue at the Progress Review Meeting, however, it will not be published.

- 15.8 The progress review meeting will normally be chaired by the Registrar and Deputy President (or nominee), and will typically include a representative from the Quality Office, the relevant Vice President, one of the UCD reviewers involved in the original unit review, and normally a maximum of four representatives from the unit reviewed (one of whom will be the Head of Unit).

- 15.9 The meeting will consider the actions taken by the unit, and where appropriate, other University units, to address the Review Group Report recommendations. In addition, the Progress Review Panel will agree further follow-up meetings as required. The aim of the meeting is to confirm that all recommendations for improvement arising from the review process, have been or will be, dealt with appropriately, formally bringing to conclusion the review process.
- 15.10 If, at the Progress Review Meeting, it is deemed that insufficient progress has been made against the Review Group Report's recommendations for improvement, the following actions may be considered:
- a. A revised QIP Progress Report will be required within a stated deadline, to reflect a modified action plan recommended at the Progress Review Meeting – the UCD Quality Office will sign-off the revised report, as appropriate;
 - b. A revised QIP Progress Report will be required as set out in 15.10a above, and a further Progress Review meeting held;
 - c. A report of the lack of progress made to implement the Review Group Report recommendations will be made to the Academic Council Quality Enhancement Committee (ACQEC) and University Management Team, with recommendations for further action.

It should be noted that the Progress Report and meeting is the last formal step in the quality process, but it is not the last step for the Unit in progressing the Review Group Report recommendations. The Progress Report will act as a starting point for the next review.

- 15.11 The outcome of the progress review meeting for units will be reported to ACQEC. An Annual Quality Report is also made to the UCD Governing Authority, University Management Team and UCD Academic Council.

Appendix 1

Benefits of the Process

- (i) Preparation of the Self-assessment Report acts as a stimulus and provides opportunities for reflection and consultation, enabling units to plan and manage strategically
- (ii) It provides a critical self-analysis of the activities of the unit
- (iii) It helps the unit to identify and analyse its strengths, weaknesses, opportunities and challenges, and allows it to suggest appropriate remedies where necessary
- (iv) It is an opportunity to reflect on key issues/forward plans for the unit
- (v) It shows the quality systems and processes which are already in place and permits an assessment of their effectiveness
- (vi) The unit can identify themes that the review panel might consider
- (vii) It identifies shortfalls in resources and provides an externally validated case for increased allocation
- (viii) It identifies weaknesses, if any, in procedural, organisational, or other matters, that are under the control of the unit and which can be remedied internally
- (ix) It provides a framework within which the unit can continue to work in the future towards quality improvement
- (x) The findings are validated by external international standards

Appendix 2

(See also Section 9 (p.7) of these Guidelines)



University College Dublin

Template for Self-assessment Report

Periodic Quality Review: Self-assessment Report

UCD Unit: _____

Month 20XX

This document presents the format of the Unit Self-assessment Report and is available from the UCD Quality Office by email or at <http://www.ucd.ie/quality/> under 'Support Service Unit Reviews'.

Under each chapter heading we have included a series of questions which the Unit should take into consideration when preparing the Self-assessment Report. Please note, this Appendix is intended as an aide-memoire and the question prompts are not exhaustive. Some of these questions may not be relevant to the tasks performed in your Unit. On the other hand, the Unit should consider any relevant issues which are not covered by these questions.

Please note that prior to, or during the site visit, the Review Group may request information from the unit, in addition to those outlined in Appendix 5, such as management reports, financial or statistical information. Units should have available for the Review Group, copies of relevant reports compiled in the previous five years as well as the current unit summary budget. The Review Group may also request interviews with individuals who have not been scheduled in the timetable.

Support Service Unit Co-ordinating Committee

List the name and grade of each member of the Co-ordinating Committee, Chair first.

Brief Methodology

This should include, for example:

Number of meetings held by the Co-ordinating Committee

Allocation of tasks

Degree of communication with the staff not on the Co-ordinating Committee

The Self-assessment

Page

1. Introduction and Details of the Unit
2. Planning, Organisation and Management
3. Functions, Activities and Processes
4. Management of Resources
5. User Perspective
6. Analysis of Strengths, Weaknesses, Opportunities and Challenges –
Overall Analysis and Recommendations for Improvement
7. Appendices

NB: As a general guide, each section (excluding appendices) should aim to be no longer than 4-6 pages.

1. INTRODUCTION AND DETAILS OF THE UNIT

Give a brief description of the unit which should include the main activities of the unit. If appropriate describe how the unit has grown and developed in recent years. What particular strengths and characteristics define the unit? (This should set the scene for the Review Group). Include a brief outline of the methodology for the preparation of the Self-assessment Report.

1.1 Physical Facilities

This should include a list of rooms, offices etc. used by members of the unit, with occupancy. Discuss adequacy of provision.

1.2 Senior Management Structure

Please provide details (perhaps a chart) of the management structure of your unit, including core responsibilities.

1.3 Unit Organisation Chart

Please provide details of your unit organisational chart.

1.4 Summary Details of Staff

Outline, in tabular form (see template example below – this may be inserted as an appendix) the summary details of staff in the unit with their job title/responsibilities. This analysis should include, for example, a commentary on the age distribution profile of the unit; succession planning issues and staff turnover.

Unit Staff

Name	Grade	Years at Grade	Years at UCD	Job Title and/or Key Responsibilities

2. PLANNING, ORGANISATION AND MANAGEMENT

This might include a description and analysis of the following items:

2.1 Strategic Planning.

Outline the unit's Strategic Development Plan. International 'good practice' indicates that this should include the following:

- A carefully defined Mission Statement and a detailed description of the unit's operations and goals in such areas as the services provided by the unit, hiring, training and development, process documentation and improvement, quality measures, benchmarking etc. These goals should be consistent with the University's institutional objectives, and should take into account the needs of the users of the service and how these needs are identified, prioritised and translated into objectives;
- A Vision for the unit which describes a desired status, or the achievement of some major goals over the next ten years.
- A Physical Resource Analysis, a stocktaking of the existing resources which identifies those which are essential for the future and those which might arise in connection with various strategic options;
- A Human Resource Analysis, which should identify the interests and strengths of its existing staff and deficiencies which could become priorities in impending recruitment.

Does your unit regularly collect data on benchmarking, the performance of the internal processes/operations, supplier performance, user-related performance, and is this data used in planning and in day-to-day operations?

How do you plan for new services and innovations?

The aim of this section would typically include:

- Assessing the coherency of the unit's strategy for the future
- Identifying factors which have contributed to the success of the unit
- Identifying factors which have inhibited or are likely to inhibit the success of the unit
- Commenting on the adequacy of the unit's risk analysis processes and risk management
- Monitoring the implementation of the institutional strategies and policies

2.2 Management Structure

Describe and analyse the management structure in your unit. How are tasks delegated and responsibilities assigned? What are the reporting structures?

Describe and analyse the formal decision making procedures in the unit. For example are there regular meetings of staff, with agendas circulated in advance and with brief minutes of key decisions and action items? Who attends? Are key staff consulted on upcoming appointments, and if so which staff are consulted?

Information in this section typically includes committee structures within the unit, workload measurement; a commentary on how the unit plans for new services and innovations.

The aim of this section would typically include:

- Assessing the performance of the unit against its own planning statements and the University's strategic plan
- Assessing the effectiveness of the unit's formal internal organisation and informal practices
- Could the organisation of the unit be improved? Are synergies realised?
- Are key staff roles and office functions clearly understood?
- Reviewing the level of engagement with relevant University policies, such as Equality, Diversity and Inclusion
- Describe and analyse the management structure of the unit. How are tasks delegated and responsibilities assigned? What are the reporting structures?
- Describe and analyse the formal decision-making procedures in the unit.

2.3 Budgeting

Describe and analyse the budgetary arrangements in the unit. Is information from Administration timely and accurate?

2.4 Communication

What structures and processes are in place to ensure effective communication between staff in the unit?

How are staff members kept informed of changes in procedures, and of decisions taken in other parts of the University that may affect their work?

Could most staff members list your unit's goals relevant to their activity, and are they familiar with the plans to achieve them in their areas?

Are there formal procedures in place for dealing with staff concerns and differences?

How is communication assured externally, with other Service Units and users?

Can any of these processes be improved? If so, how?

3. FUNCTIONS, ACTIVITIES AND PROCESSES

This section examines how the unit manages its processes for the delivery of its key products and/or services.

It also examines the procedures for the control and improvement of these processes, and for documentation of the processes to confirm that they are used and are effective.

- a) Provide factual information on what you do and how you do it. Are the facilities and services appropriate and sufficient to fulfil the services unit's objectives?
- b) Is there a comprehensive system for ensuring that user requirements are taken into account, and is there a comprehensive development plan for new products and services ensuring that all new activities, key performance and supplier requirements are identified and that the outcome is validated at key phases during development?
- c) Does the unit have a system to ensure that all activities operate and are controlled, to the prescribed standards or requirements?
- d) Is there a process of continuous improvement based on identifying opportunities and needs through the analysis of operation and user data, and of external benchmarks?
- e) Does your unit ensure that the audit and other findings, such as project records, or trend analysis, are always used to improve the systems through the implementation of root-cause cures (rather than 'quick-fixes'), so preventing the recurrence of the problem?
- f) Are the support activities provided by other units (e.g. Buildings, Finance, IT, Personnel) satisfactory?
- g) Are routine actions taken to make suppliers aware of the unit's current and future quality requirements? Is there a system for ensuring that these requirements are met, and are the suppliers regularly informed and made aware of their performance?
- h) Are the results of most product and service processes measured and known?
- i) Are they showing an improving trend?

4. MANAGEMENT OF RESOURCES

This section examines how the unit's key resources such as staff, finance, IT, materials and new technologies are aligned with its quality aims, targets and values. The purpose of this section is to examine to what extent the key resources of the unit are systematically aligned and utilised to ensure that the quality values and targets are actually achieved. Are the current resources adequate to ensure the delivery of services? Is there a planned staff development framework in place? It should also demonstrate that these key resources are being managed in a professional manner.

- a) Does your unit have an approach that ensures that the allocation and use of its financial resources reflects and supports its mission statement and its quality aims and values? Are budget limits communicated to appropriate staff?
- b) Does your unit ensure that all relevant information including data on process performance, suppliers (including supplier performance) and users (including user satisfaction) is reliable and freely and quickly available and easily usable by any involved personnel (including users/suppliers where appropriate)? This will include the removal of obsolete data and documents.
- c) Does your unit have an approach that continually improves its control and effective use of material resources and suppliers? This includes the reduction of scrap, wastage, obsolescence, inventories and the use of its fixed assets (e.g. space and equipment) and would also involve joint projects with suppliers to improve and identify new opportunities.
- d) Is there a routine method for ensuring that alternative and new technologies are identified and implemented?
- e) Are the staff plans (e.g. hiring, training, development) directly derived from the needs of the strategic plans and goals (rather than just activities or free-standing plans based on *ad hoc* needs)?
- f) To what extent has the unit engaged with relevant University Policies, such as Equality, Diversity and Inclusion?
- g) Does your unit have a process for regular staff development reviews and which includes training and career development needs?
- h) Does your unit have a process that involves all staff (both as individuals and groups) in generating improvements?
- i) Have effective two-way communications been achieved with the staff, and would the staff agree that they are well informed and that their opinions are valued?
- j) How many staff have participated in self-development programmes over the past three years?

5. USER PERSPECTIVE

This section examines the way the support service unit identifies its various user groups and segments them. It is looking for the measures and results that indicate the levels of user satisfaction. It asks for both the actual perceptions of the user, which may be obtained through surveys etc., and also for measures and results that will tend to predict trends or influence user satisfaction such as complaint levels, late delivery of service etc. This section also examines whether the unit is only looking at its own levels and trends, or whether it compares these with external benchmarks of the performance of comparable organisations.

- a) Does your unit evaluate its management of the user relationship through measures that predict or influence user satisfaction, such as response accuracy, timeliness, returns, lost customers, etc., and does it regularly measure and know the results?
- b) Are there well-defined standards and service levels addressing key user requirements, and does your unit routinely measure and know its performance in meeting these standards?
- c) Does your unit have an accurate and realistic overview of the total complaint level (verbal and written) as received by all areas and functions within the unit?
- d) Are the predictors of user satisfaction in a), b) and c) above showing an improving trend?
- e) Are the user satisfaction results (i.e. the actual perceptions of the user) regularly measured and known for both product and service attributes?
- f) Are these user satisfaction results showing an improving trend?
- g) Can you show that your results of user satisfaction are comparable with/better than those of comparable organisations in Ireland and abroad?
- h) Does your unit have a method for routinely setting targets/goals for improvement in the performance of its predictors and perception measures of user satisfaction, and has it established the relevance of its measures and targets?
- i) How well does the unit communicate with its users?
- j) What arrangements exist for promoting the unit's facilities and services? Are these arrangements effective?

6. ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES – OVERALL ANALYSIS AND RECOMMENDATIONS FOR IMPROVEMENT

This chapter should include an overall analysis of the unit's activities.

Strengths should be emphasised, effective unit responses to concerns and opportunities considered, and challenges discussed. Strategies for improvement should be formulated.

Since the goal of this process is quality improvement the formulation of strategies and the recommendations for improving the work of the unit should be highlighted.

7. APPENDICES

For Example:

- UCD Organisational Structures
- Unit Planning Documents
- UCD/Unit Committee Structures
- Specimen Job Descriptions
- Survey Data
- Statistical Summaries
- Sample Questionnaires
- Key Performance Indicators

(See also Appendix 5)

Appendix 3

University College Dublin

University Internal Periodic Review: Provisional Timeline

Indicative timeline for an Internal Quality Review (of an academic or support unit).

Each academic and support unit is reviewed within a seven year cycle. The Review schedule will be published on the Quality Office website <http://www.ucd.ie/quality/>.

Stage 1	Self-Assessment
-10 months (min)	Quality Office initiates the formal process of quality review – e.g. initial briefing provided by Quality Office; agree provisional dates; related procedures discussed.
-10 to 9 months	Unit selects the self-assessment co-ordinating committee in accordance with Quality Office Guidelines and nominates recommendations for Review Group externs.
-10 to 9 months	Review Group (RG) selected by Director of Quality and sub-group of ACQEC (following consultation with College Principal/Vice-President/Director).
-8 to 2 months	Unit prepares Self-assessment Report (SAR) including collection of data, surveys etc.
-1 month	SAR sent to Review Group (RG)
Stage 2	Review and Site Visit
	The RG visit the unit over a three day period (see example site visit schedule at Appendix 4)
Stage 3	Review Report and Follow-up
+ 2 months	RG Report received by Quality Office and forwarded to unit for comment on any factual error and response.
+2 to 3 months	RG Report finalised by Quality Office. RG report considered by UMT and Governing Authority. Unit prepares a Quality Improvement Plan (QIP), with specific, measurable, achievable, realistic and timetabled actions. Quality Office prepares operational report for Academic Council Quality Enhancement Committee (ACQEC).
+3 months	Unit's QIP ¹ sent to Quality Office and considered by Chair of Review Group and UMT.

+6 months	Publication of the Quality Improvement Report on the University website.
+12 months	Progress Review Meeting convened to consider unit's Progress Report on the implementation of the QIP.
¹ The QIP should be taken into account in the strategic planning of the unit and other University-wide processes.	

Appendix 4



Indicative Timetable for a Review Visit to a Support Service Unit

[Name of Unit – Dates of visit]

Please note:

- (i) Organisation of the draft site visit timetable is the responsibility of the unit under review and should be developed **in consultation with the UCD Quality Office**.
- (ii) This timetable may be amended to reflect the specific requirements of the unit under review and/or the Review Group.
- (iii) There should be a break of **at least 10-15 minutes** between each meeting to facilitate ingress/egress of staff and to allow the reviewers time to prepare for the next meeting.
- (iv) The final site visit timetable will be confirmed by the UCD Quality Office in consultation with the Review Group Chair.

Pre-Visit Briefing Prior to Site Visit

- 17.00-19.00 RG meet at hotel to review preliminary issues and to confirm work schedule and assignment of tasks for the site visit – **RG and UCD Quality Office only**
- 19.30 Dinner hosted for the RG by the Registrar and Deputy President or nominee – **RG, UCD Deputy President and UCD Quality Office only**

Day 1: Date

Venue: Room/Building

- 09.00-09.30 Private meeting of Review Group (RG)
- 09.30-10.00 RG meet Vice-President with responsibility for the Unit
- 10.15-11.00 RG meet with Head of Unit (optional: other members of senior staff/section heads nominated by the Head of Unit may attend)
- 11.15-11.30 RG tea/coffee break
- 11.30-13.00 A series of meetings will take place with unit staff including managerial/administrative/technical and other support staff, as appropriate. This may be broken down by sub-sections, if applicable.
- 13.00-14.00 Lunch – RG only

14.00-17.00	Meetings with representative user groups/stakeholders, for example: <ul style="list-style-type: none"> • Students • Academic Staff • Professional Staff e.g. HR Partner, Finance Partner, representatives of other University units (if appropriate) • Representatives from relevant University committees e.g. Academic Council committees • External stakeholders e.g. employers/providers/suppliers (if appropriate)
17.00-17.30	Visit to core facilities of the Unit
17.30-18.00	Meeting of Review Group to identify any remaining aspects to be clarified and to finalise tasks for the following day
18.00	RG depart
18.30	Working dinner for RG at hotel (<i>organised by UCDQO</i>)

Day 2: Date

Venue: Room/Building

09.00-09.30	Review Group Meet
09.30-10.15	Meeting with individual staff – 10 minute sessions (by request)
10.30-11.00	(Optional) Further meetings with University and/or Unit staff as required and/or RG begin work on first draft of Review Group Report
11.00-11.15	Break
11.15-12.45	Preparation of draft Report and exit presentation continues
12.45-13.30	Working lunch for Review Group (including brief discussion with Director of Quality, if required)
13.30-16.15	Preparation of first draft of Review Group Report
15.15-15.30	RG meet with relevant Vice-President to feedback initial outline commendations and recommendations
15.30-15.45	Break
15.45-16.00	RG meet with Head of Unit to feedback initial outline commendations and recommendations
16.00-16.15	Break
16.30-17.00	Exit presentation to all available staff of the Unit – made by an extern member of the Review Group (or other member of the Group, as agreed) summarising the principal commendations/recommendations of the Review Group
17.00	RG depart

Day 3: Date

Venue: Room/Building

An extra morning or full day may be required if the unit under review is large or particularly complex, or if further time is needed to finalise the draft RG Report.

Appendix 5

Other SAR Related Information

Appropriate documents should be made available in the Review Group meeting room during the site visit, to complement the SAR. Examples are given below:

(i) Questionnaires

Copies or samples of questionnaires circulated to students and staff, user groups, unit staff, as appropriate, and the analysis of results of such surveys conducted, should be included with the Report, or alternatively, these may be made available to the Review Group for consultation during the visit.

(ii) Appendices to the SAR

These may include:

- Unit Plan
- Staff Handbook
- Where appropriate, Annual Review/Monitoring Action Plans plus a record of the outcomes of the actions taken for the previous five years
- Diagram showing the Unit's committee structure
- Statistical data
- Previous quality review reports and update on implementation of recommendations

Sources of Information

Documentary evidence that may be useful to you in writing a SAR would include:

(Please remember that the panel can request copies of particular documents that have been referred to in the text of the SAR).

- Statistics relating to service provision
- Reports of previous internal reviews
- Annual review/monitoring reports
- Organisational structure

- Sample committee minutes
- Budgets
- Space allocation
- University Strategic Plan
- University Teaching and Learning/Research Strategy
- Documents relating to procedures and quality

Please remember that the Review Group can request copies of particular documents that have been referred to in the text of the SAR. Also note that prior to, or during the site visit, the Review Group may request additional information, from the Unit, such as management reports, financial or statistical information.

Assistance is available to units from the Director of Institutional Research (maura.mcginn@ucd.ie) in compiling questionnaires and statistical data as part of the review process.

Appendix 6

University College Dublin

Criteria to be considered when selecting external Review Group members

- Gender representation
- Depth of reviewer expertise within the subject area
- Comfort in speaking and report-writing in the English language
- Extent of management experience in comparable units and/or at institutional level
- Affiliation with world-class units and institution(s)
- Representation of the breadth of knowledge 'strands' within the subject area
- External profile within the subject area - experience representing the discipline on groups or within agencies at national or international levels

Exclusions

- Recent role as Subject External Examiner within UCD
- Conflict of interest regarding any relationship with the unit or associated staff
- Current partner in research collaborations with the unit or associated staff

Additionally

- Any relationship the unit has with potential nominees must be declared by Head of unit prior to selection of Review Group

Appendix 7

University College Dublin

Nomination of External Reviewer for an Academic/Support Unit Review

Please note that all of the form should be completed and is available electronically from the Quality Office:

Name of Unit to be reviewed:	UCD	_____
Title, Name and Position of Proposed External Reviewer:		_____
Contact Details:	Address	_____
	Email	_____
	Telephone	_____
Administrative Contact Details i.e. PA, School or Unit Office	Email and Telephone Contact details	_____

Brief details of relevant professional experience (please provide sufficient details to enable an informed decision to be made)

Please outline any formal links/relationship the Unit or individual staff members in the unit have had with the proposed reviewer

To the best of my knowledge I confirm that the nominee has had no formal links with the unit during the last five years.

Signed: _____ (Head/Director of Unit)

Date _____

Please attach any relevant supporting documents (website information/research profile/professional profile) and submit to: UCD Quality Office, Email: qualityoffice@ucd.ie

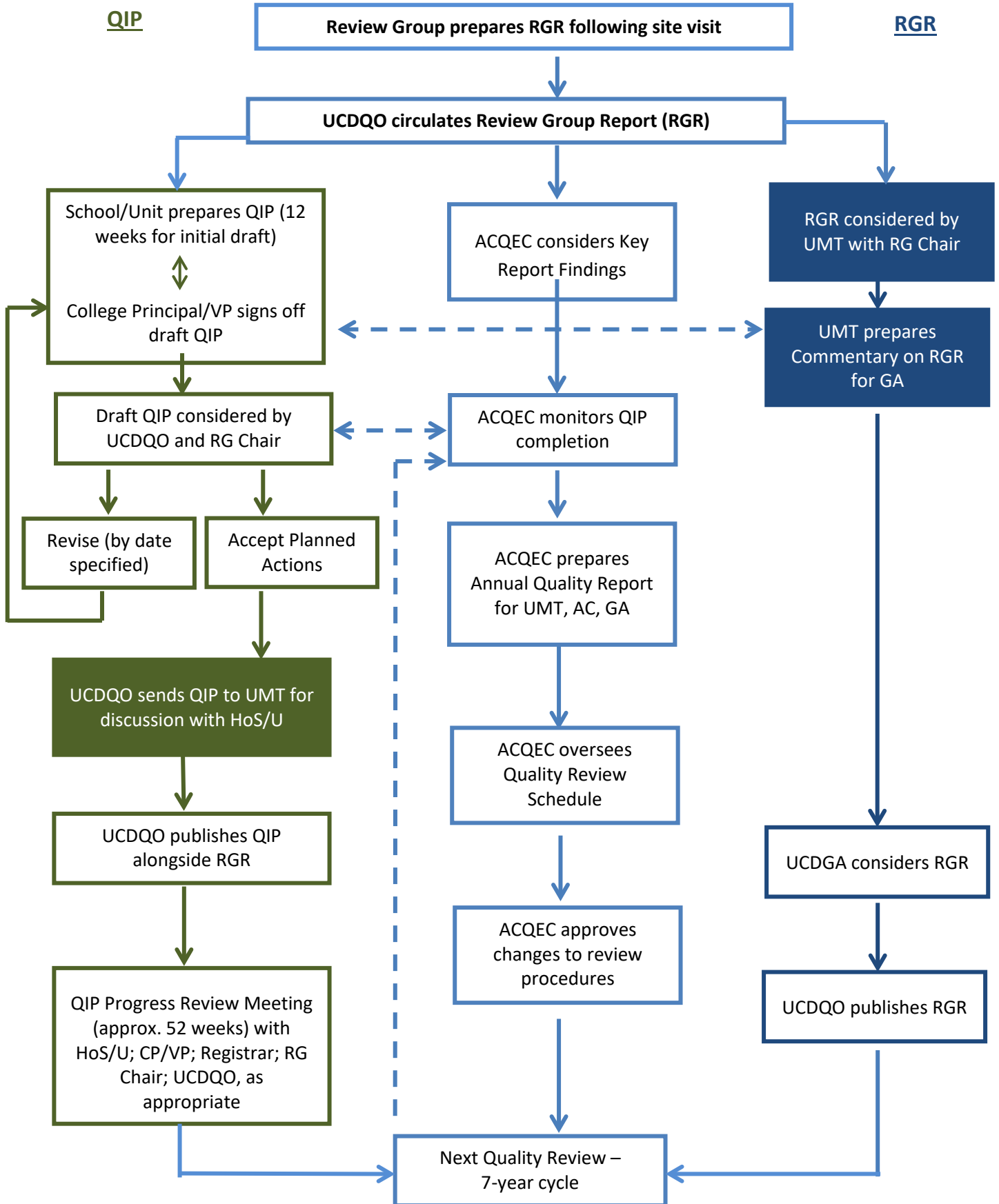
Appendix 8

Indicative Structure of the Review Group Report

Typically, the Review Group Report should broadly discuss the following:

- **Context for Review**
- **Introduction/overview of the unit**
- **Planning, Organisation and Management**
- **Functions, Activities and Processes**
- **Management of Resources**
- **Unit Specific Section(s) as appropriate**
- **Overall Analysis and Commendations/Recommendations**

Appendix 8
Institutional Oversight of School/Unit Quality Review Group Reports (RGR)
and Quality Improvement Plans (QIP)



Version History

<u>Version</u>	<u>Date</u>	<u>Approved by</u>	<u>Change</u>
2.2	September 2018	UCDQO	p. 27 – Reference to UCD Policies - prompts
2.3	January 2019	UCDQO	p. 40 – Revised Extern Nominee Form
2.4	February 2020	UCDQO	Nominal changes to content (all): P.3-4: Revised Self-assessment Rationale P.6: Revised Structure and Content of Documentation P.30-31: Revised Appendix 3 UCD University Internal Periodic Review: Provisional Timeline
2.5	July 2023	UCDQO	p. 39 Quality Office contact details updated