



National College of Art and Design
A Recognised College of University College Dublin

Coláiste Náisiúnta Ealaíne is Deartha

QUALITY OFFICE

**QUALITY ASSURANCE HANDBOOK:
PRINCIPLES, FRAMEWORK AND GUIDELINES**

Revised: 2023

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PART 1: QUALITY FRAMEWORK, POLICY AND ACTIONS

1.1 Introduction

Founded in 1746, and established by an Act of an tOireachtas in 1971, NCAD is governed by An Bord, appointed by the Minister of Education. NCAD offers the richest and most diverse education in art and design in Ireland.

NCAD has been a recognised college of the NUI since 1996, and in 2011 became a Recognised College of UCD. Under this arrangement, UCD provides for the validation and accreditation of NCAD's academic programmes; the award of degrees and qualifications; and the establishment of appropriate quality assurance and enhancement mechanisms. In particular, in the context of this framework, under the Quality Assurance and Qualifications (Education and Training) Act 2012, UCD is required to periodically (every 7 years) review and evaluate the effectiveness of NCAD's quality assurance procedures.

NCAD, as a linked provider, is responsible for ensuring and maintaining standards for teaching and learning through the establishment of robust quality assurance procedures. These procedures include:

- Annual Programme Monitoring & Planning, based upon:
 - External Examiner Reports
 - Student Feedback on modules and programmes
 - Technical Officer Feedback
 - Staff Feedback
- Peer Review of Academic Programmes
- Peer Review of Academic Schools
- Peer Review of Support Areas

1.2 Quality Assurance Principles

The “*European Standards and Guidelines for Internal Quality Assurance within Higher Education Institutions*” continue to hold the basic quality principles and guidelines to which NCAD adheres; they are outlined in Appendix 3.1 Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015): List of Standards.

The 2011 EUA report “*Examining Quality Culture Part II: Processes and Tools – Participation, Ownership and Bureaucracy*” offers valuable insights into why NCAD can approach this quality cycle with confidence in our systems of quality enhancement. The executive summary of the report is provided in Appendix 3.2 Examining Quality Culture Part II: Processes and Tools – Participation, Ownership and Bureaucracy.

The following quality principles and actions connect the Quality Assurance Framework:

- Quality assurance is understood to be the responsibility of the whole college, both staff and management.

- Students play a key role in quality assurance procedures through their presence and engagement with School (Design, Education, Fine Art & Visual Culture) and Academic Board meetings and feedback measures.
- Where examples of good practice across the College are identified, they are acknowledged, shared and implemented in a collegial manner.
- Review processes are locally driven at programme, Department and School level, with subsequent quality enhancement plans devised at the relevant level. Development of the plans is monitored during the year at the next level of management (e.g. Head of Department, Head of School or the College Management Team) and annually by the Quality Assurance Steering Committee, with progress reported to Academic Council, noted to An Bord and published on the College website.
- Programme documentation is produced locally and conforms to an agreed and standardised format college-wide to facilitate shared resources and quality enhancement.
- Programme documentation is both locally and centrally held and updated annually.
- Programme and year student feedback surveys are issued centrally using a standardised format. Evaluation and actions for implementation are led by Programme Leaders, Heads of Department and Heads of Schools, and by the College Management Team (as appropriate).
- External Examiner Reports receive written responses from Heads of Schools and agreed actions are implemented where appropriate.

The Quality Assurance Framework at NCAD is described through a Quality Assurance Policy, Quality Assurance Procedures and this Quality Assurance Framework and Guidelines. This Quality Assurance System is integrated into wider College processes for the enhancement of learning, teaching and research across NCAD. The intention is to support and encourage innovative thought around learning, teaching, research and all College processes by providing a structure to enable reflexive thinking on the development of procedures to the benefit of the College community. Outcomes of research into and reflection upon NCAD's learning and teaching environment that go beyond the minimum framework described here are invited for integration into annual planning processes.

The QA Framework functions within a wider awareness and understanding of NCAD's development plans.

1.3. Quality Assurance Framework

Reviews should be undertaken of all areas of NCAD activity, academic and non-academic, on a regular basis. Four different review measures make up the QA Framework:

1. Annual (Internal) Programme Review (Monitoring & Planning) – based on developments over the year and on feedback from a range of external and internal sources:
 - i. Subject Extern Examiner Report
 - ii. Student feedback
 - iii. Technical Officer feedback
 - iv. Staff feedback.

This cyclical and annual internal review process is embedded within programme structures and academic administrative procedures. From all perspectives, student, staff, internal and external, it is crucial for the courses and programme documents to remain 'live' – dynamic and fresh – in

keeping with the changing demands of the art, design and cultural sectors, industry and academia.

2. Periodic (External) Programme Review by a Peer Review Group that is required to be made up of three external reviewers:
 - i. Two reviewers from a comparable area within a similar-type institution (in academic reviews, one reviewer should be chosen from academia and one from the cultural industries)
 - ii. A representative from a related industry or from an appropriate (non-academic) sector, such as employers, advocacy groups, national organisations, accrediting bodies.
3. School-based reviews – recurrent QA Reviews of each School within NCAD are required by the HEA. The schedule for reviews is agreed through the Quality Assurance Steering Committee.

All programmes, both undergraduate and postgraduate will be reviewed either as part of, or in advance of, the School review.

4. In tandem with Academic Reviews, a regular review (every 5 years) should take place of the Support areas. These consist of all areas which support the student experience and student learning, i.e.
 - i. Head of Corporate Services / Registrar's Office
 - ii. Academic & Student Affairs
 - iii. Library
 - iv. The Director's Office

The process is similar to the School-based Review process, with self-assessment, peer review and quality enhancement as central tenets of the process.

In addition to our internal quality review procedures, UCD, as the designated awarding body is required to conduct an Institutional Review of NCAD (every 5-7 years) as the linked provider. The Institutional Review is conducted by UCD within the guidelines of QQI and UCD as the designated awarding body.

Each review process can be regarded as iterative:



Academic Quality Review

	Review Type	Review Process	Timeframe
1.	Annual (Internal) programme review and update	Review meetings held at programme/Department level each June to evaluate module feedback, programme feedback, resource changes, external and internal collaborative changes	June
		Review outcomes recorded through Programme Planning Report	Summer trimester
		Programme Planning Report submitted to Quality Assurance Office	September
		Any changes required to Programme documents developed at department/ programme level	Summer trimester
		Updated programme documents submitted to School Board, Programmes Board and Academic Council for approval.	September
		Updated documents published on NCAD website	October
2.	Periodic (External) Programme Review	Self-Assessment Report completed by programme leaders and contributors	October to December
		Peer Review Panel visit	January or February
		Quality Improvement Plan (QIP) drawn up	April or May
		Peer Review Report, initial response and QIP published	September
		Update on Progress against QIP published annually	Each September
3.	Periodic School-based Review	Self-Assessment document completed by Head of School and Review team	October to December

	Peer Review Panel visit	January or February
	Quality Improvement Plan (QIP) drawn up	April to July
	Peer Review Report, initial response and QIP published	September
	Update on Progress against QIP published annually	Each September

Student Support Areas Quality Review Steps

	Review Type	Review Process	Timeframe
4.	QA review of student supports (Library, A&SA, Corporate Services, Director's Office area) every five years	Self-assessment report written	October to December
		Peer Review	January or February
		Quality Improvement Plan drawn up	April to July
		Peer Review Report and Quality Improvement Plan published	September
		Update on Progress against QIP published annually	Each September

Institutional Quality Review Steps

	Review Type	Review Process	Timeframe
5.	Institutional Review instigated by QQI through UCD as Designated Awarding Body: every seven years	Institutional report written, based on documentation, feedback of staff, students and stakeholders, and senior management input	The complete process takes approximately one calendar year
		Peer Review panel selected by UCD (art and design specific reviewers nominated)	
		NCAD site visit by Peer Review panel	
		Peer Review Report produced	
		Peer Review Report published on NCAD website & UCD website	
		NCAD Quality Enhancement Plan (QEP) produced	
		NCAD QEP published on NCAD website	
		QEP updated and published annually	Each January

All reviews will commence in October, at the start of the Autumn Trimester, in the designated year of review.

Student feedback

Student feedback is an important tool in the evaluation process and integral to the review process. Feedback from students can, and should be, obtained in many different ways such as representation on committees, the Students' Union, student class representatives and casual, informal discussion.

The use of questionnaires as a formal feedback instrument can support and confirm anecdotal feedback and has other advantages:

1. It is possible to obtain feedback from a cohort of students
2. The student experience can be documented and analysed systematically.
3. Internal feedback can be obtained on learning and teaching strategies, modules, programmes, departments, services and the institution as a whole.

To facilitate a systematic approach to gathering feedback from students and as a quality mechanism, the Quality Office issues two surveys annually:

1. The End of Year Student Survey
2. The Winter Survey

The End-of-year Student Survey is issued to all students on undergraduate and postgraduate programmes. Results of this survey are filtered by programme and year and the resulting report(s) sent from the Quality Office directly to the Head of the Programme (Department), Head of School, Head of Academic Affairs, the Director and the Quality Assurance Steering Committee. The Head of Department should ensure that the results are appropriately communicated and discussed with all staff relevant to the programme.

The Winter Survey is sent to all on undergraduate and postgraduate programmes. Results of this survey are filtered by School and the resulting report(s) sent from the Quality Office to the Head of School, Head of Academic Affairs, the Director, the College Management Team and the Quality Assurance Steering Committee.

The aim of the surveys is to enable quantitative and evidential feedback from students to indicate any areas within NCAD teaching and learning cycles that require further examination.

The Quality Assurance Office also supports Schools and Departments in organising and facilitating annual Programme Review Student Forums at undergraduate and postgraduate level. Reports from the Programme Review Forums are discussed at School Boards and the Quality Assurance Steering Committee, and also inform annual School and Programme Planning reports and discussions and the Annual Quality Enhancement Plan approved by Academic Council and presented to An Bord annually.

In addition to internal surveys, NCAD students have participated in the national Irish Survey of Student Engagement since 2014 and the HEA Graduate Survey since 2017.

These surveys were established to develop a valuable information source on students' experiences of, and outcomes from, higher education through sector-wide study. At a national level it is intended to:

- Add value for institutions.

- Inform national dialogue and policy.

At a local level it is intended to:

- Provide quantitative data on the student engagement with NCAD.
- Inform NCAD of which areas require further investigation and analysis.

Survey results are sent to NCAD in Excel; a comparison report and summary report are drawn up by the Quality Office for Senior Management discussion. The report is also discussed at Quality Assurance Steering Committee with recommendations suggested to Academic Council.

PART 2: QUALITY ASSURANCE REVIEW GUIDELINES

2.1 Guidelines for Annual (Internal) Programme Reviews

Review and planning of all programmes take place each year in the two months following completion of a programme: in June and July for programmes finishing at the end of the spring trimester (eg, for undergraduate fulltime programmes), and in September and October for programmes finishing at the end of the summer trimester (eg, for most MA programmes).

The review process is facilitated through regular staff meetings during the year, and through specific programme review and planning meetings at the conclusion of each programme and in the following months. These meetings are an opportunity to reflect on the performance of each programme, and to plan for the next delivery of the programme.

2.1.1 Student evaluations of programmes

The annual end-of-year planning and review process provides the opportunity to evaluate the student feedback gathered during the academic year.

End of year student survey

The end-of-year student evaluations are standardised across undergraduate programmes and postgraduate taught programmes, and are delivered from the Quality Office. Postgraduate research programmes are also evaluated in terms of student engagement with structured elements, supervision procedures and best practice. The evaluations are currently sent out to students in May and June, collated during June and July and disseminated to programme co-ordinators in August and September. In the future, the Quality Office is planning to ensure that students complete the annual evaluations in the final month of their programme, regardless of when programmes finish, so that students on MA programmes finishing in August would evaluate their programme in August.

Programme Review Student Forums

In addition, a Programme Review Student Forum is held each year for each cohort of each undergraduate programme (including CEAD programmes). Student Forums are facilitated by a staff member not involved in the delivery of the programme to encourage students to speak freely on the programme about:

- The outcomes of the stage of the programme, and how students are tracking to achieving those outcomes.
- Delivery, assessment and feedback
- What has worked well
- What could be improved

2.1.2 Programme Annual Review Report

Feedback is gathered in a systematic manner by completing the Programme Annual Review Report. This collates and considers feedback from staff, from students, and from the External Examiners' reports.

The review of each programme should consider the success of the programme in terms of:

Considering	Evidence from
Student results	Student assessment results, grading, numbers withdrawing/transferring, awards, appeals
Student feedback	Annual evaluation results (available in August), informal student feedback, complaints, issues
Staff feedback	Minutes of meetings, issues during the year, reports from academic, technical and administrative staff, staff numbers
External Examiner feedback	Extern Reports, feedback from Externs' visits

The meetings should also assess resource requirements, including facilities, IT, equipment and staff.

A Programme Annual Review Report template is available on Workvivo and should be completed and returned to the Quality Assurance Office as part of the process. The Programme Annual Review Report is shared with the Quality Assurance Steering Committee, the Programmes Board and the College Management Team so that changes to be made at programme level are informed to management in order for available resources to be allocated equitably.

2.2 Guidelines for Periodic (External) Programme and School-based Reviews

The total quality assurance/quality improvement process will ideally take 12 months at the end of which a clear Quality Improvement Plan (QIP) should be established. The self-assessment process will commence at the beginning of the academic year, in October, however, the review team (Review Committee) should start preparation in the preceding year:

TIMING	ACTIVITY
April and May of academic year prior to review	QA Officer will contact the Heads of Department and School and programme leaders to discuss the review process and outline the procedure. Review Committee is established, with a project lead identified.
May and June of academic year prior to review	Review results of student and graduate surveys and ISSE from the previous three years. Review Extern reports and Programme Annual Review Reports from the previous three years (as appropriate). Issues to be discussed in the review can then be formulated in relation to QQI Core Guidelines and School priorities.

Summer prior to review	Review Committee can reflect on what the School does and how it is done, staff biographies can be updated and report formats proposed.
September	Department and School nominates Peer Review Group members to the Quality Assurance Steering Committee.
October	QA Officer confirms Peer Review Group (PRG) members.
October and November of review year	<p>Consultation with internal and external stakeholders ('SWOT' analysis shaped in response to priority Core Guidelines).</p> <p>School holds a series of meetings, discussing a particular aspect of the Self-Assessment Report at each meeting. The Head or project lead draws together the Self-Assessment Report and supporting documentation.</p>
December	Self-Assessment Report (SAR) is finalised. Project lead forwards it with Appendices to QA Officer.
Early January	QA Officer sends SAR to PRG.
February/March	Review visit takes place over at least ONE day and draft report is written up while on site.
4 weeks after review	PRG report is sent to QA Officer who forwards it to the Head of School for comment on factual accuracy and an initial response.
4-6 weeks after review	Head of School consults with review committee and proposes to QA Officer any changes solely for the purpose of factual accuracy.
6-8 weeks after review	QA Officer submits the proposed changes to Panel Chair, who then amends report (if needed) to correct factual inaccuracies and sends the final report to the QA Officer.
8-10 weeks after review	<p>QA Office sends final report to Head of School. In consultation with Review Committee, initial response is finalised, and submitted to QA Officer for review by the Quality Assurance Steering Committee.</p> <p>Once approved, QASC recommends the report to Academic Council for publication.</p>
10-12 weeks after review	<p>Following Academic Council approval, QA Office publishes Report and Initial Response on Workvivo and on the NCAD website.</p> <p>Head of School/Department or Programme develops the QIP.</p>
4 months after final PRG report is received by the Head of School	Head of School submits the Quality Improvement Plan to the Quality Assurance Steering Committee for review and approval and recommendation to Academic Council. QA Office publishes QIP.
Annually in September	The School updates the QIP and submits it to QASC. Once approved, QA Office publishes the update on the NCAD website.

2.2.1 The Self-Assessment Report (SAR)

2.2.1a The SAR for a Programme review

The Self-Assessment Report (SAR) is the outcome of the first step of the review process for all Periodic Programme and School Reviews. The report provides a structured format within which to reflect on activities and achievements and to articulate the vision for the programme or the School and plans for development. As such, the report must be formulated and driven by the Head of Department/School and Programme Leader(s) as the persons with the 360° knowledge of the programme/School and future planning.

A variety of criteria can be considered in the self-assessment report and it is up to the Head of the Department/School and the Programme Leader(s) to determine how the report will be structured. However, the template below covers the topics which should be discussed in the report.

The report is a document which provides a detailed account of the distance travelled in relation to the quality assurance process. While it is a report, it is also a narrative about a process of investigation and analysis, therefore questions posed must be addressed in a way that illuminates, offering insights into how systems work and that the issues raised are acted on where at all possible. Look for balance and objectivity in preparing this document. Where there is a gap in information then expect questions and queries, if you have the data, then use it in the text.

Keep the report clear and concise (between 20-30 pages). Information should be presented in a readable way. Supporting information can be included in the appendices or provided as a separate document from the report. The key questions to address throughout are:

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

Document format:

- Title of document
- Table of contents and page numbers
- Introduction
- Main body of text, divided into chapters
- Conclusion
- Appendices

Document Contents (indicative):

1. Introduction to NCAD
 - i. History of NCAD
 - ii. Relationship to UCD
 - iii. Structure of NCAD
 - iv. College Mission and Objectives
2. Context for Review

- i. Methodology for Preparation of the Self Assessment Report
- 3. Description, Analysis and Assessment of the Programme
 - i. Programme Overview
 - ii. Programme Aims and Objectives
 - iii. Programme Management
 - iv. Programme Recruitment, Admissions and Graduations
- 4. Programme Structure
 - i. Modules and Project Briefs
 - ii. Student Selection Process
 - iii. Learning and Teaching Philosophy
 - iv. Resources Provided to Students
 - v. Student Support
 - vi. Assessment
 - vii. Feedback
 - viii. Remediation
 - ix. Graduate Outcomes
- 5. Programme Resources
 - i. Physical Resources
 - ii. Staff
- 6. Key Proposals
 - i. Overall review of Strategic Objectives and Performance
 - ii. Conclusion
- 7. Appendices

As a general guide, each section (excluding appendices) should aim to be no longer than 3-4 pages.

The Self-Assessment Report is forwarded to the QA Office in December for circulation to the Quality Assurance Steering Committee. Once the QASC has approved the SAR, THREE bound copies of the SAR and the appendices, should be delivered to the QA Office, at least four weeks in advance of the site visit. An electronic copy of the SAR should be circulated to all School staff members by the Co-ordinating Committee prior to the site visit. The QA Officer will send the hardcopies and share an electronic copy of the SAR and appendices with the PRG, as well as providing guidance to the group on their role in the review process.

2.2.1b The SAR for a School review

The SAR is the outcome of the first step of the review process for all Schools. The report provides a structured format within which to reflect on activities and achievements and to articulate the School vision and plans for development. As such, the report must be formulated and driven by the Head of School as the person with the 360^o knowledge of the area and future planning.

A variety of criteria can be considered in the self-assessment report and it is up to the Head of the School to determine how the report will be structured. However, the template below covers the topics which should be discussed in the report.

The report is a document which provides a detailed account of the distance travelled in relation to the quality assurance process. While it is a report, it is also a narrative about a process of investigation and analysis, therefore questions posed must be addressed in a way that illuminates, offering insights into how systems work and that the issues raised are acted on where at all possible. Look for balance and objectivity in preparing this document. Where there is a gap in information then expect questions and queries; if you have the data, then use it in the text.

Keep the report clear and concise (between 20-30 pages). Information should be presented in a readable way. Supporting information can be included in the appendix or provided as a separate document from the report. The key questions to address throughout are:

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

Document format:

- Title of document
- Table of contents and page numbers
- Introduction
- Main body of text, divided into chapters
- Conclusion
- Appendices

Document Contents:

(Contents are adapted from UCD guidelines for Academic Schools)

1. Introduction and Context
2. Organisation and Management
3. Staff and Facilities
4. Teaching, Learning and Assessment
5. Curriculum Development and Review
6. Research Activity
7. Management of Quality and Enhancement
8. Support Services
9. External Relations
10. Summary of SWOT Analysis, feedback and Recommendations for Improvement
11. Appendices

As a general guide, each section (excluding appendices) should aim to be no longer than 3-4 pages.

Chapter 1 – Introduction and Context

Start with an outline of the College and School and a statement concerning the School and how it is organised. It should establish where the School is within the structure of NCAD, what it provides, to whom, why? This chapter should include strategic plans of the School and College and how School implements or intends to implement these plans.

Brief statistical information:

- School structure
- Number of Departments within School
- Number of staff members within each Department
- Programmes offered within the School, including Postgraduate taught courses and Postgraduate research numbers

Describe the review process to date. Indicate how the quality assurance review was undertaken, the methods used to gather data, the number of meetings that took place, committees, student feedback etc. Explain who was involved, establishing different roles/responsibilities, the time it took to complete the report, difficulties encountered etc.

Discuss external factors impacting on change relating to both higher education and to industry and strategic concerns/proactive developments within the School to address potential external and internal changes.

Throughout the report keep these four questions in mind:

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

Chapter 2 – Organisation & Management

Provide an overview of School structures and management, considering opportunities for planning and development. Information should be provided on committee structures; mechanisms for budget allocation; modes of communication with staff and students; relations with College (Schools, programmes and support areas). The aim of this section would include:

- assessing the performance of the School against its own ambitions and College Strategy
- assessing the effectiveness of the School's formal internal organisation and informal practices
- assessing the interaction of the School with College structures.

Chapter 3 – Staff & Facilities

The Report should contain summary profiles of all staff (in appendices); a description and analysis of staff composition and status, including gender balance and age profile; financial and physical facilities available to the School.

How are professional development needs of staff systematically identified and supported, particularly in relation to both the individual and the skill needs of the School? The Report may also

briefly catalogue academic and non-academic staff participation in professional development activities; evaluate the performance management systems in place; assesses the involvement of academic staff in teaching development activities; and identify where improvements should be made. The aim of this section would include:

- evaluating the adequacy of current resources
- reviewing the effectiveness of the School's use of available resources
- exploring the ways in which the School promotes staff development

Chapter 4 – Teaching, Learning and Assessment

The Report should describe and analyse all taught programmes, teaching and learning evaluations, feedback from student questionnaires, analysis from external examiners reports and Statutory and Professional Bodies. Student statistical data from all programmes should also be provided. The aim of this section would include:

- exploring the ways in which the School has generated, considered and acted upon feedback from students; is there scope for improvement? How?
- exploring the School response to reports from external examiners and other partners and associates – how have these been used to enhance provision (examples)? Could more be done?
- discussing the School's use of relevant external and internal benchmarks in the design and delivery of its programmes (for example the Qualifications Framework).
- admissions – quantity/quality of student intake, geographical, socio-economic distribution; also, distribution of gender, mature age and where appropriate, disability and ethnic minority.

Chapter 5 – Curriculum Development and Review

Details of programmes and modules that are provided by the School should be included, and reference made to the positioning of each qualification within the National Framework of Qualifications. The School should also describe the processes by which the curricula of its programmes are developed and reviewed on a regular basis. The benchmarking of the programmes against similar programmes elsewhere in Ireland and internationally is an important option. Schools should also describe how all stakeholders (internal as well as external), are specifically involved in this review process and how often this is undertaken. The aim of this section would include:

- considering the continuing appropriateness of the School's programme specifications with particular attention to curriculum content and learning outcomes.
- commenting on the quality of educational provision and the standards of academic awards.
- commenting on the academic coherency of the programmes.

Chapter 6 – Research Activity

The Report should provide evidence of research activity for the previous three-five years, and provide **brief** outlines of the research interests and summarised outputs of each staff member. The aim of this section would include:

- assessing the coherency of the School's research strategy
- assessing the degree to which the School promotes a research culture
- assessing the management of the School's research activity

- discussing the links between research and teaching activity
- commenting on the strengths and challenges of the School's research output
- assessing the School's research performance in relation to those that it sees as its national and international peers
- commenting on the levels of research grant income and research productivity where applicable
- commenting on the extent to which the School engages in commercialisation and knowledge transfer activity where that is applicable
- assessing the School's performance in attracting and supporting doctoral students
- commenting on the effectiveness of the support provided for probationary staff and new researchers

Chapter 7 - Management of Quality and Enhancement

What mechanisms exist to improve the quality of the activities of the School with particular reference to teaching and learning and enhancing the quality of research? The aim of this section would include:

- providing assurance about the quality of educational provision and standards of academic awards
- considering the effectiveness of current monitoring processes – are the processes applied consistently across the School; what evidence is there? How do they contribute to quality improvement?
- discussing the School's approach to innovation and enhancement
- commenting on levels of participation in internal and external training and quality enhancement events

Chapter 8 – Support Services

This section should detail the views of the School on the effectiveness of the support services, such as the Library, IT support, Registry, Buildings, and facilities. Schools may include reference to their involvement in collaboration with the services with the objective of assisting their improvement. The aim of this section would include:

- assessing how effective the support services are
- commenting on how the School plans and manages learning resources – both local and central

Chapter 9 – External Relations

The School should describe its relations with the wider community, with other educational institutions in Ireland and abroad, private organisations, public agencies and professional and statutory bodies and employers. Evidence of the views of relevant external stakeholders should be provided.

Chapter 10 - Summary of Consultation findings (SWOT) and Recommendations for Improvement

This chapter should include an overall analysis of the School's activities. Strengths should be emphasised, effective School 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 recommendations for improving the work of the School should be highlighted.

Appendices

For Example:

- Organisational Structures
- School Planning Documents
- Survey Data
- Statistical Summaries
- Sample Questionnaires
- Staff Profiles (Templates available in Appendix 3.4 Administrative and Technical Staff Profile Template and 3.5 Academic Staff Profile)
- Key Performance Indicators

The Self-Assessment Report is forwarded to the QA Office in December for circulation to the Quality Assurance Steering Committee. Once the QASC has approved the SAR, THREE bound copies of the SAR and the appendices, should be delivered to the QA Office, at least four weeks in advance of the site visit. An electronic copy of the SAR should be circulated to all School staff members by the Co-ordinating Committee prior to the site visit. The QA Officer will send the hardcopies and share an electronic copy of the SAR and appendices with the PRG, as well as providing guidance to the group on their role in the review process.

2.2.2 Peer Review Visit

Selecting the Peer Review Group

The Quality Assurance Steering Committee selects the Peer Review Group (PRG). Nominees of the Department/School are an important consideration in this process, although the QASC may appoint individuals not nominated by the Department/School.

The Peer Review Group (PRG) will comprise at least:

- Two reviewers from a comparable area within a similar-type institution
- A representative from a related industry or from an appropriate (non-academic) sector, such as employers, advocacy groups, national organisations, accrediting bodies.

The following extract from “A Framework for Quality in Irish Universities” (IUA 2007) outlines the main objectives and functions of the PRG:

The objectives of the peer review group are to:

- Clarify and verify details in the self-assessment report
- Verify how well the aims and objectives of the School are fulfilled, having regard to the available resources
- Confirm the School’s strengths and weaknesses, opportunities and threats as outlined in the self-assessment report

- Discuss any perceived strengths and weaknesses not identified in the self-assessment report
- Check the suitability of the working environment
- Make recommendations for improvement.

The functions of the peer review group are to:

- Study the self-assessment report
- Visit the School over two or three days, meet with staff, students, senior college officers, and representatives of all categories of users of the services of the School, as appropriate
- Clarify and verify details in the self-assessment report, and consider other relevant documentation
- Review the activities of the School in the light of the self-assessment report
- Prepare a draft report and present the main findings to the School at the end of the visit
- Write the peer review report.

The day of the visit

The site visit of the PRG should take place in January or February of the review year. A draft schedule for the visit will be drawn up between the QA Officer, the PRG and Coordinating Committee, and circulated to the PRG. During the visit, the PRG will meet the area's staff and users, as well as other key stakeholders.

The site visit will normally last one day, preceded by an online meeting about 10 days before the visit, and an in-person meeting on the evening before the visit, both attended by the review group and the QA Officer.

It is important that all full-time staff of the area are available during the site visit as the reviewers may wish to discuss certain aspects of the report with individual staff.

During the site visit, the review group will meet with a range of internal and external colleagues and stakeholders, students and graduates. Based on the SAR and their discussions with programme team and other stakeholders, the peer review group will then draw up a draft report while still on-site. At the end of the visit, the review group, led by the Chair will present the main findings of the report to the Programme Leader, the Head(s) of Department and Head of School, the Director, the Head of Academic Affairs, and staff of the School, as appropriate to the review. The exit presentation will not involve discussion with the School; it will simply be a presentation of the main findings of the PRG.

Example of Schedule for PRG visit

<i>10 days before the visit</i>	
5.00pm	Virtual meeting with PRG panel and QA Officer to discuss any issues, additional documentation needed, and to finalise visit schedule
<i>The evening before the visit</i>	
5.00pm	PRG meets (with QA Officer if requested) to confirm schedules and roles of each member of the PRG and agree the format of the review visit

7.00	Informal dinner with Quality Assurance Officer
<i>The day of the visit</i>	
9.00-9.15	Welcome, Management Team
9.15-10.00	Review Committee
10.00-10.15	Break and Panel Discussion
10.15-11.00	Current students
11.00-11.15	Coffee Break and Panel Discussion
11.15-12.00	Programme / School Staff
12.00-12.15	Break and Panel Discussion
12.15-1.00	External Stakeholders (Zoom)
1.00-2.00	Lunch break and campus tour
2.00-2.30	Panel discussion
2.30-3.15	Graduates (Zoom)
3.15-3.30	Break and Panel discussion
3.30-4.15	Review committee
4.15-4.30	Break and panel discussion
4.30-5.00	Head of School (optional)
5.00-5.30	Panel Discussion, summary of findings
5.30-6.00	Present findings
6.00	Finish
Evening	(Optional) Informal dinner with management team
<i>Subsequent days</i>	
Under guidance of Chairperson, and within a month of the site visit, the PRG finalise Report	

2.2.3 The PRG Report

A draft outline of the Report of the Peer Review Group should be prepared during the site visit, according to the means agreed by the members of the Peer Review Group. The structure through which the PRG will complete the Report within a month of the visit should be agreed prior to the completion of the site visit. All members of the PRG should be involved in the writing and revision of the Report. The final draft should be completed within *one calendar month* of the site visit.

- The PRG Report should not generally be a very lengthy document, but it should address the issues and themes identified in the self-assessment report.
- Where draft quality improvement plans are included in the SAR, it is desirable that the PRG would comment on the feasibility of these plans.
- The PRG report will be a stand-alone document – it should not be assumed that those reading it will have had access to the Self-Assessment Report.
- The Report should provide a comprehensive review of the present state of the programme or School under review.

As part of the report the Peer Review Group are asked to:

- Confirm and comment on the details of the Self-Assessment Report.

- Provide a comprehensive review of the present state of the programme or School under review.
- Acknowledge achievements and quality where they exist.
- Point out unambiguously any deficiencies or inadequacies in management and operations within the programme or School that might be improved upon or eliminated.
- Identify critical resource limitations that bar the way to successful improvements.
- Comment on all recommendations for improvement that the School has made in the Self-Assessment Report.
- Focus on recommendations for improvement within the programme or School.

The Report should focus on three aspects in particular:

- Confirmation of the content of the SAR.
- Comments on the recommendations in the SAR.
- Any additional recommendations for improvement that the PRG would like to make.

The Report should be short and written as an independent document. Any deficiencies identified should be categorised as follows:

- Strategic i.e. involving College policies, regulations or practices, or dependent on the School, where appropriate.
- Due to limited resources.
- Caused by a lack of policies, management, or operations within the School, and rectifiable within current resources.

A template (Appendix 3.7 Programme Review Panel Report Template) containing suggested headings is supplied by the QA Office as an aid to completion of the Report. However, the Peer Review Group should feel free to make any comments it deems appropriate within the terms of reference.

Factual Accuracy Check

The next to final draft of the PRG Report is submitted to the QA Office and forwarded by that Office to the Head of School and Head of the Review Committee. The Head of the Review Committee will circulate the Report to the review committee to enable them to correct factual errors. A response to the PRG must be made within *one week*. Changes are only made to the Report with the permission of the Chair of the PRG. This procedure will be coordinated by the QA Office.

Initial Response

The final Report is then submitted to the QA Office and forwarded to the Head of School who in turn will make the Report accessible to all School staff. The School is asked to make a preliminary response to the findings of the PRG, to be included as an appendix to the report. This response should not be a detailed document but a first reaction to the Report and an acknowledgement of the role of the PRG.

Approval and publication of the PRG Report and response

The report, including the preliminary response, will be circulated to the Quality Assurance Steering Committee, who will recommend the report to Academic Council. Following approval of the report by Academic Council, the Peer Review Group Report and the initial response will be published on the NCAD website.

2.2.4 The Quality Improvement Plan (QIP)

The School is asked to respond to the findings of the reviewers and the recommendations for improvement by drawing up a detailed Quality Improvement Plan based on the PRG Report, and considering the School's own recommendations for improvement.

The importance of the Quality Improvement Plan (QIP) cannot be overestimated. For the Department/School and/or programme team, it provides the opportunity for a structured and detailed agenda of development and improvement. The QIP will be published along with the PRG Report and initial response on the NCAD website and can therefore signal to interested parties how each School and programme is engaging with quality improvement.

The QIP (a template is provided in Appendix 3.8 QIP Template) must be submitted through the QA Office to the Quality Assurance Steering Committee within **four months** of receipt of the final PRG Report. The Programme Leader(s) and the Head(s) of Department or School undertake production of the Quality Improvement Plan in response to the PRG Report, in consultation with the programme and/or School team. To initiate the process, the Head of School should establish a Quality Improvement Committee to draft the QIP. The draft QIP should:

- Address all the recommendations in the PRG Report and the School or Programme Team's own recommendations if they haven't been addressed in the PRG Report.
- Identify issues that can be resolved at Programme, Department & School level.
- Identify issues and propose a response to recommendations that cannot be resolved at Programme, Department or School level.
- Highlight resource-related recommendations for submission to An Bord¹.
- Include in the plan a timeframe and allocate responsibility as to how the Programme team, Department and School will satisfy (or has already satisfied) the recommendations that can be accomplished within current resources.

The Head of Department or School sends the completed QIP to the QA Office. The QA Officer circulates the QIP to the Quality Assurance Steering Committee for discussion at the designated meeting. The Quality Assurance Steering Committee either recommends the QIP to Academic Council and An Bord, or reverts back to the School for further details on the Plan.

Once the QIP has been forwarded to An Bord and Academic Council, it is published on the College website with the PRG Report and initial response.

¹ Note that decisions on resource allocation will be dependent on funding and not all resource-related issues may be able to be addressed.

Implementation of the QIP is closely monitored by the Head of School and the Quality Assurance Steering Committee. Progress on implementation of the Plan should be reported annually through School Boards and the Quality Assurance Steering Committee to Academic Council.

2.3 Guidelines for Review of Student Support Areas

A process of quality review of administrative and service areas was established through cycle 1 of Quality Reviews. The review process can be described through a series of steps:

Step	Activity
1	Draw up a self-assessment report covering appropriate headings and describing the various student support areas. The emphasis is on reflection, analysis of past quality improvement plans, and future improvement.
2	A peer review group (PRG) is appointed to read the self-assessment report and visit the Area over the course of 1/2 days.
3	The PRG writes a report based on the self-assessment report and on their visit. This report concentrates on recommendations for improvement.
4	The head of unit reviews the report, suggests any changes to ensure factual accuracy, and writes a brief initial response. Once approved at QASC, the PRG report and the initial response are published.
5	The Area under review draws up a quality improvement plan based on the recommendations of the PRG.
6	The quality improvement plan is published.
7	The plan is put into action and monitored through the Quality Assurance Steering Committee

The areas which will participate in this review process are:

Academic Affairs and Research, incorporating

- Academic Registry, including postgraduate support areas
- Academic Development, including Quality Assurance, Programme Development, Teaching & Learning
- Student Experience, including Access & Disability Office, Counselling, Learning Support & Assistive Technology, Careers Advisor, Medical provision.

The Financial Registrar and College Secretary's Office, incorporating

- Human Resources
- IT Services
- Accounts and Payroll
- Health and Safety
- Attendants Office

The Library, incorporating

- Main Library reading rooms and collections

- National Irish Visual Arts Library
- Visual Resources Centre
- Learning Centre

The Director's Office

A coordinating committee will be established to prepare the self-assessment report and manage the review process. The complete process from self-assessment to publication of the quality improvement plan should take no longer than one calendar year. The review process will commence in October of the designated year.

2.3.1 The Self-Assessment Report (SAR)

The Self-Assessment Report should consider and answer the following key questions:

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

These questions are also the basis of self-reflective practice and of the curriculum process and so mirror the academic quality processes. This should lead to reflection on mission, aims and objectives of the support areas, on the systems and procedures in place to fulfil the mission and their fitness for purpose.

A variety of criteria must be considered in the self-assessment report. As each area has already undergone a review process, the quality improvement plan should provide the basis for the new report.

The complete report should be clear and concise (between 20 and 30 pages). The report should concentrate on an honest analysis of functions, activities and procedures, and on recommendations for improvements.

The report outline should include (indicative):

Chapter 1: Introduction to the College:

- 1.1 College mission and objectives
- 1.2 Context for the review
- 1.3 Brief outline of purpose of area
- 1.4 Methodology for preparation of the report

Chapter 2: Description, analysis and assessment of area:

- 2.1 Mission and objectives
- 2.2 Overall area function and activities
- 2.3 Description of services
 - encompassing what is done and why it is done,
 - with reference to QQI Core Guidelines, addressing:
 - users of the service and their feedback

- information on staff and staff development
- communication
- external relations
- Referring to the last quality improvement plan and its recommendations.

Chapter 3: Conclusions:

- 3.1 Overall review of strategic objectives and performance
- 3.2 Overall recommendations for improvements and plans for the future

Appendix: The appendices should include, but are not restricted to:

- College & area management structure
- Staff profiles (in brief, see Appendices 3.4 Administrative and Technical Staff Profile Template and 3.5 Academic Staff Profile)
- Sample feedback reports

The self-assessment report should take no longer than three months to complete, commencing in October and submitting in December of the academic year of review, or at another time in the calendar that is more appropriate for that unit.

The Self-Assessment Report is forwarded to the QA Office in December for circulation to the Quality Assurance Steering Committee. Once the QASC has approved the SAR, three bound copies of the SAR, with appendices, should be delivered to the QA Office, at least four weeks in advance of the site visit. An electronic copy of the SAR should be circulated to all School staff members by the Coordinating Committee prior to the site visit. The QA Officer will share an electronic copy of the SAR and appendices with the PRG, as well as providing guidance to the group on their role in the review process.

2.3.2 Peer Review Visit

Selecting the Peer Review Group

The Quality Assurance Steering Committee selects the Peer Review Group. Nominees of the Area are an important consideration in this process, although the QASC may appoint individual(s) not nominated by the Area. The Head of Area and QA Officer draw up an agenda and timetable for the site visit.

The Peer Review Group (PRG) will comprise at least:

- Two reviewers from a comparable area within a similar-type institution
- A representative from a related industry or from an appropriate (non-academic) sector, such as employers, advocacy groups, national organisations, accrediting bodies.

The following extract from “A Framework for Quality in Irish Universities” (IUA 2007) outlines the main objectives and functions of the PRG:

The objectives of the peer review group are to:

- Clarify and verify details in the self-assessment report

- Verify how well the aims and objectives of the School [or unit] are fulfilled, having regard to the available resources
- Confirm the School's [or unit's] strengths and weaknesses, opportunities and threats as outlined in the self-assessment report
- Discuss any perceived strengths and weaknesses not identified in the self-assessment report
- Check the suitability of the working environment
- Make recommendations for improvement.

The functions of the peer review group are to:

- Study the self-assessment report
- Visit the School [or unit] over two or three days, meet with staff, students, senior college officers, and representatives of all categories of users of the services of the School, as appropriate
- Clarify and verify details in the self-assessment report, and consider other relevant documentation
- Review the activities of the School in the light of the self-assessment report
- Prepare a draft report and present the main findings to the School at the end of the visit
- Write the peer review report.

The PRG visit

The site visit of the PRG should take place in January or February of the review year. A draft schedule for the visit will be drawn up between the QA Officer, the PRG and Coordinating Committee. During the visit, the PRG will meet the area's staff and users, as well as other key stakeholders.

The visit schedule will be based on this format:

<i>10 days before the visit</i>	
5.00pm	Virtual meeting with PRG panel and QA Officer
<i>The evening before the visit</i>	
5.00pm	PRG meet with QA Officer to confirm schedules and roles of each member of the PRG and agree the format of the review
7.00	Informal dinner with Quality Assurance Officer
<i>The day of the visit</i>	
9.00-9.30am	PRG convene and finalise schedule for the day
9.30-10.00	Welcome & PRG meet Management/Senior Staff Team
10.00-10.15	PRG Discussion
10.15-11.00	PRG meet with Area Staff
11.00-11.15	Tea/Coffee and PRG discussion
11.15-12.00pm	PRG meet with Other NCAD staff
12.00-1.30	Lunch and Tour with Head of Area
1.30-2.15	PRG meet with Student & SU
2.15-3.00	PRG Discussion
3.00-3.45	PRG meet with Senior Area Staff
3.45-4.00	Tea/Coffee

4.00-5.00	PRG Summary Preparation
5.00-5.30	Presentation of Summary to Staff and Management
5.30	Finish
Evening	(Optional) Informal Dinner with Management Team
<i>Subsequent days</i>	
Under guidance of Chairperson, and within a month of the site visit, the PRG finalise Report	

Members of the coordinating team should be available throughout the visit to meet with and advise the PRG.

2.3.3 The PRG Report

The report should not generally be a very lengthy document; however, it should address any issues and themes identified in the self-assessment report. Where draft quality improvement plans are included in reports, it is desirable that the PRG would comment on the feasibility of these plans. The PRG report will be a stand-alone document – it should not be assumed that those reading it will have had access to the self-assessment reports. A report template is included in Appendix 3.7 Programme Review Panel Report Template.

The final PRG report should be forwarded to the QA Office within four weeks of the site visit (i.e. February/March of the review year). The QA Officer will issue it to the Head of the area for correction of any factual errors and an initial brief response before sending it to the Quality Assurance Steering Committee to recommend for publication. The initial response should not be a detailed document, but a first reaction to the Report and an acknowledgement of the role of the PRF. The final report and the initial response will be published on the College website and should form the basis of a Quality Improvement Plan drawn up by the Department, which will also be published on the website.

2.3.4 The Quality Improvement Plan (QIP)

The QIP must be submitted through the QA Office to the Quality Assurance Steering Committee within **four months** of publication of the PRG Report.

The Review Coordinating Committee of the area will draft a Quality Improvement Plan that:

- Addresses all the recommendations in the PRG Report.
- Identifies and incorporates a response to recommendations.
- Identifies issues that can be resolved locally.
- Identifies issues and proposes a response to recommendations which need to be resolved by Senior Management.
- Contains a timeframe and allocates responsibility as to how each recommendation can be addressed and plans accomplished within current resources.

A QIP template is available in Appendix 3.8 QIP Template.

The Coordinating Committee sends the completed QIP to the QA Office. The Office circulates it to the Quality Assurance Steering Committee which will either recommend the Plan to An Bord, or will revert back to the Coordinating Committee for further details on the Plan.

Once the QIP has been forwarded to An Bord, it will be published on the College website alongside the PRG Report and preliminary response.

Implementation of the QIP will be monitored by each Head of area, by the QA Steering Committee and by CMT. Updates should be reported to QASC.

3: APPENDICES

3.1 Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015): List of Standards

III. ANNEX: SUMMARY LIST OF STANDARDS

PART 1: STANDARDS FOR INTERNAL QUALITY ASSURANCE

1.1 POLICY FOR QUALITY ASSURANCE

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

1.2 DESIGN AND APPROVAL OF PROGRAMMES

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

1.3 STUDENT-CENTRED LEARNING, TEACHING AND ASSESSMENT

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

1.4 STUDENT ADMISSION, PROGRESSION, RECOGNITION AND CERTIFICATION

Institutions should consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.

1.5 TEACHING STAFF

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

1.6 LEARNING RESOURCES AND STUDENT SUPPORT

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

1.7 INFORMATION MANAGEMENT

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

1.8 PUBLIC INFORMATION

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

1.9 ON-GOING MONITORING AND PERIODIC REVIEW OF PROGRAMMES

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

1.10 CYCLICAL EXTERNAL QUALITY ASSURANCE

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

3.2 Examining Quality Culture Part II: Processes and Tools – Participation, Ownership and Bureaucracy

EXAMINING QUALITY CULTURE PART II: PROCESSES AND TOOLS – PARTICIPATION, OWNERSHIP AND BUREAUCRACY

Executive summary

1. The project *Examining Quality Culture in Higher Education Institutions* (EQC) aimed to provide an overview of the internal quality assurance processes in place within higher education institutions across Europe and tackled the question of how they have responded to Part 1 of the European Standards and Guidelines for quality assurance (ESGs).
2. The EQC project was designed in two phases. In the first phase, a survey questionnaire addressed the seven areas included in Part 1 of the ESGs. A total of 222 institutions from 36 countries across Europe responded and the results were analysed and presented in a report entitled *Examining Quality Culture – Part I* (Loukkola and Zhang 2010). The report, published in 2010, showed that great progress had been made in the institutions in developing internal quality mechanisms.
3. In a second phase, 59 phone interviews were conducted with ten universities selected from the sample that responded to the survey questionnaire. The goal of the interviews was to identify the extent to which quality assurance tools and processes contributed to building a quality culture in institutions. This report is a presentation and analysis of these interviews. It is specifically focused on establishing the relationship between the formal quality assurance processes and quality culture and on illustrating – through concrete examples – good and weak practices in this area.
4. The notion of quality culture is understood here as comprising two distinct sets of elements: “shared values, beliefs, expectations and commitments toward quality” and “a structural/managerial element with defined processes that enhance quality and aim at coordinating efforts” (EUA 2006: 10).
5. The report highlights five conditions that lead to an effective quality culture:
 - 5.1 It is important not to rely on a single quality assurance instrument, such as the student questionnaires, particularly if they shape staffing decisions (e.g., promotions). There must be a mix of several instruments to ensure good intelligence. These instruments must be related to institutional strategies and – ultimately – to academic values. Their costs and benefits must be reviewed regularly: this includes not only financial costs and benefits but also psychological aspects (e.g., do they lead to unnecessary stress or unreasonable workloads) and whether they really contribute to embedding an effective and shared quality culture, supporting the institutional strategy and providing accountability toward students and the wider public.
 - 5.2 The most effective internal QA arrangements are those that derive from effective internal decision-making processes and structures. Having clear accountability lines and clarifying responsibilities at all levels ensure that the quality assurance system is kept as simple as possible while closing the feedback loops and this should, if anything, reduce bureaucracy by limiting data collection, reports and committees to what is absolutely necessary. It is crucial to identify who needs to know what and, furthermore, to distinguish between what is necessary vs. what would be nice to know. In addition, students and staff feel at home, first and foremost, in their faculties and departments. This argues in favour of an optimal balance between the need for a strong institutional core and a degree of faculty responsibilities, between the need for an institution-wide QA approach and some local variations in faculties.
 - 5.3 Like external quality assurance, internal quality assurance processes are also about power. Internal quality assurance can be contested if it does not successfully engage the university community. Leadership is essential to give the initial steer and the broad frameworks of quality assurance mechanisms. Leadership should facilitate internal debate – and even tolerate dissent – in order to make sure that quality assurance processes do not end up being imposed and simply bolted on. Linked to this, the type of language used by the leadership and the QA officers in describing the QA

arrangements cannot be dismissed as trivial. The more academic and the less managerial it is, the more likely it will make inroads in the institution.

5.4 It is essential to invest in people through staff development to avoid internal quality assurance arrangements becoming punitive. It is encouraging to note the pace at which staff development schemes are growing in universities but professionally-staffed centres that support teaching and learning are still a rarity. This will require attention in the years ahead particularly because of the renewed emphasis on student-centred learning in the Bologna Process.

5.5 Both institutional autonomy and self-confidence are key factors in the capacity of institutions to define quality and the purposes of their internal quality assurance processes and to ensure that these are in line with their specific profiles, strategies and organisational cultures. In doing so, these institutions are sometimes confronted with their external quality assurance agencies' processes, which might be at cross-purposes. It is essential that the internal and external processes are viewed together and that the higher education community – the institutions and the agencies – negotiate the articulation between the two sets of processes in order to ensure true accountability, avoid duplication of evaluations and QA fatigue.

6. The report concludes that the factors that promote effective quality cultures are that: the university is located in an "open" environment that is not overly regulated and enjoys a high level of public trust; the university is self-confident and does not limit itself to definitions of quality processes set by its national QA agency; the institutional culture stresses democracy and debate and values the voice of students and staff equally; the definition of academic professional roles stresses good teaching rather than only academic expertise and research strength; quality assurance processes are grounded in academic values while giving due attention to the necessary administrative processes.

3.3 Programme Assessment Form Template



Programme Assessment Form

Programme: BA in Product Design/Interaction Design
School: Design
Date of panel visit: Xx June 2021

1. Introduction to the programme & Aims & Objectives

Provide an overview of the programme and clearly state the academic aims and objectives.

2. Management of the Programme – programme planning and organisation

In this section please address the following issues

- 2.1. Programme committee composition and frequency of meetings
- 2.2. How is the academic administration of the programme managed?
- 2.3. Modules of each stage of the programme and associated module co-ordinator
- 2.4. The procedure whereby students are selected for the programme

3. Programme Physical and Financial Infrastructure

Please comment under the following headings (data may be provided by Student Services and Admissions if records are not kept locally).

- 3.1. Numbers of students applying for the programme over the past three years

[Name of Programme] Review

[Date of Completion]

Two years ago	Last year	This year

3.2. Numbers of students accepted onto the programme over the past three years

Two years ago	Last year	This year

3.3. Number of students withdrawing, after acceptance, from the programme over the past three years

3.4. Proportion of non-Irish and non-EU applicants and accepted students for this year only

	Non-Irish	Non-EU
Applicants		
Registered students		

3.5. If the above data are in any way non-representative state how they are so?

3.6. Physical resources required by the programme and their adequacy

3.7. Provision to the students of printed programme materials or other necessary materials

4. Staffing and Assessment

4.1. Staff involved in the programme

Please use the table below to show how many staff are involved in the programme and proportionately and absolutely how much of their time is involved under the following headings.

Staff	Number of Staff	Lectures	Tutorials	Group working	Seminars	Practical work	Placement
Professors							
Head of School							
Senior Lecturers							
Head of Department							
Lecturers fulltime							
Lecturers parttime							
Indicate no. of hours							
Technical Assistants fulltime							
Technical Assistants parttime							
Indicate no. of hours							
Administrative Support Staff							

4.2. Programme Assessment

Outline how the programme is assessed, i.e. through continuous assessment and/or written submission and/or formal written examination and/or thesis.

Be specific with regard to dates of formal assessment and how it differs from everyday feedback to students.

5. Teaching and learning strategies

What methods are used to ensure that the learning outcomes of each module are achieved by each student?

6. External Examiners' reports

6.1. Positive features

Please indicate what you feel the positive features of the programme highlighted by the external examiner(s) over the past three years are (since last external review).

6.2. Programme modifications

Please indicate how the programme has been modified in response to the last external review. If no modification has been undertaken, but has been suggested, please indicate the rationale for this approach.

7. Student Feedback

7.1. Methods of gathering feedback

Outline how that feedback is gathered.

7.2. Summary of positives

Summarise their positive comments.

7.3. Summary of negatives and addressing concerns

Summarise their negative comments and the steps taken to address their concerns.

8. Other Comments and Recommendations

8.1. Relationship to other programmes

It is important that the relationship of the programme to other programmes within the Faculty and College is intimated.

8.2. Strengths and weaknesses

Disregarding issues of resources, what are the strengths and weaknesses of the programme?

8.3. Priority areas for improvement

Are there any areas which are therefore priority areas for improvement and, if there are, how is it intended that they be improved?

Head of Programme

Signature

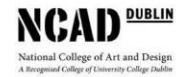
Date

[Name of Programme] Review

Page 4 of 4

[Completion Date]

3.4 Administrative and Technical Staff Profile Template



Administrative and Technical Staff Profile

Name	
Title	
Years with NCAD	

Profile

An overview of yourself, in the third person

Education

Date	Institution & result
Year	Institute name and qualification achieved

Other Qualifications and Research Interests

Date	Other qualifications or research interest
Year	Institute name, qualification and/or research interest

Work Experience

Employer	Date	Experience
Name	Date	Work

Job Description

Brief description of role and responsibilities

3.5 Academic Staff Profile

Academic Staff Profile

Name	
Title	
Years with NCAD	

Profile

An overview of yourself, in the third person

Education

Date	Institution & result
Year	Institute name and qualification achieved

Other Qualifications and Research Interests

Date	Other qualifications or research interest
Year	Institute name, qualification and/or research interest

Practice, Exhibitions and Publications

Date	Practice, exhibition or Publication
Year	Practice, exhibition or publication

Work Experience

Employer	Date	Experience
Name	Date	Work

Job Description

Brief description of role and responsibilities

3.6 Peer Reviewer Nomination Form

Programme and Unit QA Reviews Review Panel Member Nomination to QA Steering Committee



This nomination form should be accompanied by an up-to-date curriculum vitae or website link for the nominated panel member.

Personal details			
First name		Surname	
Mobile number		Email address	
Postal address			
Postcode		Country of residence	
Programme or unit to be reviewed			
Programme or Unit			
Review Co-ordinator			
Approval of nomination			
QA Steering Committee considered nomination on	Select date	Approved?	Choose an item.
Reason for not approving nomination			
Rationale for nomination			
[Include here a rationale for nominating this panel member. Why do you think this nominee would fulfil the requirements of the role of panel member for this specific programme or unit? What experience and qualifications does the nominee have that will assure QA Steering Committee that this person is a suitable nominee?]			
Conflicts of Interest			
[Include any perceived conflicts of interest. While a conflict of interest will not necessarily prevent a nominee from being appointed, it is important that any perceived conflicts are declared at this stage, and so that QA Steering Committee can consider the impact a conflict may have on the impartial review of a programme or unit.]			
Academic & Professional Qualifications			
Highest Qualification	Year of completion	From which institution	
Employment			
Position	Name of organisation	From date	To date

QA Review Panel Member Nomination Form.docx

Review Panel Member Nomination

General appropriate experience (selected)

3.7 Programme Review Panel Report Template



National College of Art and Design
A Recognised College of University College Dublin

[Programme Title]

Programmatic Review

Quality Review Panel Report

Date of Review Visit	<u>[Date of visit]</u>
Date of Report Submission	<u>[Date report received]</u>

Contents

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Executive Summary

This Quality Review of [Programme Title] was undertaken in [month & year of visit], as part of NCAD's Quality Review Framework and to meet the statutory requirements for Designated Awarding Bodies (UCD) and linked providers (Recognised College, the National College of Art and Design (NCAD)) as set out under the Qualifications and Quality Assurance (Education and Training) Act 2012.

The findings are based on the self-assessment report, external examiners reports, module descriptors, other related documents shared with the peer review group and the interviews conducted with staff and students associated with the programme (refer to the meetings schedule below).

The [Programme Title] is delivered and managed by the School of [School name] at the National College of Art and Design, NCAD.

1. Key findings about the [Programme Title]

The review panel has identified a number of key findings in relation to areas of good practice operating within the College and the School and key areas which the review panel wish to highlight as requiring future improvement at School level. The report sets out all observations, commendations and recommendations of the review panel in detail.

1.1. Commendations

The review panel identified a number of commendations, in particular:

- The Panel commends the ...
- The Panel commends the ...
- The Panel commends the ...

1.2. Recommendations for Future Improvement

Having reviewed the documentation, had meetings with students, staff, external partners and management our key recommendations follow the context set out here:

- For example: The current programme model has gone through a period of exciting and experimental development.
- For example: The development of the Studio+ as an additional year has proved to be very popular with 70% of students taking this option.
- The Studio+ development has allowed for students to access a wide variety of options and experiences both external and internal to the College.

The Review Panel would suggest that the following recommendations:

- 1.2.1. The Panel recommends that serious consideration be given to ...
- 1.2.2. The Panel recommends taking the following steps into consideration as part of this process:
 - 1.1.2.1. ...
 - 1.1.2.2. ...
- 1.2.3. The Panel recommends the development of ...
- 1.2.4. ...

2. Brief History and Context of the National College of Art and Design

The National College of Art & Design (NCAD) is Ireland's leading provider of art and design education. The NCAD campus on Thomas Street in Dublin's historic city centre is home to a community of about 1,500 undergraduate, graduate and part-time students engaged in a wide range of study and research across the disciplines of Design, Education, Fine Art and Visual Culture. NCAD has been the most significant provider of Art & Design education in Ireland for over 250 years and is a Recognised College of University College Dublin.

2.1. Relationship to UCD

In 1996, the College became a Recognised College of the National University of Ireland. In 2011, the College established a strategic Academic Alliance with UCD and is now a Recognised College of UCD under a Memorandum of Agreement. As a recognised college of UCD, UCD is the designated awarding body, the accrediting university for NCAD programmes. All NCAD programmes are subject to the UCD Academic Regulations.

Under the Qualifications and Quality Assurance Act 2012, UCD must ensure that NCAD's ongoing quality enhancement of its activities meets the requirements of the Act. NCAD's Quality Assurance Procedures were approved by UCD's Academic Council Committee on Quality (ACCQ) in October 2016. In March 2017, UCD carried out an Institutional Review of NCAD. A second Intuition Review was carried out in October 2021.

2.2. NCAD structure

NCAD has four schools: Design, Education, Fine Art and Visual Culture, offering a range of educational opportunities from part-time classes to doctoral studies. The Eddie Murphy Library and the National Irish Visual Arts Library (NIVAL) are part of NCAD and it is important to note that NIVAL is dedicated to the documentation of 20th and 21st century Irish visual art and design.

3. Introduction and Context

This Programmatic Quality Review was undertaken as part of NCAD's Quality Review Framework and to meet the statutory requirements for Designated Awarding Body, University College Dublin (UCD) and linked provider (Recognised College, the National College of Art and Design (NCAD)), as set out under the Qualifications and Quality Assurance (Education and Training) Act 2012, namely to review the effectiveness of the linked provider's programmes.

This report presents the findings of the programmatic review of the [Programme Title]. The purpose of the review is to provide public information about how NCAD discharges its stated responsibilities for the management and delivery of academic standards and the quality of learning opportunities available to students by evaluating the effectiveness of its programmes or units.

The members of the Review Panel (RP), appointed by NCAD, were:

- [Title, Name, current job position, organisation], Chair of the panel
- [Title, Name, current job position, organisation]
- [Title, Name, current job position, organisation]

3.1. Outline of the Programmatic Quality Review Process and Methodology

The constitution of the review panel (RP) was well structured to sustain the full range of appropriate expertise. At the preliminary meeting of the RP, it was decided that the group will work together as a group during the review visit and not assign any specific areas of responsibility to any individual member of the review panel. All members of the RP had opportunities to ask questions during the visit. The Quality and Academic Support Officer was in attendance during the review visit and took notes.

All members of the RP contributed to the writing of the report.

The key stages of the review process consist of the following elements:

1. Programme self-assessment, which includes the preparation of an analytical and reflective self-assessment report (SAR), which involves an internal and external consultation process within NCAD.
2. Review visit by the review panel on [date of visit] - see the schedule below.
3. Production of a report by the review panel, in which recommendations are clearly set out and distinguished from the general findings.
4. Production by NCAD of a Quality Improvement Plan (QIP) which addresses all recommendations and includes a timeline in respect of their implementation.
5. Publication of the review panel's report, NCAD's response to the report, the QIP.

- Establishment and implementation of a clear and timely follow-up process in respect of any quality improvement recommendations, which may include publication of updates on progress.

The review panel visit schedule for [date of visit] visit:

[replace template with actual visit schedule]



PROG UNIT Review

Review Panel Visit

DAY Date Month Year

Time	Subject of session	Participants
8.30-9.15	Discussion	Panel
9.15-10.15	Welcome Co-ordinating Committee	Professor Sarah Glennie, Director NCAD Professor Siún Hanrahan, Head of Academic Affairs Kilian O'Callaghan, Quality & Academic Support Officer
10.15-10.30	Break/Discussion	Panel
10.30-11.15	Senior staff	
11.15-11.45	Tea and discussion	Panel
11.45-12.30	Programme/Unit staff	
12.30-2.00	Lunch and tour	Head of School/Unit
2.00-2.45	Current students & SU, alumni	
2.45-3.15	Discussion	Panel
3.15-4.00	External stakeholders	
4.00-4.15	Tea and Discussion	Panel
4.15-5.15	Summary preparation	Panel
5.15-5.45	Presentation of summary	Staff members Director, NCAD
5.45	Finish	

3.2. Key areas of the review

This report written by the review panel on completion of their visit on [date of visit] covers their review of the main aspects addressed in the self-assessment report:

3.3. [Programme Title] Context and Brief

3.4. Overview of [Programme Title] within NCAD

Commendation

1. The Panel commends ...
2. The Panel commends ...
- 3.

Recommendations

- 3.4.1. The Panel recommends ...
- 3.4.2. The Panel recommends ...
- 3.4.3. The Panel recommends ...

4. Conclusion

3.8 QIP Template



National College of Art and Design
A Recognised College of University College Dublin

Review of [unit or programme title] [MONTH of review visit]
[Year]

Quality Improvement Plan [Year of latest update]

Structuring Our Enhancement Work

The Board and staff have a shared belief in the transformative potential of an NCAD education to equip our graduates with the bold curiosity and the new thinking which society critically needs. Our commitment to realising this potential is articulated through *Futures, Bold and Curious 2019-2024*, NCAD's Strategic Plan, and the three areas of strategic focus it identifies for the enhancement of the enhancement of the learning environment at NCAD in the coming years:

Embed BOLD and CURIOUS LEARNING at our core
CONNECT and BE CONNECTED
An EFFECTIVE ORGANISATION.

Review visit on:	[Date of visit]
Review Report submitted on:	[Date of submission]
QA Steering Committee approved QIP on:	[Date of QIP approval]
QA Steering Committee approved QIP Update 1 on:	[Date of QIP approval]
QA Steering Committee approved QIP Update 2 on:	[Date of QIP approval]
QA Steering Committee approved QIP Update 3 on:	[Date of QIP approval]
QA Steering Committee approved QIP Update 4 on:	[Date of QIP approval]

1 Embed Bold and Curious Learning at our Core

OUR AMBITION: [Bold and curious learning is agile and responsive. It recognises the power and value to our society and economy of learning through art and design, not for it. We are committed to ensuring every student has access to a learning experience that is dynamic, resourced and transformative. Embedding bold and curious thinking challenges students to innovate and interrogate, and to take risks in their learning.]

IMPLEMENTATION: [A number of 'strategic' and 'enabling' projects are underway to support delivery of this ambition for the learning environment at NCAD: a Teaching and Learning Strategic Project, a Supporting Research Strategic Project, a Digital Environment Enabling Project and a Built Environment Enabling Project. Where these initiatives provide the key vehicle through which an enhancement opportunity will be delivered, this is identified.]

QIP No.	PRR ref no	Recommendation	Response	Strategy Project	High Level Actions	Timeline	Responsible
1.1 Programme Aims & Structure							
1.1.1	3.1 1.5	From an industry perspective, the lines between physical product and digital product are blurring. This is reflected in the module structure but not necessarily in the names or programme aims and objectives.	The two programmes share a programme architecture, modular structure, Learning Outcomes, and programme aims and objectives, that deliberately transcend the 8 disciplines taught at BA level within the School of Design. This helps facilitate collaboration, and seeks to move our pedagogical practices beyond the reinforcement of disciplinary silos into a progressive 'bold and curious' approach to contemporary design practice, helping NCAD graduates proactively respond to the evolving design landscape.	N/A	Engage with evolving design landscape, and emergent themes in the fields of Product Design and Interaction Design, as part of our annual programme planning processes.	Annually	HoD
1.2 Nomenclature							
1.2.1	3.2	There was some conversation around the naming conventions for the programmes - as to whether or not there was enough differentiation between the programmes to warrant two distinct programmes. The programmes need to investigate this matter.	The two programmes have distinct ethos and curriculum, while deliberately housed within a programme structure shared across the whole School of Design. The current structure facilitates graduates to move into existing disciplinary career paths such as UX or Medical Device Design, or operate in a more fluid multi/inter/post-disciplinary working environment.	N/A	As part of our annual programme review and planning process we will: <ul style="list-style-type: none"> undertake an investigation into the current and future needs of industry (and wider society) explore what final year and alumni think. Gather input from the Creative Futures 	Annually	HoD with HoS

					Academy Industry Council.		
	4.3	Reconsider module titles. Module titles are sometimes obscure and the link to the content unclear as a result.	Modules are shared across the School of Design and as such are not discipline specific. Project briefs are programme specific and speak directly to disciplinary lexicons.	N/A	This recommendation will not be implemented.	N/A	N/A
1.3 Learning Outcomes & Assessment							
1.3.2							
1.3.3							

2 Connect and Be Connected

OUR AMBITION: [The best creative practice responds to the time in which it is made. We are acutely aware of the changing nature of creative practice, the relevance of our connection to the world beyond the campus, and the importance of forging connections. We are committed to connecting with local, national and international contexts, and focusing on the needs of society and all our communities.]

IMPLEMENTATION: [A number of 'strategic' and 'enabling' projects are underway to support delivery of this ambition for the learning environment at NCAD: a Beyond NCAD Strategic Project, a Teaching and Learning Strategic Project, a Supporting Research Strategic Project, a Resourcing Enabling Project. Where these initiatives provide the key vehicle through which an enhancement opportunity will be delivered this is identified.]

QIP No.	PRR ref no	Recommendation	Response	Strategy Project	High Level Actions	Timeline	Responsible
2.1 Industry Engagement							
	6.4 (& 1.2)	Provide for a range of relevant industry interactions throughout the programme, including in Year 1 as well as visiting professionals and studio and factory visits.	<p>The programmes from year 1 through to final year have regular interactions with industry through a combination of visiting lecturer talks, studio and factory visits, crits with industry practitioners and live industry projects.</p> <p>The Department currently undertakes numerous live projects with Industry and cultural partners. The college's Head of Enterprise and Engagement continues to foster links with external partners, and develop new and build upon existing collaborations.</p>	N/A	This recommendation is addressed across all years of the programmes. No additional action required.	N/A	N/A

3 An Effective Organisation

OUR AMBITION: [Every objective in this Strategic Plan has to be underpinned both by solid foundations and by rigorous and efficient application. We are committed to being a cohesive and effective organisation, in which good management and decision making ensure all resources are fully maximised to support NCAD's strategic objectives, and our position as a public-funded organisation is understood and valued.]

IMPLEMENTATION: [A number of 'strategic' and 'enabling' projects are underway to support delivery of this ambition for the learning environment at NCAD: a Working Together Better Strategic Project, a Resourcing Enabling Project. Where these initiatives provide the key vehicle through which an enhancement opportunity will be delivered this is identified.]

QIP No.	PRR ref no	Recommendation	Response	Strategy Project	High Level Actions	Timeline	Responsible
3.1 Workload							
3.1.1	4.1 (& 1.7)	Provide additional administrative support.	The college is currently reviewing levels of admin support and structures across the institution to ensure the smooth operation of all our programmes.	WTB	Improving working processes, communications and infrastructure across NCAD to support efficient and effective operation is the focus of a key Strategic Project through which NCAD's Strategy is being delivered. A key strand of work within the Working Together Better Strategic Project is focused upon the College's organisational design and how best to support the smooth operation of all of our programmes and the wider work of the College.	Q4 2024	Director and Working Together Better Project Team
3.1.2	5.2 (& 1.7)	Implement an appropriate workload allocation model so that staff can make their time and work clear for management.	The college is undertaking a review of academic staff progression supports and structures.	WTB	A refined operational structure for NCAD, aligned with the strategy and delivering institutional clarity on roles and responsibilities within the organisation is the focus of a key Strategic Project through which NCAD's Strategy is being delivered. Appropriate structures to review and manage workload will be addressed as part of this process.	Q2 2024	Director and Working Together Better Project Team

3.2 Programme Management							
3.2.1	4.4	Organise regular faculty & technical staff meetings to ensure the smooth running of the programmes.	The College organises regular staff meetings at a programme, departmental, school and college level to ensure communication between academic staff, technical officers and student representatives.		This recommendation will be addressed on an ongoing basis.	Annually	HoD / HoS
3.3 Career Progression							
3.3.1	5.1	Consider security of roles for part-time staff.	Staff undertaking specified contracts are provided security through the continuing employment of an indefinite duration legislation and College procedures. The proportion of tenured staff within the department is in line with institutional and sectoral norms. The college also seeks to continue the practice of employing visiting lecturers on a one-off basis to ensure regular and productive interactions between industry practitioners and disciplinary experts and our programmes.	Resource Planning (Enabling Project)	While security of roles for part-time staff is addressed through compliance with legislation in respect of contracts of indefinite duration, the College is working to improve resource planning and associated recruitment processes.	ongoing	Head of Corporate Services/Registrar, Head of Department, HR
3.3.2	5.3.a	Staff are clearly working beyond their employment level (e.g. Assistant Lecturers with PhDs).	A PhD is not a mandatory requirement for recruitment/selection as an Assistant Lecturer (AL), or indeed a Lecturer. Nonetheless, the assumption that an AL would not have a PhD is not an accurate reflection of employment in the Irish Higher Education sector.		The constraints upon recruitment into the Irish Higher Education sector do not permit change in recruitment practices in this regard.	N/A	N/A
3.4 Communication							
3.4.1	1	The Department's philosophy of 'learning to learn' is a great move...However, the philosophy must be explained to the students at the outset to help them understand the Department's approach.	We currently undertake briefings for all year 1 students on our range of BA programmes respective philosophies within the first trimester helping facilitate common entry students to choose elective experiences that lead towards studying within our range of programmes (8 Design, 4 Fine Art, 2 Applied Art). This may feel too late for students who entered year 1 through a named award path.		We will explore the potential for doing an earlier briefing to year 1 students.	Q1 2023	HoD

			We also provide introductory briefings at the start of each 'senior' year to reinforce the programme philosophy.				
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Quality Improvement Plan and updates

QIP No.	High Level Action	Timeline	Responsible	RAG status
1	BOLD AND CURIOUS LEARNING AT OUR CORE			
1.1	Topic			
1.1.1				
1.1.2				
1.1.3				
1.1.4				
1.2	Topic			
1.2.1				
1.2.2				
1.3	Topic			
1.3.1				
1.3.2				
1.4	Topic			
1.4.1				
1.4.2				
3	AN EFFECTIVE ORGANISATION			
3.1	Topic			
3.1.1				
3.1.2				
3.2	Topic			
3.2.1				
3.2.2				
3.2.3				
3.2.4				
3.3	Topic			
3.3.1				
3.3.2				
3.4	Topic			
3.4.1				
3.4.2				
3.4.2				