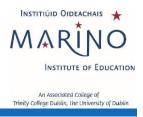| Policy Title:	Procedure for Quality Review of MIE Corporate and Student Support Services
Description:	To outline the broad procedural guidelines for the preparation and conduct of reviews of Corporate and Student Support Services in the Marino Institute of Education.
Author (Position):	Vice President of Finance and Professional Services
Version:	2
Approved By:	MIE Governing Body
Policy Approval Date:	January 2019
Date of Next Policy Review:	April 2027 (or as necessary)

Procedure for Quality Review of MIE Corporate and Student Support Services

1 Context

Marino Institute of Education (MIE) is an associated college of Trinity College Dublin, the University of Dublin (hereafter referred to as Trinity) and is considered a linked provider for the purposes of Quality Assurance. Trinity is the Designated Awarding Body of validated MIE courses. MIE has processes in place to review its Corporate and Student Support Services on a cyclical basis. These services are categorised as non-academic, and for the purposes of this document, a non-academic service is defined as an organised area of the Institute structured to deliver a unique set of services, support functions, or student learning/development/ holistic experiences that support the Institute's mission and vision. This procedure should be read in conjunction with the Institute's Quality Policy Statement, the Quality Assurance Procedure for the Review of Validated Programmes and the Quality and Qualifications Ireland (QQI) Core Statutory Quality Assurance Guidelines. Policies and procedures for quality assurance may be amended on a periodic basis in response to external triggers, changes in legislation, or professional accreditation requirements.

2 Purpose

2.1 This document sets out broad procedural guidelines for the preparation and conduct of reviews of Corporate and Student Support Services in MIE, an associated college of Trinity. The purpose of a service review is to:

i. Facilitate a critical self-assessment of the service by the Unit/Section/Department Leader, the relevant Dean, and the Vice President of Finance and Professional Services;

ii. Provide an opportunity for the overall evaluation of the service, with a range of inputs and analyses, including feedback from students, staff, professional bodies and other stakeholders;

iii. To benefit from constructive commentary by reviewers both internal and external to the Institute;

iv. To provide an opportunity to review the performance, relevance, and effectiveness of the service delivery in light of similar services provided nationally and internationally.

2.2 Reviews of Corporate and Student Support Services generate knowledge about how well services are supporting the Institute in its mission and how well the services are meeting the personal and professional development needs of the Institute's students, staff and the wider community.

2.3 Reviews of Corporate and Student Support Services provide the services with a platform to:

i. Test the effectiveness of their workflows and overall processes;

ii. Exercise self-reflection on performance;

iii. Identify strengths and weaknesses to inform future planning.

2.4 The review process will place an emphasis on strengthening the self-evaluation capacity of services in order to facilitate and increase adaptability to change and to practice continuous improvement.

3 Benefits

The Institute recognises quality assurance as an evidence-based process that supports the continuous review and improvement of the Institute's programme-related and non-programme related activities. The Institute recognises the value of applying rigorous, transparent and continuous quality assurance processes and procedures in order to inform the Institute's activities.

4 Scope

This procedure applies to all of the Institute's Corporate and Student Support Services, including but not limited to: education, training, research and other related services.

5   Principles

5.1   All reviews will be designed to foreground self-reflection and self-evaluation as key tenets of the review process.

5.2   All reviews are conducted with the stated objectives of improving service delivery and ensuring alignment with Institutional requirements.

6   Procedure

6.1   MIE's Quality Officer will write to the relevant Vice President/Dean and the Unit/Section/Department Leader typically 12 months prior to the review to notify them that the service is scheduled for review and request nominations for reviewers. The Quality Officer will perform all functions for the duration of the quality reviews[1]. The Quality Officer at MIE is overseen by the Registrar's Office.

6.2   The Unit/Section/Department should not contact potential nominees to garner their interest in participating in a quality review. In considering nominees, it is important that no nominee has a close association with the Unit/Section/Department or staff of the Unit/Section/Department in a personal or professional capacity within a timeframe of five years, to avoid the perception of or an actual conflict of interest.

6.3   The list of nominees is informed by the scope of the review and should be balanced in terms of geography, gender and experience, with at least one nominee coming from within Ireland. Where relevant, nominees should comprise representatives from the business/professional sectors.

6.4   The list of potential nominees should be reviewed by the Vice President of Finance and Professional Services for shortlisting. Once shortlisting is completed, the Vice President of Finance and Professional Services, a member of the Institute's Audit Committee[2] and the President of the Institute will select three to four reviewers and reserve candidates. If the unit under review falls under the management of the Vice-President of Financial and Professional Services, they may nominate a pro Vice-

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[1] See MIE Schedule of Reviews
[2] See Audit Committee Terms of Reference

President for the pre-review and review visit activities. The Vice President of Financial and Professional Services will respond to the review report and approve the implementation plan and progress report.

6.5   The Quality Officer will liaise with selected candidates to confirm the composition of the review team and liaise with the Unit/Section/Department under review to identify suitable dates and align these with the reviewers' preferences.

6.6   An Internal Facilitator will be appointed by the Vice President of Finance and Professional Services, in consultation with the Unit/Section/Department under review.

6.7   The Vice President of Finance and Professional Services will work with the relevant Vice President/Dean and the Unit/Section/Department Leader to agree the Terms of Reference (TOR) for the review. The TOR will inform the Self-Assessment Report (SAR) and will be confirmed on completion of the SAR. The review team will respond to the TOR in the Review Report.

6.8   It is recommended that the Unit/Section/Department establish a coordinating group to plan and manage the activities leading up to the review. The coordinating group should be chaired by the head of the Unit/Section/Department, and may include senior managers and senior administrative and support staff.

6.9   The SAR is a principal source of information for the external review team prior to their arrival on-site. Its development is based on the outcome of a self-review and critical evaluation. It should have a strategic focus, be forward looking, and provide an appraisal of the Unit/Section/Department's activities and strategy and the quality assurance processes that support these activities.

6.10   A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis should be conducted with various internal, and where relevant, external audiences, including student and staff groupings and other relevant administrative and service Units/Sections. The purpose of the SWOT is to facilitate a critical assessment and self-review of the Unit/Section/Department's strategy, governance, structure, activities, internal and external relationships, and resources.

6.11   The outcomes of the SWOT analysis and analysis of data on the various activities of the Unit/Section/Department, including stakeholder and customer service evaluation surveys, information collected for the Unit/Section/Department's work plan, Human Resource data and Key Performance Indicator (KPI) reports should inform the critical reflection process undertaken to develop the SAR.

6.12   The main body of the SAR should be between 30-50 pages (excluding the appendices). The format of the SAR should broadly align with the following suggested headings:

  i.   Introduction;
  ii. Strategic Direction and Planning;
  iii. Organisation and Management;
  iv. Assessment of Service Performance;
  v.   Resources;
  vi. Administration;
  vii. Relationships and external engagement.

6.13   The relevant Vice President/Dean and the Unit/Section/Department Leader must sign off on financial data included in the SAR.

6.14   As the process to develop the SAR comes to completion, the process to develop the schedule for the on-site visit commences. The Quality Officer will lead the process for development of the schedule in agreement with the relevant Vice President/Dean and the Unit/Section/Department Leader. The Vice President of Finance and Professional Services will approve the schedule.

6.15   The final draft of the SAR with appendices and the schedule are to be submitted to the Vice President of Finance and Professional Services six weeks prior to the review date. The Quality Officer will arrange for proofreading of the final draft prior to its dissemination to the review team.

6.16   The Unit/Section/Department should not invite or make any arrangement to meet with individual members of the review team (outside of the schedule of meetings) during their time in the Institute for the purpose of the review.

6.17   The direct financial costs associated with the review i.e. reviewers' flights, accommodation, transfers, expenses and honorarium will be met by the Office of the Registrar. The Quality Officer will organise and manage the travel and accommodation arrangements for reviewers.

6.18   The Unit/Section/Department is responsible for the indirect costs of the review such as resourcing the preparation of the SAR, catering arrangements for the site-visit, etc.

6.19   The draft review report is to be submitted within three weeks of the site visit. Feedback on factual accuracy is sought by the Quality Officer from the Unit/Section/Department under review and the relevant Vice President/Dean and the Unit/Section/Department Leader. The Quality Officer will revert to the review team with any factual accuracy correction and seek the submission of a final report within a further three weeks.

6.20   The relevant Vice President/Dean and the Unit/Section/Department Leader are invited to formally respond to the final report and review recommendations. The report for Corporate Services along with formal responses from the relevant Vice President/Dean and the Unit/Section/Department Leader are considered by the Leadership Team, MIE Quality Working Group, Audit Committee[3] and then Governing Body. The report for Student Support Services will be considered by MIE's Leadership Team, MIE Quality Working Group, MIE Academic Council, Governing Body and MIE Associated College Degrees Committee (ACDC). After MIE ACDC has reviewed the report of Student Support Services, it will be presented at Trinity's Quality Committee and Academic Council.

6.21   An implementation plan for Corporate Services is then prepared and submitted to the Leadership Team, MIE Quality Working Group, Audit Committee[3] and Governing

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[3] See Audit Committee Terms of Reference, MIE Associated College Degrees Committee Terms of Reference and Academic Council Terms of Reference

Body[4]. An implementation plan for Student Support Services is then prepared and submitted to MIE's Leadership Team, MIE Quality Working Group, MIE Academic Council, Governing Body and MIE ACDC[4] and then the Trinity Quality Committee and Academic Council.

6.22   Within 12 months of approval of the Corporate Services implementation plan, a progress report is submitted to the Leadership Team, MIE Quality Working Group, Audit Committee[4] and then Governing Body[5]. Within 12 months of approval of the Student Support Services' implementation plan, a progress report is submitted to the Leadership Team, MIE Quality Working Group, MIE Academic Council, Governing Body and MIE ACDC[4] and then the Trinity Quality Committee and Academic Council.

6.23   The review report and responses are published on the Institute's website.

7   Responsibility

The Vice President of Finance and Professional Services and MIE's Quality Officer are responsible for this procedure.

8   Related Documents

8.1   Quality Policy Statement

8.2   Quality Assurance Procedure for Review of Validated Programmes

8.3   European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015)

8.4   Quality and Qualifications Ireland Core Statutory Quality Assurance Guidelines (QQI, 2016)

8.5   MIE Schedule of Reviews

8.6   Audit Committee Terms of Reference

8.7   MIE Associated College Degrees Committee Terms of Reference

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[4] Code of Governance and Matters Reserved for the Governing Body of MIE

8.8 [Academic Council Terms of Reference](#)

8.9 [Code of Governance](#)

8.10 [Matters Reserved for the Governing Body of MIE](#)

9 Appendix 1 – Review Flow Chart

Figure 1: Procedure for Quality Review of MIE Corporate and Student Services Flow Chart

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┌─────────────────────────┐
│ Quality Officer commissions the │
│ review and informs VP Finance & │
│ Professional Services           │
└─────────────────────────┘
              │
┌─────────────────────────┐   ┌─────────────────────────┐   ┌─────────────────────────┐
│ MIE Quality Officer writes to │   │ Nominees for review team      │   │ TOR for review finalised      │
│ relevant Dean and the          │   │ shortlisted. Final team decided by │   │                               │
│ Unit/Section/Department Leader │   │ VP Finance & Professional Services, │   │                               │
│ 12 months prior to review      │   │ an Audit Committee member and  │   │                               │
│                                │   │ the President                   │   │                               │
└─────────────────────────┘   └─────────────────────────┘   └─────────────────────────┘
              │
┌─────────────────────────┐   ┌─────────────────────────┐   ┌─────────────────────────┐
│ SWOT analysis completed  │   │ SAR Commenced            │   │ SAR completed and submitted for │
│                          │   │                          │   │ review                          │
└─────────────────────────┘   └─────────────────────────┘   └─────────────────────────┘
              │
┌─────────────────────────┐   ┌─────────────────────────┐   ┌─────────────────────────┐
│ Review report submitted  │   │ Report reviewed for factual │   │ Final report produced and    │
│                          │   │ accuracy                 │   │ response to report received  │
└─────────────────────────┘   └─────────────────────────┘   └─────────────────────────┘
              │
┌─────────────────────────┐   ┌─────────────────────────┐   ┌─────────────────────────┐
│ Approval of final report │   │ Implementation plan agreed │   │ Progress report completed 12 │
│                          │   │                          │   │ months post-date of          │
│                          │   │                          │   │ implementation plan          │
│                          │   │                          │   │ commencement                 │
└─────────────────────────┘   └─────────────────────────┘   └─────────────────────────┘
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