

Guidelines for the Institutional Review  
of Quality Assurance Effectiveness at  
Recognised Colleges that are Linked Providers



**Ollscoil na hÉireann**  
National University of Ireland



# Guidelines for the Institutional Review of Quality Assurance Effectiveness at Recognised Colleges that are Linked Providers



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# 1. Background and Context

The overall quality policy of the National University of Ireland (NUI) is that responsibility for quality lies with the recognised colleges themselves, guided by NUI as the awarding body.<sup>1</sup> At the time of granting recognised college status, NUI Senate approves the internal quality assurance (QA) policies and procedures of recognised colleges that are linked providers.

NUI reviews the effectiveness of the quality assurance and enhancement policies and procedures of its linked providers at least once every seven years. However, NUI also has the authority to conduct such reviews more frequently, if appropriate.<sup>2</sup> Reviews of linked providers take the form of an Institutional Quality Assurance Effectiveness Review ('Institutional Review'). Institutional Reviews evaluate the effectiveness of institution-wide quality assurance policies and procedures. Since the Institutional Review aims to assess the effectiveness of the linked provider's established QA systems, it is expected that the outcomes of ongoing self-monitoring will be considered when completing the Institutional Review.

In its broader context, the Institutional Review forms the final element in a cycle of QA monitoring by NUI of recognised colleges that are linked providers. Beginning with the initial approval of the institution's QA system by NUI Senate, this cycle encompasses:

- ▶ Annual academic programme monitoring through NUI-appointed external examiners;
- ▶ Independent external assessment before NUI approval of new academic programmes leading to NUI qualifications;
- ▶ Periodic external review before NUI re-validation and re-accreditation of existing programmes.<sup>3</sup>

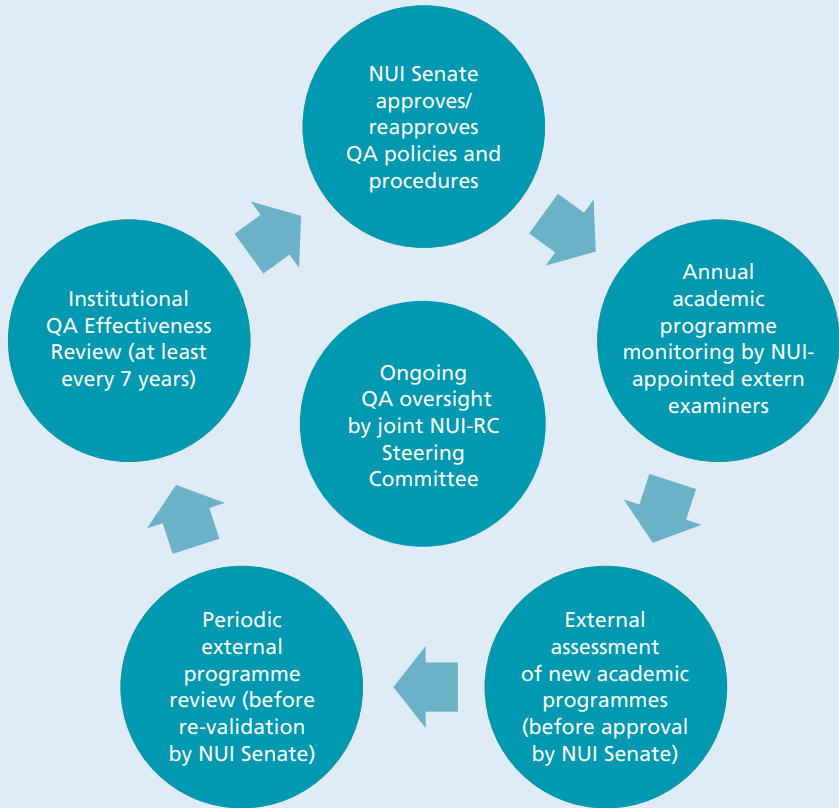
These monitoring activities are themselves subject to ongoing QA oversight by joint NUI-RC steering committees. Figure 1 depicts this cycle of QA oversight and monitoring by NUI of recognised colleges that are linked providers. It is expected that the outcomes of previous elements in the cycle will be drawn upon when completing an Institutional Review.

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1 NUI (2017) [\*Policy/Procedures for the Approval of Quality Assurance Procedures in the Recognised Colleges.\*](#)

2 NUI is primarily guided by QQI (2019) [\*Statutory Guidelines for the Review of Linked Providers by the National University of Ireland.\*](#)

3 NUI (2019) [\*Guidelines for the Periodic External Review of Programmes Leading to NUI Degrees and Other Qualifications in Recognised Colleges that are also Linked Providers of NUI.\*](#)



*Figure 1: NUI QA oversight and monitoring cycle in NUI recognised colleges that are linked providers.*

NUI reviews of its linked providers are guided by documents issued by the state regulator QQI. This document has also been informed by a range of other authoritative resources, some statutory and others voluntary, issued at institutional, national, and European levels.

## 2. Purpose of this Document

These guidelines are intended to provide information for NUI linked providers preparing for an Institutional QA Effectiveness Review ('Institutional Review').

## 3. Scope of Institutional Reviews

In its institutional reviews, NUI is concerned primarily with how linked provider institutions assure the effectiveness of QA arrangements for educational programmes leading to qualifications placed on the NFQ and made by NUI in its capacity as a designated awarding body, including research degrees.<sup>4</sup> In this context, the Institutional Review will also consider how the research and/or professional practice activities of those delivering educational programmes and the overall research environment of the institution contribute to the quality of provision. Reviews will assess both how the institution *assures* the quality of its educational provision, and also how this quality is *enhanced*.

Where an institution offers programmes that are not placed on the NFQ and that do not lead to NUI awards, such teaching activities are outside the scope of the Institutional Review.

Comprehensive review of the effectiveness of QA relating to NUI-accredited programmes will necessarily involve considering aspects of the institution outside of those programmes, such as governance structures, academic, pastoral and administrative support services offered to students, and library facilities. The extent to which such aspects are included in the scope of a given Institutional Review will be set out in the agreed Terms of Reference.

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4 In relation to research degrees, see QQI's (2017) and (2019) guidance documents: [Statutory Quality Assurance Guidelines developed by QQI for Providers of Research Degree Programmes](#) and [Ireland's Framework of Good Practice for Research Degrees](#).

## 4. Outline of the Institutional Review Process

In line with the 2019 QQI *Statutory Guidelines for the Review of Linked Providers by the National University of Ireland*, NUI has adapted the model for reviews set out by QQI for their cyclical review of Designated Awarding Bodies.<sup>5</sup> The Institutional Review is a flexible model with a general structure, allowing for differentiation between institutions. There are five key elements:

1. The agreement and publication of specific Terms of Reference;
2. An Institutional Self-Evaluation Report (ISER) by the linked provider;
3. An external assessment by a panel of independent reviewers, including a site visit;
4. The publication of a review report including findings and recommendations;
5. A follow-up procedure to review actions taken.

An indicative timetable of the overall process is attached as Appendix 1. However, the timeframe for each element will depend upon the scale and structure of the institution under review.

## 5. Terms of Reference

Every Institutional Review will involve the establishment of Terms of Reference (ToR) at the outset. The Terms of Reference reflect the scope of the review and act as a guide for the institution undergoing review and for the external review panel.

NUI will set the Terms of Reference for each review in consultation with the relevant institution. The Terms of Reference will be formally approved by NUI Senate before the beginning of the Institutional Review. They will be specific to the circumstances of the particular institution and will reflect the precise nature of its relationship with NUI, its stated mission and strategic plan, and its approach to quality assurance. The Terms of Reference will take into account the key objectives set out in the current QQI cyclical review handbook in a way that is appropriate to the institution. NUI will ensure these are provided to the institution's senior management.

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5 See QQI (2016) [Policy for Cyclical Review of Higher Education Institutions](#) and QQI (2017) [CINNTE Cyclical Review Handbook: Universities and Other Designated Awarding Bodies](#).

## 6. The Institutional Self-Evaluation Report (ISER)

The Institutional Self-Assessment Report (ISER) is a key element of the Institutional Review and will help to inform the external reviewers. Self-evaluation is a self-reflective and critical evaluation completed by an institution to outline how it effectively assures and enhances the quality of its activities. The development process typically includes input from academic staff, professional services staff, and students and is an opportunity to engage in dialogue with external stakeholders, such as graduates, employers, collaborative partners and external experts.

The ISER should focus particularly on the quality of the learner's experience, achievements, and contributions, and on findings from a variety of stakeholders.<sup>6</sup> The emphasis of the ISER should therefore be on presenting evidence of the impact on learners and stakeholders, rather than on more compliance-focused evidence of implementation of QA policies and procedures.

As the type of institution and the scope of its educational provision may vary, NUI will take a flexible approach to the structure of the ISER. The self-assessment process should not normally involve the production of significant amounts of new written material; existing evidence gathered through current QA monitoring processes should be used wherever possible. The ISER must meet the needs of its primary audience: NUI and the appointed panel of independent external assessors.

The ISER should be evaluative and reflective in nature and should refer to other sources for information where necessary. A well written ISER will be user-friendly, avoiding technical jargon, and will strike a balance between explanation and self-evaluation.

### 6.1 ISER Outcomes

There are a number of high-level, overarching outcomes for the ISER. Firstly, the self-evaluation process will provide the institution with an opportunity to demonstrate how it evaluates the effectiveness of its QA activities. Secondly, the process will evaluate whether the institution's tools – its approved QA policies and procedures – are effective at assuring and enhancing quality. The ISER normally has a third outcome: a plan for how and when the institution will address any recommendations made in the report.

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6 *QQI (2019) Statutory Guidelines for the Review of Linked Providers by the National University of Ireland.*



## 6.2 Co-ordination of the ISER

The institution should appoint a self-evaluation group (SEG) responsible for drafting the ISER. While including sufficiently senior staff, the group should be broadly representative of those involved in the management of quality assurance and enhancement in the institution. The self-evaluation group may include:

- ▶ At least one senior member of staff, who should chair the group and act as the liaison with the NUI Manager of Academic Affairs;
- ▶ A student of the institution, preferably at postgraduate level, or a recent graduate;
- ▶ A representative group of staff who manage quality and enhancement across teaching provision and related support services.

The Chair of the self-evaluation group and the NUI Manager of Academic Affairs should agree the ISER submission date, approximately 12 weeks in advance of the subsequent site visit by the external review panel (see Section 7). This date will inform the scheduling of meetings of the self-evaluation group. Where a potential conflict of interest arises, this should be referred to the NUI Manager of Academic Affairs. As appropriate, the issue may be further referred to the NUI Head of Academic Services and Registry and/or the NUI Registrar and NUI Senate.

While the self-evaluation process should be as inclusive and participatory as possible, the ISER should be written by a small group or possibly designated to one author, to ensure that a single voice comes through the document. If possible and where appropriate, near-final drafts of the ISER should be shared with stakeholder groups, such as alumni and professional bodies, for comment and/or information.

### 6.3 Indicative ISER Structure

As the type of institution and scope of educational provision may vary, NUI will take a flexible approach to the structure of the ISER. However, the structure of the ISER must be agreed with NUI prior to the work beginning. An indicative ISER structure is outlined below, but this should not be regarded as prescriptive:

- ▶ Introduction and context;
- ▶ Analysis and evaluation of how QA effectiveness is assured (in a structure and format suitable to the institution);
- ▶ Summary (including a SWOT analysis or similar tool);
- ▶ Referenced list of the evidence used (documents/case studies etc);
- ▶ A checklist of responsibilities (referencing the Memorandum of Agreement with NUI).

Alternatively, the ISER may be modelled on, for example, the structure set out in QQI's (2017) *CINNTE Cyclical Review Handbook*.

The analysis and evaluation of the institution's QA effectiveness should be supported by appropriate evidence, which it may be appropriate to append to the ISER in full or in part. The length of the ISER will depend on the scope of the institution's particular agreements with NUI, the size of the institution, the range of programmes offered, and the extent, quality, and availability of existing documentation. It is envisaged that reports should typically not exceed **15,000 words**, excluding appendices and supporting documents. Since the ISER will inform the review panel at the next stage of the review process, it is important that all supporting documentation is either appended to the report or clearly referenced and available to the appointed review panel.

## 7. The Review Panel

### 7.1 Panel Composition

The ISER is followed by the external element of the Institutional Review, for which NUI will appoint an external review panel. Such panels are composed of peer reviewers, who are primarily senior institutional leaders from comparable third-level academic institutions. Some panel members may be drawn, as relevant, from the leadership of external stakeholders such as professional organisations and public sector bodies.<sup>7</sup> If appropriate, a student panel member may be considered, although this should not normally be a current or former student of the institution under review. Panel members will be drawn from outside the NUI federal system, with the exception of one member appointed from an NUI constituent university to represent the interests of NUI as the awarding body. The panel will not include a staff member from the institution under review.

NUI is committed to equality, diversity and inclusion; the review panel will be as representative as possible with particular reference to the nature of the institution under review.

External reviewers may be recruited from outside Ireland, which would have the advantage of bringing an international perspective to the review process.<sup>8</sup> Such international reviewers should come from countries with comparable higher education systems and must have a high level of spoken and written English.

The review panel will include:

- ▶ A Chairperson whose role is to act as leader of the panel. This is an international reviewer who is a (serving or recently former) senior leader in a comparable third-level institution that is of demonstrable relevance in terms of academic discipline(s) and/or mission.
- ▶ A Co-ordinating Reviewer whose role is to act as secretary to the panel as well as a full panel member. This is usually a person with expertise in higher education management and prior experience in participating in external QA reviews. As they will be responsible for drafting the report, they will possess excellent writing skills and, in the case of an international reviewer, a very high level of written English.

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7 In the case of the IPA, a senior official from the Irish Civil Service or Public Service would be a relevant stakeholder to act as an external reviewer.

8 In the case of the IPA, an international Panel member could be recruited from the senior levels of the Civil Service or Public Service in a country with similarly structured governmental and public bodies, most obviously but not limited to the UK.

- ▶ A representative of the National University of Ireland federation, drawn from the senior staff of one of the constituent universities and with the agreement of the four presidents of the constituent universities.

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

- ▶ International QA review experience;
- ▶ European Qualifications Framework and Bologna Process experience;
- ▶ Experience of higher education QA processes;
- ▶ Experience in higher education institutional governance;
- ▶ Experience and proven ability in the enhancement of teaching and learning.

Where panel members are appointed from the senior levels of public sector and professional bodies, the panellists will have knowledge and experience of the education and training needs and processes within such bodies.

The independence of the panel is essential. The institution may suggest external reviewers for NUI to appoint and will have the opportunity to comment on the proposed panel to ensure there are no potential conflicts of interest. However, the institution should have no contact with any member of the external review panel before or following the site visit, until the review report has been finalised.

## **7.2 Panel Selection**

The size of the review panel will vary depending on the scale and complexity of the task but will have at least four members. In most circumstances, it is envisaged that the review panel will have no more than five members. While the institution may submit a shortlist of proposed external reviewers to NUI, the final appointment of the review panel will be at the absolute discretion of NUI. If the institution does not provide a shortlist or review potential conflicts of interest by agreed deadlines, the NUI Registrar may establish the review panel without reference to the institution. The final selection of the review panel will be reported to the institution and to NUI Senate.

## 8. The External Evaluation

### 8.1 Desktop Review and Initial Review Panel Meeting

The external evaluation consists of a desktop review of the ISER and a site visit. Each member of the review panel will conduct their own desk-based analysis of the ISER and supporting documentation. Reviewers will consider the approach taken by the institution in the self-evaluation process, including:

- ▶ Who wrote the ISER?
- ▶ Who approved the ISER?
- ▶ Who was in the self-evaluation group?
- ▶ Were a range of staff, students, and stakeholders consulted?
- ▶ How long did it take to develop?
- ▶ How has it been disseminated within the institution?

Key questions to be considered by reviewers when analysing the ISER might be:

- ▶ How well have the descriptive and analytical functions been balanced by the institution?
- ▶ Is there evidence of comprehensive self-analysis and self-reflection?
- ▶ Is there evidence of understanding and alignment with NUI, national, and European QA standards and guidelines?
- ▶ Is there evidence of deliberate management of quality assurance and enhancement?
- ▶ Is there evidence of the institution using national and international benchmarks?
- ▶ Is there evidence of the use of data and narrative sources of information?
- ▶ Is there evidence of commitment to a quality culture?
- ▶ Can the reviewers identify issues that the institution should explore?

Following the desktop review, the members of the review panel will be asked to provide preliminary comments arising from their initial analysis, including requests for additional information. Panel members will be asked to submit their comments using a template provided by NUI. The comments will be collated by NUI in advance of an initial meeting of the review panel.

The desk-based analysis lays the foundation for the Initial Review Panel Meeting, at which the panel will identify key themes, issues to consider, and areas for further investigation or clarification. The Initial Review Panel Meeting will result in a shared list of issues that will form the basis of discussions between the Panel Chairperson and Co-ordinating Reviewer and the institution. These issues will be refined throughout the review process as evidence emerges.

## **8.2 Planning Visit and Main Review Visit**

A one-day Planning Visit to the institution will normally be conducted by the Chairperson and the Co-ordinating Reviewer approximately 7 weeks before the Main Review Visit. A member of NUI staff will also attend to ensure the process is conducted in accordance with published criteria.

The Planning Visit will prepare the ground for the Main Review Visit.

This will include:

- ▶ Ensuring that the ISER and any supporting documentation are well matched to the process of review;
- ▶ Agreeing the schedule of meetings and activities to be conducted throughout the Main Review Visit (including, where appropriate, visits to multiple campuses);
- ▶ Identifying and agreeing any specific additional qualitative or quantitative documentation that might be required in advance of, or during, the Main Review Visit;
- ▶ Identifying and agreeing the location for the Main Review Visit and any facilities and resources that might be required by the review panel.

The Main Review Visit will then allow the review panel to seek evidence on the effectiveness of the institution's QA processes, and on how this QA system accords with the institution's own mission and strategy, and with national and European requirements. The Main Review Visit will normally take place over two or three consecutive days. The panel will not observe teaching, but will meet with the institution's staff, students, and other stakeholders. During their scheduled meetings and activities, the panel members will receive and consider evidence on how the institution has performed in respect of the objectives and criteria set out in the Terms of Reference for the Institutional Review.

The Main Review Visit will conclude with a short Exit Presentation, made by a member of the panel (usually the Chair or Co-ordinating Reviewer) to the leadership of the institution. This will briefly summarise the preliminary findings of the panel. These preliminary findings will not be discussed with the institution at this point, since they may be modified in light of subsequent reflection and internal discussion by the panel.

## 9. The Review Report

The Review Report sets out the findings of the review panel. Although the Co-ordinating Reviewer of the Panel will take the lead on drafting the document, the content for the written report will be prepared and *agreed* by the whole panel at the end of the review process. The Review Report should be written with reference to the Terms of Reference and the scope of the review.

Following the Main Review Visit, the Chairperson should ensure that the panel prepares a reasonably advanced first draft of the Review Report as soon as possible. This draft will usually be based upon the preliminary findings set out in the Exit Presentation given at the close of the Main Review Visit. An agreed timeline for completion and sign-off of the Review Report should then be agreed by the panel and communicated to NUI. Typically, a Review Report should be made available no later than eight weeks after the Main Review Visit. The report should be sent to the NUI Registrar and accompanied by letter or emails from all panel members, confirming their agreement with the report.

It is important that members of the review panel do not contact the institution directly in relation to the Review. Any request for clarification or further information should be communicated through the NUI Manager of Academic Affairs.

The template for the Review Report will be based on the following format:<sup>9</sup>

### Section 1: Introduction and Context

- ▶ Summary information on the institution's size, mission, strategic aims, and strategic direction;
- ▶ A short statement of contextual factors at the time of the review, including key recent developments within the institution as well as summary programme, student, and staff information;
- ▶ A short statement on the institution's approach to quality assurance and enhancement.

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9 QOI (2017) *CINTE Cyclical Review Handbook: Universities and Other Designated Awarding Bodies*.

## Section 2: The Self-Assessment Report (ISER)

- ▶ Key features of the ISER process;
- ▶ Information on the membership of the ISER team and the methods employed by the institution for securing widespread ownership of the ISER by staff and students;
- ▶ A commentary on the ISER and the way the institution has engaged with the institutional review process.

## Section 3: Quality Assurance/Accountability

Section 3 will deal with the objectives of the Review as set out in the Terms of Reference. Each objective will be dealt with separately in a clearly labelled sub-section, and the findings for each objective will be set out in a series of paragraphs. Each paragraph will consist of a statement or series of statements explaining the finding and must cite the relevant supporting evidence. Each finding will include the identification of any strengths and areas for improvement. If the review panel has identified what it considers to be significant causes of concern in the institution's performance with respect to the relevant criteria, the nature and extent of these concerns will be stated clearly.

## Section 4: Conclusions

The key findings and recommendations from Section 3 will be extracted and clearly labelled. Based on the findings, Section 4 will also provide overarching specific qualitative statements regarding each of the Terms of Reference.

The Review Report is an independent document prepared by the review panel. However, the institution will be given a formal opportunity to check the factual accuracy of a draft report. (The institution will have the opportunity later to address specific issues or recommendations in their formal response to the report and in the subsequent Quality Improvement Plan (QIP)). Edits to the draft Review Report to correct factual errors will be undertaken by the Co-ordinating Reviewer in consultation with the Panel Chair, then sent to the other members of the panel for approval along with a copy of the institution's factual accuracy note.

Once the final Review Report is received by NUI, the Registrar will send a copy to the management and governing body of the institution. The institution will be invited to make a short formal response, usually no more than two pages in length, which will become an appendix to the report. The institution should begin drafting this response at the same time as checking the report for factual inaccuracies. NUI and the institution will publish the Review Report, including the



institution's response, on their websites. The institution will choose whether to publish the ISER on its website. NUI will send a copy of the Review Report with the Institutional Response to QQI, and these will also be presented to NUI Senate at its next meeting.

## 10. The Quality Improvement Plan and the Progress Review Meeting

### 10.1 The Quality Improvement Plan

Follow-up is an integral part of the institutional review process. The decisions on quality enhancement, which are made in the follow-up to self-assessment and external review, provide a framework within which the institution can work towards developing and fostering a culture of quality. Upon receipt of the Review Report, the institution will assign responsibility for follow-up to an internal Quality Improvement Committee or to a relevant existing governance/management committee. This Committee will arrange to have a Quality Improvement Plan (QIP) drafted within 12 weeks, addressing the issues identified and recommendations made in the Review Report.

Although it may be developed from the institution's short response appended to the Review Report, the QIP will be a more detailed document. The QIP sets out how the institution will identify actions in response to the findings/recommendations in the Review Report, assigning responsibility to specific units and individuals. The QIP is intended to be a benchmark against which the progress of the institution may be measured. NUI will support the institution by reviewing drafts of the QIP. The structure of the QIP is for the institution to decide, however, it should include the following:

- ▶ A brief narrative response to the main themes/recommendations of the Review Report.
- ▶ An outline of the process of development of the QIP, including reference to the internal approval process.
- ▶ A list/table of recommendations and corresponding actions with indications of when the actions will be taken and completed and the person/office/unit responsible.

Upon receipt of the QIP, NUI will arrange to have it considered by the Chair of the Review Panel and NUI Registrar<sup>10</sup> to determine whether the actions taken and/or planned appropriately address the panel's findings. There are several possible outcomes:

- ▶ **Approval:** If the NUI Registrar and Chair of the review panel are satisfied with the QIP, this will be noted by NUI Senate at its next meeting.
- ▶ **Approval subject to minor amendments:** If the NUI Registrar or the Chair of the Review Team identify a recommendation that has not been addressed, they can request that the QIP be amended to include it. The manner in which the institution addresses recommendations is a matter for the senior management and governing body of the institution, given that actions will have resource implications.
- ▶ **Non-approval:** If either the NUI Registrar or the Chair Review Team is not willing to approve the QIP, the QIP must be considered by the full review team. It may be necessary to convene a (virtual) meeting to determine a consensus view. All panel members must agree that the QIP is unsatisfactory before further recommendations are made concerning the QIP. The recommendations regarding the QIP may not go beyond the initial Terms of Reference. Additional recommendations may not be added by the review panel at this stage. NUI will work with linked provider institutions to finalise a QIP that meets the approval of the review panel.

Once a positive outcome has been secured regarding the QIP, NUI may convene a meeting of the NUI-RC joint steering committee to discuss planned actions. The (approved) QIP will be published on the NUI website and the institution's website, alongside the relevant Review Report.

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<sup>10</sup> Another senior member of NUI staff may be co-opted, if necessary.

## 10.2 Progress Review Meeting and the Progress Review Report

The institution will be asked to submit a Progress Report on the implementation of the QIP actions approximately 12 months after the QIP is submitted. The NUI Manager of Academic Affairs will provide guidance on the preparation of the Progress Report, which will include:

- ▶ A brief overview of the Review Report recommendations.
- ▶ A list of planned actions identified in the QIP to respond to the recommendations.
- ▶ Details of the progress made against the planned actions (including reference to the initial timeline for implementation).
- ▶ Any future plans relating to the recommendations or the QIP.

The Progress Report should be submitted to NUI by an agreed deadline.

Upon receipt of the Progress Report, the NUI Registrar will convene a meeting of the joint NUI-RC steering committee. The QIP and the Progress Report will form the basis of the discussion at this meeting, which will be Chaired by the NUI Registrar.

The aim of this meeting of the joint NUI-RC steering committee is to confirm that all recommendations arising from the institutional review have been or are being dealt with appropriately. The meeting formally brings the review process to a conclusion, although the institution should continue to implement the QIP, if appropriate. The Progress Report and the conclusions of the joint steering committee will form a starting point for institutional review in the next cycle.

As a designated awarding body (DAB) under the Qualifications and Quality Assurance (Education and Training) Act 2012, NUI may issue a linked provider with post-review directions regarding the institution's QA policies and procedures. Any such directions will be formally issued by NUI Senate at its next meeting, but in the meantime the NUI Registrar may communicate them to the linked provider institution in writing or at a meeting of the joint NUI-RC steering committee. The linked provider institution has a statutory duty to comply and must also provide information regarding compliance when requested by NUI.

## 11. Withdrawal of Linked Provider Status

NUI has a statutory responsibility to withdraw linked provider status from a recognised college where:

- ▶ Post-review directions issued to the linked provider have not been complied with; or
- ▶ There are 'serious deficiencies' in the implementation of QA procedures by the institution.

Reasons for the proposed withdrawal of linked provider status must be communicated to the recognised college, which will have one month in which to respond. After considering the institution's response, NUI may proceed to formal withdrawal of status, with appropriate reasons given. The institution has a statutory right of appeal against withdrawal of linked provider status, which shall be made to an independent appeals person appointed by NUI for that purpose.

As a consequence of withdrawal of linked provider status, NUI Senate may also review recognised college status, in accordance with procedures set out in the Memorandum of Agreement between NUI and the recognised college.<sup>11</sup> This process may take place in parallel to the withdrawal of linked provider status or shortly thereafter.

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<sup>11</sup> In the case of the IPA, this process is governed by Section 4.1.6 of the 2018 Memorandum of Agreement between NUI and the IPA.

## Appendix 1: Indicative Timeline

Step	Action	Timeframe	Outcomes
Terms of Reference (ToR)	Drafting of ToR by NUI, in consultation with the linked provider institution	9 months before Main Review Visit	ToR confirmed by NUI Senate
Self-Evaluation	Submission to NUI of Self-Assessment Report (ISER)	3-6 months before the Main Site Visit	ISER published by institution (optional)
Planning Visit	A visit to the institution by the Review Panel Chair and Co-ordinating Reviewer to receive information about ISER process, discuss the schedule for the Main Review Visit, and discuss additional documentation requests	At least 1 month after receipt of ISER, 1-3 months before Main Review Visit	Schedule agreed for Main Review Visit
Main Review Visit	Review Panel receive and consider evidence on how the institution has performed in respect of the objectives and criteria set out in the ToR	3-6 months after receipt of ISER	Short preliminary report made to the institution at the end of the Main Review Visit
Review Report	Preparation of draft Review Report by Review Panel	6 weeks after Main Review Visit	Final Report for NUI to review
	Draft Review Report sent to the institution for check of factual accuracy	3 months after Main Review Visit	
	Institution responds with any factual accuracy corrections	2 weeks after receipt of draft report	
	Submission of final Review Report by Panel	3-6 months after Main Visit	

Step	Action	Timeframe	Outcomes
Institution's Response	Preparation of short formal response from the institution	2 weeks after final Review Report	Institution's Short Response added as appendix to final Review Report
Report Outcomes	<p>Consideration by NUI of Review Report, together with Institution's Response</p> <p>Presentation of final Review Report to NUI Senate</p>	Next meeting of NUI Senate	<p>Formal decision made about effectiveness of linked provider institution's QA procedures.</p> <p>In some cases, statutory directions made to the linked provider institution.</p> <p>Review Report, including the Institution's Response, published on the websites of NUI and the linked provider institution.</p>

The form of follow-up will be determined by whether statutory 'directions' are issued to the linked provider institution. In general, where directions are issued the follow-up will be initiated sooner and more specific actions may be required.

Step	Action	Timeframe	Outcomes
Follow-up Processes	Submission of a Quality Improvement Plan (QIP) to NUI by the linked provider institution	3 months after publication of Review Report	Publication of QIP by the linked provider institution
	Submission to NUI of 12-month Progress Report by institution, meeting of joint NUI-RC steering committee to confirm progress.	1 year after submission of an approved QIP	Publication of the Progress Report by NUI and the linked provider institution
	Continuous reporting and dialogue on follow-up through the joint steering committee and annual institutional reports	Continuous	NUI Annual Quality Report  Steering Committee minutes

## Appendix 2: References

NUI/National University of Ireland (2017) [Policy/Procedures for the Approval of Quality Assurance Procedures in the Recognised Colleges.](#)

NUI (2019) [Guidelines for the Periodic External Review of Programmes Leading to NUI Degrees and Other Qualifications in Recognised Colleges that are also Linked Providers of NUI.](#)

QQI/Quality and Qualifications Ireland (2016) [Policy for Cyclical Review of Higher Education Institutions.](#)

QQI (2017) [Statutory Quality Assurance Guidelines developed by QQI for Providers of Research Degree Programmes.](#)

QQI (2019) [Statutory Guidelines for the Review of Linked Providers by the National University of Ireland.](#)

QQI (2019) [Ireland's Framework of Good Practice for Research Degrees.](#)

QQI (2017) [CINTE Cyclical Review Handbook: Universities and Other Designated Awarding Bodies.](#)











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