



University College Dublin

Handbook for Internal Periodic Quality Review

Professional Support Unit



UCD Quality Office

January 2025

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1. Introduction and Context for Quality Review

The purpose of this handbook is to provide an overview of the UCD quality review process and to describe in detail how it relates to the review of the University's professional support units. Each stage of the process is outlined, and additional information and templates are included in the appendices to support units undergoing review. A member of the UCD Quality Office (UCDQO) will also provide guidance and support throughout the process.

The aim of quality review at UCD is to promote an ongoing culture of quality enhancement throughout the University. The process is embedded, dynamic, continuous, reflective, inclusive and enhancement focused. It reflects the European Standards and Guidelines for Quality Assurance (ESG) principles for quality assurance:

- The University having primary responsibility for the quality and quality assurance of its provision
- The flexibility of Quality Assurance to respond to the diversity of provision in higher education institutions
- Quality Assurance supports the development of a quality culture
- Quality Assurance considers the needs and expectations of all students, other stakeholders, and society¹

The implementation of the process enables the University to demonstrate how it discharges its legal responsibilities for assuring the quality and standards of its awards as a Designated Awarding Body (DAB), as required by the Qualifications and Quality Assurance (QQI) (Education and Training) Act 2012; ESG (2015); QQI Core Statutory Quality Assurance Guidelines (2016), the University's Quality Assurance and Quality Enhancement Policy and associated quality processes, and other relevant documentation. It also provides public information on the University's capacity to assure the quality and standards of its awards, the enhancement of teaching and learning, research, the student experience, and the University's contribution to society as a global citizen reflecting the University Strategy.

UCD professional support unit reviews are conducted on a 7-year cycle and incorporate the University's approach that all activity within a professional support unit is inter-related and quality assured, that all team members are involved in and contribute to the process, and that the primary focus of the review is on quality enhancement.

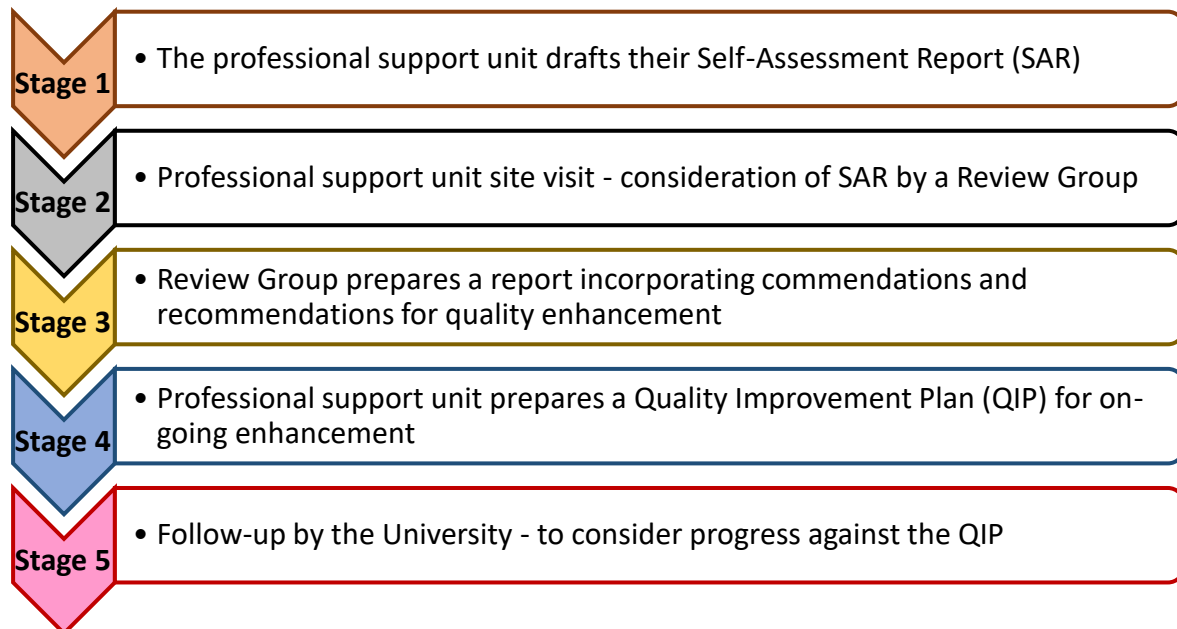
Beyond meeting legislative requirements, there are many benefits to completing a quality review, including:

¹ Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), (2015). Brussels, Belgium

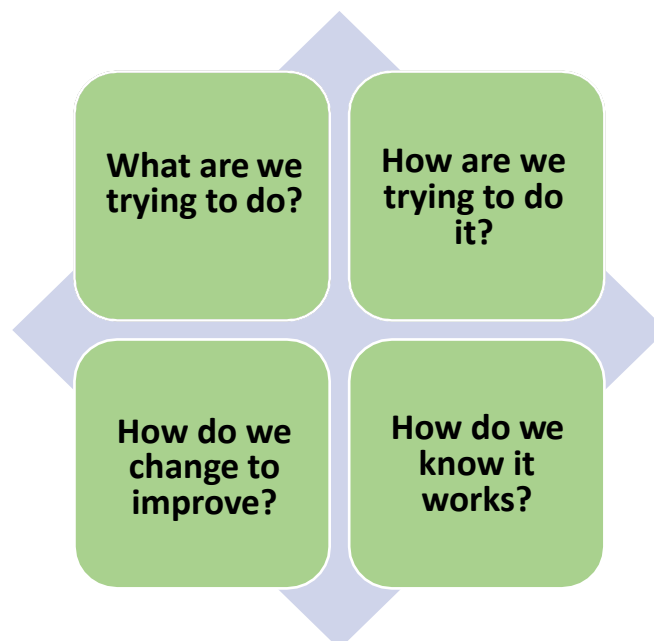
- Offering a structured, evidence-based self-evaluation of the unit's activities and processes, with input from all team members
- Enabling the identification and analyses by the unit of its strengths, weakness, opportunities, and threats
- Providing an opportunity for external expertise and advice to be sought
- Identifying and commending areas of good practice and shared learning
- Driving action on the identified recommendations for enhancement at professional support unit level or more broadly within the University
- Demonstrates an approved university process that seeks to support units undergoing review
- Demonstrating the commitment and culture of the unit to support stakeholders and enhance the quality of its services

2. Outline of the Review Process

The overall aim of the review process is on-going enhancement of all activity within the professional support unit. The key stages are:



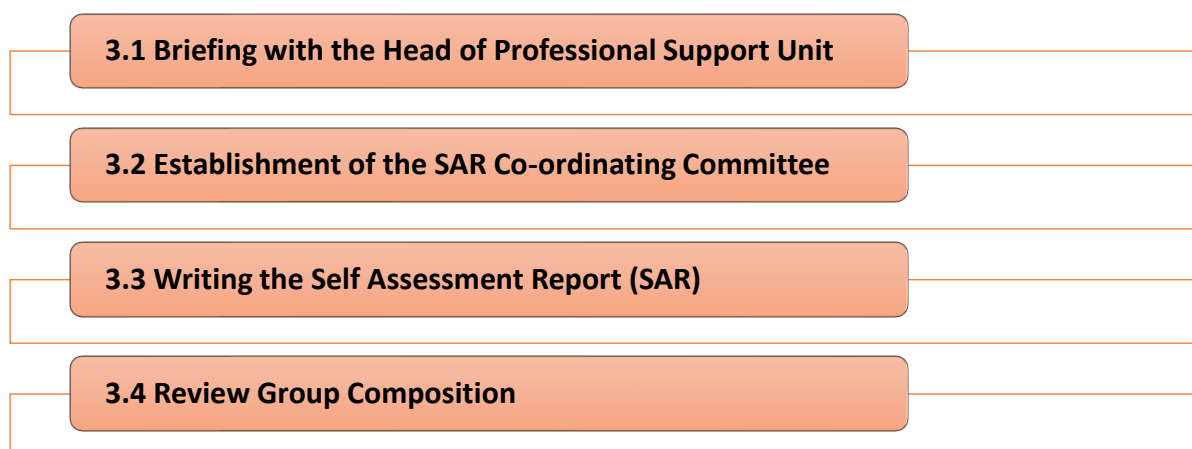
During self-assessment the professional support unit will consider the following questions as it reflects on its activities and core objectives.



It will include a constructive and reflective evaluation by the professional support unit of its processes and procedures to deliver on its mission, vision, and work plan that supports the University Strategy. The Self-Assessment Report will therefore act as the basis for a dialogue between the professional support unit and the Review Group, reflecting the professional support unit's analysis of its activities

3. Stage 1: Preparation of the Self-Assessment Report (SAR)

This stage includes:



3.1 Briefing with the Head of Professional Support Unit

Following formal notification from the UCD Registrar, Deputy President and Vice President for Academic Affairs, a representative from the UCDQO will hold a briefing with the head of the professional support unit (normally in January) to discuss the review process, the review schedule (including the site visit date, which is typically 1 week), and to agree deadlines for the receipt of required information/documentation.

3.2 Establishment of the Self-Assessment Report Co-ordinating Committee (SARCC)

At the outset of the review process, the professional support unit designates a group from within the unit to form the Self-Assessment Report Co-ordinating Committee (SARCC) which will be responsible for the preparation of the Self-Assessment Report (SAR). The SARCC should be representative of the key staff groupings within the unit, adhering to UCD's Gender Balance on Committees' Policy (minimum 40% women and 40% men on all committees). It should normally include the Head of the Unit, who will play an active role in the self-assessment process and at least one other senior member of staff. The committee should reflect the key operational areas of the unit but not be too large. A member of staff, not necessarily the Head of the Unit, will chair the SARCC and liaise with the UCDQO. Before making a detailed plan for the SAR, the SARCC should read this handbook carefully, discuss it with their colleagues and/or any clarifications with the UCDQO lead supporting the review. The UCDQO Lead for the review is also available to provide a briefing for the SARCC and/or professional support unit.

Typically, responsibility for the preparation of the various sections of the SAR should, as appropriate, be distributed between the members of the SARCC. All staff members of the professional support unit should be kept fully informed of the self-assessment process

through regular updates via meetings or internal communications and should be given the opportunity to contribute their views during the report preparation and penultimate draft.

The chair of the SARCC should agree provisional dates of formal meetings. The UCDQO Lead should be invited to the first meeting of the SARCC and can attend any subsequent meetings as requested to provide advice and guidance, to discuss progress and to review drafts of the SAR. Regular communication and meetings between the SARCC and the UCDQO Lead are encouraged. The best results for reviewed professional support units have occurred when this contact has been maintained.

A site visit date should be agreed as early as possible in consultation with the UCDQO Lead. In parallel, a list of external nominees should be identified and agreed by the professional support unit and forwarded to the UCDQO Lead. Further details on this process are outlined under section 3.4 Review Group Composition below.

3.3 Writing the Self-Assessment Report (SAR)

The input to the report is to some extent dependent on the service area and its activities, and will always include as a key element, a SAR accompanied by supporting information via Appendices. A SAR template is provided in [Appendix 2](#). The SAR is the main vehicle through which the professional support unit conveys information about itself. Equally, and perhaps more importantly, it is the starting point for critical reflection by the professional support unit about the way it is managed and handles quality regarding its activities. It should be noted that the quality process is not a review of individuals but of the quality processes and activities of a professional support unit and their enhancement. It is an evidence-based reflection of what the professional support unit believes to be working well and what it believes needs enhancement. It should be full and frank, not attempting to hide problems, but also covering the professional support unit strengths. It should also be developmental, offering thoughts on how to improve provision within the professional support unit.

The professional support unit is not required to provide a detailed description of what it does. Some background information may be necessary to set the context, but the emphasis should be on the critical self-evaluation of how effective and successful it believes the various aspects of its provision to be. This exercise provides a useful opportunity to explain why the professional support unit is reassured that service provision is excellent and points to the evidence which supports this view; or where provision could be improved and provide recommendations for enhancement.

The SAR template provided in [Appendix 2](#) should be used to structure a professional support unit's SAR; however, in instances where an adaptation is identified by a professional support unit to address a specific aspect/activity, it should be discussed in advance with the UCDQO Lead. The areas to be addressed are designed to aid evaluation and to guide thinking about the content of the SAR. Detailed information available in another existing document does not need to be reproduced in the SAR; instead, append the relevant document or refer to it, and make it available for the site visit.

Examples of additional supporting documentation that may be included with the SAR and/or made available in the Review Group meeting room during the site visit are set out in [Appendix 3](#). Their inclusion can be discussed with the UCDQO as needed.

The SAR template includes the following sections:

1. Executive Summary
 2. Introduction and Context
 3. Planning in Support of the UCD Strategy
 4. Organisation and Staffing
 5. Communication and Engagement
 6. Management of Quality and Enhancement
 7. Summary of SWOT Analysis and Recommendations for Enhancement
- Appendices

The SAR should not be a lengthy document, and it is recommended that it typically be no longer than 45 pages, excluding appendices. Staff should have an opportunity to comment on the SAR prior to its finalisation. Six bound copies of the SAR, with appendices and one electronic copy, should be delivered to the UCDQO, at least six weeks in advance of the site visit. A copy of the SAR should be circulated by the SARCC to all staff members of the professional support unit and the professional support unit's vice-president prior to the site visit. The SAR is not a public document and has a restricted circulation to the professional support unit under review, the Review Group, relevant Vice-President, Registrar, President, and UCDQO.

The following are examples of inputs i.e. quality policies, procedures and processes that guide the writing of the SAR:

- University Statute or other national legislative requirements, and reports to external bodies such as the Higher Education Authority (HEA), Department of Further and Higher Education, Research, Innovation and Science (DFERIS), Department of Justice (DOJ), Central Statistics Office (CSO), Quality and Qualifications Ireland (QQI) etc.
- [Relevant University Policies and Procedures](#)
- Professional support unit's work plan which should be included as an appendix to the SAR
- Standard Operating Procedures (SOPs), 'How To' documentation, other professional support unit reports and reports that are specific to the unit and its work activities
- A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis should be undertaken by the professional support unit early in the quality process. Further guidance on conducting a SWOT and a sample template is provided in [Appendix 4](#).
- Stakeholder feedback from those who engage with the professional support unit and may include (but not limited to) internal sources such as the professional support

units' own staff, other UCD staff, students or external sources. There are many ways to gather stakeholder feedback e.g. peer review, interviews, workshops, focus groups and/or surveys. The UCD Director of Institutional Research can provide advice on best methods and tools to use for this. Pre-existing data, both qualitative and quantitative that have been collected and analysed in the last three years e.g. surveys, reports etc. can also be drawn from. Analysis of all feedback should inform the writing of the SAR.

- Benchmarking, where appropriate. The benchmarking exercise should assist a professional support unit in looking forward and planning where improvement should be focused. The learnings from this comparative exercise should inform what changes the professional support unit could introduce or reasonably aspire to implementing in UCD. Professional support units are asked not to benchmark against the institutions of their external Review Group nominees/members.

However, not all examples need to be included but it is important that there is a reflection on the professional support unit's effectiveness of its quality assurance processes that will identify areas of good practice and areas for enhancement.

3.4 Review Group Composition

The role of the Review Group is to evaluate the professional support unit's provision, clarify the quality assurance procedures as documented in its SAR, and present their findings (commendations and recommendations) in a report. The Review Group is appointed by the University under delegated authority to the UCD Academic Council Quality Enhancement Committee (ACQEC) and UCD Director of Quality.

The procedure for appointing Review Group members is that a list of proposed external nominees should be identified and agreed by the professional support unit and forwarded to the UCDQO Lead by an agreed deadline. [Appendix 5](#) outlines the criteria that is considered when selecting proposed external nominees. An external reviewer nomination form should be completed for each proposed nominee and is contained in [Appendix 6](#).

A typical Review Group for a professional support unit includes:

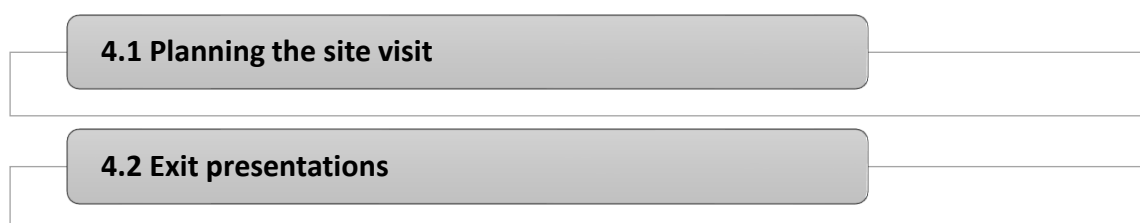
- Two senior UCD staff (one member will be a faculty representative), one of whom acts as chair, the other as deputy chair
- Two senior external experts in the area, chosen from a list of at least eight proposed nominees supplied to the Director of Quality, by the SARCC²

² The composition and membership of the Review Group remains a decision of the University and the final selection is independent of the professional support unit, reflecting a quality assurance process that is robust and flexible with university oversight. This may include appointing external members that have not been nominated by the SARCC.

The UCDQO will co-ordinate the appointment of the Review Group. Details of the Review Group members will be communicated by the UCDQO to the Head of Unit after the Review Group is appointed. The final Review Group selection will be independent of the professional support unit under review, and all engagement with the Review Group will be managed by the UCDQO. The professional support unit under review should not communicate with the Review Group until the quality process is complete. All Review Group memberships will also be reported to the ACQEC.

4. Stage 2: Site Visit

This stage includes:



4.1 Planning the site visit

The Review Group visits the professional support unit typically over a three-day period. This site visit is central to the review process and must be carefully planned. Close liaison is required between the SARCC and the UCDQO Lead with final approval of the timetable for the site visit by the Review Group Chair. Prior to (and after) the site visit, all contact with the Review Group regarding the review, including arrangements for travel and accommodation, is carried out by the UCDQO.

A site visit timetable template can be found in [Appendix 7](#) and is informed by the SAR. All members of the professional support unit are expected to be available for the duration of the site visit. Individuals and groups (including stakeholders/users) who will meet with the Review Group are nominated by the SARCC and should be representative of the professional support unit and its stakeholders. Where relevant, it is also important that the Review Group meets with undergraduate and postgraduate students and where relevant include general entry, access entry, international, transfer learners across the various stages/levels, and student representatives.

Arrangements for the site visit meetings, including issuing of invitations and confirmation of attendance, are the responsibility of the professional support unit. No meetings should be arranged by the professional support unit until the site visit structure is agreed with the UCDQO. A suitable room must be provided by the professional support unit for the use of the Review Group during the visit. Documents such as management reports, or any other relevant material should be made available to the Review Group in the meeting room. Catering for the site visit (including tea/coffee and lunch) is also organised by the professional support unit.

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

- The relevant reporting Vice President, the SARCC, the Head of the Unit, a representative group of staff from the professional support unit and relevant stakeholders/users
- Offices, workspaces and other facilities that support the activities of the professional support unit

The timetable should be finalised, populated with those attending, and forwarded to the UCDQO Lead no later than 2 weeks prior to the site visit.

The order of meetings outlined in the draft timetable may be altered to reflect the availability of staff, students and other stakeholders on a particular day, apart from the final day, which is reserved for the preparation of the first draft of the Review Group Report and the exit presentation by the Review Group to the professional support unit. The Review Group, following receipt of the SAR and/or in their planning meeting discussions, may also request changes to the overall timetable.

4.2 Exit Presentation

Normally one or both external reviewers will make the exit presentation to the professional support unit. This will be a presentation of the key preliminary findings of the Review Group and will not involve discussion as these initial findings may be modified in the light of subsequent reflection and discussion by the Review Group.

5. Stage 3: The Review Group Report (RGR)

The Review Group Report (RGR) is prepared by the Review Group, and it is informed by the SAR, supporting documentation, the three-day site visit to the professional support unit, their meetings and findings. The structure of the RGR will broadly reflect that of the professional support unit's SAR. The Review Group will present their findings and make several commendations and recommendations for enhancement. Commentary by the Review Group will be primarily analytical rather than descriptive and refer to either source documentation, oral evidence and/or direct observations. The draft report will be completed by the Review Group and submitted to the UCDQO Lead within 6 weeks of the site visit.

On receipt of the final report, the UCDQO Lead will review the report and co-ordinate any clarifications with the Review Group Chair. When complete the UCDQO Lead will circulate the report to the head of the professional support unit. The professional support unit has two weeks to review the report, noting factual errors that need correction, and submitting a separate brief response (not to exceed two pages) relating to the report recommendations to the UCDQO Lead. If a professional support unit does not agree with the content and/or recommendations in the RGR, these matters should be addressed in the professional support unit's Quality Improvement Plan (QIP).

On receipt of the professional support unit response, the UCDQO finalises the RGR by correcting any factual errors and adding the professional support unit response as an appendix to the report. No other amendments are made to the report by the UCDQO. The report is now final.

The UCDQO sends copies of the final RGR to the President, Registrar, Vice President of the professional support unit, head of the professional support unit, and the Review Group. The President and Registrar will also receive a copy of the unit's self-assessment report. The head of the professional support unit circulates the final report to all staff members of the professional support unit.

The RGR will be considered by the University Management Team (UMT) and ACQEC. The Review Group Chair also attends the UMT discussions. The report and UMT commentary will then be considered by the UCD Governing Authority, and upon acceptance the report is published on the UCDQO website. A process map of a quality review is provided in [Appendix 8](#).

6. Stage 4: Quality Improvement Plan (QIP)

Follow-up is an integral part of the review process. The decisions on implementing the recommendations provide a framework within which each professional support unit can continue to work toward the goal of developing and fostering a quality enhancement culture within the University.

A formal process is in place to develop the QIP and this is outlined in the UCDQO documentation [Guidance for the completion of a Quality Improvement Plan](#).

The head of the professional support unit, on receipt of the RGR and following a briefing with the UCDQO, will establish a Quality Improvement Committee that is representative of staff from the professional support unit. The Quality Improvement Committee will arrange to have the QIP drafted within 12 weeks, based on the RGR findings. In this plan, each recommendation must be fully addressed, actioned, assigned and given a timescale for completion. The QIP must be developed in consultation with the relevant Vice-President who must approve the final draft. The RG chair and ACQEC will review the QIP and may request further clarification/amendment by the professional support unit. When complete the QIP will be considered by UMT, and the head of the professional support unit will also attend these discussions.

Recommendations that require additional funding should be considered in the light of university policy and priorities, having regard to the resources available to the University. They may also act as a driver for a unit in prioritising and re-allocating available resources and must be approved by the relevant Vice-President. Progress and updates on implementing the recommendations should be provided by professional support units within their annual and five-year planning process.

7. Stage 5: Progress Review

Approximately 12 months after the QIP has been accepted, each professional support unit will prepare a progress report on the implementation of the recommendations. The progress report should be developed in consultation with the relevant Vice-President. The professional support unit's progress report must be signed off by the Vice-President prior to its submission to the UCDQO.

A progress review meeting will be organised by the UCDQO to review the report. This meeting will be chaired by the Registrar, Deputy President and Vice President for Academic Affairs and will typically include the Vice President of the professional support unit, the Review Group Chair, four representatives from the professional support unit (one of whom will include the head of the professional support unit), and a representative from the UCDQO.

The aim of the meeting is to consider the actions taken by the professional support unit and confirm that all recommendations for enhancement arising from the review process, have been or will be, dealt with appropriately. In addition, the progress review meeting may agree further follow-up meetings as required.

If it is deemed that insufficient progress has been made in addressing the recommendations, the following actions may be considered:

- A revised QIP progress report will be required within a stated deadline, to reflect a modified action plan recommended at the progress review meeting – the UCDQO will sign-off on the revised report, as appropriate
- A revised QIP progress report will be required, and a further progress review meeting will be held
- A report of the lack of progress made to implement the Review Group Report recommendations will be made to ACQEC and UMT, with recommendations for further action

The progress report is not a public document, but the outcome of all progress review meetings will be reported to and monitored by ACQEC.

It should be noted that the progress report and meeting is the last formal step in the University's quality process, but it is not the last step for the professional support unit in progressing the Review Group Report recommendations. Professional Support Units are required to provide updates on progress in their annual and five-year plans to the University. The progress report will act as a starting point for the next quality review.

Appendix 1: Provisional Quality Review Process Timeline (Template)

This template is a planning tool to help map out the timelines for the review process. The timelines tend to be anchored to and calculated based on the agreed site visit dates as most activities will relate to this.

Stage 1: Self-Assessment Report (SAR)	
Dates	Actions/Tasks
January	The UCD Quality Office (UCDQO) meets with the head of the professional support unit to start the review process. (The formal notification of the review will have been communicated to the head of unit from the Registrar, Deputy President and Vice President for Academic Affairs the preceding December)
9-12 months before the site visit	- SAR Co-ordinating Committee (SARCC) is established with details forwarded to the UCDQO - Briefing by UCDQO to SARCC and/or professional support unit - Check-in meetings of SARCC and UCDQO agreed - Site visit dates agreed between professional support unit and UCDQO. Where students are scheduled within the site visit timetable, the site visit needs to be scheduled in the academic term to ensure their availability - Proposed external reviewer nominees identified, and completed templates forwarded by the professional support unit to the UCDQO
9-12 months before the site visit	- Professional support unit prepares draft SAR - Professional support unit staff provide feedback on SAR draft - UCDQO provides feedback on penultimate SAR draft
6 weeks before the site visit	- Names of Review Group (RG) members communicated to professional support unit - Professional support unit submits completed SAR to UCDQO - UCDQO sends SAR to Review Group - The professional support unit forwards the SAR to all-unit staff and the relevant Vice-President
Stage 2: Site Visit	
Dates	Actions/Tasks
12 weeks before the site visit	- UCDQO will provide the draft timetable (see Appendix 7) - The timetable structure will be informed by the University's approved site visit requirements and the SAR. The UCDQO will provide guidance on attendees. - Professional support unit is responsible for: - Inviting relevant attendees to scheduled meetings - Providing a list of meeting attendees - Provision of a meeting room for the Review Group - Organisation of catering for the Review Group - Having additional documents ready to share with the Review

	Group as appropriate
2 weeks before the site visit	UCDQO sends completed timetable to the Review Group
Stage 3: The Review Group Report	
Date	Actions/Tasks
6 weeks after the site visit	Review Group Report (RGR) received by the UCDQO which will review the document and liaise with the Review Group Chair on any clarifications to the report. This is normally completed within 2 weeks. The final draft report is then forwarded to the professional support unit for feedback on any factual error, and the submission of a two-page response. Units are asked to provide this response within two weeks.
2-4 months after the site visit	RGR finalised by UCDQO and is now complete. UCDQO will circulate the report to the professional support unit, relevant Vice-President, Registrar, and President.
6 + months after the site visit	- RGR considered by UMT and Governing Authority - RGR considered by ACQEC When the committee considerations are complete the RGR will be published on the UCDQO website.
Stage 4: Quality Improvement Plan (QIP)	
Date	Actions/Tasks
1 week post review group report completion	UCDQO will provide a briefing to the HOU/SARCC on QIP process and will agree a 12-week delivery date.
12 weeks after QIP briefing	- The professional support unit prepares their QIP and ensures that each recommendation response/action is Specific, Measurable, Achievable, Realistic, and Time bound (SMART). The recommendations will also be incorporated by the professional support unit within the University's annual planning process - The professional support unit sends the QIP to the UCDQO
12+ weeks	The QIP will be considered by: - Review Group Chair who may request clarifications/amendments by the unit - ACQEC who may request clarifications/amendments by the unit - UMT who will meet with the HOU to discuss the report When complete the QIP will be published on the UCDQO website.
Stage 5: Progress Review Report	
Date	Actions/Tasks
10 months post QIP completion	UCDQO will contact the professional support unit to provide an updated progress report on implementing the recommendations.
12 months + after QIP completion	- Professional support unit submits progress report to UCDQO - Progress review meeting organised by UCDQO - Progress meeting, chaired by the Registrar, will accept the report, require further revisions, or where insufficient progress/engagement

	will report to ACQEC with recommendations for further action. • Professional Support Unit continues to provide updates on progress within the University's annual planning process.
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Appendix 2: Self-Assessment Report (Template)



University College Dublin

Self-Assessment Report

Quality Review: Self-Assessment Report

XX Name of Professional support unit XX

Month 20XX

Information for professional support units in completing this template

(please delete this page before submitting your SAR)

This document provides a template of the professional support unit's Self-Assessment Report (SAR) and is available from the UCD Quality Office (UCDQO) by email at qualityoffice@ucd.ie or at <http://www.ucd.ie/quality>.

The completed SAR should be approximately 45 pages in length (excluding appendices) and acts as a basis for dialogue between the professional support unit and the Review Group. The narrative should be concise, evidence based and analytical. It should provide an appropriate balance of information, evaluation and discussion of the information. It should also highlight strengths, areas of good practice, and areas for enhancement. Evidence can be referenced to existing documentation or made available during the site visit.

Each section details the analysis and reflection required by the professional support unit when preparing their SAR. Some of these areas to be covered may not be applicable to the professional support unit and should be discussed in the first instance with the UCDQO.

A series of questions are included within each section of the SAR template. These are intended as prompts for the professional support unit; some prompts may not be relevant for the professional support unit and should be excluded. Similarly, the professional support unit should include any relevant information and analysis that may be specific to the professional support unit.

Professional support units are asked to note that the SAR is not a public document and has a restricted circulation to the professional support unit under review, the Review Group, Vice-President, Registrar, President, and the UCDQO.

Please note that prior to or during the site visit the Review Group may request additional information. The Review Group may also request changes to the timetable following their reading of the SAR.

Section Headings of the Self-Assessment Report

1. Executive Summary
2. Introduction and Context
3. Planning in Support of the UCD Strategy
4. Organisation and Staffing
5. Communication and Engagement
6. Management of Quality and Enhancement
7. Summary of SWOT Analysis and Recommendations for Enhancement
8. Appendices

1. Executive Summary

This section should provide the following information in **no more than two pages**.

It should provide a comprehensive, concise summary of the main points of the Self-Assessment Report and should cover:

- The purpose of the report
- A brief highlight of the key findings/issues that were identified by the professional support unit during the self-assessment process
- A brief highlight of the key areas for enhancement that were identified by the professional support unit during the self-assessment process
- Recommendations for future action that should include an outline of how the professional support unit will address the key areas for enhancement and will form the basis for discussion with the Review Group during the site visit.

2. Introduction and Context

This section should provide sufficient information to assist the Review Group in understanding the structure and core activities of the professional support unit and should be **no more than six pages**. It should also include the professional support unit's approach to the self-assessment process and an update on the progress made in implementing the recommendations since the last review.

Prompts to consider when writing this section of the report:

Approach to Self-Assessment

A brief outline of how the Self-Assessment Report (SAR) was developed should be provided, including consultation with staff and other stakeholders.

The methodology should include:

- The SAR Co-ordinating Committee (including name and role of each member and identifies the Chair of the group)
- Number of meetings held by the committee
- How the SAR was developed, including engagement and feedback from stakeholders
- How the process was communicated to other staff in the area and how they were able to contribute to the process and input into the final draft

Overview of the Professional Support Unit and its Core Activities

This should provide the Review Group with an overview of the professional support unit and its core activities, how it supports the University in delivering its mission. This section may include:

- Information on the professional support unit, providing an organisational chart and staff data e.g. numbers, age profile, gender, changes in staff
- Information on the key areas of responsibility for each team within the professional support unit if relevant
- An analysis of the professional support unit's location on campus and the facilities it currently uses
- How does the professional support unit's activity compare or benchmark with other universities?
- A brief assessment/analysis of the key factors that have contributed to the success of the professional support unit, and the key factors that have impeded progress

Progress made since the last Review

Provide an update on progress/developments/enhancements made by the professional support unit since its last quality review. This should include a reflection on the professional

support unit's progress in implementing the recommendations as outlined in the Quality Improvement Plan (QIP), progress report and annual unit planning process. The progress report should be included as a SAR appendix.

Documentation/inputs to consider in writing this section:

- SARCC meeting minutes and actions taken
- SARCC communications to other staff within the professional unit
- Professional support unit organisation chart
- Professional support unit staff reports
- Benchmarking reports / outputs
- Professional support unit progress report from their last quality review
- Case studies

3. Planning in Support of the University Strategy

This section should provide the following information in **no more than eight pages**.

It should include a reflection on the ways in which the professional support unit sets goals and objectives for itself to deliver on its work plan, and the extent to which these goals and plans align with those of the University or other relevant strategies/plans. This allows the professional support unit to see if their work plans and planning processes are working as intended, to see if there are opportunities to improve and to learn about any modifications it may need. The focus should be on providing a brief description of the process, with an analysis of how effective it is, and how it may be enhanced. It might be useful to include a one-page case study as an example.

Prompts to consider when writing this section of the report:

- Does the unit have a work plan? How does it align to the University strategy?
- Does the professional support unit have a vision and/or mission? How well does it align with the University mission, vision and values? Is it understood and known by the staff to drive activity i.e., is it a living document within the area?
- How effective are the University's policies and procedures in supporting the professional support unit to deliver on its work plan? Are there areas for enhancement?
- Are all the activities of the professional support unit reflected in the work plan? If not, why not?
- How is the implementation of the professional support unit's work plan monitored? What are the measures of success? Are they effective? Is the professional support unit measuring the right things? Is there a balance between short term planned activity and creating longer term vision plans for the area? What are the impacts of delivery/non-delivery?
- How are the work plan objectives communicated to all professional support unit staff?
- Has the professional support unit identified and mapped all of their stakeholders? How does the professional support unit understand their stakeholder needs to plan effectively to meet them?
- How is the development of new services/supports/processes planned for? Has there been any unplanned activities that has impacted the implementation of the work plan? How well has the professional support unit been able to deal with these? Have goals or objectives been changed as a result?
- Is the professional support unit sufficiently structured, staffed and resourced to deliver its work plan? Resources can include money, people with appropriate expertise and physical facilities
- How does analysis of operation and user data input into the planning, update and revision of the work plan?

- How does the professional support unit ensure effective risk management and reporting? How are new risks identified and managed in the professional support unit's annual risk register reporting?

Documentation/inputs to consider in writing this section:

- University strategic plan, professional support unit annual and five-year work plan
- University Statute or external legislative requirements (if applicable)
- SWOT analysis conducted by the professional support unit (see [Appendix 4](#) of Professional Support Unit Handbook)
- Existing stakeholder feedback or feedback generated as part of the quality process
- Annual risk register, benchmarking exercises, professional support unit documentation and reports, sample case study, communication plan

4. Organisation and Staffing

This section should provide the following information in **no more than ten pages**.

It should outline the professional support unit's consideration of the effectiveness of its organisational structure and staffing and identify areas/activity for future enhancement. There should be reflection on how the professional support unit is structured to support its work activity, its committee and meetings' structure (if relevant), engagement in or with university committees (if relevant). It should comment on the resource allocation for the professional support unit, the physical facilities of the professional support unit, and how effectively the professional support unit manages and develops its staff. The focus should be on the efficiency and effectiveness of its quality processes and activities rather than a description of the activities and processes themselves.

Prompts to consider when writing this section of the report:

Organisation

- How effective are the organisational structures in delivering the key responsibilities of the professional support unit?
- Could the organisation of the professional support unit be enhanced to deliver on its core activities?
- Are key staff roles and office functions clearly understood and transparent to all staff within the professional support unit? How are these communicated to unit staff?
- How do you know the processes for the allocation of tasks to teams and individuals are appropriate and effective?
- Is there effective engagement by staff with relevant University policies and procedures? Possible examples for consideration include but are not limited to widening participation, equality, diversity & inclusion (including the University for All initiative), sustainable development goals, health and safety, human resources, performance management, promotion, freedom of information (FOI), IT security and data protection, governance or legislative requirements
- Does the unit itself have processes and procedures to manage its work activity, and how are they managed, shared and kept up to date?
- How useful are the professional support units' meetings/committees/working groups? How does the professional support unit evaluate the effectiveness of these groups?
- How successful is the professional support unit's interactions with the wider university community?
- How effective is the professional support unit's organisational structure in supporting learners on their academic journey and their student experience? Are there areas that would enhance this experience?
- How effective is the professional support unit's budgetary process? How are financial

resources prioritised to meet the needs of the professional support unit? Has the professional support unit been challenged in changes to its allocated budget and what are its impact?

- If applicable, how are contracts managed and monitored with external service providers to ensure that services delivered are maintained effectively and efficiently?
- How appropriate are the current workspaces and facilities to assist in achieving the key responsibilities for the area?
- How does the professional support unit encourage sustainability within its activities and processes?

Staffing

- How effective are the current staff planning and recruitment processes within the professional support unit? Does it include succession planning?
- How effective is the professional support unit and University onboarding for new recruits? How are new staff supported by the professional support unit? Is there an induction process in place for new staff e.g. a buddy system?
- How are the professional development needs of staff identified and supported, particularly in relation to both the individual and the skill needs of the professional support unit? How effective is the P4G process in supporting individual career development?
- Are there mentoring opportunities in place for staff?
- What opportunities are available for staff for career development and progression?
- How does the professional support unit ensure that all staff are aware of, adhere to and are supported by university policies and procedures including but not limited to, Equality Diversity & Inclusion (EDI), recruitment, promotion, induction for new staff, leave, P4G, employee code of conduct, Health & Safety, GDPR and management of personal data?
- To what extent is the activity of the professional support unit constrained by the availability of resources and support provided at institutional level?
- Are the physical facilities, technology and equipment sufficient to support the professional support units' activities?
- Are there areas for further enhancement that would support staff within the unit?

Documentation/inputs to consider in writing this section:

- Professional support unit organisational structure/organogram
- Professional support unit internal committee structure or engagement with university committees (if relevant) or university policies and procedures
- Staff feedback such as surveys, focus groups and staff meetings
- SWOT analysis conducted by the professional support unit (see [Appendix 4](#) of Professional Support Unit Handbook)
- Existing stakeholder feedback or feedback generated as part of the quality process
- University policies and procedures, professional support unit processes and procedures, relevant documentation and reports, sample case study

5. Communication and Engagement

This section should provide the following information in **no more than eight pages**.

It should include an analysis of the structures and processes used for communication and engagement both internally within the professional support unit, with the wider university community and where appropriate externally. Communication involves the delivering of messaging and information to the professional support unit's stakeholders/users and engagement involves the building of relationships with them.

Prompts to consider when writing this section of the report:

- Reflecting on the current communication structures within the professional support unit, the University and externally (if relevant), how effective and adequate are the communications in meeting the work activity of the unit?
- Evaluate how well the current communication structures and tools are for keeping staff informed of information within the professional support unit and other relevant information from the university community
- Evaluate how well the current communication structures and methods are for keeping students and staff informed of the services available to them, and how are changes or updates shared
- Is there a marketing and/or communications plan? How effective has its implementation been? (not relevant to all professional support units)
- How many staff participate in university fora and decision-making committees? How is their feedback collated, shared and actioned?
- How is information about key activities shared/published? How do you know the information is reaching your target audience?
- Are universal design criteria being applied where relevant across the unit's activities/procedures?
- How do you ensure stakeholders (staff, students, and external users of the service) are satisfied with the communication methods? Are the communications clear, accurate and timely? Is the amount of communication appropriate? Does the professional support unit gather feedback from its users? How does the professional support unit close the feedback loop?
- What improvements, if any, have been or could be made to enhance the methods or structure of communication? How is success measured/tracked?
- How do you ensure the professional support unit's website and/or social media is accessible? How do you use Google/user analytics to manage and drive change in content? What reports are used to trend traffic and followership and how effective are they in informing needed change?
- How does the unit engage with Artificial Intelligence (AI) in its work activity? Are there opportunities to leverage AI to enhance the unit's work?
- In what ways does the professional support unit keep up to date on national and international best practise in their professional area?

- How many users are engaged in the professional support unit's services? What are user trends saying?
- How does the professional support unit engage and work with other professional support units, colleges and schools within the UCD community?

Documentation/inputs to consider in writing this section:

- Professional support unit communications plan
- Professional support unit engagement with university fora and decision-making committees (if relevant)
- User analytic, engagement and trend reports
- Stakeholder feedback such as surveys, focus groups, complaints and comments
- SWOT analysis conducted by the professional support unit (see [Appendix 4](#) of Professional Support Unit Handbook)
- University policies and procedures, professional support unit processes and procedures, relevant documentation and reports, sample case study
- Analysis of communications or social media tools used by the unit and their effectiveness

6. Management of Quality and Enhancement

This section should provide the following information in **no more than nine pages**.

It should reflect on how the professional support unit manages the quality of its activities and processes for which it has responsibility and how they continually enhance it. Analysis of feedback and effectiveness of work activities can allow the capture of these improvement opportunities to enhance quality. The overall approach should seek to evaluate and highlight the professional support unit's strengths, its challenges and identify areas for further development or enhancement.

As outlined in previous sections, identifying good practice is a very important aspect of the University's quality process and providing assurance to the University and stakeholders about the quality and effectiveness of the unit's quality processes. This section provides an opportunity to reflect on the professional support unit's SWOT analysis outputs, stakeholder feedback and staff feedback. Areas of good practice will have been identified as part of this process and the professional support unit may choose (not mandatory) to showcase or include a one-page case study/studies, or a digital record (video, poster podcast, website link etc.) which can demonstrate the scope and impact the initiative has had on the professional support unit.

Prompts to consider when writing this section of the report:

- Evaluate how effective the current feedback mechanisms are. Are they sufficiently comprehensive? How does the professional support unit consider and act upon the feedback collated?
- What are the processes in place for closing the feedback loop?
- How is feedback monitored to evidence improvement?
- How is change managed within the professional support unit?
- What systems are in place to assess and review the quality of the processes and activities within the professional support unit? How does the professional support unit assure itself that it's meeting University, legislative, professional and/or quality requirements?
- How does the professional support unit measure the effectiveness of their operation based on national or international best practice?
- In what ways does the professional support unit make effective use of technology and information systems to deliver its activities?
- How do you know who uses the service the most and if there are any gaps in service use by certain stakeholders?
- How do you assess and adapt to the different and changing needs of stakeholders?
- How is good practice disseminated with the professional support unit?

- How does the unit reflect the University's sustainability goals in its activity?

Documentation/inputs to consider in writing this section:

- Professional support unit collation of feedback methods/procedures/processes
- Professional support unit engagement with quality enhancement activities/projects
- Evidence of change/improvement/enhancement based on user feedback
- Stakeholder feedback such as surveys, focus groups, complaints and comments and actions planned/taken to address them
- SWOT analysis conducted by the professional support unit (see [Appendix 4](#) of Professional Support Unit Handbook)
- University policies and procedures, professional support unit processes and procedures, relevant documentation and reports, sample case study

7. Summary of SWOT Analysis and Recommendations for Enhancement

This section should provide the following information in **no more than two pages**.

The professional support unit will have conducted an all-staff SWOT exercise as part of the Self-Assessment Report preparation which should be included as an appendix in this SAR. Further guidance on undertaking a SWOT and sample template is provided in [Appendix 4](#) of the Professional Support Unit Handbook.

This section should outline a summary of and a reflection on the SWOT discussions, key outputs and recommendations for improvement should be provided. Strengths should be highlighted, weaknesses/concerns identified and discussed, opportunities considered, and threats examined. The reflection by the professional support unit on the exercise should enable identification of areas for improvement and enhancement.

A realistic, open, and honest discussion of SWOT, as well as proposed enhancements is vital in accurately informing the Review Group. It allows the Review Group to appropriately prepare for the site visit and ultimately produce a report that is of maximum benefit to the professional support unit and University.

Documentation/inputs to consider in writing this section:

- The discussions notes and outputs of the staff SWOT session
- Minutes of any meetings that discussed the outputs of the SWOT
- Any decisions/plans/actions taken as a result of the SWOT

8. Appendices

An appendix is a supplementary document that facilitates the review groups understanding of the SAR but is not essential to include in the SAR itself. Therefore, any information included within the appendices is to be relevant and support the contents of the SAR. Examples could include but are not limited to:

- The professional support units progress report from the last quality review
- UCD/professional support unit strategy and work plans
- Planning documents
- UCD/team organisational structures
- Procedures/How to's/SOPs
- Committee structures
- Example job descriptions
- Survey data/results
- Statistical summaries
- Sample questionnaires/surveys
- Key performance indicators
- Full SWOT session notes and outputs

Appendix 3: Supplementary Information for Review Groups during the site visit

The following should, where relevant, be made available to the Review Group during the site visit and is complementary to the Self-Assessment Report and its appendices.

- Staff plans and meeting minutes
- Budget and financial reports
- Policies and procedures
- Any reports to governing boards
- Outputs of any all-staff consultation / information sharing activities
- Committee membership, terms of reference and meeting minutes
- Samples of questionnaires completed by stakeholders/users of the service and the analysis of results of such surveys
- Professional support unit specific projects undertaken
- Cross-institutional reports that the professional support unit has contributed to
- Professional support unit published reports
- Relevant InfoHub data reports specific to the professional support unit
- Workvivo, website and social media content, trends and analytic reports
- Stakeholder mapping exercises

Appendix 4: Conducting a Professional Support Unit SWOT Analysis

As part of the SAR preparation the professional support unit should conduct an all-staff exercise which will act as one of the inputs to the development of the Self-Assessment Report. This should be undertaken early, and the outputs should inform each section of the Self-Assessment Report. Professional support units may nominate an internal staff member or identify an external UCD staff member, outside the professional support unit or outside the University to facilitate the discussions which should be captured in a summary report and included as an appendix to the SAR. Professional support units are advised to structure the exercise in advance with the facilitator. Undertaking a SWOT will facilitate:

- An opportunity for the professional support unit to step back and look at the effectiveness of how it delivers on its work activity through its organisation structures, planning processes, communications and engagement and quality processes
- Identifying what works well within the professional support unit, including examples of good practice
- The identification and development of a shared understanding of the challenges of the professional support unit or sub-units or work processes that could work better
- Facilitate the identification and creation of new opportunities for future enhancement
- Enable the professional support unit to prioritise future actions
- Inform the writing of the Self-Assessment Report
- Facilitate the professional support unit in their discussions with the Review Group during their site visit

The following sample template is provided to support professional support units undertaking a SWOT

Sample SWOT Analysis Template

STRENGTHS

- ☐ What do we do well and why?
- ☐ What do our stakeholders/users of our service say we do well?
- ☐ What makes our service unique?
- ☐ What do we do better than anyone else?
- ☐ Is the unit's vision/mission clear and provides direction?
- ☐ What are the indicators of success?
- ☐ What skills do we have that no other unit has?
- ☐ What should be done the same way next time?
- ☐ What capabilities should we build on and invest in?

WEAKNESSES

- ☐ Where can we improve?
- ☐ What do our stakeholders/users of our service frequently complain about?
- ☐ Which problems are hard to address?
- ☐ What went badly and why?
- ☐ What should be done differently next time?
- ☐ Are our resources and equipment outdated or old?
- ☐ Are we lacking in staff, skills, or training?
- ☐ What do others do better than us?
- ☐ Do our weakness hinder our units operations?

OPPORTUNITIES

- ☐ What went unexpectedly well and why?
- ☐ Are stakeholder/users of the service needs shifting?
- ☐ Is there an untapped pain point or niche area for us to explore?
- ☐ Are there upcoming events/trends we could benefit from?
- ☐ How can engagement be increased?
- ☐ Are there potential new sources of financing?
- ☐ Any industry or economic trends that could benefit us?
- ☐ Any social or political trends that could benefit us?
- ☐ Any new technology that could benefit us?

THREATS

- ☐ What went unexpectedly badly and why?
- ☐ Why didn't we foresee what happened?
- ☐ Is our target stakeholder/users of service shrinking?
- ☐ What assumptions need to be checked?
- ☐ Any industry or economic trends that could work against us?
- ☐ Any social or political trends that could work against us?
- ☐ Any new technology that could work against us?

(Template taken and adapted from WordStream

<https://www.wordstream.com/blog/ws/2017/12/20/swot-analysis>)

A two-page summary should be prepared by the professional support unit that reflects the overall discussions, key outputs and recommendations for enhancement.

Appendix 5: Criteria to be considered when selecting External Reviewers

The following should be considered by the professional support unit when submitting nominees:

- Depth of reviewer expertise within the relevant professional area
- Representation of the breadth of knowledge 'strands' within the area
- Affiliation with world-class institution(s)
- Extent of senior leadership experience in comparable professional support unit and/or at institutional level
- External profile within the area - experience representing their institution on groups or within agencies at national or international levels
- Nominees provided should reflect the University's Gender Balance on Committees Policy (minimum 40% women and 40% men on all committees)
- Comfort in speaking and report-writing in the English language

Exclusions

Professional support units are asked not to nominate an external reviewer if any of the following criteria apply:

- Previous Review Group externs or nominees made by the professional support unit
- Current or recent partner (five years) in project collaborations or work activity with the professional support unit or associated staff
- Current or recent committee, board or working group member (five years)
- Conflict of interest regarding any relationship (personal or professional) with any professional support unit staff member or associated staff
- Former employee of UCD
- Any relationship the professional support unit or a member of the staff in the professional support unit has or had with a potential nominee must be declared by the head of unit prior to submission of external reviewer nomination

Please note: All Review Groups are overseen by the Academic Council Quality Enhancement Committee (ACQEC) on behalf of the University; the final decision on Review Group appointments is the responsibility of ACQEC.

Appendix 6: Nomination of External Reviewer (Template)

Name	
Position / Job Title	(please include link to Staff / LinkedIn Profile if available)
Gender	Male ☐ Female ☐
Institution	Name (include weblink): Relevant university rankings (QS World University Rankings):
Contact details	Address: Email: Telephone: Administrators contact details (if needed/relevant): Name: Email: Telephone:
Relevant professional experience	(please provide information on the proposed reviewer's relevant experience and why they are suitable for this review. Please include sufficient information to enable an informed decision to be made.)
Leadership Role(s)	(please provide information on any relevant leadership roles they have had both within and external to their current employer. This may include university leadership, director, or head of unit roles. Please include sufficient information to enable an informed decision to be made.)
Relationship with Unit	(please outline any formal links/relationship the professional support unit or individual staff members within the professional support unit may have had with the proposed reviewer.)
To the best of my knowledge, I confirm that the nominee has had no formal links with the professional support unit. Name (Print): Head of Professional Support Unit Name (Electronic Signature): Date: Click or tap to enter a date.	

Completed forms should be submitted to the UCD Quality office at qualityoffice@ucd.ie

Please note: All Review Groups are overseen by the Academic Council Quality Enhancement Committee (ACQEC) on behalf of the University; the final decision on Review Group appointments is the responsibility of ACQEC.

Appendix 7: Site Visit Timetable (Template)



Xx Name of Professional support unit name xx

Xx Dates of visit xx

Review Group Planning meeting	
Date:	
Location:	
17.00-19.00	Review Group (RG) meet to review preliminary issues and to confirm work schedule and assignment of tasks for the site visit – RG and UCDQO only – Include list of RG members and UCDQO Lead names.
19.30	Dinner hosted for the RG by the Registrar, Deputy President and Vice President for Academic Affairs or nominee – RG, Registrar, Deputy President and Vice President, Director of Quality, and UCDQO Lead only

Day 1 – Date:	
Location:	
09.00-09.30	RG only - meeting to review preliminary issues and to confirm work schedule and assignment of tasks for the site visit
09.30-10.30	RG meet with Vice President with responsibility for the professional support unit
10.30-10.45	RG only – key observations and preparation for next session
10.45-11.30	RG meet with head of professional support unit
11.30-11.45	RG only – Tea/Coffee break
11.45-13.00	RG meet with professional support unit staff teams including managerial, administrative, technical and other support staff as appropriate. This may be broken down by sections if applicable. List names of those attending and include work area/job titles.
13.00-13.45	RG only – Lunch
13.45-14.00	RG preparations for next session
14.00-15.15	RG meet with professional support unit staff teams including managerial, administrative, technical and other support staff as appropriate. This may be broken down by sections if applicable. List names of those attending and include job titles.
15.15-15.30	RG key observations and preparation for next session RG only – Tea/Coffee break
15.30-16.30	RG meet with professional support unit staff teams including managerial, administrative, technical and other support staff as appropriate. This may be broken down by sections if applicable.

	List names of those attending and include job titles.
16.30-17.00	RG - Tour of facilities
17.00-17.30	RG meet to identify any remaining aspects to be clarified and to finalise tasks for the following day
17.30	RG depart

Day 2 – Date:	
Location:	
09.00-09.30	RG preparations for next session
09.30-10.30	RG meet with Finance Manager and HR Partner
10.30-10.45	RG only – Tea/Coffee break
10.45-13.00	RG meet with stakeholders/users of service. This may be broken down by sections if applicable. List names of those attending and include job titles.
13.00-13.45	RG only – Lunch
13.45-14.00	RG preparations for next session
14.00-14.45	RG to meet with recently hired staff (appointed within the last 3 years)
14.45-15.15	RG meet with stakeholders/users of service. This may be broken down by sections if applicable. List names of those attending and include job titles.
15.15-15.30	RG key observations and preparation for next session RG only – Tea/Coffee break
15.30-17.00	RG meet with stakeholders/users of service. This may be broken down by sections if applicable. List names of those attending and include job titles.
17.00-17.30	RG meet to identify any remaining aspects to be clarified and to finalise tasks for the following day
17.30	RG depart

Day 3 – Date:	
Location:	
09.00-10.30	RG drafting session and exit preparation prep
10.30-10.45	RG only – Tea/Coffee break
10.45-13.00	RG drafting session and preparation for exit presentation
13.00-13.45	RG Working lunch
13.45-14.00	RG exit presentation preparation
14.00-14.15	RG meeting with Vice President of professional support unit to outline key findings (commendations and recommendations)
14.15-14.30	RG meeting with head of unit to outline key findings (commendations and recommendations)
14.30-15.00	RG transfer to larger room to present exit presentation to all available staff to outline key findings (commendations and recommendations)
15.00	RG depart

Appendix 8: Process Flow of Professional Support Unit Quality Review

