University College Dublin

Quality Improvement Plan

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UCD School of Medicine

October 2023

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1. **Introduction**

This Quality Improvement Plan has been developed by the School's Quality Review Team following consultation with the School's Quality Coordinating Committee and in response to the External Quality Review Report (July 2023) arising out of a site visit on 19th – 21st April 2023.

The School's Quality Coordinating Committee is re-affirmed as its Quality Improvement Committee for the purpose of managing the QIP process.

Actions arising from the External Review Groups recommendations are being incorporated into an Integrated School Plan which aims to capture all significant development activities. These quality improvement actions will be led by the relevant Associate Dean, Section Leader, Head of Subject and/or Director of Function as appropriate.

All proposed activities and commitments are subject to approval of the Head of School.

Report	RG Recommendation	Category	Action Taken/Action Planned/Reason for Not Implementing	Timescale
		**ORGANISATION, MANAGEMENT & STAFFING**		
2.18	Develop a comprehensive staff development plan, to deliver on the School's Strategic Plan 2021-25 and the objectives relating to equality, diversity and inclusion.	1	• Our Athena SWAN Bronze Award renewal application (June 2023) highlights the low number of applications for promotion from across the School. Our EDI committee has a Career Development working group who organise workshops to highlight promotion and encourage staff to apply. • In conjunction with the School's EDI Committee, the School will develop a Staff Development Plan to ensure that all staff are able to meet their full potential and assist in the implementation of our 2021-2025 Strategic Plan. • The School will liaise with UCD Research to identify need additional support needs of Clinical Academic Staff (including research grant writing and access to timely advice on queries regarding research grants). • The School will set aside an annual budget for staff development in order to support development needs arising via the annual P4G process. • The School recognises the impactful value of mentorship and will seek to proactively establish such a programme for our academic staff. (see also 2.20). *Note:* The School was presented with a renewed Athena SWAN Bronze award in November 2023	C
2.19	An agreed plan for the support and promotion of all staff, drawing on best practice from across the University including Performance for Growth (P4G) and Athena Swan review. This should be accompanied by a clear process for monitoring and review within the School's Quality Improvement Plan.	1	• As part of the P4G process, each member of staff in scope are encouraged to have an agreed development plan in place. • Engagement rates for P4G to be reviewed annually / themes to be gathered post P4G. • Encourage all people managers to identify themes arising from development plans. Any common themes across the School may be best supported by a targeted development programme supported by HR. (monitoring as above) • Aurora leadership programme – encourage applications from eligible female staff and ensure the programme is promoted internally via the School communications channels.	A

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3. Recommendations concerning inadequate staffing, and/or facilities which require recurrent or capital funding

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			ORGANISATION, MANAGEMENT & STAFFING	
2.20	Urgently addresses the gender inequality at senior academic ranks. An important initial step is implementation of a mentoring scheme with intersectional engagement. This approach would encourage promotion applications at all levels of the faculty development framework. A second step is to explore the ratio of clinical staff to academic staff workloads with the aim of ensuring an equitable approach to promotions	1	This is an area of particular concern for the School and is the focus of much of our EDI (Athena SWAN action plan). There are two particular action areas as identified by the Review Group. Mentoring Scheme – Academic Staff Section Leaders and our EDI Committee agree that a mentoring scheme is important as many academic staff, especially at lower ranks are so busy that applying for promotion is not prioritised. Section Leaders are encouraged to establish meaningful mentoring support for their staff (to be discussed at P4G reviews). Mentoring is a key focus of the School's Athena SWAN Action Plan. Explore Workload of Clinical v Academic Staff The workloads of Clinical and non-Clinical staff cannot be easily compared. As referenced above (see 2.6), the former are predominantly part-time and have a substantial clinical responsibility. As a result, Clinical Section Leaders have traditionally chosen not to apply the School's Academic Workload Model. However, it is important that the School and University understand that all clinical academic staff have less than full time academic commitments and this must be taken into account in assessing promotion applications.	B
2.21	A steering committee (or similar task and finish group) to consider the education and training needs of the Clinical Academic workforce. This is an urgent area of consideration for the School as it addresses succession planning for the Faculty and implications for streamlining and quality assuring the education that students receive on placement.	1	Identification of Training Needs – Clinical Academic Workforce The School will establish a working group to develop a comprehensive system for identifying the training needs of its clinical academic faculty. This is likely to be best captured via the University P4G routine. Succession Planning Each Section Leader will be tasked to provide an overview succession plan for their Section that highlights impending staff changes and informs the wider School Staff Development Plan. This will become an annual responsibility of Section Leaders.	B

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	ORGANISATION, MANAGEMENT & STAFFING			
2.22	Opportunities for progression for technical support staff is considered within the School's staff planning.	2	Arising from 2.9 above, the School will examine opportunities for technical support staff progression within the context of the School's Staff Development Plan. This action may be contingent on wide University HR considerations for support staff.	C
2.23	Develop a transparent plan with the College and University stakeholders to address the capital and revenue funding needs for the School over the next seven years.	3	The multi-annual funding of capital investment identified in 2.10 above is a matter for the University's Finance function. The School will constructively engage with the President & Bursar on this matter.	C

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	QUALITY OF PROGRAMMES & STUDENT LEARNING EXPERIENCE			
3.26	Strongly engage and prioritise the Student Voice by enhancing its current educational approach to quality assurance and evaluation. In doing so, the School should apply the principles of intersectionality to invest in the student support provision in the School. This approach recognises the diversity of the student body (neurodiversity, disability, international student community) and strengthens delivery of mental health services, better equipping the School's efforts for successful application for Athena Swan Silver Award in the future.	1	The current Associate Dean for Programmes established a Student Engagement Forum for Medicine Programmes (other UG degree programme directors did not consider a student forum necessary for a variety of reasons) in 2022/23 academic session. The aim was to provide a direct channel of engagement between a broad base of student representatives (including but not limited to SU class reps) and educational leadership in the medicine programmes. This Forum was inaugurated in 2022/23 academic session and will be grown and developed in the coming academic years. The ToR of this Forum were approved by the Medicine Programmes Board & in the first year, we achieved our foundation goals. We have recently appointed an Associate Dean for Student Affairs to further enhance the potential of this Forum in QI/QA processes. The School notes that the planning and resourcing of many student supports including those for mental health lie outside the School, with the UCD Dean of Students. The School strongly advocates for the adequate resourcing of these services and supports.	A
3.27	The Review Group recommends that the School urgently prioritises a medical curriculum and assessment review to meet the expectations of students, faculty, Health Service Executive and Irish Medical Council. This important undertaking would align with the College and University's vision and values for equitable and sustainable healthcare.	1	The School has recently (2021/2022) successfully completed a full Medical Council Accreditation review and inspection process, which includes approval of the Medicine degree programmes curriculum structure and outcomes by the Medical Council of Ireland. The School is engaged in a series of quality improvement projects to meet ongoing accreditation requirements, including curricular elements. Nonetheless, the School is committed to a major curriculum review which will commence in the academic year 2023/2024 [**Medicine 2030**]. This review will be led by the Associate Dean for Programmes & Educational Innovation, Dr Suzanne Donnelly and chaired by an independent extern, reporting to the Dean of Medicine. The project is anticipated to take approximately two full academic sessions and will align with the University's vision and values for equitable and sustainable healthcare, to which the School is also committed.	C
3.28	Exploration of evidence-based pedagogies such	1	RDGY41220 Cross sectional anatomy is already offered as an elective and is a fully online	A

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	as how anatomy teaching can be enhanced with the use of VR (which creates a 'live anatomy' learning experience) or the use of cross-sectional imaging in collaboration with Radiography.		module. Cross sectional imaging is introduced to Medicine students in RDGY10090 and also to GEM students in RDGY30470. The School has invested in 10 new ultrasound workstations to roll out sonographic anatomy to undergraduate medical students. The Anatomy unit has also created a new 5 credit option module ANAT30000 "Sonographic anatomy". Staff from Diagnostic imaging assist the professor of Anatomy with the delivery of this module.	
3.29	The Review Group recommends a strategic approach to student evaluation and feedback, grounding teaching and assessment practices in modern evidence-based pedagogies, working with students to create effective online materials that strengthen clinical learning and understanding of practice. This should maximise the use of the VLE (Brightspace) to improve learning access for all students. A similar recommendation in this regard was made during the last review but it was unclear to the Review Group whether any progress has been made.	1	The University has already taken a strategic approach to this issue. A major review of evaluation and feedback was recently conducted under the leadership of the Dean for Undergraduate Studies, Prof Marie Clarke. This identified weaknesses in the University's existing system of central collection of feedback, many of which were generally already known to those engaged in teaching and module coordination. This has been followed up with a pilot of a new student feedback system in 2022/23. We look forward to the implementation of an improved system designed with pedagogical best practice at its core. In addition, at School level, we are required by the Medical Council to collect and act upon regular feedback on the clinical learning environment and we have taken a systematic approach to this which includes an SOP for data collection & reporting and closing the feedback loop to students. Implementation ultimately rests with clinical academic faculty/ site and subject leads. In 2022/23, the Assoc. Dean for Programmes and the Technology Enhanced Learning team developed a multi faceted approach to improving the VLE experience in Medicine programme clinical modules which includes systematic instruction of the Special Lecturers & Clinical Tutors in VLE resource development and management. This resulted in an improved student experience for clinical modules and the development of a series of online materials for student success in learning. Building on this success, a specific VLE Enhancement partnership project will be undertaken for Medicine programmes via the Student Engagement Forum in the period 2023/25, a first objective of this will be to work	A

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			in partnership to describe and agree a set of standards for a quality VLE experience to serve as the basis for future audit and reporting. This approach could be extended across all programmes and reported to Degree Committees & our Programmes Board under a new VLE (or broader QI/QA) standing item.

There are a number of related issues regarding maximisation of the VLE for student learning raised in this and other action points. These intersect with our commitment to advancing Universal Design for Learning, (UDL) for which the School has a very active & successful UDL Faculty Partner and the highest number of UDL Badge holders (2022/2023 UCD ALL data) in the University.

Our EDI Committee strongly supports the use of online resources to assist students with their learning. | |
| 3.30 | The Review Group noted the faculty's concerns regarding lecture capture but recommends a review to optimise the use of Brightspace and develop specific online content to enhance and strengthen learning (e.g. the use of online platforms to deliver and complement neurology teaching was an example of good practice). This has the potential to achieve strategic objectives such as expanded student numbers, whilst ensuring high quality learning experiences across the cohort. | 1 | There are a number of aspects to this recommendation, some of which (relate to supporting student learning & UDL) are commented on above.

Our commitment is to excellence in teaching and student learning, however the specific issue of lecture capture is rather nuanced in a professional degree. This question has been reviewed regularly, including by the School Executive Management team. Opinions and evidence differ and there is no School policy – decisions are made & implemented at Section & Subject level.

There is a genuine (and data informed) concern about student attendance and potential disengagement in the post covid period which raises concern amongst faculty and subject leadership. Nonetheless, recorded resources to support learning are plentiful and have been developed by academic and clinical staff in partnership with the TEL team across many years. While the neurology videos are often cited, there are many excellent resources available on Brightspace which support quality of learning.

In view of this, the School proposes: | B |

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			1. Cataloguing resources already available within Brightspace which have been developed to support student learning 2. A review of their potential broader utility 3. We undertake a meaningful consultation with students on attendance/ engagement , to better understand the student perspective in the first instance . This would be undertaken via the student engagement forum (Medicine) or Degree Committees, and report findings to the Programmes Board and the School Executive. 4. Results to feed into the VLE development plan (as above)	
3.31	The Review Group recommends that the School prioritise student engagement by empowering students to take responsibility for their learning and drive constructive change to the learning experience at both the micro and macro level. To foster student engagement, the School will need to be responsive, close the feedback loop and ensure student representatives on various committees are clear on the solutions provided to the issues being raised.	1	Student engagement is a key ongoing priority for the School. Student feedback is collected at a module, subject, programme and site level. Additional structured feedback is collected at Programme Boards and at the Staff-Student Committee. Module coordinators and Heads of Subject are encouraged to provide meaningful feedback to students as appropriate. In addition to these existing routines, the School will: • Establish a Medicine Student Engagement Forum to provide additional opportunity for students to feedback their perspectives and questions. [Established at beginning of academic year 2022/2023] • Continue engagement with Student Societies (principally MedSoc and RadSoc) including meetings at the commencement of each academic year between the incoming Society Representatives and the relevant Associate Dean. [Ongoing] • Formal student representation on committees is determined by SU elections however class reps frequently do not engage or participate. The School will continue to encourage active participation and will engage directly with SU leadership in the event that Class Reps are not routinely participating in Programme Boards. • The Staff Student Committee will be invited to provide an annual report to the Dean and School Leadership on matters arising.	B

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3.32	Engages pro-actively with the impending geographic changes to healthcare delivery in Ireland to ensure the positive student experience is maintained. This may require a review and formalisation of agreements with local health providers for clinical placements.	1	This remains an area in which the School will maintain an active and ongoing interest. The Irish health system has been the subject of multiple organisational changes with further change expected[1]. The School's influencing in this area will be through its engagement with its clinical partners, the UCD Health Affairs directorate and through the Irish Medical Schools Council. Although it may be necessary to review and formalise agreements with healthcare providers for clinical placements, particularly in view of increased student numbers, the School notes that such a review has recently been conducted by the College. Further attention may be required arising out of the Curriculum Review process.	C
3.33	Increases its VLE use (e.g. Brightspace) in both teaching and assessment. Importantly, it should extensively engage with the students in these developments to understand their specific needs and requirements.	1	See 3.29 and 3.30 above.	D

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[1] *Change in the Irish health system is ongoing and continuous.*

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		QUALITY OF POSTGRADUATE RESEARCH EDUCATION AND RESEARCH ACTIVITY		
4.26	Prioritises research integrity and culture through its strategy, Shaping the Future - led by the Senior Team and empowering the Research Integrity Champions to ensure that all staff appreciate the importance of a positive research environment	1	The School of Medicine has two Research Integrity Champions, Dr Deborah Wallace and Dr Stephen Thorpe. Their roles are publicised on the School of Medicine- Research website. Dr Thorpe and Dr Wallace are members of the College of Health and Agricultural Sciences Responsible Conduct of Research Committee. In this role they have taken the following actions: • Conducted a review of Research Integrity and Research Culture content in all School of Medicine Modules. • Surveyed all module coordinators to see if research integrity or research culture are addressed in their module, and at what level. • Relevant module coordinators who deliver content which perhaps should include Research Integrity/Research Ethics in the module learning outcomes have been contacted. • Ensure that all students embarking on research projects of any form in the School of Medicine receive an introduction to Research Integrity and Research Culture as part of their research training. The CHAS Responsible Conduct of Research Committee is planning a half-day workshop on Authorship to be held in Autumn 2023. This workshop will involve several invited speakers and some activities for participants to consider how we deal with authorship in UCD CHAS and beyond. As part of the Conway Seminar Series two Research Culture or Research Integrity speakers are invited per annum. These talks are open to all and are publicised through the CHAS.	B

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4.27	Engages and liaises with UCD Graduate Studies to examine how research students can be better supported both within and beyond their supervision arrangements. The School should also seriously consider introducing a specific postgraduate studies committee to enable significant improvements in the experience of graduate research students.	1	The School of Medicine has two postgraduate studies committees to support and introduce improvements for graduate research students. The Biomedical Research Degree Committee (BRDC) supports PhD and MSc students. The purpose of the Biomedical Research Degree Committee is to create an environment that is supportive of our students and their supervisors. The committee comprises of 17 members who span the different sections in the school and include a student representative. The BRDC aims to provide the best possible experience for graduate research students and ensure all activities adhere to UCD academic regulations, policies and guidelines and that they follow best external standards for graduate research. The Clinical Research Degree Committee (CRDC) has responsibility for the design and delivery of the MD and MCh programmes, the approval of supervisory arrangements, and the outcomes of any assessments. The CRDC has 6 members, including 2 clinicians.	B
4.28	A review of research supervision to establish the most effective model to address concerns raised by students and researchers. This should seek to learn from best practice of student support, inform the need for co-supervision and address mechanisms to involve adjunct supervisors from the clinical services.	1	The School of Medicine is currently conducting a review of all students from the last 5 years who were unsuccessful at the examination stage and were required to 'revise and resubmit' their theses. In addition all students participating in a Stage Transfer Assessment will be given an opportunity to discuss any concerns they have about their supervisor with a panel of 3 academics who are separate from their Research Studies Panel.	B
4.29	Engages with UCD Human Resources to clarify the relevant processes for, and status of, postgraduate research students also employed as demonstrators.	1	In line with ministerial and IUA norms, the UMT agreed the principles of a paper discussed at UMT recently that UCD will remove requirements for PhD students to undertake tutoring, demonstrating, etc as an aspect of T&Cs for PhD scholarships. PhD Students may still be asked or even required to teach but will in future be paid separately.	A
4.30	Establishes formal recognition of the student voice, and seeks to close the student feedback loop with regard to past and future survey data. The School should define the process by which the student voice is captured, reported and acted upon (where appropriate) within the School.	1	Three student voice fora currently exist: - Directly via Module Coordinator & Module Administrator or Site Administration Manager - Student / Staff Forum - Medicine Student Engagement Forum	B

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			The School agrees that an overarching forum/report to summarise the main actions/outcomes arising from the "student feedback and closing the loop" would be useful. Many of the same issues are raised in different modules and similar solutions could be applied. Such a structure would provide an opportunity to clarify communications with Students (e.g. demonstrating "Your Feedback Matters").

Our EDI Committee would be delighted if the many student surveys could be streamlined so that a single survey could capture all or the majority of feedback sought by the School. | |
| 4.31 | Review of student financial support, PhD stipends, housing etc, to recognise and address ongoing concerns around the cost of living within Dublin. | 2 | School strongly supports this recommendation but recognises that this is a University policy matter. The School commits itself to advocating both within the University and with Research Funding Agencies. | B |

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	MANAGEMENT OF QUALITY AND ENHANCEMENT			
5.11	Review the diversity of its assessment strategies across undergraduate and postgraduate programmes. Future diversification of the student body should be reflected by a move away from over reliance on traditional assessment strategies, such as face-to-face MCQ examinations.	1	The ongoing Assessment Audit cycle 3 falls due in this academic year for medicine & will report as previously to Heads of Subject with findings and recommendations. Implementation rests with academic leads.	B
5.12	Consideration needs to be given to developing a stronger culture for educational scholarship within the School.	1	The School will continue to encourage educational scholarship particularly among those who are not otherwise research-active (and who often carry substantial teaching workloads). The School needs to report out what we are currently doing. Key limiting factors identified are (a) time (b) resources and (c) absence of senior academic medical education post. Progress in this area will be led by the Associate Dean for Programmes & Educational Innovation and will inform ongoing faculty development activities as part of our routine continuous improvement.	C
5.13	Address the lack of support for the technical support staff if it is not to jeopardize their essential work. As well as the critical need for additional officers and making all current officers permanent staff, creation of a Chief Technical Officer position within the School would also be highly appropriate.	1	Technical staffing levels are considered in the context of the normal School budgeting process. Note: A Chief Technical Officer role exists and has been filled since 2020. Also 8 of 11 Technical Staff are permanent; The three temporary technical staff are research-funded and are associated with Research institutes. They have been appointed within the last 2 years.	A
5.14	The specific career development of postdoctoral staff would be greatly enhanced if they were given more opportunities to teach within the School.	1	The School supports the appropriate participation of its postdoctoral community in teaching. To this end the School has an explicit policy in place and will continue to engage our postgraduate community as appropriate. Teaching opportunities for post-doctoral staff is often raised with our EDI committee.	A

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	SUPPORT SERVICES			
6.7	Urgently engages with UCD Research regarding the inadequate availability of post-award support and, if necessary, consider funding of a local solution (e.g. creating an additional administrative position to deal with these challenges).	2	The Associate Dean for Research, Innovation & Impact will engage as appropriate with UCD Research to establish what supports should be managed centrally (UCD Research) and what supports (including any additional supports) are best provided locally (e.g. via UCD Medicine Research, UCD Clinical Research Centre, Research Institutes, etc.).	C
6.8	Prioritises the hiring of an additional student advisor. This will ensure that current excellent standards of student support are maintained with ever increasing demands from the expanding student community.	2,3	Student Advisors are recruited by the UCD Dean of Students not by individual Schools. The School strongly endorses the work of the current Student Advisor and will continuously advocate for increased resource in this area. The School has provided data justifying additional student advisor for expanded Medicine student numbers to the Head, UCD Student Advisors.	D
6.9	The Review Group recommends that the School improves communication across the School to prevent this unnecessary increase in workload for support service teams.	1	The School fosters positive relationships and continual communication with central UCD support service units. It is understood that this recommendation specifically relates to an area of Registry and the Library. Actions arising include: • A meeting has been organised in Trimester 1 with colleagues in the Student Registration, Fees & Data Operations Unit within Registry to review and enhance the registration process for undergraduate students, with a focus on clinical advancement. Such meetings will be held annually to commence registration planning earlier. • In order to enhance two-way communications with the Library, the CHAS College Liaison Librarian will be invited to join the School's Teaching & Learning Committee (if this committee is re-established). • The School's EDI website has been updated recently to list support services available for both staff and students. It will aim to keep this list of support services up to date and accessible to all staff.	C

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6.10	Make greater use of IT support services and technology (e.g. increased use of lecture recordings). Additionally, more online materials in the form of short 5-10 minute video clips would help all students in both their revision and deeper understanding of subject material.	1	See actions above – 3.29, 3.30 and 3.33.	-
6.11	Greater inclusion of support service teams in the day-to-day running of the School (e.g. the UCD Library does not have representation on any School educational committees) and involvement of support services would be very beneficial in any future curriculum review.	1	The School enthusiastically welcomes the input of support service teams in the day-to-day running of the School. We particularly acknowledge the work of both the UCD Student Advisor and the UCD Library Liaison. We are conscious that both individuals have many competing priorities and attendance at School committees may not be the best use of their time or provide the best opportunity to engage. The School will consider the re-establishment of the previous Teaching & Learning Strategy Committee to consider if such a forum might assist engagement of support services more generally.	C

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			EXTERNAL RELATIONS	
7.13	Review of international links with regard to research and education. The School could consider formalisation of some international strategic links for future benefit.	1	The School will consider the extent to which it formalises existing and future international collaborations in both research and education under the direction of the Associate Dean for International Relations. The Dean has supported a faculty development opportunity at the American College of Graduate Medical Education.	C
7.14	Consideration of a communications strategy that takes account of internal and external stakeholder needs. This should include links with the Research Institutes, Hospital sites and GP practices.	1	The School Marketing & Communication Team will draft a new School Marketing and Communications Strategy by adopting the following approach: Communications Strategy • Review the SoM Strategic Plan 21-25 and extract the strategic objectives relevant to the M&C functions. • Conduct a Brand and Reputation survey with key SoM staff (representing our Research Institutes, Hospital sites, professional staff, academic leads and GP practices). • Create the M&C Communications Plan. • Review School Communications Plan once institutional-level strategies are ready in 2024/25. Key communication objectives • Through consultation, determine the key communication objectives. • Define the internal and external audiences. • Determine the content that resonates with each audience segment. • Align the audience segments with the most appropriate communication channels and schedule accordingly. Tactics • Produce and deploy agreed activity. • Establish Key Performance Indicators (KPIs) for School Communications. • Test, evaluate and improve efficacy of engagement and performance activity.	C

Categories

1. Recommendations concerning academic, organisational and other matters which are entirely under the control of the unit
2. Recommendations concerning shortcomings in services, procedures and facilities which are outside the control of the unit
3. Recommendations concerning inadequate staffing, and/or facilities which require recurrent or capital funding

Timescale

A. Recommendation already implemented
B. Recommendations to be implemented within one year
C. Recommendations to be implemented within five years
D. Recommendations which will not be implemented

3.   **Prioritised Resource Requirements**

This section should only contain a list, prioritised by the Quality Improvement Committee, of recommendations outlined in the Review Group Report, which require additional resources. The planned action to address each recommendation with an estimate of the cost involved should also be included:

Any identified additional resource needs will be incorporated into the School's multi-annual staff plan and capital development plan.

Note: The Quality Improvement Plan should be used to inform Unit and College level academic, support service and resource planning activities.