



University College Dublin

**Handbook on the Cyclical Review of the Effectiveness
of a Linked Provider's QA Procedures**



**UCD Quality Office
January 2025**

Approved, ACEC 13th March 2025

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1. Introduction and Context for UCD Quality Review of its Linked Providers

The aim of the quality review process at University College Dublin is to continue to promote an ongoing culture of quality enhancement throughout the University. The process reflects an embedded and dynamic process that is continuous, reflective, inclusive and enhancement focused. It reflects the European Standards and Guidelines for Quality Assurance (ESG, 2015) 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 society

The implementation of its quality processes 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). 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's Strategy.

Under the *Qualifications and Quality Assurance (Education and Training) Act 2012, Part 3, Quality Assurance (hereinafter referred to as the 2012 Act)*, UCD in its role as a DAB has specific responsibility towards its Linked Providers (LPs). An LP (or Recognised College under UCD Statute 11) is an education provider that is not a DAB but enters an arrangement with a DAB through which the LP delivers programmes of education and training that satisfy all or part of the prerequisites for an award of the DAB.

The 2012 Act requires that:

- the LP must have documented quality assurance procedures in place that have been approved by the DAB and are regularly monitored;
- the DAB regularly reviews the effectiveness of these quality assurance procedures (Section 37 of the 2012 Act);
- the DAB may issue Directions or recommendations for enhancement, if required, following review;
- the DAB establishes provisions for the appointment of an appeals person for the purpose of hearing an appeal; and
- the DAB establishes provisions for the withdrawal of approval of a LP's quality assurance procedures.

This Handbook outlines the UCD process to review the effectiveness of a LPs quality assurance procedures that have been previously approved by the DAB. It is an evidenced-based approach that requires the LP to undertake a broad, institutional reflection on the effectiveness of its existing quality processes in maintaining the integrity and academic standards of the DABs awards and their recognition within the National Framework of Qualifications (NFQ), how it supports learners within their programme of learning, and to consider whether they are contributing to the continued development and embedding of a quality culture within its institution. UCD is required under the 2012 Act to conduct this review:

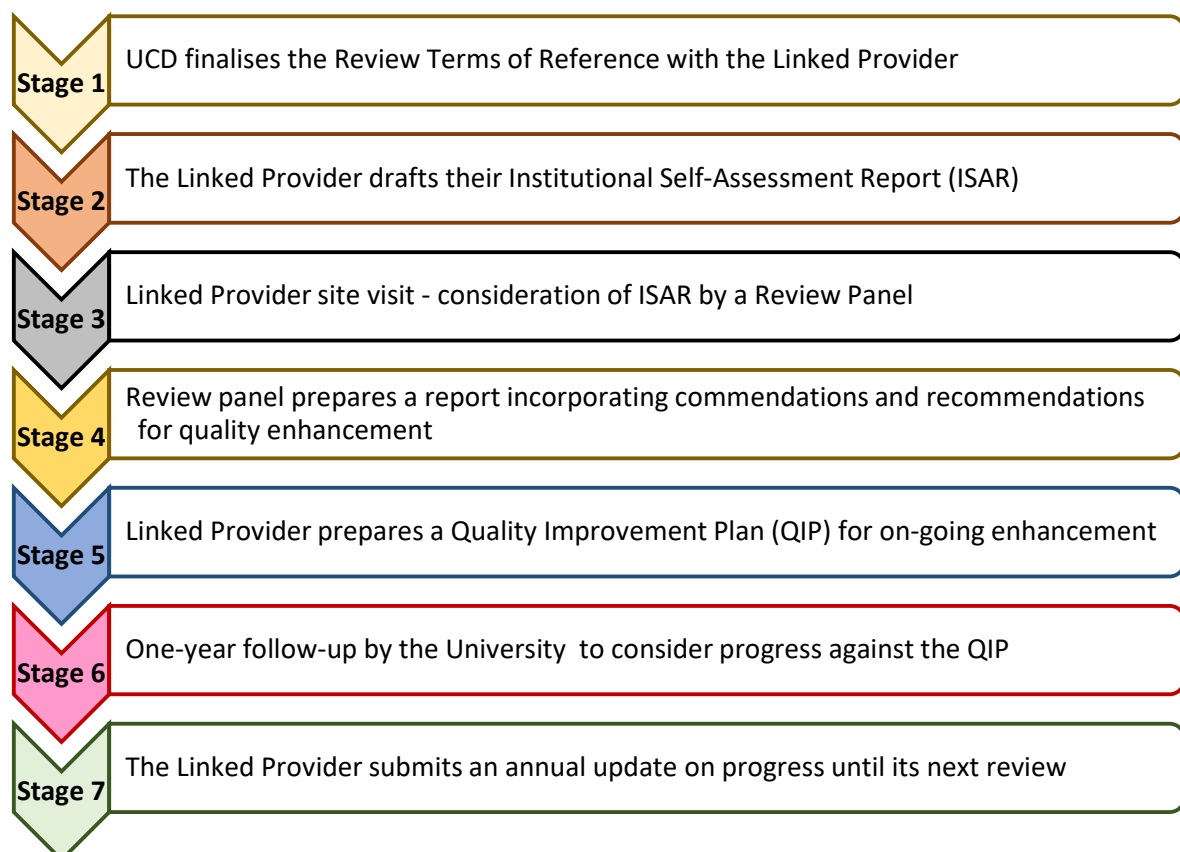
- a) at least once every 7 years (from the issue of quality assurance guidelines); or
- b) from time to time as the Designated Awarding Body thinks appropriate.

The development of this Handbook has been informed by:

- Qualifications and Quality Assurance Act (2012), as amended
- UCD Quality Assurance and Quality Enhancement Policy
- UCD Quality Review Procedures
- UCD Statutes
- QQI Policy for Cyclical Review of Higher Education Institutions (February 2016)
- QQI Sector Specific QA Guidelines for Designated Awarding Bodies
- QQI Core Statutory QA Guidelines (April 2016)
- IHEQN Principles for review the effectiveness of quality assurance procedures in Irish Higher Education and training (2007)
- Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)

2. Outline of the Review Process

The overall aim of the institutional-level LP quality review process is to review the effectiveness of the institution's quality assurance procedures. Prior to commencing the review, UCD will, following consultation with the LP, finalise the Terms of Reference for the institutional review. The starting point for the review will be the LP's last review, if applicable. The key stages are:



3. Indicative Timeframe for the Process

The following provides a timeframe overview of the process. Further detail is provided in [Appendix 1](#).

Phase 1: November – December (preceding year of review)

- The Registrar will formally notify the LP of its review date commencement
- The LP will confirm their Institutional Lead with UCD
- The UCD Director of Quality will liaise with the LP to finalise the Terms of Reference for review
- Terms of Reference for review

Phase 2: January – June (year of review)

- The UCD Quality Office (UCDQO) will brief the Institutional Lead
- The LP will confirm its ISAR Committee, nominate proposed external expert panel nominees and proposed site visit date by end of March
- The LP will commence work on its ISAR based on the template in [Appendix 2](#)
- UCD will appoint the institutional review panel

Phase 3: June – September/ February of following year (year of review)

- LP ISAR Committee will continue preparation of the ISAR, including consultation with all institutional staff, students and other stakeholders. Staff should also have opportunity to provide feedback on the draft report
- Institutional Lead will engage with UCDQO on any queries on the review process or draft report which must be submitted six weeks prior to the site visit
- UCDQO and Institutional Lead will co-ordinate the site visit

Phase 4: October-November/March-June of following year (year of review)

- Site visit takes place
- Review Panel meets LP and DAB (UCD) representatives, requests additional information and provides summary of their findings at the site visit conclusion

Phase 5: January-February /June- July of following year (year of review)

- Review Panel drafts report and submits to DAB
- DAB liaises with LP for factual error and commentary on the panel report
- DAB finalizes the report and circulates to LP, UCD's UMT, ACQEC, Governing Authority and QQI
- LP will circulate the report to its governance structures
- Where a direction is made by the review panel it must be immediately addressed by the LP
- DAB and LP publish the report on their individual websites

Phase 6: March/ August of following year and onwards (year following review)

- LP prepares its quality improvement plan and addresses the recommendations in accordance with its internal governance and academic processes
- LP provides progress report to UCD
- LP provides update report to UCD annually until its next institutional review

4. Stage 1: Commencement of the Process and Finalisation of Terms of Reference

Following formal notification from the UCD Registrar/Deputy President/Vice President for Academic Affairs, the UCD Director of Quality will hold a meeting with the Head (Director, President, CEO, etc.) of the LP (normally in January) to discuss the review process and to finalise the Terms of Reference for the institutional review prior to the commencement of the process. These will include but are not limited to:

- Does the LP have appropriate structures, policies and procedures in place to meet its legal, reputation and compliance requirements. Are these adequately resourced and what evidence has the LP to ensure that they are effective in practice?
- How effectively does the LP fulfil its responsibilities for the management of its academic standards? How are these aligned with or informed by UCD's academic governance, academic policies, and Academic Regulations? How does the LP assure that its programmes are aligned with NFQ requirements?
- How does the LP support its cohort of learners? How does the institution demonstrate through its processes that it meets its responsibilities under the requirements of the International Education Mark (IEM)?
- How effective are the LP internal quality assurance processes and the degree to which their outcomes are used in decision making and strategic management (in the context of quality assurance and enhancement of education provision)
- How effectively does the LP fulfil its responsibilities for managing and enhancing the quality of learning opportunities?
- How effectively does the LP communicate public information about itself and the learning opportunities that it provides to students?
- The review will also consider how the LP discharges its responsibilities for QA within the context of its formal agreement with UCD?

The LP will also nominate an Institutional Lead who will liaise with the UCDQO.

5. Stage 2: Preparation of the Institutional Self-Assessment Report (ISAR)

5.1. Briefing with the Linked Provider

The UCDQO representative will liaise with the Institutional Lead to discuss the review process, the review schedule, and to agree timelines for the review, including submission of required information/documentation. They are also available to provide a briefing on the process to the LP ISAR Co-ordinating Committee or staff in the LP.

5.2. Establishment of the Institutional Self-Assessment Report Co-ordinating Committee (ISARCC)

At the outset of the review process, the LP will form an Institutional Self-Assessment Report Co-ordinating Committee (ISARCC) which is responsible for the preparation of the Institutional Self-Assessment Report (ISAR). The ISARCC should be operational and not too large (e.g. max. 10 members). It should be broadly representative of the key staff involved in the management of quality assurance and enhancement in relation to teaching, research and support services across the institution. The ISARCC should include:

- a senior member of staff, who should Chair the ISARCC and act as the liaison with the appointed UCD Quality Office Lead for the review. Typically, responsibility for the preparation of the various sections of the ISAR, should, as appropriate, be distributed between the members of the ISARCC (excluding the student representative)
- at least one additional senior member of staff
- a student, preferably a postgraduate student who is a recent graduate of the institution
- representative staff who manage quality and enhancement across teaching, research and support services

While students are full members of the ISARCC, care should be taken on managing their workload. There should be meaningful internal consultation across the institution and staff should be periodically updated as the ISAR develops. Conducting a LP SWOT analysis, the use of focus groups, surveys and regular updates through the LPs communication channels are possible mechanisms to ensure wider ownership and engagement with staff. Staff should also have access to the final ISAR copy.

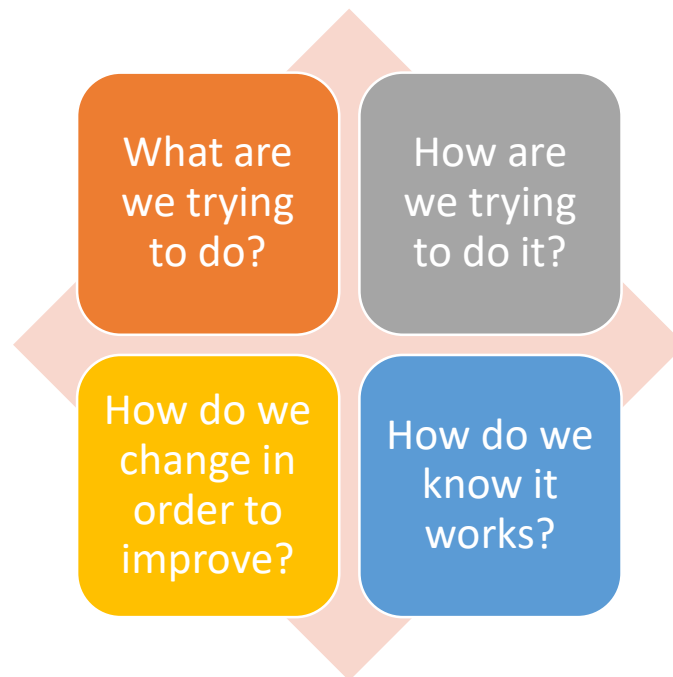
Before making a detailed plan for the self-assessment, the ISARCC should read this Handbook carefully, discuss the approach with their colleagues, and consult with the UCDQO. The list of members of the ISARCC must be provided to the UCDQO. The LP Institutional Lead and UCD Quality Office Lead should agree the site visit date (1 week), which informs the ISAR submission date, and also agree provisional dates for formal meetings of the ISARCC. A member of the UCDQO should be invited to the first meeting of the ISARCC, and thereafter, to appropriate meetings to provide advice and guidance, to monitor progress and to review drafts of the ISAR. Regular communication between the UCDQO and the ISARCC is important.

In parallel with the agreement on the date of the site visit for the review, a list of external nominees should be identified and agreed by the LP through the ISARCC and forwarded to the UCD Quality Office Lead. Further information on this is provided under Section 5.4 Review Panel Composition.

5.3. Writing the Institutional Self-Assessment Report (ISAR)

The self-assessment preparation should provide an analytical self-reflection on the effectiveness of the LP's quality assurance procedures – that is, the LP's approach to the management of academic standards, the management and enhancement of the quality of learning opportunities, and the public information about its higher education provision. It should make appropriate reference to the Memorandum of Agreement with UCD (and included the latest version with the associated Appendices). The self-assessment should contain an evaluative, self-critical commentary, supported by quantitative and qualitative evidence. An ISAR template is provided in [Appendix 2](#).

During the preparation of the ISAR, the LP will consider the following questions as it reflects on its activities and core objectives and assesses their effectiveness.



An effective self-assessment report is key to the LP gaining benefit from the quality review process and to the smooth running of the review site visit. The ISAR should not normally involve the production of significant amounts of new written material; existing (current) evidence should be used wherever possible. In managing their higher education provision, a LP should have a range of policies, supported by procedures for implementing them, as outlined in their Quality Manual, evidence that they are being carried out and that enhancements to provision are being made. It should also demonstrate how these are aligned with UCD academic governance, policies and procedures. A LP should also have established processes for evaluating the effectiveness of the policies and procedures for quality assurance, as well as internal processes for reviewing its own activity. The LP 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. To complement the ISAR, additional relevant material should be made available in the Appendices, as well as during the site visit (including additional information or documentation that may be requested by the Review Panel).

The self-assessment methodology used should be flexible, scalable and appropriate to the institution. The internal reflective process will typically take a considerable time to plan and articulate. At a minimum, UCD would suggest that a period of 9-12 months in advance of the site visit is designated to draft the ISAR and consult within the institution on it.

The ISAR template provided in [Appendix 2](#) should be used to structure the ISAR, via the following section headings:

1. Executive Summary
2. Introduction and Methodology to Preparing the ISAR
3. Update on Implementation from the Previous LP Institutional Review
4. LP Management of Academic Standards
5. Quality of Learning Opportunities
6. Management of Quality Enhancement
7. Public Information
8. Alignment with QQI Core Statutory QA Guidelines and ESG
9. Summary of Linked Provider SWOT Analysis
Appendices

Examples of possible additional supporting documentation that may be included with the ISAR and/or made available to the Review Panel during the site visit should be discussed with the UCD Quality Office lead.

The ISAR should not be a lengthy document, and it is recommended that it typically be no longer than 60 pages, excluding appendices. Referencing of all supporting documentation should be provided with a numbered master list of documents. Where the LP identifies an area requiring enhancement this should be included in the ISAR, but it should also identify proposed or ongoing remedial actions. All staff within the LP should have an opportunity to comment on the ISAR prior to its finalisation. Six bound copies of the ISAR, with appendices and one electronic copy, should be delivered to the UCD Quality Office Lead, at least six weeks in advance of the site visit. A copy of the ISAR should be circulated by the Chair of the ISARCC to all staff of the LP prior to the site visit. The ISAR is not a public document and has a restricted circulation to the LP under review, the Review Panel, the UCD President, Registrar/Deputy President/Vice President for Academic Affairs and the UCD Quality Office.

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

- LP, UCD and other national legislative requirements e.g. UCD Statutes, academic governance requirements, policies and procedures, LP governance, policies and procedures, UCD/LP MOU,

Government legislation, QQI Guidelines and sector specific policies and requirements

- 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.
- LP Policies and Procedures and their relationship with UCD Policies and Procedures
- LP strategic plan, which should be included as an appendix to the ISAR
- Standard Operating Procedures (SOPs), 'How To' documentation, and other relevant LP reports
- A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis should be undertaken by the LP early in the quality review process.
- Stakeholder feedback from those who engage with the LP and may include (but not limited to) internal sources such as the LP's own staff, UCD staff, students and/or external sources such as employers, graduates, community groups, government agencies. There are many ways to gather stakeholder feedback e.g. peer review, interviews, workshops, focus groups and/or surveys. 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 ISAR.
- Benchmarking, where appropriate. The benchmarking exercise should assist a LP in looking forward and planning where enhancement should be focused. Learning from this comparative exercise should inform what changes the LP may introduce or reasonably aspire to implementing. LPs are asked not to benchmark against the institutions of their external Review Panel nominees/members.

Additional documentation should also be made available to the Review Panel such as relevant internal LP reports, data reports, learner statistics, learner supports. The UCD Quality Office Lead will provide additional advice.

5.4. Review Panel

5.4.1 Role of the Review Panel

The role of the Review Panel is to evaluate the LP's quality assurance provision, and its effectiveness as documented in its ISAR, to meet with relevant stakeholders, and present their findings in a report. The RP are required to:

- Assess whether the quality assurance procedures of the LP are effective/not effective;
- As appropriate, recommend acceptance of the LP's QA Procedures to the University, or acceptance with conditions, or recommend non-acceptance;
- Identify areas of good practice or areas for enhancement through its commendations and recommendations.

5.4.2 Review Panel Composition

The Review Panel 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 Panel members is that a list of proposed external nominees should be identified and agreed by the ISARCC and forwarded by the Chair of the ISARCC to the UCD Quality Office Lead by an agreed deadline. The list of proposed reviewers will be initially considered

by the UCDQO, prior to referral to a sub-group of the UCD Academic Council Quality Enhancement Committee (ACQEC) established for the purpose of instituting Review Panels for LP review. External nominees may be removed from the list and/or additional nominees may be added by UCD. If the LP under review does not provide nominees for consideration, by the agreed deadline, the UCDQO, in consultation with the UCD ACQEC Sub-Group (and as appropriate, the UCD Registrar/Deputy President/Vice President for Academic Affairs), will establish the Review Panel.

[Appendix 3](#) 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 4](#). Typically, there will be at least four members on the Review Panel:

- at least one senior UCD representative who will chair the review
- two or three external members
- if appropriate, an independent student Review Panel member may be considered (not a student or a former student of a LP)

As with the QQI external review of Irish universities, the Review Panel membership will not include a representative from the institution under review. UCD will have the final determination regarding the composition of the Review Panel.

The LP should have no contact with any nominee or member of the Review Panel before or following the site visit, until the Review Panel Report has been finalised. All communication between the Review Panel members and the LP must go through the UCD Quality Office Lead.

6. Stage 3: Site Visit

The site visit by the Review Panel will normally take place over three or four consecutive days. It is designed to allow reviewers to consider evidence and to meet the LP's staff, students and other stakeholders. Reviewers do not observe teaching and other learning opportunities; however, the site visit should take place during the teaching term when staff, students and other stakeholders are available to meet with the Review Panel. Close liaison is required between the Chair of the ISARCC and the UCD Quality Office Lead with respect to planning the site visit.

6.1. Planning the Site Visit

The site visit is preceded by an online planning meeting involving the UCD Quality Office Lead and the Review Panel which takes place two weeks before the site visit. In preparation for this meeting and the site visit, each member of the Review Panel will be requested to conduct their own desk-based analysis of the ISAR and supporting documentation. Review Panel members will be asked to provide preliminary comments arising from their initial analysis, including requests for additional documentation/material. Each Review Panel member will be asked to submit initial comments on a template provided by the UCDQO. The comments will be collated by the UCDQO in advance of the initial Review Panel planning meeting.

An indicative 3-day site visit timetable is set out in [Appendix 5](#). The LP is encouraged to ensure that the Review Panel meets a wide variety of staff and students from all levels of the institution.

A suitable room must be provided by the LP for the use of the Review Panel during the site visit. Documents such as management reports, sample exam papers/scripts, or any other relevant material should be made available to the Review Panel in the meeting room. Further guidance in relation to supporting documentation is available from the UCDQO. Catering for the Review Panel site visit is the responsibility of the LP under review – the UCDQO will provide information on any dietary requirements for Review Panel members.

The Chair of the ISARCC and the UCD Quality Office Lead should discuss the detailed schedule for the site visit, including the timings of the stakeholder meetings, and the invitees to these meetings. It is the responsibility of the LP to invite proposed attendees to the relevant meetings and confirm attendance with the UCD Quality Office Lead. The final draft site visit timetable should be complete two weeks before the site visit. LPs should note, however, that the Review Panel may request changes to the timetable that may include changes in attendees up to and including 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 Panel Report and the exit presentation by the Review Panel. Final approval of the timetable for the site visit lies with the Review Panel Chair.

6.2. Exit Presentation

Typically, one of the external Review Panel members or the Chair will make the exit presentation to the LP. This will be a brief presentation of the preliminary findings of the Review Panel and will not involve discussion with the LP, as these initial findings may be modified in the light of subsequent reflection and discussion by the Review Panel. All staff members of the LP should be invited to attend the exit presentation. No recording of the exit presentation should be made by either UCD, its LP or exit presentation attendee.

7. Stage 4: Review Panel Report (RPR)

The Review Panel Report (RPR) is prepared by the Review Panel, and is informed by the ISAR, supporting documentation, the site visit to the LP, and the Review Panel findings. The structure of the RPR will broadly reflect that of the LP's ISAR. The Review Panel will present its findings and make several commendations and recommendations for enhancement. The Review Panel Report is an independent document prepared by and agreed by the Review Panel members. The Review Panel will normally complete a first draft of the RPR before the conclusion of the site visit.

In addition to their commendations and recommendations, the Review Panel may also issue a Direction that will require compliance by the LP and evidence of action/implementation within a specified timeframe. Under Section 37 of the 2012 Act, where UCD has carried out an institutional review, it may, following consultation with the LP concerned, issue (via the Review Panel Report) such Directions to that LP as it thinks appropriate, in relation to the effectiveness of the quality assurance procedures established by that LP under section 28 and the implementation by that LP of those procedures (section 38 (1)). Where a Direction is issued under section 38 (1) to a LP, the LP shall comply with the Direction (section 38 (2)). The LP under section 38 (3) will provide UCD, having issued a Direction under section 38 (1), with information when requested to do so, regarding the compliance by that LP with the Direction which must be completed as soon as possible. If necessary, an update on progress should be provided by the LP via its Quality Improvement Plan, and through Progress Review and Annual Monitoring.

Commentary by the Review Panel 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 Panel and submitted to the UCD Quality Office Lead as soon as possible following the site visit, normally within 6 weeks. It is important during this time that the Review Panel should not contact the LP regarding any matter relating to the review. Any request should be communicated through the UCDQO.

Following confirmation by all Review Panel members that the draft of the RPR is approved, the UCDQO will circulate the draft report to the LP for correction of any factual errors and a brief response (not to exceed two pages) relating to the report's commendations and recommendations (and Direction(s) if relevant), which will be appended to the Review Panel Report. This is not an opportunity to open dialogue on issues covered during the site visit. The LP will have an opportunity to address specific recommendations and/or issues in the Quality Improvement Plan. Any subsequent communication between the UCDQO and the LP under review, about any aspect of the review, shall be via the Chair of the ISARCC.

The UCDQO will finalise the Review Panel Report by correcting any factual errors and appending the LP response as an appendix to the Report. The Report is now final.

The UCD Director of Quality sends copies of the final Review Panel Report to the Head of the LP for dissemination, consideration and processing through the appropriate management and governance bodies of the LP. Staff should also have access to the report.

Within UCD, the UCD Director of Quality also sends copies of the final Review Panel Report to the UCD President, Registrar/Deputy President/Vice President for Academic Affairs, and relevant University Officer(s) including, the Review Panel members, ACQEC and any other persons authorised by the UCD President/Registrar and QQI (as required under the 2012 Act). The Review Panel Report will be considered initially by the UCD University Management Team (UMT). The UCD Registrar/Deputy President/Vice President for Academic Affairs or Chair of the Review Panel will present the report to UMT and co-ordinate UMT's commentary. The Review Panel Report will then be considered by the UCD Governing Authority and then published on the UCDQO website (www.ucd.ie/quality), and the LP website. The Review Panel Report will also be considered by UCD Academic Council Quality Enhancement Committee (ACQEC).

8. Stage 5: Quality Improvement Plan (QIP)

Follow-up is an integral part of the review process. The decisions on enhancement, which are made in the follow-up to self-assessment and review, provide a framework within which each LP can continue to work toward the goal of developing and fostering a quality culture in the institution. The LP, upon receipt of the Review Panel Report and following a briefing meeting with the UCDQO, will establish a Quality Improvement Committee. The Quality Improvement Committee will arrange to have a Quality Improvement Plan (QIP) drafted within twelve weeks, to address each of the Review Panel Report recommendations. The QIP will identify how the LP will act on the findings of the review and must be approved by the governing board of the LP. Further guidance on preparing the QIP is available from the UCDQO. LPs submitting QIPs should ensure that there is sufficient detail in the planned actions or actions taken under each recommendation, to allow a reasonable judgement to be made as to whether

that action adequately addresses the recommendation. Where recommendations made by the review panel require action by UCD, the LP should engage directly with the University and agree any required actions.

Upon receipt of the QIP, the UCDQO will arrange to have the QIP considered by the Chair of the Review Panel (and/or a sub-group of the UCD ACQEC or other UCD body), to determine whether the actions taken or planned are appropriate to address each of the Review Panel Report recommendations. The UCDQO and/or the Chair of the Review Panel may consult with other UCD staff to clarify any issues if necessary. As appropriate, UCD may meet with the LP to discuss the planned actions.

Upon acceptance, the QIP will be published on the UCD website (www.ucd.ie/quality) and the LP website, alongside the relevant Review Panel Report. A report on the QIP will be forwarded by the UCDQO for consideration by the UCD UMT.

9. Stage 6: Linked Provider Progress Review Report

Approximately 12 months after the QIP has been accepted, the LP will be asked to prepare a QIP Progress Review Report with an updated commentary on the implementation of the QIP actions. The UCDQO will provide guidance on the preparation of the QIP Progress Review Report. The commentary, with the LP's QIP Progress Review Report, should be forwarded to the UCD Quality Office Lead, by an agreed deadline.

Upon receipt of the commentary and QIP Progress Review Report, the UCDQO will convene a progress review meeting. This meeting will normally be chaired by the UCD Registrar/Deputy President/Vice President for Academic Affairs and will typically include the Director of Quality, the Review Panel Chair, a maximum of four representatives from the LP (to include the LP Head or Senior nominee, and Institutional Lead), and a representative from the UCDQO.

The meeting will consider the actions taken by the Linked Provider, and where appropriate, other University bodies, to address the Review Panel Report recommendations. The aim of the meeting is to confirm that all recommendations for improvement arising from the review process, have been, or will be dealt with appropriately.

10. Stage 7: Annual Monitoring

Following the Progress Review Meeting, the LP is required to submit a QIP Annual Monitoring Report on progress against the QIP. This report should be submitted to the UCD Quality Office Lead and will be considered by ACQEC. This is in addition to the annual updates to a LP's QA Procedures. ACQEC may provide feedback/commentary on the annual report which will be forwarded to the LP by the UCDQO. The LP will be required to respond to ACQEC via the UCDQO. Annual monitoring will continue until all recommendations have been addressed or the LP is due to commence its next review.

In certain circumstances, where an LP fails to submit their annual report or address several recommendations, ACQEC may recommend a further review, additional reports/monitoring or Withdrawal of Approval (Section 11.2). The UCDQO will provide further information to the LP as required.

11. Additional Responsibilities of UCD in its role as a Designated Awarding Body (Qualifications and Quality Assurance Act, 2012 (QQA Act, 2012))

As outlined in Section 1, UCD as a Designated Awarding Body has legislative responsibility under the Qualifications and Quality Assurance Act, 2012 for its LPs and maintaining the integrity of its awards.

11.1. Direction(s) made by UCD as a Designated Awarding Body

In certain circumstances UCD may issue a Direction(s) to a LP following its review. This is separate to the LP Review Panel recommendations but as advised by the Review Panel. An LP is required to comply with a Direction(s) under Section 38 of the QQA Act, 2012, including the provision of information to UCD of its compliance.

Where a LP fails to comply with a Direction(s) or the University becomes aware of significant deficiencies within the LP on the implementation of its quality assurance procedures, UCD may withdraw its approval of a LP's quality assurance procedures under Section 39 of the 2012 Act. UCD is also formally required to notify QQI of any such withdrawal.

11.2. Withdrawal of Approval

UCD shall, by notice in writing, inform the LP (and QQI) that it proposes to withdraw its approval of the procedures established by the LP under *section 28* and state the reasons for the proposed withdrawal. A notice under *section 39 (1)* shall state that the LP may submit observations in writing to UCD in relation to reasons for the proposed withdrawal set out in the notice, not later than one month after the service of the notice on the LP (*section 39 (2)*).

Where, after consideration of any observations submitted to UCD under *section 39 (2)*, UCD continues to consider that paragraph (a) or (b) of *section 39 (1)* applies, UCD shall withdraw its approval of the procedures established by the LP under *section 28*, by notice in writing addressed to the LP, from such date (not earlier than the date of service on the LP of the notice of withdrawal) as it considers appropriate and as is specified in the notice (*section 39 (3)*). A notice under *section 39 (3)* shall state the reasons for the withdrawal referred to in that subsection (*section 39 (4)*).

Section 39 (5) states that where UCD (a Designated Awarding Body) withdraws approval under *Section 39 (3)*, the LP concerned may appeal against that withdrawal to an independent appeals person appointed by UCD for that purpose. A hearing to consider the appeal will take place as required by Section 39.

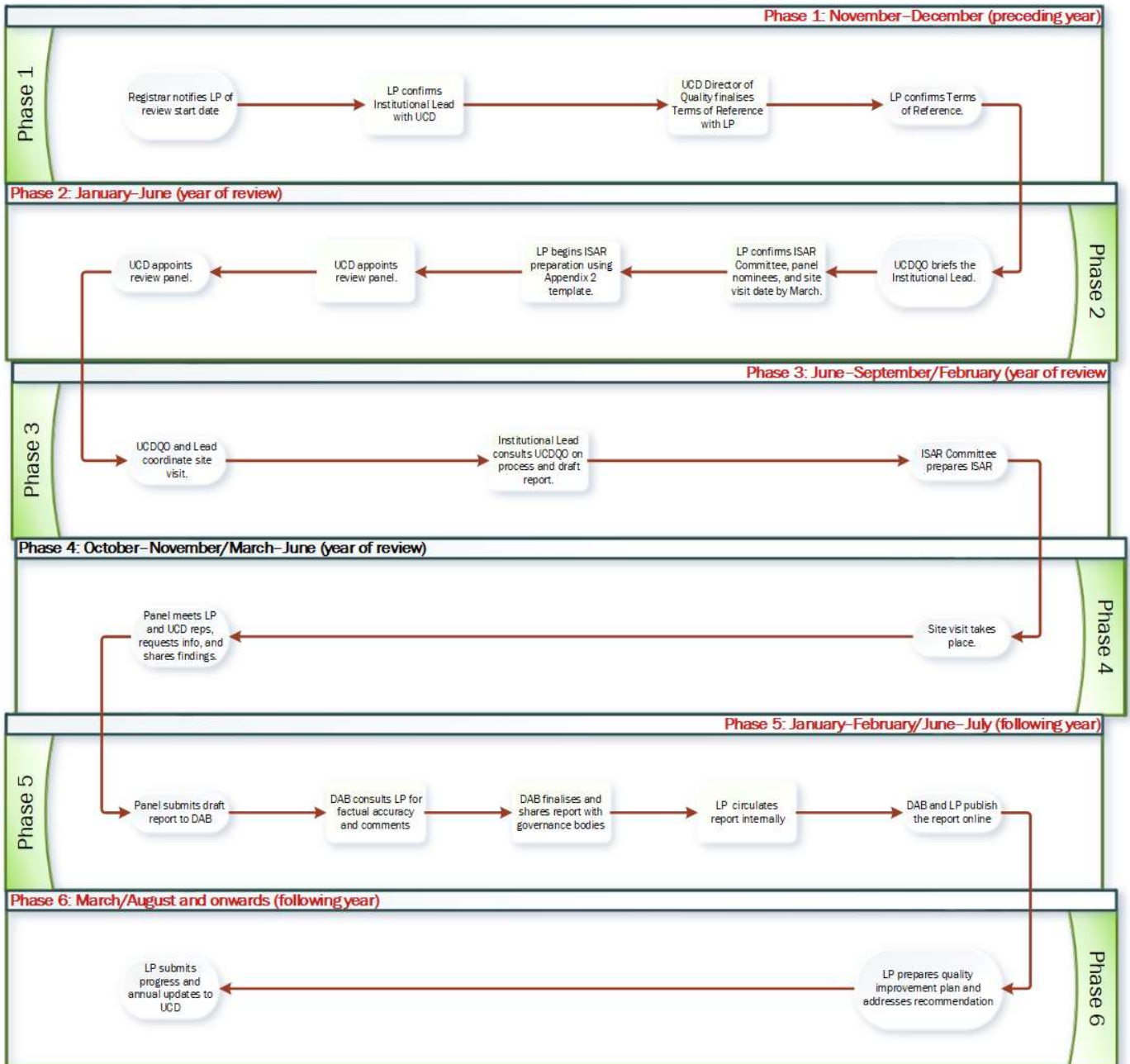
Further information on the appeals process may be obtained from the UCDQO.

11.3. Linked Providers and the International Education Mark (IEM)

From September 2024, and under the 2012 Act, LPs that offer programmes of study to international learners, are required to apply separately to Quality and Qualifications Ireland (QQI) for authorisation to use the International Education Mark (IEM). LPs are also required to notify UCD of their intention to apply to QQI for the IEM prior to commencing an application. Notification of QQI's decision on IEM authorisation should be communicated by the LP to UCD. An LP will also need to provide evidence in their annual updates to UCD that they are compliant with the IEM requirements.

UCD will, in its role as Designated Awarding Body, provide its institutional review panel report to QQI or notify them of any withdrawal of approval. QQI will also notify Designated Awarding Bodies of the IEM status of a LP.

Appendix 1: Review of the Effectiveness of a Linked Provider's QA Procedures Process Timeline



Appendix 2: Institutional Self-Assessment Report (ISAR) Template

University College Dublin

<<LINKED PROVIDER NAME>>

Periodic Quality Review: Institutional Self-Assessment Report

Month 20XX

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 Institutional Self-Assessment Report and should cover:

- The purpose of the report
- A brief highlight of the key findings/issues that were identified by the Linked Provider during the self-assessment process against the terms of reference. This should include the outcomes of the Linked Provider's assessment of their quality assurance procedures including those that are well embedded, those that need further development, and where there may be gaps.
- A brief highlight of the key areas for enhancement that were identified by the Linked Provider during the self-assessment process.
- Recommendations for future action that should include an outline of how the Linked Provider will address the key areas for enhancement and will form the basis for discussion with the Review Panel during the site visit.

2. Introduction and Methodology to Preparing the ISAR

This section should provide sufficient information to assist the Review Panel in understanding the structure and core activities of the Linked Provider and should be no more than six pages. It should outline the management and academic structures of the Linked Provider and its alignment with its Designated Awarding Body. It should also include the Linked Provider's approach to the self-assessment process.

Prompts to consider when writing this section of the report:

Overview of the Linked Provider and its Core Activities

This should provide the Review Panel with an overview of the Linked Provider and its core activities, how it delivers its strategy and mission and how effective is the relationship/partnership with its Designated Awarding Body. This element of the ISAR should be succinct - if needed, data can be included in the supplementary documentation. This section may include:

- Information on the Linked Provider, providing a high-level organisational chart and staff data e.g. numbers, age profile, gender, changes in staff, management structure
- total enrolments, total higher education enrolments and a breakdown of full and part-time higher education enrolments, spread of provision across campuses, student numbers, staff supporting higher education (headcount and full-time equivalents)
- Information on the key areas of responsibility of the Linked Provider including its governance/decision-making processes, and its academic governance structures, and joint committees
- An analysis of the Linked Provider's location and the facilities it currently uses
- How does the Linked Provider activity compare or benchmark with other institutions?
- A brief assessment/analysis of the key factors that have contributed to the success of the Linked Provider, and the key factors that have impeded progress
- Partnership agreement/MOU. An assessment of how effectively the partnership is working, any significant recent changes, external impacts or recent developments in higher education at the Linked Provider institution

Approach to Self-Assessment

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

The methodology should include:

- The ISAR 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 ISAR was developed, including engagement and feedback from stakeholders, both internal and external
- 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

Documentation/inputs to consider in writing this section:

- MOU/partnership agreement with UCD
- Linked Provider Strategic Plan
- Mission Statement
- Prospectus
- Organisational diagrams and quality management processes
- Retention, achievement and progression data tables (e.g. three years of figures preceding the review)
- Higher education annual monitoring reports
- Internal self-evaluations
- Policy for quality assurance, Quality Assurance Framework, Quality Assurance Manual
- Teaching & Learning Strategy
- Research Strategy
- Terms of Reference/Role of Joint Management/Programme Boards or equivalent

3. Update on Implementation from the Previous Linked Provider Review

This section should provide sufficient information to assist the Review Panel in understanding the progress made by the Linked Provider since its last review. It should highlight areas of enhancement and outstanding recommendations that have not been addressed or remain outstanding.

Prompts to consider when writing this section of the report:

Provide an update on progress/developments/enhancements made by the Linked Provider since its last quality review. This should include a reflection on the implementation of the recommendations as outlined in the Quality Improvement Plan (QIP), progress report, and annual reports to UCD. These reports should be included as an ISAR appendix.

Documentation/inputs to consider in writing this section:

- Previous Linked Provider QIP
- Linked Provider Progress Report
- Annual reports to UCD
- Sample Case studies on addressing a recommendation(s)

4. Linked Provider Management of Academic Standards

This section should provide sufficient information to assist the Review Panel in understanding how the Linked Provider manages its academic standards i.e. how it ensures that its learning aligns with that of its Designated Awarding Body, how it monitors this and how it reviews these standards, and how it addresses areas for enhancement. Example case studies could also be provided to highlight areas of enhancement.

Prompts to consider when writing this section of the report:

- A clear and simple explanation of the institution's internal quality assurance framework, including governance, policies and procedures
- How effectively does the Linked Provider fulfil its responsibilities for the management of academic standards? Are there clear governance arrangements in place for quality?
- How effective are the joint strategic and academic governance committees in managing these academic standards?
- How effective are internal quality assurance processes and the degree to which their outcomes are used in decision making and strategic management in the context of quality assurance and enhancement of educational provision?
- Is the institution compliant with relevant QQI Policy and Guidance; ESG; UCD QA requirements?
- How effectively is Linked Provider/UCD or other guidance/policy/procedures etc. used in the management of academic standards? How/when are they reviewed?
- Are there effective arrangements for the assessment of learners? Is there guidance for students; staff; external examiners? Is there an appeals process for students?
- How does the Linked Provider use external moderation, or examining to assure academic standards? Are the procedures for the appointment and induction of external examiners fit-for-purpose?
- How effective are the arrangements for student admission and progression?
- How are module/programmes approved, monitored and reviewed? Are these effective?
- How does the Linked Provider's research inform its teaching activities?

Documentation/inputs to consider in writing this section:

- Quality assurance policy and manual e.g. programme approval and review procedures
- Monitoring and review process reports
- Curriculum review
- Admissions policy
- Module evaluation
- Accreditation of prior learning policy
- Student assessment policy

- Management structure
- Key committee meeting structure/minutes
- Procedures for access, transfer and progression
- Internal validation processes
- Arrangements for the Protection of Enrolled Learners (PEL)
- External examiner reports and College response
- Regulations for progression
- Action taken on receipt of external review reports
- Statistical records
- Programme specifications
- Student complaints and appeals processes
- Analyses of student surveys
- College information for staff
- Admissions policy
- QQI Core Statutory Quality Assurance Guidelines (April 2016)
- European Standards and Guidelines for QA (2015)
- IEM Policy for HE providers (2024)

5. Quality of Learning Opportunities

This section should provide sufficient information to assist the Review Panel in understanding how the Linked Provider manages its learning opportunities and how it monitors its effectiveness i.e. how it supports its cohort of learners, how it engages with its learners, how it monitors its standards and ensures alignment with academic regulations and the NFQ. Example case studies could also be provided to highlight areas of best practice.

Prompts to consider when writing this section of the report:

- How effectively does the Linked Provider fulfil its responsibilities for managing and enhancing the quality of learning opportunities?
- How effectively does the Linked Provider use management information to evaluate its procedures/processes and practice in support of academic standards and the quality of learning opportunities?
- Are there appropriate opportunities for student involvement in internal quality assurance processes?
- Is there evidence of student-centred learning and teaching?
- Is there a student complaints system in place?

- How effectively are external reference points used in the management and enhancement of learning opportunities?
- How does the Linked Provider assure itself that the quality of teaching and learning is being maintained and enhanced? How is student feedback obtained and responded to? Is there an effective process for students to evaluate modules?
- How does the Linked Provider assure itself that students are supported effectively?
- Are there effective QA arrangements in place for research programmes? Do research students have access to appropriate training and supports?
- How does research inform teaching?
- Are there appropriate procedures in place for the appointment of staff?
- What are the Linked Provider's arrangements for staff development? What supports are in place to support staff on teaching and learning?
- How effectively does the Linked Provider ensure that learning resources are accessible to students and sufficient, to enable them to achieve the intended learning outcomes?
- Are there appropriate student learning and social spaces? (including equipment; learning resources and IT)
- What processes has the LP in place to support its international learners and meeting IEM requirements?
- Does the Linked Provider provision adhere to UCD requirements on third party provision?

Documentation/inputs to consider in writing this section:

- Quality assurance policy and manual
- Monitoring and review processes and reports
- Resource policy
- Admissions policy
- Accreditation of prior learning policy
- Student support and guidance policy
- Teaching and learning strategy
- Research strategy
- Management structure
- Committee structure/minutes
- HR Appointment guidelines/procedures
- Staff development policy
- Staff development records
- Statistical records
- Programme specifications
- Analyses of student surveys
- Student complaints and appeals procedures
- Assessment and examination policies and guidelines
- QQI guidance/regulation

- National Framework of Qualifications (NFQ)
- Health & safety policy
- European Standards and Guidelines for QA (2015)

6. Management of Quality Enhancement

This section should provide sufficient information to assist the Review Panel in understanding what systems the Linked Provider has in place to quality assure its activity and how it continually monitors and identifies areas for enhancement. Example case studies could also be provided to highlight areas of enhancement. There may be some overlap with previous chapters.

Prompts to consider when writing this section of the report:

- What mechanisms does the Linked Provider use to ensure ongoing monitoring of enhancement?
- What systems are in place to support delivery of the Linked Provider strategy?
- How is enhancement managed and reported?

Documentation/inputs to consider in writing this section:

- Quality assurance policy and manual
- Monitoring and review processes and reports
- Linked Provider policies and procedures
- External reviews
- Internal reports
- Data driven enhancements

7. Public Information

This section should provide sufficient information to assist the Review Panel in understanding what mechanisms the Linked Provider has to ensure that it has a communications strategy in place to engage with all of its stakeholders, that the information provided is current and up to date, that it publishes report outcomes as required by the Linked Provider, Designated Awarding Body, QQI or legislatively, and that it adheres to GDPR and Data Protection requirements. Example case studies could also be provided to highlight areas of enhancement.

- How effectively does the Linked Provider communicate public information about learning opportunities to students and other stakeholders about the higher education it provides?
- How effective are the Linked Provider's mechanisms for ensuring that public information is fit for purpose, accessible and accurate?
- How transparent and accessible are the Linked Provider's outputs from quality assurance/review? Does it publish its internal quality review schedule? Are review group reports and quality improvement plans published?

Documentation/inputs to consider in writing this section:

- Publishing policy and procedures for both electronic and paper-based information
- Notes of meetings discussing scrutiny and approval of information about learning opportunities
- Promotional material
- Mission statement
- Corporate plan
- Programme specifications and related documentation
- Student handbooks
- Student guidance/support information e.g. assessment; student supports; appeals; complaints
- Information for prospective students, current students, and for students on completion of their studies
- Information for those with responsibility for academic standards and quality
- Information for the public about the Linked Provider
- GDPR and Data Protection policies or statements
- Published quality reports and quality improvement plans

8. Alignment with QQI Core Statutory QA Guidelines and ESG (2015)

This section should provide a brief summary of how the Linked Provider QA procedures align with QQI Core Statutory Requirements for Linked Providers, its Guidelines, IEM Policy for HE as applicable for Linked Providers, UCD Academic Regulations and the ESG (2015). Some information may be included as an appendix.

Prompts to consider when writing this section of the report:

- In assessing the Linked Provider quality assurance handbook, how does it align with its Designated Awarding Body, Irish regulatory requirements, Irish legislation and European standards?

Documentation/inputs to consider in writing this section:

- Linked Provider QA Handbook
- UCD Academic Regulations
- QQI Guidelines for Linked Providers and Core Guidelines
- European Standards and Guidelines for QA (2015)
- Legislation for Higher Education providers
- IEM Policy for HE providers

9. Summary of Linked Provider SWOT Analysis

This section should contain a brief summary of a SWOT analysis undertaken by the Linked Provider early in the process and should inform each chapter of the ISAR. It should be broad with wide-ranging input from across the institution. It should provide an opportunity for the Linked Provider to step back and look at the effectiveness of its QA procedures and how its structures and activity support them. It should identify what works well and areas for enhancement. It could be undertaken in a town hall meeting, survey, focus groups or other mechanism identified by the Linked Provider.

Prompts to consider when writing this section of the report:

What are the Strengths, Weaknesses, Opportunities and Threats to the Linked Provider in:

- Ensuring the effectiveness of its mission and ensuring the effectiveness of its quality assurance procedures as outlined in its quality handbook
- Supporting and enhancing the learner experience
- Supporting its staff within the mission of the institution
- Strengths/examples of good practice
- Areas for development
- Actions being taken currently to enhance previously identified areas for development

Appendix 3: Criteria to be considered when selecting External Reviewers

The following should be considered by the Linked Provider when submitting nominees:

- Extent of senior leadership and management experience in comparable institution
- Depth of reviewer expertise within the relevant academic/professional area
- Representation of the breadth of knowledge 'strands' within the area
- Affiliation with world-class institution(s)
- External profile within the area - experience representing their institution on groups or within agencies at national or international levels
- Nominees provided should reflect UCD'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

Linked Providers are asked not to nominate an external reviewer if any of the following criteria apply:

- Previous Review Panel extern or nominee made by the Linked Provider
- Current or recent partner (five years) in research or project collaborations with the Linked Provider or associated staff
- Former member of staff within the Linked Provider
- Current or recent committee, board, consultant or working group member (five years)
- Conflict of interest regarding any relationship (personal or professional) with any Linked Provider member or associated staff
- Any relationship the Linked Provider or a member of the staff of the Linked Provider has or had with a potential nominee must be declared by the head of the institution prior to submission of an external reviewer nomination

Please note: All Review Panels are overseen by the Academic Council Quality Enhancement Committee (ACQEC) on behalf of UCD; the final decision on Review Panel appointments is the responsibility of UCD. No contact should be made by the Linked Provider with any proposed or appointed Review Panel members until the conclusion of the review process.

Appendix 4: Nomination of External Reviewer Template

Name	
Position / Job Title	(please include link to Staff / LinkedIn Profile if available)
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
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 department/school roles. Please include sufficient information to enable an informed decision to be made.)
Relationship with Linked Provider	(Please outline any formal links/relationship the Linked Provider or individual staff members within the Linked Provider may have had with the proposed reviewer.)
<p>To the best of my knowledge, I confirm that the nominee has had no formal links with the Linked Provider</p> <p>Name (Print): Head of Linked Provider</p> <p>Name (Electronic Signature):</p> <p>Date: <input type="text"/> Click or tap to enter a date.</p>	

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

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

Appendix 5: Site Visit Timetable Template

An indicative programme for a Linked Provider quality review site visit is set out below. This is provided here primarily to illustrate the balance between meetings with staff, students and other stakeholders, and the time that Review Panels will spend reflecting on their meetings. In practice, each site visit will have a tailored timetable informed by several factors including the availability of Linked Provider staff and students, the involvement of UCD staff and the topics/themes the Review Panel wishes to explore (e.g. a fourth or fifth day may be necessary to cover relevant issues). The programme will be discussed as part of the preparatory process for the site visit.

Planning Meeting

This is an initial online meeting of the Review Panel members which is convened by the UCD Quality Office Lead approximately two weeks prior to the site visit.

Pre-Visit Briefing - Date	
Location:	
Time	Activity
17.00-19.00	Review Panel (RP) meet to review preliminary issues and to confirm work schedule and assignment of tasks for the site visit, including questions for staff, students and other stakeholders (Review Panel and UCD Quality Office Lead)
19.30	RP Dinner hosted by UCD – RP, UCD Registrar, UCD Director of Quality, UCD Quality Office Lead

Day One - Date	
Location:	
Time	Activity
08.45–09.00	RP arrives
09.00–09.30	RP prepare for Day One meetings and review evidence (RP only)
9.30 -10.30	RP meet with Linked Provider Director/CEO (or equivalent)
10.30 -11.00	Tour of facilities
11.15-11.30	RP Private Meeting

Day One - Date**Location:**

Time	Activity
11:30-12:30	RP meet UCD and Linked Provider representatives from Joint Strategic Management/Programme Board or equivalent
12:30-14:00	Review of evidence (RP only), including working lunch
14:00-15:30	RP meets relevant staff (to discuss the management of academic standards and relevant aspects of information about academic standards)
15:30-16:00	Review of evidence (RP only)
16:00-17:30	Meeting with relevant staff (to discuss the management and enhancement of the quality of learning opportunities and relevant aspects of information about learning opportunities)
17:30-18:00	RP meeting (RP and UCD Quality Office Lead)/Review Evidence
18:00	RP departs

Day Two**Location:**

Time	Activity
08:45	RP arrives at the Linked Provider's premises
08:50-9:30	Review of evidence (RP only)
9:30-10.30	RP meets a representative group of undergraduate students
10:30-11:00	RP review of evidence (RP only)
11:00-12:00	RP meets a representative group of postgraduate students
12:00-12:15	Review of Evidence (RP only)
12:15-13:00	RP meets with a representative group of recently recruited staff with working lunch
13:00-14:00	Working lunch (RP only)

Day Two

Location:

Time	Activity
14:00-15:00	Meeting with relevant admin/technical and other support staff to discuss relevant aspects of information/organisation relating to academic standards and quality of learning opportunities (non-ISARCC members)
15:00-15:30	Review of evidence (RP only)
15:30-16:30	RP meet representative group of external stakeholders (as appropriate) (refreshments to be provided)
16:30-17:00	Review of evidence (RP only)
17:00-17:30	RP to discuss if additional meeting(s) required
17:30	RP departs

Day Three

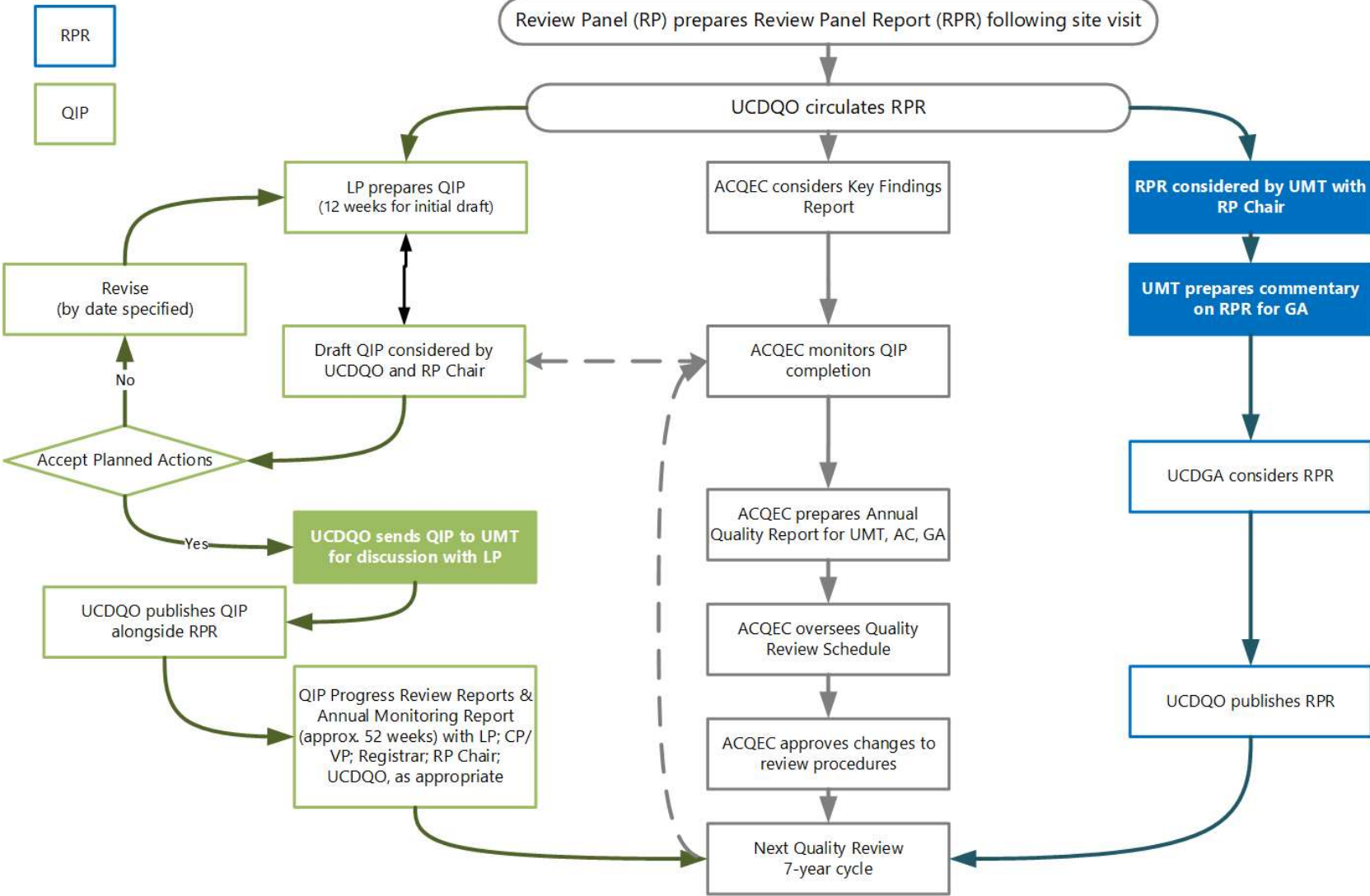
Location:

Time	Activity
08:45	RP arrives at the Linked Provider's premises
9:00-10:00	RP may meet with additional staff as requested
10:00-12:45	RP begins to draft Report and Exit Presentation
12:45-13:30	Lunch - RP only
13:30-15:00	RP continues drafting Report & Exit Presentation
15:00-15:30	Exit Presentation to the President/CEO and senior management of the Linked Provider and the UCD Director of Quality on the initial findings of the review
15:30-16:00	Exit Presentation by RP to LP staff on initial findings
16:00	End of Site Visit and departure of RP

Note for LPs in putting together meetings:

1. Where possible, the Review Panel should have a private meeting with the President/CEO of the institution at the start and end of the site visit
2. Time to examine documentation should be allocated
3. Comfort breaks should be factored into the schedule
4. All/most meetings should take place within one central location to minimise disruption to the Review Panel and the schedule
5. Groups of students/staff to meet the Review Panel should typically not exceed twelve
6. Nameplates should be available for those attending each meeting and a list of those attending identified in advance of the site visit
7. All lunches will be private unless agreed with the Review Panel chair and the UCD Quality Office Lead in advance
8. The Review Panel should have scheduled private meetings for discussion and prepare for the next meeting
9. The profile of Review Panel members (provided by the UCD Quality Office Lead) should be shared with colleagues within the institution
10. The UCDQO Lead will act as the Review Panel liaison contact – all communication between the Review Panel and the Linked Provider must go through the UCD Quality Office Lead
11. The Linked Provider should identify an Institutional Coordinator who should always be contactable (via the UCD Quality Office Lead) throughout the site visit periods by telephone or in person

Appendix 6: Process Flow of Linked Provider Quality Review



Appendix 7: 2012 Legislation specific to UCD as a Designated Awarding Body in relation to its Linked Providers

Review by designated awarding bodies of quality assurance procedures of linked providers.¹

37. (1) A relevant designated awarding body shall review the effectiveness of the procedures established by a linked provider, in respect of which that body has entered into an arrangement referred to in [section 2](#) (3), under [section 28](#) and the implementation by that linked provider of those procedures—
- (a) at least once every 7 years from the issue of guidelines under [section 27](#) (1)(a), and
 - (b) from time to time as the designated awarding body thinks appropriate.
- (2) A relevant designated awarding body shall carry out a review under subsection (1) in accordance with procedures for review referred to in section 32.
- (3) A relevant designated awarding body may request the Authority to assist the body in carrying out a review under subsection (1).
- (4) A request made under subsection (3) shall be accompanied by such fee (if any) as may be determined by the Authority under [section 80](#) .
- (5) A relevant designated awarding body shall prepare a report setting out the results of a review under subsection (1).
- (6) A relevant designated awarding body shall provide a copy of the report prepared under subsection (5) to the linked provider concerned.
- (7) A linked provider may, within one month from the provision of the report to it under subsection (6), submit in writing any observations it has on the report to the relevant designated awarding body.
- (8) After consideration of any observations submitted to the relevant designated awarding body under subsection (7), the relevant designated awarding body may make any amendments to the report that the relevant designated awarding body considers appropriate.
- (9) The relevant designated awarding body shall provide a copy of the final report to the linked provider concerned and to the Authority and shall publish that final report (including the observations of the linked provider concerned) in such form and manner as it thinks appropriate (including on the internet).

¹[Section 37, Qualifications and Quality Assurance \(Education and Training\) Act 2012](#)