Institute Review Policy			
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Institute Review Policy

Sign off	
Academic Council	15 February 2013
Croi group	25 April 2013
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Revision History

Revision	Date	Revision Description DCRT#	Originator
01	31 January 2013	New policy and incorporation 2MP15, 2MP16 and 2MP09 into this policy and removal of duplication. Update based on experience of 2010 cycle of review.	Registrar
02	30 July 2013	Update following feedback form Academic Council, Croi and TMG	Registrar
03	25 Feb 2015	Update re: remit of programmatic review panels	QA Officer
04	26 May 2017	Update re AIQR	QA Officer
05	8 March 2021	Logo updated	Quality Assurance Manager

Purpose

The purpose of this document is to record Institute policy and procedure relating to Institute review. Institute review is requied under agreed protocols with Qualifications and Quality Ireland (QQI), formerly HETAC, to comply with ongoing requirements regarding delegation of authority to confer awards. This policy relates to specific components of review, including:

- Complete Institute review on 5-year cycle.
- Periodic review of academic programmes.
- Periodic review of facilities and services.
- Periodic review of effectiveness of quality assurance procedures.

Reference

QQI	Core Statutory Quality Assurance (QA) Guidleines 2016
QQI	Sector Specific Statutory Quality Assurance Guidelines
2MP01	Design and development of new academic courses
4RCD01	Course Board annual report template
2MP17	Roles and responsibilities of external experts on validation and review panels
4FMP05	Quality assurance evidence of compliance form templates
1QM01	Quality Manual
ENQA	Standards and guidelines for quality assurance in the European higher education area (ESG 2015).
THEQF	Technological Higher Education Framework

Policy

It is Institute policy to:

- Conduct a major review of key Institute academic activities at least every five years. The timeframe for such reviews will be agreed with Qualifications and Quality Ireland (QQI), formerly the Higher Education and Training Awards Council (HETAC) . A review may be initiated at any time at the request of QQI or the President of the Institute (see section A below).

- Monitor and evaluate academic programmes every 5 years, with the output of that review available in advance of completion of a self-evaluation report as part of Institute review (see section B below)

- Evaluate facilities and services involved in delivery of academic programmes every 5 years, with the output of that review available in advance of completion of a self-evaluation report as part of Institute review (see section C below)

    - Each service department will separately or collectively conduct interim service reviews at least once every two years to gauge the appropriateness and effectiveness of its operations (see section C below).

- Review the effectiveness of Institute academic quality assurance policies and procedures every 5 years, with the output of that review available in advance of completion of a self-evaluation report as part of Institute review (see section D below)

- Publish self-evaluation reports internally on the Institute document management system

- Publish final reports of the Institute review and associated reviews generated by external panels in the public domain.

- Submit a one-year update report to QQI or the Institute Academic Council within 1 year of completion of the Institute review

- Procedures for review will follow current National and International best practice.

Section A: Institute review self-evaluation process

The purpose of the self-evaluation process is to review, evaluate and report on the education, training, research and related services provided by the Institute and the quality assurance system and procedurs which underpin same. In doing so we endeavour to identify and maintain existing effective practices while addressing arears identified requiring improvement. The emphasis of the self-evaluation will be on the quality of, or impact on, the learners' experience, achievements, contributins and findings from all stakeholders rather than on policies and procedures. The output of the self-evaluation will be a self-evaluation report to include findings, recommendations for improvement and an improvement or action plan detailing how and when the Institute will address same with identified responsibility for said actions.Institute review process will be conducted as per Criteria and Procedures for the Delegation and Review of Delegation of Authority to Make Awards criteria published by QQI.

The self-evaluation report will include the following sections:

1. Approach to Institute review
2. Profile of the Institute
3. Review of mission and strategy of the Institue
4. Reflection on academic programme review
5. Reflection on facilities and services review
6. Reflection on effectiveness of quality assurance procedures
7. Reflection on lessons learned and proposals for future

The format of the previous 5-year self-evaluation report report will be followed with update as necessary.

The timings of review components and staff members responsible are listed in appendix 1.

Section B: Monitoring and evaluating of academic programmes

The objective is to review academic courses that have been previously approved under authority delegated by QQI, taking into account current proposals for amendments.

This procedure is not designed to consider new courses for validation. New courses should be developed following procedures documented in the policy on design and development of new academic courses (2MP01).

The review process is primarily designed to evaluate programme quality and flexibility in response to changing needs. It is essentially a self-evaluation process.

Procedure

The Head of School of the area under review will initiate and manage the self-evaluation process. The decision to initiate the programmatic review project shall be formally launched within each school.

Where feasible, periodic programme evaluation will be carried out on a group of related programmes at the same time. Versions of a course offered in full-time, part-time, ACCS and work-based training modes will be evaluated at the same time.

Periodic programmatic review will include three phases:

- an internal self evaluation phase leading to a self-evaluation report,

- an external evaluation phase leading to a final programmatic review report and

- a period of change implementation leading to a final follow-up report to Academic Council.

Self-evaluation

The internal evaluation phase will commence with a critical self-evaluation of the academic programme, or suite of programmes. The emphasis should be on reflection, analysis and improvement.

The primary objective of self-evaluation is to answer four key questions:

- What are you trying to do? This refers to the mission, aims and objectives, their appropriateness, and how the section positions itself locally, nationally and internationally.

- How are you trying to do it? This addresses process, procedure and practice in place and requires an analysis of their effectiveness.

- How do you know it works? This looks at feedback systems in place in particular for quality monitoring and quality management.

- How do you change in order to improve? This examines issues of strategic planning and quality improvement as well as capacity and willingness to change.

Self-evaluation will include a phase of self-investigation involving:

- All academic staff involved in the programmes

- Learner representatives

- Graduates of the programme

- Support service providers

- Employers of graduates

- Other stakeholders

Membership of the School Steering Committee tasked with drafting the self-evaluation report will be determined by the Head of School. Typical composition would include:

- Head of Department
- Senior academics
- Representative academic staff members
- Executive assistant
- Technical staff representative
- Academic staff member active in research
- Postgraduate student

Heads of Department are responsible for the production of a department self-evaluation report, which consist of a department overview and a self evaluation report for each academic programme under review.

The Head of Department will appoint a coordinator for each programme with responsibility for the production of an individual academic programme review report for their allocated programme. In order to focus the effort of the staff involved in the programmatic review, the programme coordinators will be assigned this responsibility at the commencement of the programmatic review project.

Self-evaluation report

Internal self-evaluation report will include:

- Executive summary
- Overview of approach to programmatic review process
- Critical changes proposed to academic programmes
- Justification for changes
- Detailed information about the department, and the perceptions of staff and students of their role
- Statement of the strategic objectives of the department
- Identification of quality systems and processes that are currently in place and an assessment of their effectiveness
- A self-critical analysis of the activities of the department which includes:
    - Review of course delivery and assessment of learning outcomes
    - Evaluation of extent of meeting the learners needs
    - Evaluate demand projections for following five years
    - Evaluate physical facilities available for the course
    - Evaluation of services related to the programme
    - Evaluation of links established with industry, business and the wider community in order to maintain relevance of the course
    - Evaluation of research activities in the area under investigation
    - An analysis of strengths, weaknesses, opportunities and threats and suggested appropriate remedies where necessary
    - Identification of weaknesses in procedural organisation and other actions that are under the control of the department which can be remedied by action
    - Identification of shortfall in resources

    o A framework within which the unit can continue to work in the future towards strategic and academic changes and quality improvement

The self evaluation will address the time period since the last programmatic review or since the programme was established.

The self-evaluation process will include evaluation of relevant course board annual reports that were generated in the previous years (4RCD01)

The self-evaluation process will culminate in a self-evaluation report, which will set out the findings of the self-evaluation, including an evaluation of the programme

It is the responsibility of the relevant Head of Department to monitor progress of the programmatic review project and to ensure that project milestones are attained as per agreed schedule.

The final self-evaluation report will be submitted by the Head of School to the Registrar by agreed dates.

External evaluation

An external evaluation of the programme will follow self-evaluation. This will be arranged by the Registrar.

External evaluation will be conducted by a peer review group from outside the Institute and may include:

- Stakeholder representative
- Competent person to make National and International comparisons in relation to the programme
- Academic peers
- Social partners
- Professional associations
- Learners and alumni of the Institute

The quality assurance officer will act as secretary to the review panel and will be responsible for preparing the evaluation report.

The chairperson of the group will be agreed between the Institute and QQI and will be external to the Institute.

Typical composition of the external evaluation group will be (taking gender balance into account):

- Independent Chairperson external to the Institute
- Head of School from another College
- Two academics from other Institutes of higher education (preferably one from overseas)
- One person from other stakeholders listed above
- Specialist (if required)
- A student from another IOT or member of USI

The Registrar of the Institute (or their nominee) will act as secretary to the external evaluation panel and will act as adviser to the group as required.

The composition of the external evaluation group will be determined by the President in consultation with the Registrar and Head of School.

External evaluation will be conducted in accordance with current international best practice

The external expert group will:

- Review the self-evaluation report
- Conduct evaluation of the programme

The scope of the review should be proportional to the expert panel's capacity to thoroughly review each programme individually. New programmes cannot be validated through the programmatic review process. However, possible new programmes may be identified as part of the review. Structural changes and new modules may be accommodated through the programmatic review process. All changes required should be identified with a rationale provided for each. Proposed structural changes must consider existing learners, those who may need to repeat or have deferred modules, thus a transitional plan to accommodate same should be included

The external evaluation should be conducted in the spirit of co-operation, consultation and advice between the expert group and internal staff.

The roles and responsibilities of external experts are documented in Institute policy document 2MP17.

Final evaluation report

External evaluation will culminate in a final evaluation report setting out the findings and recommendations of the review groups.

Institute management will comment on the draft report before final publication.

A copy of the final evaluation report will be forwarded to QQI and published on the Institute website

Continuing improvement through follow-up actions and reporting

The following actions will be completed:

	Individual responsible
Final reports of peer-review process will be published on the institute website	Quality assurance officer
Final reports of peer-review process will be considered by management	TMG
Recommendations from all peer-review reports will be captured in a database, with original source referenced	Quality assurance officer
Recommendations will be considered with relevant line managers and specific actions agreed, and priority status allocated	Quality assurance officer and relevant line manager
Actions agreed will be assigned to a named officer for action, with date assigned, and anticipated completion date recorded	Quality assurance officer and relevant line manager
Progress against actions will be monitored by the quality assurance subcommittee of academic council	Quality assurance subcommittee
A final follow-up report will be submitted by the Head of School to Academic Council indicating changes made and evidence of quality improvements	Relevant Head of School

Timetable

Self evaluation	
Month 1 (February)	Agree schedule for review process
Month 2 (March)	Consult with stakeholders and course boards
Month 2-10 (March-December)	Evaluation of courses, student throughput, performance analysis
Month 11 (January)	Final draft of self-evaluation report and identification of advisory group members
External evaluation	
Month 12 (February)	External evaluation visit
Month 13 (March)	Final evaluation report published
Follow-up actions on findings of self-evaluation and external evaluation reports	
Month 14-16 (April-June)	Implementation of changes resulting from external evaluation
Month 16(June)	Follow–up report to Academic Council

Section C: Evaluation of facilities and services involved in delivery of academic programmes

It is Institute policy to carry out internal cycle of reviews for Quality Assurance and Quality Enhancement on ongoing basis, and as per statutory obligations with QQI and HEA. Such reviews result in published reports with specific recommendations and associated actions for implementation, encompassing education, research, and the supporting facilities and services[*].

Where feasible, periodic service evaluation will be carried out on a group of related activities at the same time.

Periodic review will include three phases;

- an internal self-evaluation phase leading to a self-evaluation report.

- an external evaluation phase leading to a final evaluation report.

- a period of change implementation leading to a final follow-up report to the Top Management Group of the Institute.

In addition, interim mini-reviews will be conducted every two years.

Self-evaluation

The internal evaluation phase will commence with a critical self-evaluation of the facilities or services. The emphasis should be on reflection, analysis and improvement.

The primary objective of self-evaluation is to answer four key questions:

1. <u>What are you trying to do?</u> This refers to the mission, aims and objectives, their appropriateness, and how the section positions itself locally, nationally and internationally.

2. <u>How are you trying to do it?</u> This addresses process, procedure and practice in place and requires an analysis of their effectiveness.

3. <u>How do you know it works?</u> This looks at feedback systems in place in particular for quality monitoring and quality management.

4. <u>How do you change in order to improve?</u> This examines issues of strategic planning and quality improvement as well as capacity and willingness to change.

Self-evaluation will include a phase of self-investigation involving:

- Staff involved in delivery of the service

- Learner representatives

- Support service providers

- Other stakeholders

The Section Head of the area under review will initiate and manage the self-evaluation process on behalf of Institute management.

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[*] However, given the Institute's commitment to the formation of a Technological University and within constrained resources, the internal review cycle of facilities and services within the published framework was suspended in 2015-16 and 2016-17. Instead, and as part of the Institute's endeavours towards designation as Technological University, the facilities and services for the delivery of academic programmes, student services and support have been under review and realignment with those of our TU4D alliance partners as part of the Institutional Consolidation plans.

For the period 2017-18 going forward, ITB policy document 2MP31 has set out a schedule that is intended to meet the Institute statutory obligations within the publishes QA/QE framework, in the event that the TU designation scheduled is delayed further (<u>See Section C in the Appendix</u>)*. Activities in the Academic Year 2017-2018 will focus on TU4Dublin Strategic Alignment, with the development of Quality Assurance and Quality Enhancement frameworks as priority*.

Membership of the internal group tasked with drafting the self-evaluation report will be determined by the Top Management Group member responsible for the facility or service. Typical composition would include:

- Section Head

- Executive assistant

- Student Union representative

- Participation of all staff of the section as appropriate

Internal self-evaluation report will include:

- Detailed information about the Department or service, and the perceptions of staff and students of the role of the service

- Statement of the strategic objectives of the Department

- Commentary on progress n implementing team development plans

- Identification of quality systems and processes that are currently in place and an assessment of their effectiveness

- A self-critical analysis of the activities of the Department which includes:

  o Review of services to include the output from the mini reviews conducted since the previous self evaluation activity.

  o Evaluation of extent of meeting stakeholders needs

  o Evaluate demand projections for following five years

  o Evaluate physical facilities available for the service

  o An analysis of strengths, weaknesses, opportunities and threats and suggested appropriate remedies where necessary

  o Identification of weaknesses in procedural organisation and other actions that are under the control of the Department which can be remedied by action

  o Identification of shortfall in resources

  o A framework within which the unit can continue to work in the future towards the implementation of strategic changes to ensure continued service improvement.

The self evaluation will address the time period since the last service review or since the section was established.

The self-evaluation process will culminate in a self-evaluation report, which will set out the findings of the self-evaluation, including an evaluation of the service.

The format of the self-evaluation report will follow the format of a template indicated below.

The final self-evaluation report will be submitted by the Head of Section to the Top Management Group member responsible for the section by agreed dates.

A copy of the final self-evaluation report will be forwarded to the Quality Assurance Officer.

Interim review

An interim review of services will be conducted by service departments every two years. This interim review process will be used to determine user satisfaction with services provided and to establish key performance indicator metrics. The interim review will be initiaited by the relevant Head of Department, using appropriate information gathering mechanisms, to feed into the self evaluation review process.

The conduct of interim reviews is the responsibility of relevant heads of service departments.

Data collecting methods may include:

- Questionnaires, surveys, checklists - to quickly and/or easily get lots of information from people in a non-threatening way

- Forums / Interviews - to fully understand someone's impressions or experiences, or learn more about their answers to questionnaires

- Focus groups - explore a topic in depth through group discussion,

- Observation - to gather accurate information about how an activity actually operates, particularly about processes

- Use of quality assurance evidence of compliance form templates (4FMP05)

Evaluation

An evaluation of the service department will follow self-evaluation. This will be arranged by the Top Management Group member responsible for the section, in accordance with the schedule specified below.

Evaluation will be conducted by a peer review group, the composition of which should, where possible, take cognisance of gender balance. Typical composition of the evaluation group will be:

- Chairperson (external to the Institute).

- Top Management Group member who is the line manager of the Department Manager/Head of Function

- Student representative (Student President or nominee)

- Staff representative

- In addition the following may also be included
    o Stakeholder representative
    o Social partners
    o Professional associations
    o Alumni of the Institute

The quality assurance officer will act as secretary to the review panel and will be responsible for preparing the evaluation report.

The chairperson of the group will be agreed between the Institute and the Department Manager/Head of Function and must be external to the Institute.

The composition of the evaluation group will be determined by the President in consultation with the Top Management Group member.

Evaluation will be conducted in accordance with current international best practice

The evaluation group will:

- Review the self-evaluation report

- Conduct evaluation of the service

The external evaluation should be conducted in the spirit of co-operation, consultation and advice between the review group and department staff

Final evaluation report

External evaluation will culminate in a final evaluation report setting out the findings of the review groups.

The final report will be drafted as a combined report of the external and internal review groups by both groups in partnership.

Institute management will comment on the draft report before final publication.

A copy of the final evaluation report will be published on the Institute website.

Continuing improvement through follow-up actions and reporting

The following actions will be completed:

Action Item	Individual responsible
Final reports of peer-review process will be published on the institute website	Quality assurance officer
Final reports of peer-review process will be considered by management	TMG
Recommendations from all peer-review reports will be captured in a database, with original source referenced	Quality assurance officer
Recommendations will be considered with relevant line managers and specific actions agreed, and priority status allocated	Quality assurance officer and relevant line manager
Actions agreed will be assigned to a named officer for action, with date assigned, and anticipated completion date recorded	Quality assurance officer and relevant line manager
Progress against actions will be monitored by the quality assurance officer and reported to the sub-committee of Academic Council	Quality assurance officer
A final follow-up report will be submitted by the Head of Department to Top Management Group indicating changes made and evidence of quality improvements	Relevant Head of Department

Timetable

Self evaluation	
Month 1 (February)	Agree schedule for service review process
Month 2 (March)	Consult with stakeholders
Month 2-11 (March-December)	Evaluation of service
Month 12 (January)	Final draft of self-evaluation report and identification of advisory group members
External evaluation	
Month 13 (February)	External evaluation visit
Month 14 (March)	Final evaluation report published
Follow-up actions on findings of self-evaluation and external evaluation reports	
Month 15-17 (April - June)	Implementation of changes resulting from external evaluation
Month 17 (June)	Follow–up report to Top Management Group

Section D: Review of effectiveness of the Institute quality assurance procedures

This procedure will include self review of effectiveness of academic policies and procedures against agreed best practice standards

Assessment will be made against publisned standards and Guidelines (ENQA 2007).

The format of the previous report will be followed with update as necessary.

The effectiveness of quality assurance processes will be assessed against the following criteria:

- Is there a quality ethos, together with procedures that embed that ethos, throughout the institute and in the programmes that are provided.
- Is there a system to systematically monitor progress towards achieving an appropriate range of quality goals and in particular, further improving and maintaining the quality of the educational provision.
- Are findings from the quality assurance procedures used to improve the quality of the education and training provision and meet the needs of the learners.
- Is there effective monitoring of the effectiveness of the services provided to the learner.
- Are corrective actions taken to remedy deficiencies identified by the quality assurance procedures.
- Do quality assurance processes incorporate the principle and facilitate the application and implementation of internal and external review of the effectiveness of its quality assurance processes.
- Is relevant information on institutional and programme quality given to stakeholders.

The Institute is committed to achieving the following standards:

- That the Institute has a quality ethos, together with procedures that embed that ethos, throughout the institution and in the programmes that it provides.
- That the Institute systematically monitors its progress towards achieving an appropriate range of quality goals and in particular, further improving and maintaining the quality of the educational provision.
- That the findings from the quality assurance procedures are used to improve the quality of the education and training provision and meets the needs of the learners.
- That the Institute monitors the effectiveness of the services provided to the learner.
- That corrective actions is taken to remedy deficiencies identified by the quality assurance procedures.
- The Institute's quality assurance processes incorporate the principle and facilitate the application and implementation of internal and external review of the effectiveness of its quality assurance processes.
- That relevant information on institutional and programme quality is made available to stakeholders.

The objective of the self-review process is to determine the effectiveness of the Institute quality assurance procedures and the extent to which the objectives of that system are being met. The self review report will involve self analysis and self reflection and will include:

- Overview of Institute quality assurance system (1QM01)
- Effectiveness of procedures relating to
    - Design and approval of new programmes, subjects and modules
    - Assessment of Learners
    - Ongoing monitoring of programmes
    - Evaluation of each programme at regular intervals
    - Selection, appointment, appraisal and development of staff
    - Evaluating premises, equipment and facilities
    - Evaluating services related to programmes of higher education and training
    - Evaluating the effectiveness of quality assurance procedures

Quality improvement in response to self-evaluation/review will include

	Individual responsible
Final reports of self-evaluation process will be published on the institute website	Quality assurance officer
Final reports of self-evaluation process will be considered by management	TMG
Recommendations from all self-evaluation reports will be captured in a database, with original source referenced	Quality assurance officer
Recommendations will be considered with relevant line managers and specific actions agreed, and priority status allocated	Quality assurance officer and relevant line manager
Actions agreed will be assigned to a named officer for action, with date assigned, and anticipated completion date recorded	Quality assurance officer and relevant line manager
Progress against actions will be monitored by the quality assurance subcommittee of academic council	Quality assurance subcommittee

Timetable

Self evaluation	
Month 1 (October)	Agree schedule for QA effectiveness review process
Month 2 (November)	Consult with stakeholders
Month 2-6 (November-March)	Evaluation of QA processes
Month 6 (March)	Final draft of self-evaluation report

Appendix 1: Timetables for reviews

Section A: Timescale of Institute review process

The review process elements will be conducted using the following timescale

	QQI Delegated authority	Staff member responsible
Current agreement with QQI based on Institute review completed.	June 2011	
Complete next panel report of review and evaluation of academic programmes as per Section B.	May 2020	Heads of School
Complete next panel report of evaluation of facilities and services involved in delivery of academic programmes as per section C.	May 2020	Head of Department
Complete next self evaluation review of effectiveness of the Institute Quality Assurance procedures as per section D.	May 2020	Registrar
Begin self-evaluation for Institute Review using three reports from section B, C, D.	**June 2020**	President
Submit next Institute review self-evaluation report	December 2020	
Next Institute review panel visit by QQI scheduled	February 2021	

Section B: Timetable for programme review

Output needed to begin IR SER June 2015			
Self evaluation			Staff member responsible
Month 1 (February)	Agree schedule for review process	**November 2018**	Heads of School
Month 2 (March)	Consult with stakeholders and course boards	December 2018	
Month 2-10 (March-December)	Evaluation of courses, student throughput, performance analysis	December-September 2019	
Month 11 (January)	Final draft of self-evaluation report and identification of advisory group members	October 2019	Heads of School
External evaluation			
Month 12 (February)	External evaluation visit	November 2019	Registrar
Month 13 (March)	Final evaluation report published	December 2019	
Follow-up actions on findings of self-evaluation and external evaluation reports			
Month 14-16 (April-June)	Implementation of changes resulting from external evaluation	January-March 2020	
Month 16(June)	Follow–up report to Academic Council	March 2020	

Section C: Timetable for review of facilities and services

Output needed to begin IR SER May 2020			
Self evaluation			Staff member responsible
Month 1 (February)	Agree schedule for service review process	**December 2018**	Head of Department
Month 2 (March)	Consult with stakeholders	January 2019	
Month 2-11 (March-December)	Evaluation of service	January-October 2019	
Month 12 (January)	Final draft of self-evaluation report and identification of advisory group members	November 2019	Head of Department
External evaluation			
Month 13 (February)	External evaluation visit	December 2019	Relevant TMG member (see below)
Month 14 (March)	Final evaluation report published	January 2020	
Follow-up actions on findings of self-evaluation and external evaluation reports			
Month 15-17 (April - June)	Implementation of changes resulting from external evaluation	Feb-April 2020	
Month 17 (June)	Follow–up report to Top Management Group	April 2020	

Department	Start next review	Self evaluation report (SER)	TMG Sponsor to arrange panel
	At least 6 months before SER due	6 months before ext evaluation due	
Human resources	December 2018	June 2019	Secretary / Fin Controller
Finance	May 2019	December 2019	Secretary / Fin Controller
Estate management	December 2018	June 2019	President
Marketing, industrial and external services	May 2018	December 2019	President
Academic administration	May 2019	December 2019	Registrar
Library	December 2018	June 2019	Registrar
Student services	December 2018	June 2019	Registrar
Information Technology	May 2019	December 2019	Registrar

Section D: Timetable for review of effectiveness of quality assuance procedures

Output needed to begin IR SER May 2020			
Self evaluation			Staff member responsible
Month 1 (October)	Agree schedule for QA effectiveness review process	**November 2019**	Registrar
Month 2 (November)	Consult with stakeholders	December 2019	Registrar
Month 2-6 (November-March)	Evaluation of QA processes	December 2019-April 2020	Registrar
Month 6 (March)	Final draft of self-evaluation report	April 2020	Registrar

//end