

## REVIEWS PROCEDURE

### Governing Policy

[Reviews Policy](#)

### Purpose

This procedure provides guidance on how AIB plans, conducts and responds to reviews.

### Definitions

Unless otherwise defined in this document, all capitalised terms are defined in the [glossary](#)

### Procedure

#### 1. Planning

##### 1.1. Regular formal reviews: AIB Review and Monitoring Schedule

- (a) AIB's Review and Monitoring Schedule ("the Schedule") is administered by the AIB Quality Unit and is endorsed by the Board of Directors and Academic Board.
- (b) Implementation of the Schedule is monitored by the Quality, Risk and Compliance Committee (QRCC) on behalf of the Board of Directors; status reports are provided to QRCC by the Quality and Accreditation Manager.
- (c) The Schedule specifies regular internal and external reviews including type, frequency, and the governing body responsible for oversight of review outcomes.
- (d) Each review listed on the Schedule will be assigned to either the CEO or Academic Dean who will be responsible for ensuring;
  - (i) The Terms of Reference are appropriate, and where specified in policy, are approved by the respective governing body;
  - (ii) appropriate reviewers are engaged and approved, with the exception of reviewers for AIB's corporate and academic governance external reviews, of whom will be approved by the Board of Directors;
  - (iii) sufficient resources are available to support the review including administrative support;
  - (iv) the most current and relevant evidence is available for the review; and,
  - (v) a final report of findings with AIB's action plan addressing recommendations is provided to the relevant governing body for approval.
- (e) The Schedule will be reviewed every three (3) years by the Executive responsible for Quality operations to ensure alignment with AIB's strategic objectives.

##### 1.2. 'Ad hoc' formal reviews

- (a) From time to time, formal reviews may be commissioned by a governing body or the CEO or Academic Dean in response to detection of an emerging risk or weakness.

- (b) Where such a review is intended to benefit the organisation, staff, students and other stakeholders in a holistic manner, and therefore is as per the scope of the relevant governing policy, these procedures shall apply. Notification of the review, therefore, will be to the relevant governing body, and the outcomes shall be monitored by that body and the Quality, Risk and Compliance Committee.
- (c) Ad hoc reviews should have a formal Terms of Reference that guides the review, but otherwise do not need to have the same formality as regular scheduled reviews, particularly with respect to the matters that the review must cover. When establishing the ad-hoc review, the person or body doing so will determine the relevant conduct, approach and deliverable of the review.
- (d) Upon completion of an 'ad hoc' review, it may be recommended that the review is repeated and/or added to the Schedule to ensure continuous improvement of the AIB practice, process or area being reviewed.

#### 1.3. Engagement of Reviewers:

- (a) External reviews will be conducted by appropriately qualified persons independent of AIB governance, management and operations.
- (b) Each independent reviewer shall be approved by the CEO or Academic Dean as per their responsibility for the review, with the exception of AIB's corporate and academic governance external reviewers, who will be approved by the Board of Directors. The reviewer will be required to complete a No Conflict of Interest Declaration form to confirm his or her independence.
- (c) Engagement of an external reviewer will be confirmed through a documented contract; a current Curriculum Vitae or similar documented profile of the reviewer will also be retained on AIB's records.
- (d) A review may be conducted by a review panel, in which case a Chair will be engaged who is independent of the function or process under review.
- (e) Formal internal reviews will be sponsored by the CEO or Academic Dean who may nominate a Senior Manager or a review panel to undertake the review.

#### 1.4. Terms of Reference:

- (a) Each review will be conducted in line with specified Terms of Reference as approved by the relevant governing body, or the CEO or Academic Dean as appropriate.
- (b) Terms of Reference will relate to the purpose of the function or process under review, and will draw upon appropriate legislated or industry standards promoting quality outcomes and best practice, notably the *Higher Education Standards Framework (Threshold Standards) 2021*.
- (c) Previously identified weaknesses or concerns may be incorporated into the Terms of Reference for the purposes of affirming that AIB has suitably addressed the weakness or concern. This may be the case where AIB endeavours to affirm recommendations actioned from a previous review have since been effectively completed – see 3.3 *Measurement of Effectiveness* below.

## 2. Implementation:

#### 2.1. Collation and provision of review evidence:

- (a) The CEO or Academic Dean will ensure appropriate resourcing including administrative and management support for collating and storing review evidence as per their responsibility for the review.

- (b) AIB will make available recent and relevant evidence to the reviewer or review panel that meet the associated terms of reference. Provision will be as per an AIB secured repository or other suitably secure site.
- (c) Evidence will be de-identified as appropriate prior to provision for the review; AIB will ensure the confidentiality of records as per the Privacy Policy, and the Records Management Policy and Procedure.
- (d) As per contract requirements, all documentation must be securely stored by the reviewer or review panel members, until the completion of the review which will be as per the provision of the final report of findings. At that time, AIB will remove access to the documentation as stored on its platforms, and the reviewer and/or panel is to securely dispose of any downloaded copies in their possession.

## 2.2. Meetings with stakeholders

- (a) A reviewer or the chair of a review panel may request meetings with stakeholders for the purposes of clarifying information that will address the specified terms of reference.
- (b) The CEO or Academic Dean as responsible for the review will ensure such persons are made available where appropriate.
- (c) Meetings may be held in the AIB office or through video conference.

## 2.3. Report of findings

- (a) The reviewer, or the chair of a review panel, will be responsible for providing a final report to the CEO or Academic Dean as per a timeframe agreed prior the commencement of the review.
- (b) The final report is to provide a summary of findings of the review, including:
  - (i) Recommendations for continuous improvement, based on documented best practice;
  - (ii) Affirmations of planned, implemented but not completed AIB continuous improvement activities; and,
  - (iii) Commendations of evidenced good practice within AIB's performance, processes and other activities.
- (c) AIB reserves the right to clarify the final report findings and recommendations with the reviewer or chair of the review panel to ensure intended outcomes are practical and can be operationalised.
- (d) The final report will be presented with an Action Plan, as outlined below, to the relevant governing body.

# 3. Review for Improvement:

## 3.1. Action Plan for implementing review recommendations

- (a) Where not already specified in a related AIB Policy and Procedure, the AIB Executive member responsible for implementation of the review will ensure an Action Plan, advising how AIB will address review recommendations, is provided to the relevant governing body with the final report, for approval. The Action Plan may be provided by the relevant AIB Executive member or nominated Senior Manager in the case of internal reviews.
- (b) The action plan as per the template provided in Appendix A will detail how accepted recommendation will be actioned, by whom, in what timeframe and which AIB Executive or Senior Manager is responsible for ensuring completion within that timeframe. Further, the Action Plan will identify how AIB will be able to measure the effectiveness of implemented recommendations.

- (c) The Action Plan will specify grounds for any rejection of a recommendation.
- 3.2. Status reports of recommendation implementation
- (a) The AIB Executive member or nominated Senior Manager responsible for implementing the review recommendations will be required to present a status report to the relevant governing body. Where not already specified, status reports should be presented at six monthly intervals until all actions have been completed. The status report is to advise if implementation is completed or on target for completion, or to provide details of any revised timeframes including reasons for extended timeframes.
  - (b) The Quality and Accreditation Manager will ensure status reports are presented as per the above requirement, and will provide a summary report of Action Plans in progress to QRCC meetings by way of a standing report.
- 3.3. Measure of effectiveness
- (a) Aligned with the third key dimension of AIB's Quality Assurance Frameworks, being 'integrated review', AIB will 'close the loop' on reviews through evaluations that seek to determine the success of implemented recommendations.
  - (b) Actions Plans, as above, shall identify avenues where AIB can measure effectiveness of implemented recommendations, which may be short-term or long-term avenues. These could include benchmarking outcomes of implemented recommendations, improvements in data trends, increased positive student feedback, and effective completion of actions as confirmed in the next scheduled review.

#### **Related Forms and Documents:**

Peer Review template (internal document)  
 Subject Review template (internal document)  
 Review and Monitoring Schedule  
 Action Plan template

#### **Responsibility:**

Chief Executive Officer

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