Quality Assurance Framework

Ontario Universities Council on Quality Assurance

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Subject to approval by Executive Heads

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1. INTRODUCTION

1.1 QUALITY ASSURANCE: THE INTERNATIONAL CONTEXT

Quality assurance of university academic programs has been adopted around the world and is widely recognized as a vital component of every viable educational system. Considerable international experimentation in the development of quality assurance processes, along with increasing pressure for greater public accountability, has raised the bar for articulating Degree Level Expectations and learning outcomes in postsecondary education.

In developing the new Quality Assurance Framework for postsecondary education, Ontario universities have shown significant leadership and a firm commitment to cultivating a culture of quality in education. This new quality assurance process is more streamlined, more effective, more transparent, and more publicly accountable. By bringing Ontario's universities into line with international quality assurance standards, the Framework will also facilitate greater international acceptance of our degrees and improve our graduates' access to university programs and employment worldwide. With the implementation of the Framework, Ontario universities place themselves in the mainstream of quality assurance both nationally and internationally.

Care has been taken in developing the new Quality Assurance Framework for Ontario universities to balance the need for accountability with the need to encourage normal curricular evolution. In particular, if quality assurance measures become too onerous or restrictive, they can become impediments rather than facilitators of continuous program improvements. Ontario universities have kept this issue in mind in order to produce a Quality Assurance Framework that supports innovation and improvement while cultivating a culture of transparency and accountability – i.e. quality *assurance* that produces quality *enhancement*.

1.2 QUALITY ASSURANCE IN ONTARIO

Rigorous quality assurance has long been a priority for Ontario's publicly assisted universities. As early as 1968, Ontario conducted external appraisals of new graduate programs. In 1982, Ontario initiated periodic external appraisal of approved graduate programs through the Ontario Council on Graduate Studies (OCGS). By submitting all new and continuing graduate programs to external quality appraisal, Ontario universities were trailblazers in the area of systematic and system-wide quality assurance in higher education.

Ontario remained among the leaders in quality assurance by regularly reviewing its quality assurance programs and procedures. In 1999, the Council of Ontario Universities (COU) commissioned a former chair, Dr. George Connell, a former president of the University of Toronto, to do an external review of the operations of OCGS, which subsequently implemented a number of the recommendations.

In 1996, COU adopted procedures for external auditing of university processes for reviewing undergraduate programs. The audits were to be conducted by the Undergraduate Program Review Audit Committee (UPRAC) and managed by the executive director of OCGS, under the direction of the Ontario Council of Academic Vice-Presidents (OCAV). Much of the impetus for this initiative was the publication of the report of the Task Force on University Accountability (the Broadhurst Report), which also re-affirmed the central role of boards of governors in accountability and the assurance of quality.

OCGS adopted its statement of Graduate University Degree Level Expectations in January 2005. This was followed in December 2005 by COU endorsing the Guidelines for University Undergraduate Degree Level Expectations (UUDLES) developed by OCAV (see Appendix 1). The Ontario Council of Academic Vice-Presidents subsequently incorporated UUDLES into its UPRAC Review and Audit Guidelines with an

implementation date of June 2008. OCAV's adoption of the Degree Level Expectations set out the academic standards of Ontario's universities. Each university is expected to develop its own institutional expression of the undergraduate and graduate Degree Level Expectations and to have them applied to each academic program

In 2006–07, the Council of Ontario Universities commissioned a former chair, Dr. Richard Van Loon, a former president of Carleton University, to do a comprehensive analysis of the long-established OCGS procedures. The recommendations in Van Loon's 2007 report included establishing a new quality assurance body under the direction of OCAV and aligning the quality assurance processes for undergraduate and graduate programs.

The new quality assurance body is called the Ontario Universities Council on Quality Assurance (the Quality Council). The Quality Council was established by OCAV in 2010 and its work is supported by an Appraisal Committee and Audit Committee. Its operations are managed by a secretariat, headed by the Executive Director of Quality Assurance. (See Appendix 2 for more information on this organization's Mission, Mandate and Operating Principles.)

Building on well-tested processes, the work of the Quality Council ensures that Ontario continues to have a rigorous quality assurance framework. This Council operates at arm's length from universities and the government to ensure its independence. Moreover, in establishing the Quality Council, OCAV fully acknowledges that academic standards, quality assurance and program improvement are, in the first instance, the responsibility of universities themselves. This Framework recognizes the institution's autonomy to determine priorities for funding, space, and faculty allocation.

1.3 QUALITY ASSURANCE FRAMEWORK

Over a period of two years, during which there was extensive consultation, OCAV developed this Framework for quality assurance of all graduate and undergraduate programs offered by Ontario's publicly assisted universities. Under this Framework, these institutions have undertaken to design and implement their own **Institutional Quality Assurance Process (IQAP)** that is consistent not just with their own mission statements and their university Degree Level Expectations, but also with the protocols of this Framework. The IQAPs are at the core of the quality assurance process. Furthermore, the universities have vested in the Quality Council the authority to make the final decision on whether, following the Council-mandated appraisal of any proposed new undergraduate or graduate program, such programs may commence.

This Quality Assurance Framework comprises four distinct components.
The **Protocol for New Program Approvals** applies to both new undergraduate and graduate programs. Universities use the protocol when developing new for-credit programs, which are then reviewed by the Appraisal Committee of the Quality Council. This Council has the authority to approve or decline new program proposals.

In accordance with the **Protocol for Expedited Approvals** each institution will be responsible in its IQAP to assure program quality where major substantive changes are made to existing and previously approved programs, and where learning outcomes are not changed in ways that denote a truly new program. Institutions will set out their own procedures for the identification and approval of Major Modifications in their IQAP which will, itself, be subject to initial Quality Council ratification. Institutions will report annually to the Quality Council on the Major Modifications approved that year. Institutions have the option of requesting the Quality Council to review a proposal for Major Modifications, in which case an **Expedited Approval** process would apply.

The **Protocol for the Cyclical Review of Existing Programs** is used to secure the academic standards of existing undergraduate and graduate programs, including for-credit graduate Diplomas, and

to assure their ongoing improvement. Undergraduate and graduate program reviews may be conducted concurrently and in conjunction with departmental reviews, when institutions so choose.

The **Audit Process** is conducted through a panel of auditors that reports to the Audit Committee of the Quality Council. The panel examines each institution's compliance with its own **Institutional Quality Assurance Process** for the **Cyclical Review of Existing Programs**, as ratified by the Quality Council. The Quality Council has the authority to approve or not approve the auditors' report.

The subsequent four sections of this document outline these four components. The **Definitions** Section (Framework Section 1.6, below) contains definitions of some of the specialized vocabulary used throughout. Readers are encouraged to review this document in conjunction with the **Guide to the Quality Assurance Framework** (the Guide) which includes information, guidance and templates designed to assist institutions in implementing the protocols and audit process.

1.4 SCOPE OF APPLICATION OF THE INSTITUTIONAL QUALITY ASSURANCE PROCESSES

Every publicly assisted Ontario university that grants degrees and diplomas is responsible for ensuring the quality of all of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding.

Institutional responsibility for quality assurance extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university. These responsibilities also extend to programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, or institutes, including Institutes of Technology and Advanced Learning (ITALs). For definitions of the inter-institutional arrangements see the Definitions Section.

1.5 RATIFICATION OF THE INSTITUTIONAL QUALITY ASSURANCE PROCESSES

Before implementing its IQAP for **New Program Approvals**, **Expedited Approvals**, and **Cyclical Program Reviews**, each university must first submit it to the Quality Council for ratification. The Council will test their consistency with the substance and principles set out in the respective Quality Council protocols. The same process will apply whenever an institution implements any substantive change to its own quality assurance processes. The Quality Council will conduct its subsequent audit of institutional compliance with its ratified Institutional Quality Assurance Process for cyclical program reviews.

1.6 DEFINITIONS

Academic Services: Academic Services are defined as those services integral to a student's ability to achieve the learning outcomes expected from a program. Such services would typically include, but are not limited to, academic advising and counselling appropriate to the program, information technology, library and laboratory resources directed towards the program, and internship, co-operative education and practicum placement services – where these experiential components are a required part of a program. Excluded from academic services are items such as intramural and extramural activities, residence services, food services, health and wellness services, psychological services, financial aid services and career services, except where any of these services are specifically identified to be an integral part of the academic program.

Collaborative Program: A collaborative program is an intra-university graduate program that provides an additional multidisciplinary experience for students enrolled in and completing the degree requirements for one of a number of approved programs. Students meet the admission requirements of and register in the participating (or "home") program but complete, in addition to the degree requirements of that program, the additional requirements specified by the collaborative program. The degree conferred is that of the home program, and the completion of the collaborative program is indicated by a transcript notation indicating the additional specialization that has been attained (*e.g.,* "MA in Political Science with specialization in American Studies"). Proposals for new Collaborative programs will follow the **Protocol for Expedited Approvals** and thereafter will require cyclical review.

Degree: An academic credential awarded on successful completion of a prescribed set and sequence of requirements at a specified standard of performance consistent with the OCAV's Degree Level Expectations and the institution's own expression of those Expectations (see Appendix 1).

Degree Level Expectations: The Degree Level Expectations established by OCAV serve as Ontario universities' academic standards and identify the knowledge and skill outcome competencies that reflect progressive levels of intellectual and creative development. They may be expressed in subject-specific or in generic terms. Graduates at specified degree levels (*e.g.*, BA, MSc) are expected to demonstrate these competencies. Each university has undertaken to adapt and describe the degree level expectations that will apply within its own institution. Likewise, academic units will describe their institution's expectations in terms appropriate to its academic program(s). Further information, together with examples for successive degree levels, is provided in the Guide.

Degree Program: The complete set and sequence of courses, combinations of courses and/or other units of study, research and practice prescribed by an institution for the fulfillment of the requirements of a particular degree.

Diploma Programs: Universities may grant diplomas in acknowledgement of students' participation in either **for-credit** or **not-for-credit** activities at the undergraduate and graduate level. **Not-for-credit** and **for-credit** undergraduate diploma programs are not subject to approval or audit by the Quality Council.

The Quality Council recognizes only three types or categories of **Graduate Diploma** and has specific appraisal conditions (and an associated submission template) applying to each. In each case, when proposing a new graduate diploma, a university may request an **Expedited Approval** process (see definition below).

Type 1: Awarded when a candidate admitted to a master's program leaves the program after completing a certain proportion of the requirements. Students are not admitted directly to these programs.

When new, these programs require submission to the Quality Council for an **Expedited Approval** (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the institution's schedule for cyclical reviews as part of the parent program.

Type 2: Offered in conjunction with a master's (or doctoral) degree, the admission to which requires that the candidate be already admitted to the master's (or doctoral) program. This represents an additional, usually interdisciplinary, qualification.

When new, these programs require submission to the Quality Council for an **Expedited Approval** (no external reviewers required) prior to their adoption. Once approved, they will

be incorporated into the institution's schedule for cyclical reviews as part of the parent program.

Type 3[1]**:** A stand-alone, direct-entry program, generally developed by a unit already offering a related master's (and sometimes doctoral) degree, and designed to meet the needs of a particular clientele or market.

Where the program has been conceived and developed as a distinct and original entity, the institution will use the **Expedited Approval** (see below).

All such programs, once approved, will be subject to the normal institutional cycle of program reviews, typically in conjunction with the related degree program.

Emphasis, Option, Minor Program (or similar): An identified set and sequence of courses, and/or other units of study, research and practice within an area of disciplinary or interdisciplinary study, which is completed on an optional basis in partial fulfillment of the requirements for the awarding of a degree, and may be recorded on the graduate's academic record. While requiring recognition in the IQAP, proposals for their introduction or modification do not require reference to the Quality Council unless they are part of a **New Program**.

Expedited Approvals: The Quality Council will normally require only an **Expedited Approval** process where:

a) an institution requests endorsement of the Quality Council to **declare a new Field in a graduate program**. (Note that institutions are not required to declare fields in either master's or doctoral programs.); or
b) there is a proposal for a **new Collaborative Program**; or
c) there are proposals for **new for-credit graduate diplomas;** or
d) an institution requests it, there are **Major Modifications to Existing Programs**, as already defined through the **IQAP**, proposed for a degree program or program of specialization.

The Expedited Approval Process requires the submission to the Quality Council of a Proposal Brief (see template) of the proposed program change/new program (as detailed above) and the rationale for it. Only the applicable criteria outlined in Framework Section 2.1 will be applied to the proposal. The process is further expedited by not requiring the use of external reviewers; hence Framework Sections 2.2.6 through 2.2.8 (inclusive) do not apply. Furthermore, the Council's appraisal and approval processes are reduced. (See Framework Section 3)

The outcomes of these expedited approval processes will be conveyed to the proposing institution directly by the Executive Director and reported to the Quality Council.

Field: In graduate programs, field refers to an area of specialization or concentration (in multi/interdisciplinary programs a clustered area of specialization) that is related to the demonstrable and collective strengths of the program's faculty. Institutions are not required to declare fields at either the master's or doctoral level. Institutions may wish, through an expedited approval process, to seek the endorsement of the Quality Council.

Graduate Level Course: A course offered by a graduate program and taught by institutionally-approved graduate faculty, where the learning outcomes are aligned with the Graduate Degree Level Expectations and the majority of students are registered as graduate students.

[1] "Type 3" Graduate Diplomas now incorporate both types 3 and 4 which had existed in the previous OCGS procedures.

Inter-Institutional Program Categories:

1. **Conjoint Degree Program:** A program of study, offered by a postsecondary institution that is affiliated, federated or collaborating with a university, which is approved by the university's Senate or equivalent body, and for which a single degree document signed by both institutions is awarded.

2. **Cotutelle:** A customized program of doctoral study developed jointly by two institutions for an individual student in which the requirements of each university's doctoral programs are upheld, but the student working with supervisors at each institution prepares a single thesis which is then examined by a committee whose members are drawn from both institutions. The student is awarded two degree documents though there is a notation on the transcripts indicating that the student completed his or her thesis under cotutelle arrangements.

3. **Dual Credential Program:** A program of study offered by two or more universities or by a university and a college or institute, including Institutes of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a separate and different degree/diploma document being awarded by each of the participating institutions.

4. **Joint Degree Program:** A program of study offered by two or more universities or by a university and a college or institute, including an Institute of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a single degree document.

In the case of the **Cotutelle**, since this arrangement relates to an existing, approved program, no separate appraisal or review processes will apply.

For all inter-institutional programs in which all partners are institutions within Ontario, the Quality Council's standard New Program Approval and Cyclical Program Review Processes will apply to all elements of programs regardless of which partner offers them, including Ontario Colleges of Applied Arts and Technology and Institutes of Technology and Advanced Learning. For joint and collaborative programs in which some partners are institutions outside Ontario, the elements of the programs contributed by the out-of-province partner will be subject to the quality assurance processes in their respective jurisdictions. The Quality Council will maintain a directory of bodies whose post-secondary assurance processes are recognized and accepted as being comparable to our own. In cases where such recognition is not available, the Quality Council will determine, on a case-by-case basis, the appropriate action to be taken on quality assurance if the collaboration is to be permitted to proceed.

Major Modifications to Existing Programs: As part of the ratification step, institutions will be required to define, for the Quality Council, within their IQAP, their internal definition of what constitutes a "significant change" in the requirements, intended learning outcomes or human and other resources associated with a degree program or program of specialization.

Major modifications include the following program changes:

a) Requirements that differ significantly from those existing at the time of the previous cyclical program review;
b) Significant changes to the learning outcomes;
c) Significant changes to the faculty engaged in delivering the program and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (*e.g.*, different campus, online delivery, inter-institutional collaboration);
d) The addition of a new field to an existing graduate program. This modification is subject to an **Expedited Approval**. Note that institutions are not required to declare fields for either master's or doctoral programs.

Institutions will be responsible for approvals of categories a), b) and c) of Major Modifications using their internal quality assurance processes and for reporting annually to the Quality Council on the programs that have been modified in the past year.

If institutions request a Quality Council review of a Major Modification to an Existing Program, the **Expedited Approval** process will apply.

Mode of Delivery: The means or medium used in delivering a program (*e.g.*, lecture format, distance, on-line, problem-based, compressed part-time, different campus, inter-institutional collaboration or other non-standard form of delivery).

New Program: Any degree, degree program, or program of specialization, currently approved by Senate or equivalent governing body, which has not been previously approved for that institution by the Quality Council, its predecessors, or any intra-institutional approval processes that previously applied. A change of name, only, does not constitute a new program; nor does the inclusion of a new program of specialization where another with the same designation already exists (*e.g.*, a new honours program where a major with the same designation already exists).

The approval process for the introduction of new undergraduate and graduate programs follows the **New Program Approval Protocol** in Framework, Section Two. All Proposal Briefs submitted to the Quality Council will report whether the program is a professional program and/or a full cost recovery program.

Program of Specialization (*e.g.,* a **major**, **honours program**, **concentration** or similar): An identified set and sequence of courses, and/or other units of study, research and practice within an area of disciplinary or interdisciplinary study, which is completed in full or partial fulfillment of the requirements for the awarding of a degree, and is recorded on the graduate's academic record.

It should be noted that:

a) A program constitutes "full" fulfillment of the requirements for the awarding of a degree when the program and degree program are one and the same;
b) A program constitutes "partial" fulfillment of the requirements for the awarding of a degree when the program is a subset of the degree program. Typically, a bachelor's degree requires the completion of a program of specialization, often referred to as a major, an honours program, a concentration or similar.

1.7 ACRONYMS

COU ..... Council of Ontario Universities

FIPPA ..... Freedom of Information and Protection of Privacy Act

GDLES ..... Graduate Degree Level Expectations

IQAP ..... Institutional Quality Assurance Process (See Framework Section 1.3)

ITAL ..... Institute of Technology and Advanced Learning

MTCU ..... Ministry of Training, Colleges and Universities

OCAV ..... Ontario Council of Academic Vice-Presidents

UPRAC ..... Undergraduate Program Review Audit Committee

UUDLES ..... University Undergraduate Degree Level Expectations

2. PROTOCOL FOR NEW PROGRAM APPROVALS

The primary responsibility for the design and quality assurance of new programs lies with institutions, and their governing bodies**.** The institution is responsible for curriculum design, the development of program objectives, the determination of learning outcomes, and generally for the assembly of human, instructional and physical resources needed.

Each institution will establish an IQAP (see Framework Section 1.3) that sets out the steps to be taken internally to assemble and provide the information required for New Program Proposals. This proposed IQAP will be submitted to the Quality Council for initial ratification (see Framework Section 1.5) before it may be implemented.

Flow Chart 1: Overview of the Protocol for New Program Approvals shows the major steps, within the institution and through the Quality Council, required for the approval of new programs by this protocol.

Institutions will submit all new undergraduate and graduate degree programs, program of specialization and for-credit graduate diploma program proposals to the Quality Council. Each proposal will be appraised by the Council's Appraisal Committee. On the basis of their appraisal, the Council will decide whether to approve or reject the proposals. This requirement applies to all New Program Proposals regardless of whether or not the institution will be applying for provincial funding.

Proposals for new for-credit graduate diploma programs require no external review, and are subject only to an **Expedited Approval**. The **Proposal Brief** for new for-credit graduate diplomas will be subject to inclusion, where applicable, of Framework steps 2.2.1 to 2.2.5, as described below. Since no external review is required, these Proposal Briefs are exempt from inclusion of steps 2.2.6 to 2.2.8. The Council's appraisal process will also be substantially abbreviated.

2.1 EVALUATION CRITERIA

Prior to submitting a Proposal Brief to the Quality Council for appraisal, institutions will evaluate any new graduate or undergraduate programs against the following criteria:

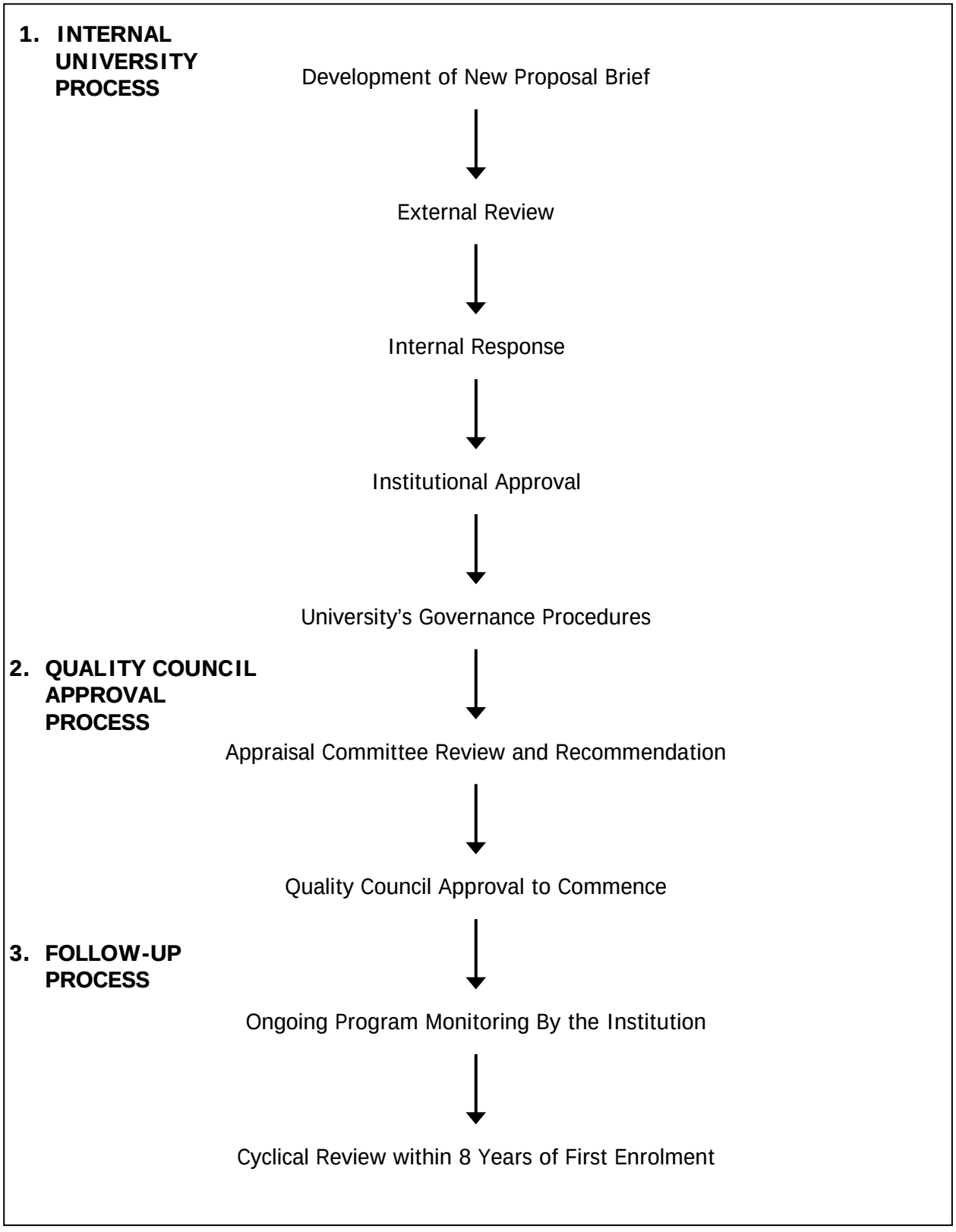
2.1.1 Objectives

a) Consistency of the program with the institution's mission and academic plans.
b) Clarity and appropriateness of the program's requirements and associated learning outcomes in addressing the institution's own undergraduate or graduate Degree Level Expectations.
c) Appropriateness of degree nomenclature.

2.1.2 Admission requirements

a) Appropriateness of the program's admission requirements for the learning outcomes established for completion of the program.
b) Sufficient explanation of alternative requirements, if any, for admission into a graduate, second-entry or undergraduate program, such as minimum grade point average, additional

FLOW CHART 1: OVERVIEW OF PROTOCOL FOR UNDERGRADUATE AND GRADUATE NEW PROGRAM APPROVALS (STEPS SHOWN FOR PROGRAMS APPROVED TO COMMENCE. NEW GRADUATE DIPLOMAS FOLLOW THE PROTOCOL FOR EXPEDITED APPROVALS SEE FLOW CHART 2).



languages or portfolios, along with how the program recognizes prior work or learning experience.

2.1.3 Structure

a) Appropriateness of the program's structure and regulations to meet specified program learning outcomes and degree level expectations.
b) For graduate programs, a clear rationale for program length that ensures that the program requirements can be reasonably completed within the proposed time period.

2.1.4 Program content

a) Ways in which the curriculum addresses the current state of the discipline or area of study.
b) Identification of any unique curriculum or program innovations or creative components.
c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
d) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses.

2.1.5 Mode of delivery

Appropriateness of the proposed mode(s) of delivery (see Definitions) to meet the intended program learning outcomes and Degree Level Expectations.

2.1.6 Assessment of teaching and learning

a) Appropriateness of the proposed methods for the assessment of student achievement of the intended program learning outcomes and Degree Level Expectations.
b) Completeness of plans for documenting and demonstrating the level of performance of students, consistent with the institution's statement of its Degree Level Expectations (see Guide).

2.1.7 Resources for all programs

a) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, and any institutional commitment to supplement those resources, to support the program.
b) Participation of a sufficient number and quality of faculty who are competent to teach and/or supervise in the program.
c) Evidence that there are adequate resources to sustain the quality of scholarship produced by undergraduate students as well as graduate students' scholarship and research activities, including library support, information technology support, and laboratory access.

2.1.8 Resources for graduate programs only

a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate.
b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students.
c) Evidence of how supervisory loads will be distributed, and the qualifications and appointment status of faculty who will provide instruction and supervision.

2.1.9 Resources for undergraduate programs only

Evidence of and planning for adequate numbers and quality of: (a) faculty and staff to achieve the goals of the program; or (b) of plans and the commitment to provide the necessary resources in step with the implementation of the program; (c) planned/anticipated class sizes; (d) provision of supervision of experiential learning opportunities (if required); and (e) the role of adjunct and part-time faculty.

2.1.10 Quality and other indicators

a) Definition and use of indicators that provide evidence of quality of the faculty (*e.g.*, qualifications, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the proposed program).
b) Evidence of a program structure and faculty research that will ensure the intellectual quality of the student experience.

2.2 INITIAL INSTITUTIONAL PROCESS

The process the institution follows to approve new undergraduate and graduate programs will, at a minimum[1]:

2.2.1 Identify authorities

Identify the authority or authorities responsible for the IQAP and its application.

2.2.2 Identify contact

Identify the authoritative contact between the institution and the Quality Council. This will be the sole contact for communication between the institution and the Quality Council about the approval process.

2.2.3 Identify steps

Identify the institutional steps required to develop and approve new programs. The IQAP will also set out the intra-institutional steps that will apply to the quality assurance of other new programs (for example, a new **Emphasis, Option, Minor Program or similar)** which do *not* require Quality Council appraisal and approval.

2.2.4 Evaluation criteria

Require, at a minimum, the evaluation criteria specified in Framework Section 2.1 above.

2.2.5 Program Proposal Brief

Require the preparation of a **Program Proposal Brief** that addresses the above criteria and meets the requirements of this Quality Assurance Framework together with any further institutional requirements which it chooses to apply (see template and Guide). For proposals for new for-credit graduate diplomas, apply only the applicable components of the Evaluation Criteria (see 2.1). Since no external reviewers are required, steps 2.2.6 through 2.2.9, inclusive, in the Initial Institutional Process will not apply.

2.2.6 External reviewers

Establish and describe a process for the selection and appointment of external reviewers and any others who will review the new program proposal. There will be at least one reviewer for new undergraduate programs and two for new graduate programs. External review of new graduate program proposals must incorporate an on-site visit. External review of new undergraduate program proposals will normally be conducted on-site, but may be conducted by desk audit, video-conference or an equivalent method if the external reviewer is satisfied that the off-site option is acceptable. The reviewers will normally be associate or full professors, or the equivalent, with program management experience, and will be at arm's length from the program under review. (See Guide for a definition of *arm's length* and for suggestions on the selection of reviewers.)

2.2.7 Reviewers' report

Excepting occasions when two languages are used or when contrary circumstances apply, the reviewers will normally provide a joint report (see template) that appraises the standards and quality of the

[1] Institutions are free to add to this list of required components of the new program approval process.

proposed program and addresses the criteria set out in Section 2.1, including the associated faculty and material resources. They will also be invited to acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it.

2.2.8 Internal response

Require, in response to the Reviewers' Report(s) and recommendations, responses from both the proposing academic unit and the relevant deans or their delegates.

2.2.9 Institutional approval

Based on the Proposal Brief, the Reviewers' Report(s) and the internal responses to both, and in accordance with the IQAP, the institution will determine whether or not the proposal meets its quality assurance standards and is thus acceptable or needs further modification. The institution may stop the whole process at this or any subsequent point.

2.2.10 Quality Council Secretariat

After completion of any other requirements of its IQAP, the institution will submit the Proposal Brief, together with all required reports and documents, to the Quality Council Secretariat. The submission template will require information on whether or not the proposed program will be a cost-recovery program. The same standards and protocols apply regardless of the source of funding.

2.2.11 Announcement of new programs

Following its submission to the Quality Council, the institution may announce its intention to offer the program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until and unless the program is approved by the Council.

2.3 INITIAL APPRAISAL PROCESS

2.3.1 Secretariat check

The Quality Council Secretariat will confirm that the Proposal Brief and associated reports and internal responses to them (as set out in Framework Section 2.2 above) are complete. If there is missing information or defects of substance, the Secretariat will return the Proposal Brief to the institution for revision or amendment and resubmission. Otherwise the Proposal Brief and accompanying documents will be forwarded directly to the Quality Council Appraisal Committee.

2.3.2 Appraisal Committee reviews and recommends

The Quality Council's Appraisal Committee reviews and appraises the complete file. This committee may seek further information from the institution, in which case it provides reasons for its requests to the institution. In rare instances, the Appraisal Committee may invite further input from an external expert, either through desk audit or site visit. If no further information is required, the Appraisal Committee, through the Quality Council, will advise the institution of its proposed recommendation, including a brief explanation of its reasons. This assessment includes one of the following recommendations:

a) Approval to commence;
b) Approval to commence, with report (see Guide);[1]
c) Deferral for up to one year during which time the university may address identified issues and report back; or
d) Against approval.

[1] This typically refers to some provision or facility not currently in place but planned for later implementation, often two to three years in the future. The *with report* condition implies no lack of quality in the program at this point, does not hold up the implementation of the new program, and is not subject to public reference, whether on the web or elsewhere.

This step will normally be completed within forty-five days of receipt of the institution's submission, provided that the submission is complete and in good order, and that no further information or external expert advice is required. Where additional information is required by the Appraisal Committee, one of the four possible recommendations (see above) to the Council will be made within a further thirty days of its receipt.

2.3.3 Institution may consult/appeal to Committee

When the recommendation is one of b), c) or d) in 2.3.2 above, the proposing university may, within sixty days, make an appeal to, or request a meeting with, the Appraisal Committee for reconsideration. Normally, the grounds for seeking reconsideration are that the institution will be providing new information, or that there were errors of fact in the Appraisal Committee's commentary, or there were errors of process. Following such communication, the Appraisal Committee revisits and may revise its assessment. It will convey its final recommendation to the Quality Council.

2.3.4 Institution may appeal to Council. Council decides

Having received and considered the Appraisal Committee's final assessment and recommendation, any additional comments from the institution on the assessment, and further, having heard any requested appeal from the institution on matters of fact or procedure, the Council makes one of the following decisions:

a) Approved to commence;
b) Approved to commence, with report;
c) Deferred for up to one year, affording the institution an opportunity to amend and resubmit its proposal brief; or
d) That the program proposal is declined.

When the Quality Council chooses option c), then the Appraisal Committee suspends the assessment process until the institution has resubmitted its Brief. After this, the Appraisal Committee reactivates its appraisal process (see Framework Section 2.3.2 above). When the Appraisal Committee does not receive a response within the specified period, it considers the proposal to have been withdrawn.

2.3.5 Council reports decision

The Quality Council conveys its decision to the institution through the designated institutional contact, and reports it for information to OCAV and to the Ministry of Training, Colleges and Universities (MTCU). The Quality Council and the institution post information about decisions on approval to commence new programs on their respective websites, together with a brief description of the program. Only at this point may institutions make offers of admission to the program.

2.3.6 Waiting period before resubmission

To allow time for revisions to proposals, any institution declined permission to proceed at this stage (2.3.4) of the process, or following a denied appeal of the decision (2.3.8), will normally wait until one year has elapsed from the date of the Quality Council's decision before resubmitting a revised version of its proposal. The same waiting period normally applies when a university does not resubmit a deferred program proposal within the specified period.

2.3.7 Subsequent *with report* appraisal

When an institution has been given approval to commence a program *with report,* the Appraisal Committee reviews the subsequently submitted report, conducts whatever consultation it requires, and then makes one of the following recommendations to the Council. That:

a) The program be approved to continue without condition;
b) The program may continue accepting admissions but the Council requires additional follow-up and report within a specified period, prior to the conduct of the initial cyclical review. On the Council's

receipt of that required report, the procedure returns to this same step in the appraisal process (*i.e.*, 2.3.8).

c) The program be required to suspend admissions for a minimum of two years. The Quality Council will then specify the conditions to be met in the interim in order for admissions to the program to resume.
d) The institution may appeal, to the Quality Council, the proposed recommendation of the Appraisal Committee to suspend admissions to the program (2.3.7 c), on the same terms as are set out in Framework Section 2.3.3 above (*i.e.*, the institution will be providing new information; and/or there were errors of fact in the Appraisal Committee's commentary; and/or there were errors of process).

2.3.8 Council hears *with report* appeal. Council decides

Having received and considered the Appraisal Committee's recommendation, and the institution's appeal, if any, the Quality Council may decide either:

a) To approve the program without condition, or
b) To approve the program continuing admissions with a further report, or
c) To require the program to suspend admissions for a minimum of two years. This decision is final. The Quality Council conveys its decision to the institution, and reports it to OCAV and to MTCU for information.

2.4 SUBSEQUENT INSTITUTIONAL PROCESS

2.4.1 First cyclical review

The first cyclical review for any new program must be conducted no more than eight years after the date of the program's initial enrolment and normally in accordance with the university's program review schedule.

2.4.2 Implementation window

After a new program is approved to commence, the program will begin within thirty-six months of that date of approval; otherwise the approval will lapse.

2.4.3 Monitoring

The IQAP will ensure monitoring of new programs.

2.5 FINAL PROCESS

At least one of the undergraduate programs and one of the graduate programs selected for the sample for each institutional audit (See Framework Section 5.2.2) will be a New Program or a Major Modification to an Existing Program approved within the period since the conduct of the previous audit. The audit cannot reverse the approval of a program to commence.

3. PROTOCOL FOR EXPEDITED APPROVALS

The Protocol for **Expedited Approvals** applies when:

a) an institution requests endorsement of the Quality Council to **declare a new Field in a graduate program**. (Note that institutions are not required to declare fields in either master's or doctoral programs.); or
b) there is a proposal for a **new Collaborative Program**; or
c) there are proposals for **new for-credit graduate diplomas;** or
d) an institution requests it, there are **Major Modifications to Existing Programs**, as already defined through the IQAP, proposed for degree program or program of specialization.

The **Expedited Approvals** process requires the submission to the Quality Council of a **Proposal Brief** (see template) of the proposed program change/new program (as detailed above) and the rationale for it. Only the applicable criteria outlined in Framework Section 2.1 will be applied to the proposal. The process is further expedited by not requiring the use of external reviewers; hence Framework Sections 2.2.6 through 2.2.8 (inclusive) do not apply. Furthermore, the Council's appraisal and approval processes are reduced. (See Framework Section 3.2)

Flow Chart 2: Overview of the Protocol for Expedited Approvals shows the major steps, within the institution and through the Quality Council.

3.1 PROPOSAL BRIEF

The **Proposal Brief** will describe the new program or the significant changes being proposed (including, as appropriate, reference to learning outcomes, faculty and resources), provide a brief account of the rationale for the changes, and address the Evaluation Criteria (see Framework Section 2.1) where they apply. A template will be used for submission of the Brief.

3.2 EXPEDITED APPROVAL PROCESS

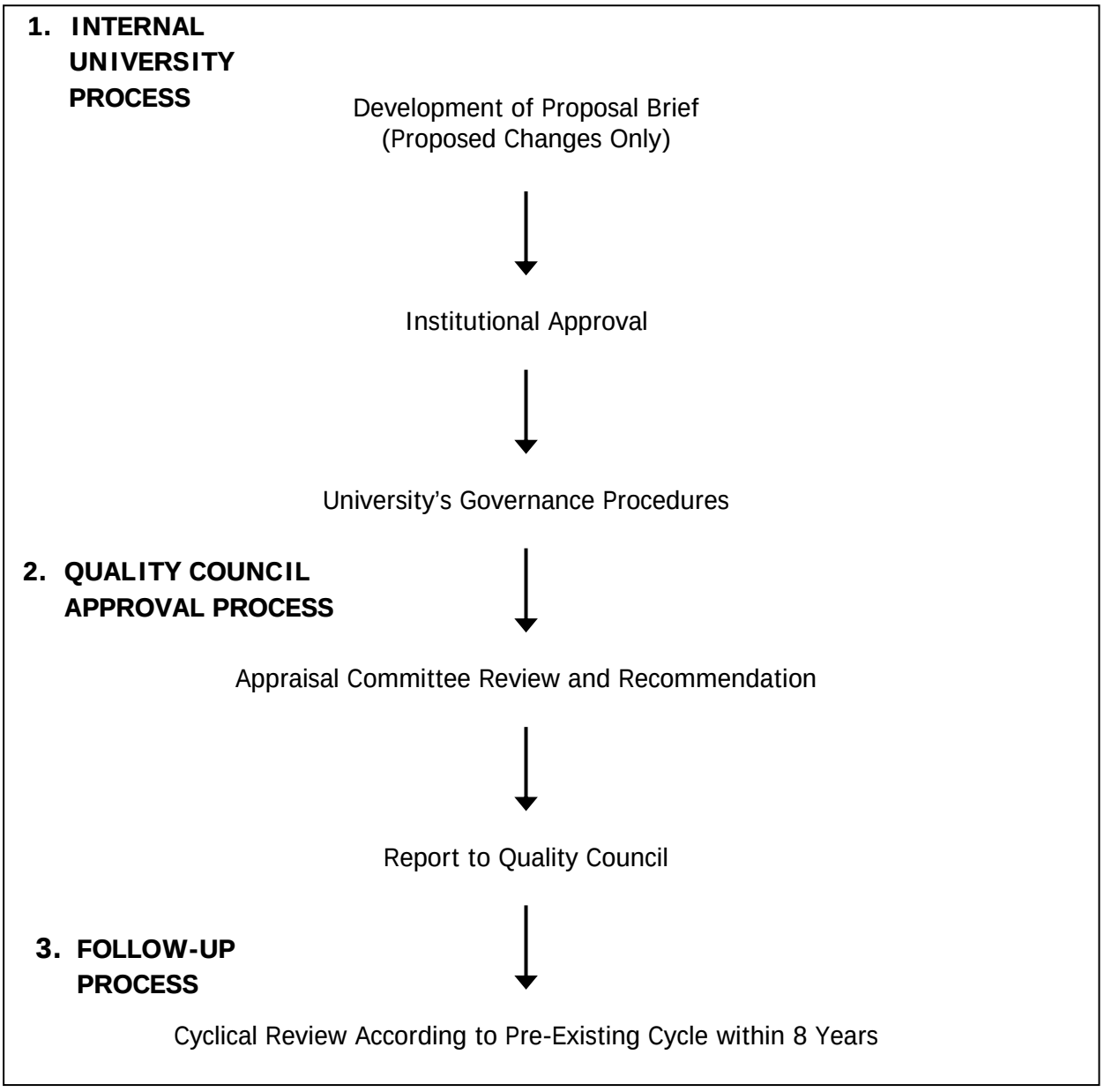
After reviewing the submission, conferring with the proposing institution, and receiving further information as needed, the Council's Appraisal Committee will come to its decision:

a) That the institution proceed with the proposed changes/new programs;
b) That it consult further with the institution, over details of interest or concern, regarding the proposed changes/new programs. It can be anticipated that these subsequent consultations will normally be brief and affirmative in their outcome.

The outcomes of these **Expedited Approvals** will be conveyed to the proposing institution, through the identified authoritative contact, directly by the Executive Director and reported to the Quality Council.

The final decision of the Appraisal Committee will be conveyed to the proposing institution, by the Quality Council, within forty-five days of receipt of a final and complete submission.

FLOW CHART 2: OVERVIEW OF PROTOCOL FOR EXPEDITED APPROVALS



3.3 INSTITUTIONAL IDENTIFICATION OF MAJOR MODIFICATIONS TO EXISTING PROGRAMS

The fundamental purpose of the identification of major modifications to existing programs, and their submission through a robust quality assurance process which does not require but may include the Quality Council, is to assure the institution, and the public, of the ongoing quality of all of the institution's academic programs. The institutions themselves are best placed to determine when a major change is being proposed.

Major modifications typically include one or more of the following program changes:

a) Requirements for the program that differ significantly from those existing at the time of the previous cyclical program review;
b) Significant changes to the learning outcomes;
c) Significant changes to the faculty engaged in delivering the program and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery.

Institutions are required, within their IQAP, to provide their internal definition of what constitutes a "significant change" in the requirements, intended learning outcomes or human and other resources associated with the program.

The IQAP will also set out the intra-institutional steps that will apply to the quality assurance of other program changes (for example, changes to an existing Emphasis, Option, Minor Program, or similar which do not require Quality Council appraisal and approval.

Major modifications to existing programs, except when an institution requests endorsement of the Quality Council for the addition of fields to graduate programs, do not require submission of a **Proposal Brief** to the Quality Council. An institution may, at its discretion, request that the Quality Council review a major modification proposal and normally that will occur through an Expedited Approval Process. Each institution will set out, within its IQAP (see Framework Section 1.3), the information required and steps to be taken internally for its own approval process for such major modifications. The IQAP will also provide for the preparation of the **Proposal Brief** to be submitted to the Quality Council for those cases when the institution may request a Quality Council Review. For a Quality Council review, this Brief requires:

a) A description of, and rationale for, the proposed changes; and
b) Application of the relevant criteria outlined in Framework Section 2.1, to the proposed changes.

The institutional process is abbreviated by not requiring the use of external reviewers; hence Framework Sections 2.2.6 to 2.2.8 do not apply.

3.4 ANNUAL REPORT TO THE QUALITY COUNCIL

Each institution will file an annual report (see Guide) to the Quality Council which provides a summary of major program modifications that were approved through the university's internal approval process in the past year.

4. PROTOCOL FOR CYCLICAL PROGRAM REVIEWS

The Quality Council's Protocol for the conduct of **Cyclical Program Reviews** has five principal components:

a) Self-study (see Framework Section 4.2.3);
b) External evaluation (peer review) with report and recommendations on program quality improvement (see Framework Section 4.2.4);
c) Institutional evaluation of the self-study and the external assessment report resulting in recommendations for program quality improvement (see Framework Section 4.2.5);
d) Preparation and adoption of plans to implement the recommendations and to monitor their implementation (see Framework Section 4.2.5); and
e) Follow-up reporting on the principal findings of the review and the implementation of the recommendations (see Framework Section 4.2.6).

Degree Level Expectations, combined with the expert judgment of external disciplinary scholars, provide the benchmarks for assessing a program's standards and quality.

Below are the minimum process requirements for the cyclical review of undergraduate and graduate programs whether or not those programs are supported by government funds (see Flow Chart 3: Overview of the Protocol for Cyclical Program Reviews).

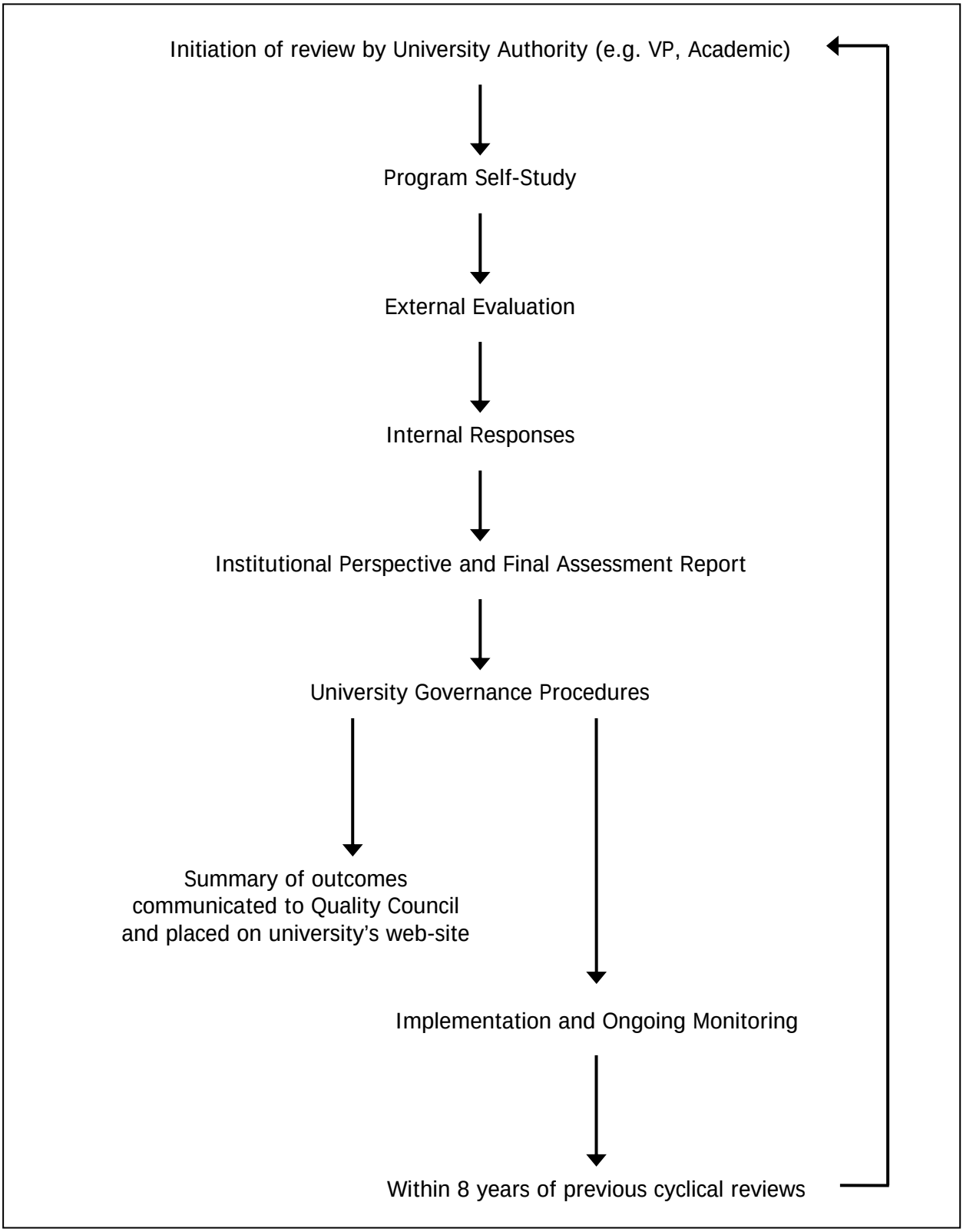
4.1 SCHEDULE OF REVIEWS

Establish a cycle, not to exceed eight years, for the review of the institution's full complement of undergraduate and graduate degree (including programs of specialization), and graduate diploma programs, and indicate how the cycle may coincide with any other internal reviews and professional accreditation. This review cycle should record all independent offerings (different faculty, resources, learning outcomes, delivery mode) of each program.

Institutions have considerable flexibility in scheduling their program reviews. Cyclical program reviews of undergraduate programs may be conducted either independently from, or concurrently with, reviews of graduate programs, and/or departments and other academic units. Nevertheless, it is essential that the quality of each academic program and the learning environment of the students in each program will be explicitly addressed in the reviewers' report(s) as set out in these protocols. The review cycle will include all joint, multi-disciplinary, interdisciplinary, multi-sited and inter-institutional programs, and all modes of delivery.

When an institution chooses to review different program levels (for example, graduate and undergraduate), program modes, or programs offered at different locations, institutions may, in accordance with their respective IQAPs, prepare separate reports for each discrete program or address each program within a single omnibus report provided that the distinctive attributes of each discrete program are reviewed and reported on by the reviewers.

FLOW CHART 3: PROTOCOL FOR THE CYCLICAL REVIEW OF EXISTING PROGRAMS



4.2 INSTITUTIONAL QUALITY ASSURANCE PROCESS REQUIREMENTS

Institutions may enlarge or enhance the quality assurance process requirements set out below to meet their own needs. While accommodating the institution's own culture and practice, the IQAP for cyclical program reviews will:

4.2.1 Authority

a) Identify the authority or authorities responsible for the IQAP and its application.
b) Identify the authoritative contact between the institution and the Quality Council.

4.2.2 The Program or programs

Identify the specific program or programs that will be reviewed and identify, where there is more than one mode or site involved in delivering a specific program, the distinct versions of each program that are to be reviewed.

4.2.3 Self-study: Internal program perspective

a) Include the submission of a self-study document that is broad-based, reflective, forward-looking and includes critical analysis.

b) Identify any pertinent information which the institution deems appropriate for inclusion.

c) Ensure that the self-study will address and document the:
   1. Consistency of the program's learning outcomes with the institution's mission and Degree Level Expectations, and how its graduates achieve those outcomes;
   2. Program-related data and measures of performance, including applicable provincial, national and professional standards (where available);
   3. Integrity of the data;
   4. Review criteria and quality indicators identified in Framework Section 4.3;
   5. Concerns and recommendations raised in previous reviews;
   6. Areas identified through the conduct of the self-study as requiring improvement;
   7. Areas that hold promise for enhancement;
   8. Academic services that directly contribute to the academic quality of each program under review (see Guide);
   9. Participation of program faculty, staff, and students in the self-study and how their views will be obtained and taken into account.

   The input of others deemed to be relevant and useful, such as graduates of the program, representatives of industry, the professions, practical training programs, and employers may also be included.

d) Identify the authority or authorities who will review and approve the self-study report (see Framework Section 4.2.1) to ensure that it meets the above.

4.2.4 External evaluation: External perspective

a) Provide for an external evaluation. Normally the evaluation will be conducted by a Review Committee composed of at least:
   1. One external reviewer for an undergraduate program;
   2. Two such reviewers for a graduate program qualified by discipline and experience to review the program(s);
   3. Two such reviewers for the concurrent review of an undergraduate and graduate program;
   4. One further reviewer, either from within the university but from outside the discipline (or interdisciplinary group) engaged in the program, or external to the university.

All members of the Review Committee will be at arm's length from the program under review. The external and institutional reviewers will be active and respected in their field, and normally associate or full professors with program management experience.

Additional discretionary members may be assigned to the Review Committee where the IQAP so provides. Such additional members might be appropriately qualified and experienced people selected from industry or the professions, and/or, where consistent with the institution's own policies and practices, student members.

b) Describe how the members of the Review Committee are selected as well as any additional reviewers who might be included in the site visits.

c) Describe the steps to be taken to ensure that all members of the Review Committee will:
   1. Understand their role and obligations;
   2. Identify and commend the program's notably strong and creative attributes;
   3. Describe the program's respective strengths, areas for improvement, and opportunities for enhancement;
   4. Recommend specific steps to be taken to improve the program, distinguishing between those the program can itself take and those that require external action;
   5. Recognize the institution's autonomy to determine priorities for funding, space, and faculty allocation.
   6. Respect the confidentiality required for all aspects of the review process.

   The Review Committee's evaluation and report(s) (preferably one joint report, where circumstances permit) should address the substance of both the self-study report and the evaluation criteria set out in Framework Section 4.3 (below).

d) Identify what reports and information the Review Committee will receive in addition to the self-study. Describe how site visits will be conducted, including how reviewers will meet with faculty, students, staff, and senior program administrators. In the case of professional programs, describe how the views of employers and professional associations will be solicited and made available to the Review Committee.

e) Identify to whom the Review Committee submits its report(s) and specify a time frame for its submission (see Report template).

f) Require those who produced the self-study to provide a brief written response to the report(s) of the Review Committee.

g) Identify the relevant dean(s) or academic administrator(s) responsible for the program, who will provide their responses to each of the following:
   1. The plans and recommendations proposed in the self-study report;
   2. The recommendations advanced by the Review Committee;
   3. The program's response to the Review Committee's report(s);

   and will describe:

   4. Any changes in organization, policy or governance that would be necessary to meet the recommendations;
   5. The resources, financial and otherwise, that would be provided in supporting the implementation of selected recommendations; and
   6. A proposed timeline for the implementation of any of those recommendations.

4.2.5 Institutional perspective and report

a) Describe how the self-study and the plans and recommendations issuing from it, and the reviewers' report and responses to it, will be assessed by institutional peers. Most universities have an existing (standing) committee that undertakes this function. The description should identify the participants and how they are selected.

b) Describe how a **Final Assessment Report**, providing the institutional synthesis of the external evaluation and internal responses and assessments, will be drafted which:
   1. Identifies any significant strengths of the program;
   2. Identifies opportunities for program improvement and enhancement;
   3. Sets out and prioritizes the recommendations that are selected for implementation;
   4. May include a confidential section (where personnel issues require to be addressed); and
   5. Includes an institutional **Executive Summary**, exclusive of any such confidential information, and suitable for publication on the web.

c) Unless already specified elsewhere in the IQAP, the Final Assessment Report will include an **Implementation Plan** that identifies:
   1. Who will be responsible for approving the recommendations set out in the Final Assessment Report (4.2.5 [b]3);
   2. Who will be responsible for providing any resources made necessary by those recommendations;
   3. Who will be responsible for acting on those recommendations; and
   4. Timelines for acting on and monitoring the implementation of those recommendations.

4.2.6 Reporting requirements

a) Provide for the distribution of the Final Assessment Report (excluding all confidential information) and the associated Implementation Plan, to the program, Senate (or equivalent authority, as identified in Framework Section 4.2.1, above) and the Quality Council.

b) Require that the institutional Executive Summary (provided for in Framework Section 4.2.5 [b] 5 above) of the outcomes of the review, and the associated Implementation Plan (Framework Section 4.2.5 [c]) be posted on the institution's website and copies provided to both the Quality Council and the institution's governing body.

c) Provide for the timely monitoring of the implementation of the recommendations, and the appropriate distribution, including web postings, of the scheduled monitoring reports.

d) Establish the extent of public access to the:
   1. Information made available for the self-study;
   2. Self-study report;
   3. Report of the Review Committee; and
   4. Specified responses to the report of the Review Committee.

   It is expected that the report from the Review Committee will be afforded an appropriate level of confidentiality.

4.2.7 Use of accreditation and other external reviews in the Institutional Quality Assurance Process

The IQAP may allow for and specify the substitution or addition of documentation or processes associated with the accreditation of a program, for components of the institutional program review process, when it is fully consistent with the requirements established in this Framework. A record of substitution or addition, and the grounds on which it was made, will be eligible for audit by the Quality Council.

4.2.8 Institutional Manual

Provide for the preparation and systematic maintenance of an institutional manual that describes the cyclical program review and supports such reviews. Among other items, this manual should do the following:

a) Provide guidance on the conduct of rigorous, objective and searching self-studies, and describe the potential benefits that can accrue from them;
b) Establish the criteria for the nomination and selection of arm's length external peer reviewers;
c) Identify responsibilities for the collection, aggregation and distribution of institutional data and outcome measures required for self-studies;
d) Specify the format required for the self-study and external reviewers' reports; and
e) Set out the institution's cycle for the conduct of undergraduate and graduate program reviews.

4.3 EVALUATION CRITERIA

The IQAP for review of existing undergraduate and graduate programs shall require, and may where it chooses extend the evaluation criteria set out below.

4.3.1 Objectives

a) Program is consistent with the institution's mission and academic plans.
b) Program requirements and learning outcomes are clear, appropriate and align with the institution's statement of the undergraduate and/or graduate Degree Level Expectations.

4.3.2 Admission requirements

Admission requirements are appropriately aligned with the learning outcomes established for completion of the program.

4.3.3 Curriculum

a) The curriculum reflects the current state of the discipline or area of study.
b) Evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs.
c) Mode(s) of delivery to meet the program's identified learning outcomes are appropriate and effective.

4.3.4 Teaching and assessment

a) Methods for assessing student achievement of the defined learning outcomes and degree learning expectations are appropriate and effective.
b) Appropriateness and effectiveness of the means of assessment, especially in the students' final year of the program, in clearly demonstrating achievement of the program learning objectives and the institution's (or the Program's own) statement of Degree Level Expectations.

4.3.5 Resources

Appropriateness and effectiveness of the academic unit's use of *existing* human, physical and financial resources in delivering its program(s). In making this assessment, reviewers must recognize the institution's autonomy to determine priorities for funding, space, and faculty allocation.

4.3.6 Quality indicators

While there are several widely used quality indicators or proxies for reflecting program quality, institutions are encouraged to include available measures of their own which they see as best achieving that goal. Outcome measures of student performance and achievement are of particular interest, but there are also important input and process measures which are known to have a strong association with quality

outcomes. It is expected that many of the following listed examples will be widely used. The Guide makes reference to further sources and measures that might be considered.

a) **Faculty**: qualifications, research and scholarly record; class sizes; percentage of classes taught by permanent or non-permanent (contractual) faculty; numbers, assignments and qualifications of part-time or temporary faculty;
b) **Students**: applications and registrations; attrition rates; time-to-completion; final-year academic achievement; graduation rates; academic awards; student in-course reports on teaching; and
c) **Graduates**: rates of graduation, employment six months and two years after graduation, post-graduate study, "skills match" and alumni reports on program quality when available and when permitted by the Freedom of Information and Protection of Privacy Act (FIPPA). Auditors will be instructed that these items may not be available and applicable to all programs.

4.3.7 Quality enhancement

Initiatives taken to enhance the quality of the program and the associated learning and teaching environment.

4.3.8 Additional graduate program criteria

a) Evidence that students' time-to-completion is both monitored and managed in relation to the program's defined length and program requirements.
b) Quality and availability of graduate supervision.
c) Definition and application of indicators that provide evidence of faculty, student and program quality, for example:
    1. Faculty: funding, honours and awards, and commitment to student mentoring;
    2. Students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills;
    3. Program: evidence of a program structure and faculty research that will ensure the intellectual quality of the student experience;
    4. Sufficient graduate level courses that students will be able to meet the requirement that two-thirds of their course requirements be met through courses at this level (see Guide.)

5. AUDIT PROCESS

The objective of the audit is to determine whether or not the institution, since the last review, has acted in compliance with the provisions of its IQAP for Cyclical Program Reviews as ratified by the Quality Council.

All publicly assisted universities in Ontario associated with the Quality Council have committed to participating in this audit process once every eight years. Additional audits for specific institutions may take place within any cycle, as described below. The Quality Council consults with OCAV in establishing the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website.

5.1 QUALITY COUNCIL AUDIT PANEL: SELECTION OF THE AUDITORS

The selection of auditors follows a four-step process:
a) The Quality Council solicits nominations of auditors;
b) The Quality Council generates a long list of potential auditors and submits the list to OCAV;
c) OCAV selects a roster of auditors from the list; and
d) The Quality Council appoints the required number of auditors from the OCAV-selected list.

The slate of appointees will include present and past faculty members, not currently holding an administrative appointment in an Ontario university but having had senior administrative experience at the faculty or university level. They are selected for their recognized strength in the development and operation of undergraduate and/or graduate programs and their experience, typically, in one or more Ontario universities. Some will be bilingual. From time to time, one or two auditors may be required to have had senior administrative experience in an academic services area, such as operating student academic support functions. The full complement of auditors is known as the Quality Council Audit Panel.

5.2 STEPS IN THE AUDIT PROCESS

5.2.1 Assignment of auditors for the conduct of the audit

Normally, no fewer than three auditors, selected by the Executive Director of the Quality Council, conduct an institutional audit. These auditors will be at arm's length from the institution undergoing the audit. The Executive Director and a member of the Secretariat normally accompany the auditors on their site visit.

5.2.2 Selection of the sample of programs for audit

Auditors independently select programs for audit, typically four undergraduate and four graduate cyclical program reviews. At least one of the undergraduate programs and one of the graduate programs will be a New Program or Major Modifications to an Existing Program approved within the period since the previous audit. The Executive Director authorizes the proposed selection, assuring, for example, a reasonable program mix.

Specific programs may be added to the sample when an immediately previous audit has documented causes for concern, and when so directed in accordance with Framework Section 5.2.5 (b). When the institution itself so requests, specific programs may also be audited.

The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the institution in its IQAP.

5.2.3 Desk audit[1] of the institutional quality assurance practices

Once every eight years, and in preparation for a scheduled on-site visit, the auditors participate in a desk audit of the institution's quality assurance practices. Using the institution's records of the sampled cyclical program reviews, together with associated documents, this audit tests whether the institution's practice conforms to its own IQAP, as ratified by the Quality Council.[2]

It is essential that the auditors have access to all relevant documents and information to ensure they have a clear understanding of the institution's practices. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate the conduct of an effective and efficient on-site visit.

The documentation to be submitted for the programs selected for audit will include:

a) All the documents and other information associated with each step of the institution's IQAP, as ratified by the Quality Council.
b) The record of any revisions of the institution's IQAP, as ratified by the Quality Council.

Institutions may provide any additional documents at their discretion.

During the desk audit, the auditors will also determine whether or not the institution's web-based publication of the Executive Summaries, and subsequent reports on the implementation of the review recommendations for the programs included in the current audit, meet the requirements of Framework Section 4.2.6.

The auditors undertake to preserve the confidentiality required for all documentation and communications and meet all applicable requirements of the Freedom of Information and Protection of Privacy Act (FIPPA).

5.2.4 On-site interaction with the institution

After the desk audit, auditors normally visit the institution over two or three days. The principal purpose of the on-site visit is to answer questions and address information gaps that arose during the desk audit. Ultimately, the purpose of the on-site visit is for the auditors to get a sufficiently complete and accurate understanding of the institution's application of its IQAP so that they can meet their audit responsibilities.

In the course of the site visit, the auditors will speak with those identified by the IQAP as participants and in particular those accountable for various steps, responsibilities, and obligations in the process. The institution, in consultation with the auditors, will establish the program and schedule for these interviews prior to the site visit.

5.2.5 Audit report

a) Following the conduct of an institutional audit, the auditors prepare a report, which:
    1. Describes the audit methodology and the verification steps used;
    2. Provides a status report on the program reviews carried out by the institution;
    3. On the basis of the programs audited, describes the institution's compliance with its IQAP as ratified by the Quality Council;
    4. Identifies and records any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
    5. Where appropriate, makes suggestions and recommendations and identifies causes for concern.

[1] A desk audit is a limited-scope, off-site examination of the relevant documents and records by the auditors.

[2] Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process applying at the time of the conduct of the review.

Suggestions will be forward-looking, and are made by auditors when they identify opportunities for the institution to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best practices. Institutions are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.

Recommendations are recorded in the auditors' report when they have identified failures to comply with the IQAP. These failures indicate discrepancies that weaken the integrity of academic standards or are necessary for effective quality assurance. The institution must address these recommendations.

Causes for concern In some cases the auditors may identify that there is cause for concern. These may be potential structural weaknesses in quality assurance practices (for example, when, in two or more instances, the auditors identify inadequate follow-up monitoring (as called for in Framework Section 4.2.5[c]); a failure to make the relevant implementation reports to the appropriate statutory authorities (as called for in Framework Section 4.2.6.), or the absence of the Manual (as called for in Framework Section 4.2.8).

b) When the auditors have identified, with supporting reason and evidence, cause for concern, it will be reported to the Audit Committee and the institution. Following deliberation, including possible discussion with the institution, the Committee may then recommend that the Quality Council investigate by taking one of the following steps:
   1. Directing specific attention by the auditors to the issue within the subsequent audit as provided for in Framework Section 5.2.2;
   2. Scheduling a larger selection of programs for the institution's next audit; and/or
   3. Requiring an immediate and expanded institutional audit (further sample) of the respective process(es).

The decision of the Quality Council will be reported to the institution by the Executive Director.

5.2.6 Disposition of the audit report and summary

The auditors prepare a **draft report**, together with a **summary of the principal findings** suitable for subsequent publication. The Secretariat provides a copy of these to the institution's "authoritative contact" identified in Framework Section 4.2.1(b), for comment. This consultation is intended to ensure that the report and associated summary do not contain errors or omissions of fact.

That authority submits a response to the draft report and summary within sixty days. This response becomes part of the official record, and the auditors may use it to revise their report and/or associated summary prior to their submission to the Audit Committee.

The Executive Director submits the final audit report and associated summary, together with the institutional response, to the Audit Committee for consideration and, when necessary, for consultation with the auditors. When satisfied that the auditors followed the required audit procedures correctly and that the university had an appropriate opportunity to respond, the Audit Committee recommends to the Quality Council approval of the report and associated summary. When a report or associated summary is rejected, the Council determines the actions to be taken.

5.2.7 Submission of the audit report to the institution

The Secretariat sends the approved report and associated summary to the institution and to the Ontario Council of Academic Vice-Presidents (OCAV), the Council of Ontario Universities (COU) and the Ministry of Training, Colleges and Universities (MTCU) for information.

5.2.8 Publication of main audit findings

The Secretariat publishes the approved summary of the overall findings, together with a record of the recommendations on the Quality Council's website, and sends a copy of both to the institution for publication on its website.

5.2.9 Institutional one-year follow-up

Within a year of the publication of the final audit report, the institution will inform the auditors, through the Secretariat, of the steps it has taken to address the recommendations. The auditors will draft an accompanying commentary on the scope and adequacy of the institution's response, together with a draft summary of their commentary, suitable for publication. The auditors' response and summary are then submitted to the Audit Committee for consideration. The Audit Committee will submit a recommendation to the Quality Council on whether or not to accept the institutional one-year follow-up response. When the Audit Committee is not satisfied with the reported institutional response, it recommends to the Quality Council the course of action to be taken.

5.2.10 Web publication of one-year follow-up report

The Secretariat publishes the auditors' summary of the scope and adequacy of the institution's response on the Quality Council website and sends a copy to the institution for publication on its web site and to OCAV, COU and MTCU for information.

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6. REVIEW OF THE QUALITY ASSURANCE FRAMEWORK

6.1 AMENDMENT OF THE QUALITY ASSURANCE FRAMEWORK

The Quality Council or OCAV may request changes at any time, subject to approval of both the Quality Council and OCAV.

6.2 AUDIT OF THE QUALITY COUNCIL AND QUALITY ASSURANCE FRAMEWORK

The Quality Assurance Framework and the Quality Council will be reviewed periodically and independently (every eight years) using a methodology agreed to by the Quality Council and OCAV.

APPENDIX 1:

ONTARIO COUNCIL OF ACADEMIC VICE-PRESIDENTS' UNDERGRADUATE AND GRADUATE DEGREE LEVEL EXPECTATIONS

UNDERGRADUATE

	Baccalaureate / bachelor's degree This degree is awarded to students who have demonstrated the following:	**Baccalaureate / bachelor's degree: honours** This degree is awarded to students who have demonstrated the following:
1. Depth and breadth of knowledge	a) General knowledge and understanding of many key concepts, methodologies, theoretical approaches and assumptions in a discipline	a) Developed knowledge and critical understanding of the key concepts, methodologies, current advances, theoretical approaches and assumptions in a discipline overall, as well as in a specialized area of a discipline
	b) Broad understanding of some of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines	b) Developed understanding of many of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines
	c) Ability to gather, review, evaluate and interpret information relevant to one or more of the major fields in a discipline	c) Developed ability to: i) gather, review, evaluate and interpret information; and ii) compare the merits of alternate hypotheses or creative options, relevant to one or more of the major fields in a discipline
	d) Some detailed knowledge in an area of the discipline	d) Developed, detailed knowledge of and experience in research in an area of the discipline
	e) Critical thinking and analytical skills inside and outside the discipline f) Ability to apply learning from one or more areas outside the discipline	e) Developed critical thinking and analytical skills inside and outside the discipline f) Ability to apply learning from one or more areas outside the discipline
2. Knowledge of methodologies	An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:	An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:

	Baccalaureate / bachelor's degree This degree is awarded to students who have demonstrated the following:	**Baccalaureate / bachelor's degree: honours** This degree is awarded to students who have demonstrated the following:
	a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; and b) devise and sustain arguments or solve problems using these methods.	a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; b) devise and sustain arguments or solve problems using these methods; and c) describe and comment upon particular aspects of current research or equivalent advanced scholarship.
3. Application of knowledge	The ability to review, present, and interpret quantitative and qualitative information to: a) develop lines of argument; b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and The ability to use a basic range of established techniques to: a) analyze information; b) evaluate the appropriateness of different approaches to solving problems related to their area(s) of study; c) propose solutions; and d) make use of scholarly reviews and primary sources.	The ability to review, present and critically evaluate qualitative and quantitative information to: a) develop lines of argument; b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; c) apply underlying concepts, principles, and techniques of analysis, both within and outside the discipline; d) where appropriate use this knowledge in the creative process; and The ability to use a range of established techniques to: a) initiate and undertake critical evaluation of arguments, assumptions, abstract concepts and information; b) propose solutions; c) frame appropriate questions for the purpose of solving a problem; d) solve a problem or create a new work; and

	Baccalaureate / bachelor's degree This degree is awarded to students who have demonstrated the following:	**Baccalaureate / bachelor's degree: honours** This degree is awarded to students who have demonstrated the following:
		e) to make critical use of scholarly reviews and primary sources.
4. Communication skills	The ability to communicate accurately and reliably, orally and in writing to a range of audiences.	The ability to communicate information, arguments, and analyses accurately and reliably, orally and in writing to a range of audiences.
5. Awareness of limits of knowledge	An understanding of the limits to their own knowledge and how this might influence their analyses and interpretations.	An understanding of the limits to their own knowledge and ability, and an appreciation of the uncertainty, ambiguity and limits to knowledge and how this might influence analyses and interpretations.
6. Autonomy and professional capacity	Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring: a) the exercise of personal responsibility and decision-making; b) working effectively with others; c) the ability to identify and address their own learning needs in changing circumstances and to select an appropriate program of further study; and d) behaviour consistent with academic integrity and social responsibility.	Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring: a) the exercise of initiative, personal responsibility and accountability in both personal and group contexts; b) working effectively with others; c) decision-making in complex contexts; d) the ability to manage their own learning in changing circumstances, both within and outside the discipline and to select an appropriate program of further study; e) and behaviour consistent with academic integrity and social responsibility.

GRADUATE

	Master's degree This degree is awarded to students who have demonstrated the following:	**Doctoral degree** This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated the following:
1. Depth and breadth of knowledge	A systematic understanding of knowledge, including, where appropriate, relevant knowledge outside the field and/or discipline, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice;	A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice including, where appropriate, relevant knowledge outside the field and/or discipline.
2. Research and scholarship	A conceptual understanding and methodological competence that a) Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline; b) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and c) Enables a treatment of complex issues and judgments based on established principles and techniques; and, On the basis of that competence, has shown at least one of the following: a) The development and support of a sustained argument in written form; or b) Originality in the application of knowledge.	 a) The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems; b) The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and c) The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.
3. Level of application of knowledge	Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a	The capacity to a) Undertake pure and/or applied research at an advanced level; and

	Master's degree This degree is awarded to students who have demonstrated the following:	**Doctoral degree** This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated the following:
	new setting.	b) Contribute to the development of academic or professional skills, techniques, tools, practices, ideas, theories, approaches, and/or materials.
4. Professional capacity/autonomy	a) The qualities and transferable skills necessary for employment requiring: i) The exercise of initiative and of personal responsibility and accountability; and ii) Decision-making in complex situations; b) The intellectual independence required for continuing professional development; c) The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d) The ability to appreciate the broader implications of applying knowledge to particular contexts.	a) The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex situations; b) The intellectual independence to be academically and professionally engaged and current; c) The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d) The ability to evaluate the broader implications of applying knowledge to particular contexts.
5. Level of communications skills	The ability to communicate ideas, issues and conclusions clearly.	The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively.
6. Awareness of limits of knowledge	Cognizance of the complexity of knowledge and of the potential contributions of other interpretations, methods, and disciplines.	An appreciation of the limitations of one's own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines.

APPENDIX 2:

ONTARIO UNIVERSITIES COUNCIL ON QUALITY ASSURANCE

The Ontario Universities Council on Quality Assurance (the Quality Council) was established by the Council of Ontario Universities to oversee quality assurance processes for all levels of programs in its publicly assisted universities, as of March 1, 2010.

MISSION

The Ontario Universities Council on Quality Assurance is the provincial body responsible for assuring the quality of all programs leading to degrees and graduate diplomas granted by Ontario's publicly assisted universities and the integrity of the universities' quality assurance processes. Through these practices, the Quality Council also assists institutions to improve and enhance their programs. In fulfilling its mission, the Quality Council operates in a fair, accountable and transparent manner with clear and openly accessible guidelines and decision-making processes, and through reasoned results and evidenced-based decisions.

MANDATE

The roles and responsibilities of the Quality Council, while respecting the autonomy and diversity of the individual institutions, are the following:

- to guide Ontario's publicly assisted universities in the ongoing quality assurance of their academic programs;
- to review and approve proposals for new graduate and undergraduate programs;
- to ensure through regular audits that Ontario's publicly assisted universities comply with quality assurance guidelines, policies and regulations for graduate and undergraduate programs;
- to communicate final decisions to the Ministry of Training, Colleges and Universities;
- to review and revise, from time to time for future application, the Council of Ontario University's quality assurance protocols in light of its own experiences and developments in the field of quality assurance;
- to liaise with other quality assurance agencies, both provincially and elsewhere; and
- to undergo regular independent review and audit at intervals of no longer than eight years.

OPERATING PRINCIPLES

1. The Quality Council and its processes express the commitment of Ontario's publicly assisted universities to quality assurance and will be the provincial body responsible for ensuring the academic accountability of the Ontario publicly assisted universities both individually and as a system.

2. The Quality Council will operate in accordance with publicly communicated principles, policies and procedures that respect the individual autonomy of Ontario's publicly assisted universities and the role of senates and other internal bodies in ensuring the quality of academic programs.

3. Both the Quality Council's assessment process and the internal quality assurance process of individual universities will be open and transparent, except as limited by constraints of laws and regulations for the protection of individuals.

4. The quality assurance processes for both graduate and undergraduate programs will as far as possible mirror each other so that quality assurance program reviews will take place contemporaneously for both undergraduate and graduate programs whenever feasible.

5. Proposals for both new undergraduate and new graduate programs shall include the report of an initial review, conducted by external reviewers identified by the university.

6. The Quality Council shall undergo a regular periodic quality assessment review by a review committee that includes, equally, reviewers who are external to the system and to the province, and reviewers who are internal to the system and to the province.

7. The Quality Council or OCAV may request changes to the Quality Assurance Framework at any time, subject to approval of both the Quality Council and OCAV.

8. The Chair of the Quality Council will make periodic reports to the Ontario Ministry of Training, Colleges and Universities.

AUTHORITY

The Quality Council has final authority for decisions concerning recommendations for approval of new programs and compliance with audit guidelines. In all other respects, the Quality Council is responsible to OCAV and COU.

MEMBERSHIP OF THE QUALITY COUNCIL

There are nine voting members of the Quality Council as follows:

- One member, who shall serve as Chair, external to OCAV but chosen by OCAV[1]
- Two OCAV members, one from a medical/doctoral university and one from a non-medical/doctoral university
- One graduate[2] dean or equivalent from a COU member institution
- One undergraduate[3] dean or equivalent from a COU member institution
- Two Academic Colleagues from the Council of Ontario Universities, excluding those member institutions represented by the graduate or undergraduate deans or their equivalents listed above.
- One member from outside Ontario with significant experience involving a post-secondary quality assurance organization
- One citizen member appointed by the Council of Ontario Universities through its Executive Committee

The Executive Director of Quality Assurance will serve as Secretary, non-voting.

Members (except for the Executive Director) shall be appointed by OCAV following an open nominations process for three year terms, renewable once. Initially, to ensure continuity, there will be staggered two and three year terms.

The inaugural selection and appointment of the Quality Council will be conducted by OCAV. A process for subsequent selection and appointment of members to the Quality Council shall be established by OCAV.

APPRAISAL AND AUDIT COMMITTEES

The quality assurance process will be undertaken by an Appraisal Committee and an Audit Committee with responsibility for making recommendations to the Quality Council on the approval of new programs and on the audits of existing programs.

Members of these committees shall be senior academics with experience in the development, delivery and quality assessment of both graduate and undergraduate programs and shall not be members of the Quality Council. The Executive Director will be an *ex officio* member of these committees and will convene meetings and maintain records.

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[1] Candidate pools may include former OCAV members, former Deans or Vice-Provosts with experience in QA, former Executive Heads and other with significant experience in QA at the university level

[2] 'Graduate' dean means towards those individuals who have principal responsibilities for the overall direction of graduate programs at their institution

[3] 'Undergraduate' dean means those individuals who have overall responsibility for undergraduate programming within a Faculty, or – as may be the case – across the institution