



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

**SUMMARY OF AUDITORS' REPORT ON THE
SCOPE OF THE UNIVERSITY OF GUELPH'S
RESPONSE TO THE QUALITY ASSURANCE
AUDIT**

DECEMBER 2020

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Auditors' Summary Report on the Institutional One-Year Follow-Up Response on the Quality Assurance Audit of the University of Guelph

The Ontario Universities Council on Quality Assurance undertook an Audit of Quality Assurance at the University of Guelph in 2017-2018. As with all such audits, the purpose was to assess the extent to which the University of Guelph is in compliance with its own Institutional Quality Assurance Processes (IQAP) and to affirm that this and its associated institutional practices are consistent with the Quality Assurance Framework that governs all Ontario Universities.

The 2018 Audit Report for the University of Guelph contained 12 recommendations and 10 suggestions. Under the Quality Assurance Framework (QAF), universities must satisfy audit recommendations, as they identify institutional practices that are not compliant with the university's IQAP. Suggestions are made by the audit team in the spirit of encouraging reflection on how practice might be improved, and thus compliance is not mandatory.

The Quality Assurance Framework requires that each institution submit a One-year Follow-up Response to the Quality Council. The University of Guelph submitted its One-year Response and supporting documents on October 29, 2019. This Response indicated that the University had delayed amending its IQAP in response to Recommendations 3, 4, 5, 6, 8, 9 and 10 due to the changes that were being made to the QAF as result of its Review. The University was subsequently advised that it would need to include draft language to amend its IQAP in response to each of these relevant recommendations before the auditors could consider its One-year Response as having satisfactorily addressed the 2018 Audit Report. The University of Guelph subsequently submitted a revised One-year Follow-up Response on November 20, 2020 that included the requested draft language. The Audit Team reconvened in November 2020 to consider this amended response.

Auditors have concluded that the University of Guelph's One-year Response satisfactorily addresses the Audit Report's 12 recommendations.

Recommendation 1: Ensure that all steps of the relevant quality assurance process are fully documented.

Recommendation 2: Ensure that every program is reviewed at least once every eight years.

Recommendation 3: Revise the IQAP to align the responsibilities and activities of institutional quality assurance authorities with the actual university practices.

Recommendation 4: Revise the description of the Internal Review Subcommittee (IRS) to match practice.

Recommendation 5: Revise the description of the FAR in the IQAP to be consistent with the requirements of the QAF (4.2.5 b) and align Quality Assurance practices with this description.

Recommendation 6: Introduce an Implementation Plan that aligns with the requirements of the Quality Assurance Framework as part of its Cyclical Program Review process.

Recommendation 7: If CPRs and New Program Proposal reviews are combined, the University must ensure that each is evaluated separately and with full attention to all of the relevant evaluation criteria and process steps in each case.

Recommendation 8: Ensure that there is an approval process and documentation for the replacement of any steps or elements of the IQAP with those specified by an accreditation process.

Recommendation 9: Ensure each step or element of the IQAP replaced with one specified by an accreditation process is fully consistent with the comparable QAF step or element.

Recommendation 10: Revise the IQAP language of the evaluation criteria for the self-study for a Cyclical Program Review to align with Section 4.3 of the Quality Assurance Framework.

Recommendation 11: Augment the IQAP to articulate the manner in which new program implementation will be monitored.

Recommendation 12: Program level learning outcomes must be defined for all graduate programs.

The University of Guelph has used its One-year Response as an opportunity to address the recommendations from the 2018 audit as well as an opportunity to alter their IQAP to match the proposed amendments to the QAF. As a result, some of the changes described in the Response are pending the finalization of the QAF and the resulting finalization of the IQAP. The auditors believe that the University of Guelph's One-year Response describes a good start to compliance with the recommendations.

The institution's careful consideration of the Audit Team's recommendations and suggestions and the steps described in the One-year Response are evidence that the University of Guelph takes quality assurance seriously.



OFFICE of THE PROVOST AND VICE-PRESIDENT (ACADEMIC)

November 20, 2020

Dr. Paul Gooch
Chair, Quality Council
Ontario Universities Council on Quality Assurance
180 Dundas Street West, 11th floor
Toronto, ON M5G 1Z8

Sent via email: paul.gooch@utoronto.ca

RE: Revised Audit Response – University of Guelph

Dear Dr. Gooch:

The University of Guelph is pleased to submit a revised response to the Institutional Quality Assurance Audit as requested by the Quality Council's Audit Committee.

The University of Guelph delayed revising the IQAP during the review of the Quality Council and the QAF. Guelph's audit coincided directly with the QC review and presumed revisions to the QAF may impact our QA practices, policies and processes. As a result of initial correspondence from OUCQA's Secretariat on Oct. 3, 2019 to all Ontario universities clarifying the timing and scope of the QAF revisions, the University had committed to making the appropriate revisions and bringing these through governance by May 2020. Subsequently, the Covid-19 pandemic and resulting public health restrictions caused significant disruption across the higher education sector, including at the University of Guelph. The pandemic also resulted in delays of the release of the QAF revisions to the Key Contacts by the Quality Council. The Provost's Office and the QC Secretariat have discussed the impacts on this work in both conference calls and email correspondence, agreeing to a revised timeline to align with the approval of the QAF and its Protocols.

At the request of the Audit Committee and the QC Secretariat, draft language is presented for the Audit Committee to review in order to conclude the University of Guelph's responsibilities for a follow-up report. Portions of these drafts are taken directly from the draft protocols, released in October 2020. The University commits to a full-scale revision, post-QAF ratification by the Quality Council and OCAV, in 2021 under the direction of the newly released implementation plans for all Ontario Universities.

We thank you for your patience during this unprecedented global pandemic and would be happy to answer any outstanding questions at your convenience.

Sincerely,

A handwritten signature in black ink that reads "Gwen Chapman". The signature is fluid and cursive, with the first name "Gwen" and last name "Chapman" clearly distinguishable.

Gwen Chapman

Interim Provost and Vice-President Academic

Cc:

I. Orchard, Senior Director Academic, OUCQA

C. Robinson, Director, Operations, Quality Assurance, OUCQA

C. Dewey, Associate Vice-President (Academic)

B. Bradshaw, Assistant Vice-President (Graduate Studies)

P. Tersigni, Director, Academic Programs and Policy

University of Guelph Quality Assurance Audit

One-Year Follow-Up Report

Response to Audit Recommendations and Suggestions

Initial Submission: October 31, 2019

Revised Submission November 20, 2020

RECOMMENDATIONS 1-12

RECOMMENDATION 1: Ensure that all steps of the relevant quality assurance process are fully documented.

RESPONSE 1: With the establishment of the Office of Quality Assurance (OQA), the retention and tracking of documentation for Cyclical Program Review (CPR) has greatly improved and this is especially evident when compared to the programs selected for audit. New sign-off sheets have been developed and are in use internally within the OQA for tracking and new protocols have been implemented for ensuring documentation is complete and retained. The University is also in the final stages of negotiations with a vendor for a curriculum management system which will include modules for new program development and cyclical program review. These will incorporate templates, tracking systems, document retention and transparent sign-off and feedback loops, aligned with the Institutional Quality Assurance Process (IQAP) and the Quality Assurance Framework (QAF).

RECOMMENDATION 2: Ensure that every program is reviewed at least once every eight years.

RESPONSE 2: We acknowledge there are some programs out of sequence and have worked diligently with Deans and Senior Leadership to ensure programs are placed into the correct cycle. With the 2020-2021 cycle, the backlog of reviews will be cleared. The full eight-year schedule has been revised. Annually, Deans, Directors and Chairs receive correspondence from the Office of Quality Assurance listing the upcoming reviews and a link to the full schedule. In the case of new programs, the Office of Quality Assurance works with Deans and Chairs/Directors to ensure review dates are set in accordance with the IQAP. In the next cycle of CPRs, the Final Assessment Report (FAR) and Implementation Plan (IP) will include the date of the next review and all previous reviews. Further, Chairs/Directors are invited to attend an annual CPR kick-off session. The invitation is extended to programs listed in the schedule from up to three years prior to a CPR. Interested Chairs/Directors outside those windows are also welcome.

RECOMMENDATION 3: Revise the IQAP to align the responsibilities and activities of institutional quality assurance authorities with the actual university practices.

AND

RECOMMENDATION 4: Revise the description of the Internal Review Subcommittee (IRS) to match practice.

RESPONSE 3 and 4: The University is pleased to note the auditors' comments on the alignment of the practices, activities and responsibilities of QA authorities with the QAF.

There are multiple touch points with Deans, Chairs, Directors and program leads during which the Office of Quality Assurance clarifies any divergences between the current IQAP and our QAF-aligned practices. We have moved our annual CPR kick-off meeting to take place earlier in the cycle in order to support programs with the timely launch of their review and during both that meeting and our annual Curriculum Change session, we articulate the practices and timelines and move through the protocols and responsibilities step by step. There are additional meetings with program leads during the cycle to support the CPR process, for example, one meeting details the site visit, the responsibilities of the various parties, the role of the OQA, AVPA and AVPGS, and the role of the internal facilitator.

Draft changes to the University's IQAP to address Recommendation 3 and 4 include:

References to the "Internal Review Committee" in Section D, Conduct of the Review will be replaced with reference to the AVPs; the Director, Office of Quality Assurance; and/or the Senate Committee on Quality Assurance.

References to the "Internal Review Sub-Committee" will be revised as the University no longer refers to external reviewers and internal facilitator as a sub-committee. Internal facilitators do not write any part of the review and function primarily as consultants during the site visit. Where "IRS" was used, the IQAP will refer specifically to the roles of External Reviewer and Internal Facilitator in the appropriate sections.

The Protocol in the U of G IQAP, including sections on the Self-Study and the Conduct of the Review, will be rewritten as some of this is misaligned with institutional processes and in some cases now sorely misaligned with the draft Protocol on Cyclical Program Review released by the QC Secretariat in October 2020.

Attach is a draft revision, based primarily on the draft Protocol for the Cyclical Review of Existing Programs. Appendix1_Recommendation3-4-10_IQAP_AuditFollow-UpReport_Oct2020

RECOMMENDATION 5: Revise the description of the FAR in the IQAP to be consistent with the requirements of the QAF (4.2.5 b) and align Quality Assurance practices with this description.

AND

RECOMMENDATION 6: Introduce an Implementation Plan that aligns with the requirements of the Quality Assurance Framework as part of its Cyclical Program Review process.

RESPONSE 5 and 6: The University will formally prepare the changes to the IQAP and bring them through governance. The audit report noted where our previous practices were not aligned with QAF, but also acknowledged the new format is in line with best practices. The FAR and IP submissions of the most recent two cycles are aligned with the QAF and indeed in Dr. Gooch's letter of June 27, 2019, the Quality Council commented thusly:

"these reports and plans are consistent with the requirements in the Quality Assurance Framework (QAF) for such documents and congratulates the University on this alignment. The

University is also commended for the clarity and completeness of these documents which can be seen as model reports.”

We are grateful for this timely advice. The University of Guelph acknowledges the feedback provided from the Quality Council on the FAR/IP submissions identifies that updates to our process for each aligns with the QAF requirements. As per our response to recommendations 3 and 4, there are multiple touch points with our Deans, Chairs, Directors and program leads. This affords us the opportunity to clearly articulate the best practices on Implementation Plans. In requesting the response and the draft IP, the OQA provides clear guidance via memoranda and encloses the template. The templates now in use have been well-received by our Deans, Directors and Chairs as they also found it challenging to respond under the previous format. We will revise IQAP to articulate the process and components of the FARs and IPs. [Attached: IP template]

Section E Institutional Perspective and Report (4.2.5) of the University’s IQAP will be rewritten as it is not only misaligned with current institutional processes, it is now misaligned with the draft Protocol on Cyclical Program Review released by the QC Secretariat in October 2020.

Attached is a draft revision, based primarily on the draft Protocol for the Cyclical Review of Existing Programs. Appendix 2 Recommendation 5 and 6 IQAP Audit Follow-Up Report

RECOMMENDATION 7: If CPRs and New Program Proposal reviews are combined, the University must ensure that each is evaluated separately and with full attention to all of the relevant evaluation criteria and process steps in each case.

RESPONSE 7: The University acknowledges this is as area for improvement. At the time of the Bioinformatics review and new program proposal, the CPR Reviewers’ Assessment template had not been developed. The revised IQAP will include a section outlining how to accommodate for these opportunities. Moreover, if such opportunities present themselves, the University will ensure external reviewers use the current and separate CPR and New Program assessment templates as well as pay full attention to the criteria for both cyclical program review and new programs. We will ensure these move through internal and external governance in accordance with the IQAP, the QAF and the University of Guelph’s Senate bylaws.

RECOMMENDATION 8: Ensure that there is an approval process and documentation for the replacement of any steps or elements of the IQAP with those specified by an accreditation process.

AND

RECOMMENDATION 9: Ensure each step or element of the IQAP replaced with one specified by an accreditation process is fully consistent with the comparable QAF step or element.

RESPONSE 8 and 9: The University appreciates the need to ensure the steps and elements of the IQAP and QAF are consistent and covered when they are replaced by an accreditation process. Additionally, we agree documentation should be in place for how these decisions are determined. The University initially planned to launch a pilot with one of our accredited programs in Winter 2020. This pilot was designed to determine how best to ensure compliance, documentation of decision making and, importantly, continuous curriculum improvement and full review by the University’s quality assurance

bodies via governance (FAR, IP, ES) should elements from accreditation be used in a CPR. Unfortunately, the Covid-19 pandemic resulted in the cancellation of this pilot. Subsequently, the draft Protocols released by the Quality Council in October 2020 appear to provide detailed and sufficient guidance to the sector in this important area. The planned pilot program and other accredited programs offered by the University of Guelph will follow the revised protocol from the Quality Council should it be ratified.

As such, the University's IQAP will include the following, based primarily on the draft Protocol for the Cyclical Review of Existing Programs:

[Use of Accreditation and other external reviews in the Institutional Quality Assurance Process](#)

An accreditation review can usefully replace some of the requirements of a Cyclical Program Review. The IQAP may therefore allow for and specify the substitution or addition of documentation or specific processes associated with the accreditation of a program. This may be done for components of the program review process, but only when these elements are fully consistent with the requirements established in the Quality Council's Framework (see Guidance Box *n*). Regardless of any other stages of the review process that may be substituted by an accreditation review, a Final Assessment Report, Executive Summary, Implementation Plan and subsequent monitoring reports, as detailed in Section 5.3.2 and 5.4 of the Quality Council's Protocols, must be produced and approved for all programs.

In determining whether components of an accreditation may substitute for components of the CPR, the Office of Quality Assurance will utilize the accreditation templates, processes and procedures of the professional accreditation and the reporting required by the accrediting body to determine whether or not there is sufficient alignment with the Quality Council's Framework and the University's IQAP. If there are components of the CPR that are missing, the program will be required to complete those components to meet the expectations of the IQAP.

A record of substitution or addition, and the grounds on which they were made, will be subject to Cyclical Audit assuming approval of the revisions to the QAF.

RECOMMENDATION 10: Revise the IQAP language of the evaluation criteria for the self-study for a Cyclical Program Review to align with Section 4.3 of the Quality Assurance Framework.

RESPONSE 10: The University will revise the IQAP language to align with this section of the QAF. The Template for Reviewers' Assessment Report on Existing Programs [attached], is based on OUCQA's template and is now used regularly as an additional guide-post with program leads developing their self-studies. The language of the evaluation criteria will align with the evaluation criteria in the draft protocols released by the Quality Council in October 2020.

Draft language is found in Appendix 1 Recommendation 3, 4 and 10 IQAP Audit Follow-Up Report

RECOMMENDATION 11: Augment the IQAP to articulate the manner in which new program implementation will be monitored.

RESPONSE 11: The University has implemented the monitoring of new programs at the graduate and level and will be implementing this for the undergraduate level. See attached templates (one- and three-

year follow-up reports). The newly released Protocols suggest all new programs will undergo a cyclical review within five years of implementation. Should this revision to the QAF be approved by the Quality Council and OCAV, the University's IQAP will necessarily include this information in addition to any monitoring prior to initial review.

RECOMMENDATION 12: Program level learning outcomes must be defined for all graduate programs.

RESPONSE 12: This recommendation has been embraced by the senior team supporting quality assurance at the University of Guelph along with the Senate Committee on Quality Assurance and the Board of Graduate Studies. All new programs have well-developed learning outcomes and include curriculum mapping. For example, the most recent new graduate program submissions to the appraisal committee, Master of Conservation Leadership and Master of Cybersecurity and Threat Intelligence, included fully developed and mapped learning outcomes. Through CPR self-study development and additional engagement with academic units and programs, the OQA and the OGPS is ensuring that program level learning outcomes will be defined for all graduate programs. Additional supports are in place from the newly established Office of Teaching and Learning (OTL; formerly the Educational Development Unit of Open Learning and Educational Support), including the development of hands-on workshops specific to graduate-level learning outcomes.

SUGGESTIONS 1 – 10

SUGGESTION 1: Carefully consider how it is going to reconcile the demands, procedures and outcomes of a unit review versus a program review as part of its quality assurance processes.

RESPONSE 1: The University acknowledges the need for clear direction in the IQAP, the self-study template and reviewers template to ensure review of each and every program when programs are combined in a single review through an academic unit or where there are multiple degree levels (masters and doctoral). The revised IQAP will address these situations.

SUGGESTION 2: Include quality assurance processes in the development and review of joint programs.

RESPONSE TO SUGGESTION 3: This is an area for enhancement in the current version of the U of G's IQAP and the revised version will be updated to more clearly articulate steps and inter-institutional processes. In the interim, we continue to work with partner institutions (Wilfred Laurier University, University of Waterloo and Humber ITAL) where joint programs are undertaking a CPR.

SUGGESTION 3: Continue to improve the accessibility and impact of University-level data for use in quality assurance activities.

RESPONSE 3: A new data portal is in use across the University and includes a separate section specific to cyclical program review data requirements. During the annual CPR Kick-off meeting, senior managers from Institutional Research and Planning (IRP) participate and provide snapshots of the portal and data available. Subsequently, they offer and host targeted workshops for academic units undertaking a CPR. Data elements are robust and can be used for analysis by the home academic unit for CPR and a variety of other institutional requirements. This includes key data for CPR: course and program level data, admission data, graduation rates, research funding, scholarship funding, and information on our high

impact practices (HIPs) project. As reporting continues to be a key feature, we expect to include experiential learning data in the future, are refining time to completion data through testing, and are reviewing the pros and cons of pre-populating data in the new system noted in recommendation 1.

SUGGESTION 4: Enhance the specification of the role of SCQA in the QA process.

RESPONSE 4: The role of SCQA has changed over time and we acknowledge the language in the IQAP has not kept pace with the changes. During the current academic year, the University of Guelph's Secretariat is embarking on a review of Senate and all of its Boards and Standing committees. The review will take into consideration the role and alignment of all three governance committees with quality assurance responsibilities: SCQA, the Board of Undergraduate Studies and the Board of Graduate Studies.

Under the current structure, the committee chair and members are very diligent in their responsibilities and particularly as these relate to CPRs by reviewing all draft FARs and IPs and one-year follow-up reports. They often make specific recommendations back to programs and academic units. On the policy front, SCQA supported the revised process for evaluating the FAR/IP and how they are brought through governance; SCQA provided valuable feedback on the one-year follow-up report and is currently engaging in a review of the timing of these reports to ensure they are meaningful and adequately allow for units to a) articulate what steps they've taken to address recommendations and b) enough time has passed for recommendations to be implemented. They will also play a key role in reviewing and approving the revisions to the IQAP.

SUGGESTION 5: Put a protocol in place for dealing with Reviewers' Reports and Assessment Reports that are incomplete and/or do not satisfactorily address all of the evaluation criteria for a review.

RESPONSE 5: The template developed by the OQA has alleviated most occurrences. The template guides the reviewers through the required elements of their response. Also, these are presented and discussed with the reviewers at the start of the site visit and again in the exit interview. The OQA is also available to answer questions from the external reviewers while they are drafting their report. On the rare occasion that a report is still incomplete or does not satisfactorily address all the criteria, we have sought to resolve this in a collegial and collaborative manner. We have employed a number of mechanisms, including email correspondence and scheduling teleconferences to support completion. As a matter of course, we withhold payment of honouraria until the report is received and satisfactorily addresses the evaluation criteria.

SUGGESTION 6: Develop a sign-off / tracking system that is shared with relevant stakeholders.

The University recently purchased a curriculum management system which includes modules for new program development and cyclical program review (see response to Recommendation 1). When implemented, the modules will incorporate tracking systems and transparent sign-off and feedback loops. In the meantime, the OQA and OGPS have enhanced internal tracking systems. Since the Office of Quality Assurance was created, the following protocols were established:

- Self-Study and supporting documentation for a CPR is not sent to external reviewers and internal facilitators until the Dean and Associate Deans have signed off.
- IPs are not considered finalized until the Dean's signed response letter is also received and articulates support for the IP

- One-year follow-up reports require the signature of the Chair/Director and Dean.

SUGGESTION 7: Encourage the university to develop a set of timelines or timeline guidelines to support quality assurance.

RESPONSE 7: These are developed and used during CPR kick-off meetings. The OTL and IRP also provide timelines for data collection during their workshops with CPR leads. As they are refined, the timelines will also be posted on our website. Timelines for the development of new undergraduate and graduate programs are also well-developed and shared with units at the beginning stages of engagement with program proponents. Many use this template to keep to and refine target dates as needed. We also offer an annual university-wide “curriculum revision” session for units embarking on regular undergraduate curriculum change and major modifications. Timelines are reviewed at the session and posted on our website. Graduate program development timelines are addressed through individual meetings with program proponents.

SUGGESTION 8: Develop a comprehensive suite of templates for all components of the quality assurance activities that align with the QAF.

RESPONSE 8: A majority of the templates align with the QAF and the new curriculum management system is forthcoming which will allow for a stage-gate approach to new program and CPR self-study development. Existing or revised templates include: External Reviewer Nominations; New Program Briefs; Major modifications; Curriculum revision (course changes, deletions, course additions, credit weight change, schedule/program changes); Admission requirements changes. Newer templates include: Faculty CV template for CPR and new programs (managed in the University’s eCV system); Implementation Plan; One-Year Follow-Up Reports; collaborative specialization proposal, external reviewers report for new graduate programs, one- and three-year follow-up reports on new graduate programs; curriculum mapping (OTL); and survey templates (OTL).

SUGGESTION 9: Create a new Quality Assurance website as a central repository for all QA material.

RESPONSE 9: The revised [Institutional Quality Assurance](#) website is live, linked directly from the Provost’s website and is continually being updated as we refine our practices, documentation and institutional support. The OQA worked with our colleagues in the central communications office to ensure the U of G’s IQAP website is the first site that appears when using the internal search engine. Also, links to outdated materials (e.g., the previous version of an IQAP, defunct sites) are redirected to the current site. As we develop the new curriculum management system, the site will be further developed. The continuous improvement goal is to ensure clarity, transparent information sharing and streamlining guidance and support. In addition, we expect this will lead to one central site for all QA activities, both undergraduate and graduate.

SUGGESTION 10: Consider adding a flow chart to the IQAP description of the CPR process.

RESPONSE 10: The revised IQAP will include a flow chart detailing the CPR process.

Audit Release and Communication Plan

Aligned with the requirements of the Quality Assurance Framework, the [Summary of Principal Findings](#) from the University of Guelph's audit is posted on the University's [QA Website](#). The Summary and the Principal Findings and Full Audit report were circulated to the University community and the Office of Quality Assurance initiated a request for feedback. Similarly, the One-Year Follow-Up Report and Response will be posted and circulated through governance once ratified by the Audit Committee and Quality Council. The following Senior Leadership, governance and management committees received the Audit report directly:

- President, Chief of Staff and Vice-Presidents [check with Audrey, Gen]
- Provost's Management team
- Deans, Associate Deans and members of the Vice-President's Advisor Council (VPAC)
- Academic Units and Programs selected by OUCQA as part of the Audit, including all participants in site visit meetings
- Senate and relevant Standing Committees, including Senate Committee on Quality Assurance, Board of Undergraduate Studies, Board of Graduate Studies
- Board of Governors
- Associate Deans – Academic and Research & Graduate Studies
- Council of Chairs
- Management teams of the Associate Vice-President (Academic)

Acronyms

AVPA – Associate Vice-President (Academic)
 AVPGS – Assistant Vice-President (Graduate Studies)
 BGS – Board of Graduate Studies
 BUGS – Board of Undergraduate Studies
 CADA – Council of Associate Deans Academic
 CPR – Cyclical Program Review
 eCV – electronic curriculum vitae
 EdDev – Educational Development Unit – OpenEd
 FASR – Faculty and Academic Staff Relations
 IRP – Institutional Research and Planning
 IQAP – Institutional Quality Assurance Process
 OGPS – Office of Graduate and Postdoctoral Studies
 OpenED – Open Learning and Educational Support
 OTL – Office of Teaching and Learning
 QA – Quality Assurance
 OQA – Office of Quality Assurance (AVPA, Provost's Office)
 OUCQA – Ontario Universities Council on Quality Assurance
 SCQA – Senate Committee on Quality Assurance
 VPAC – Vice-President's Advisory Council

List of Quality Assurance Templates Attached

External Reviewers' Assessment Report on Existing Programs

Cyclical Program Review: Implementation Plan

CPR Follow-up Report on Implementation Plan

Report on Recently Approved Graduate Program: Year 1

Report on Recently Approved Graduate Program: Year 3

Appendix 1 – Recommendation 3, 4, and 10 IQAP Audit Follow-Up Report

Draft revision of IQAP in response to U of G Audit Recommendations 3, 4 and 10. Note this is **based primarily on the Draft Protocol for the Cyclical Review of Existing Programs** and will be revised accordingly when final versions of the Protocol are ratified by the Quality Council and OCAV.

[NOTE: The University will determine, prior to the revised submission, criteria under the self-study to support analysis of EDI and experiential learning]

The Office of Quality Assurance, under the authority of the Office of the Provost, initiates the scheduled review. The call for review will identify the specific program or programs that will be reviewed and identifying, 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.

5.1.1 Self-study

The cyclical program review process includes the submission of a self-study document (see Guidance box *n*) that is broad-based, reflective, and forward-looking, and includes critical analysis of the program(s). The views of program faculty, staff, and students must be considered during the process of writing of the self-study. Normally, programs within a single academic unit (Department/School) will address each program within a single omnibus report. There may be cases where more than one report is warranted and those decisions will be made in consultation with the Dean, the Chair/Director for said programs.

The following elements for the preparation and writing of the self-study are required and must be addressed:

- a) A description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered (see Guidance Box *n*);
- b) The requirement for inclusion of the evaluation criteria and quality indicators identified in Framework Section 5.1.3.1, for each discrete program being reviewed (see definition of “Program”);
- c) Program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources;
- d) A description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program;

- e) For the first Cyclical Review of a new program, the steps taken to address the Final Assessment Report and Implementation Plan from the original new program approval process (see Section 2.3.2), and/or items identified for follow-up by the Quality Council (e.g., in the form of a note and/or report for the first Cyclical Program Review in the Quality Council's approval letter – see Section 2.6.3 a) or b));
- f) Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;
- g) Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change; and
- h) An assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review (see Guidance Box *n*).

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.

Evaluation Criteria

Per the Quality Assurance Framework and the Protocol for the review of existing undergraduate and graduate programs, the following evaluation criteria, as set out below, must be addressed in both the self-study and external reviewers' reports. Additional evaluation criteria may be added by an academic unit, in consultation with the Office of Quality Assurance and the relevant Dean.

5.1.1.1.1 Program objectives

- a) Consistency of the program's objectives with the institution's mission and academic plans.

5.1.1.1.2 Program content, structure, and learning outcomes

- a) Appropriateness and clarity of the program's requirements and program-level learning outcomes in meeting the institution's own undergraduate or graduate Degree Level Expectations;
- b) Appropriateness of the program's structure to meet the program-level learning outcomes;
- c) Appropriateness and effectiveness of the mode(s) of delivery (see Definitions) to meet the program-level learning outcomes; and
- d) Ways in which the curriculum addresses the current state of the discipline or area of study.

5.1.1.1.3 Program content, structure, and learning outcomes for graduate programs only

- a) A clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required;
- b) 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; and
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

5.1.1.1.4 Assessment of teaching and learning (see Guidance Box *n*)

- a) Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- a) Appropriateness and effectiveness of the plans to monitor and assess:
 - i. The overall quality of the program;
 - ii. Whether the program continues to achieve in practice its objectives;
 - iii. Whether its students are achieving the program-level learning outcomes; and
 - iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

5.1.1.1.5 Admission requirements

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
- b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

5.1.1.1.6 Resources

Given the program's class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and percentage of adjunct and part-time faculty used in the delivery of the program (see Guidance Box *n*);
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's utilization of existing human, physical and financial resources; and

- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access.

5.1.1.1.7 Resources for graduate programs only

Given the program's class sizes and cohorts, as well as its program-level learning outcomes:

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

5.1.1.1.8 Quality and other indicators

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring);
- b) Any other evidence that the program and faculty ensure the intellectual quality of the student experience; and
- c) For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

5.2 External evaluation

5.2.1 External perspective

There will be at least two external reviewers for the review of undergraduate and graduate programs. The university may also include an additional internal member from within the university but from outside the discipline (or interdisciplinary group) of the program under review to participate in the review process. (See Guidance Box *n*)

The external review of a doctoral program must incorporate an on-site visit. External review of undergraduate programs will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk audit, videoconference or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable (see Guidance Box *n*). The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives.

Certain master's programs (e.g., professional master's programs, fully online, etc.) may also be conducted by desk audit, videoconference or an equivalent method if both the Provost (or equivalent) and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other master's programs.

The external reviewers—normally associate or full professors, or the equivalent—will have suitable disciplinary expertise, qualifications and program management experience, and will be at arm’s length from the program under review. (See Guidance Box *n* for suggestions on the selection of Reviewers and for a definition of arm’s length.) Additional discretionary members may be assigned to the Review Committee. Such additional members might be appropriately qualified and experienced individuals selected from industry or the professions, and/or, where consistent with the university’s own policies and practices, student members.

Nominations for the Review Committee (External Reviewers) are submitted using the Nomination Template [\[link here\]](#). Reviewers are selected by the Associate Vice-President (Academic) and/or Assistant Vice-President (Graduate Studies) and the invitation letter sets out the role and obligation. During initial contact and introductory meetings, the AVPs and the Director, Office of Quality Assurance, meet with the review committee to discuss the conduct of the review, including recognition of the university’s autonomy to determine priorities for funding, space, and faculty allocation and the confidentiality required for all aspects of the review process.

In addition to the self-study, reviewers receive the assessment template [\[link here\]](#) to be used in their review report, links to online materials, including the University’s Strategic Framework, relevant College and Departmental strategic plans, this IQAP, and websites.

Normally a two-day site visits will be conducted during which time reviewers will meet with faculty, students, staff, and senior program administrators. [\[link to site visit documents and website\]](#) In the case of professional programs, the views of employers and professional associations will be solicited and made available to the Review Committee through either existing accreditation reports, or additional materials to supplement the self-study.

The Review Committee will normally submit one joint report. The report (see template) will:

- a) Address the substance of the self-study, with particular focus on responding to the evaluation criteria detailed therein;
- b) Identify and commend the program’s notably strong and creative attributes;
- c) Describe the program’s respective strengths, areas for improvement, and opportunities for enhancement;
- d) Provide evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs;
- e) Make at least three recommendations for specific steps to be taken that will lead to the continuous improvement of the program, distinguishing between those the program can itself take and those that require external action; and
- f) Identify the distinctive attributes of each discrete program documented in the self-study in those cases where a university chooses to simultaneously review more than one program /

program level (for example, graduate and undergraduate), program modes, and/or programs offered at different locations.

It is important to note that, while the external reviewers' report may include commentary on issues such as faculty complement and/or space requirements when related to the quality of the program under review, recommendations on these or any other elements that are within the purview of the university's internal budgetary decision-making processes should not be provided by the external reviewers in their report.

The Review Committee will submit its report to the Office of Quality Assurance within 14 days of the close of the site visit. The AVPA, AVPGS and Director conduct an initial review of the report, including fact-checking for material errors and confidential information. Should the report meet the requirements of the IQAP, the report is provided to the academic leadership of the program (Chair/Director; relevant Dean(s) along with the request for response and implementation plan [\[link here\]](#). Should the report not meet the requirements of the IQAP, the Director will initiate discussion with the Review Committee, seeking to get a timely resolution. Should this prove unsatisfactory, the Director will escalate to the AVPA, who will undertake a similar resolution.

Appendix 2 – Recommendations 5 and 6 IQAP Audit Follow-Up Report

Draft revision of IQAP in response to U of G Audit Recommendation 5 and 6. Note this is based primarily on the Draft Protocol for the Cyclical Review of Existing Programs and will be revised accordingly when final versions of the Protocol are ratified by the Quality Council and OCAV.

5.1 Internal perspective

5.1.1 Internal response

It is essential that the academic unit and the relevant Dean(s) or their designate(s) and the Chair(s)/Director(s) make separate responses to the External Review Report(s) and recommendations.

5.1.2 Internal report

The Final Assessment Report provides the institutional synthesis of the external evaluation of the program and strategies for continuous improvement, and:

1. Identifies significant strengths of the program;
 2. Identifies opportunities for further program improvement and enhancement with a view towards continuous improvement;
 3. Lists all recommendations of the external reviewers and the associated separate internal responses and assessments from the unit and from the Dean(s);
 4. Explains why any external reviewers' recommendations not selected for further action in the Implementation Plan have been rejected;
 5. Includes any additional recommendations that the unit, the Dean(s) and/or the university may have identified as requiring action as a result of the program's review;
 6. May include a confidential section (for example, where personnel issues need to be addressed); and
 7. Identifies who will be responsible for approving the recommendations set out in the Final Assessment Report.
- a) The Final Assessment Report will include an Executive Summary, excluding any confidential information, which is to be published on the University of Guelph's IQAP website alongside the associated Implementation Plan.
- b) The Final Assessment Report will also include an Implementation Plan [link to template] that:
1. Sets out and prioritizes those recommendations that are selected for implementation;

2. Identifies the group or individual responsible for providing resources needed to address recommendations from the external reviewers or action items identified by the university;
3. Identifies who will be responsible for acting on those recommendations; and
4. Provides specific timelines for acting on and monitoring the implementation of those recommendations.

5.2 Reporting Requirements

5.2.1 Internal reporting requirements

The following are the University of Guelph's reporting requirements, aligned with the Quality Assurance Framework and Protocols for the Cyclical Review of Existing Programs:

- a) The Final Assessment Report (excluding all confidential information) and associated Implementation Plan will be distributed to Senate through report from the Senate Committee on Quality Assurance;
- b) The Executive Summary and the associated Implementation Plan will be posted on the IQAP website and copies provided to the university's governing body;
- c) There is timely monitoring via follow-up reporting of the implementation of the recommendations, and the appropriate distribution, including web postings, of the scheduled monitoring reports; follow-up reports will take place three years after the completion of the review by SCQA and Senate.
- d) The following documents associated with each CPR will be available to members of the Senate Committee on Quality Assurance and members of Senate through a password-protected portal.
 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.

5.2.2 External reporting requirements

Per the QAF Protocol for Cyclical Program Review ([link](#)) and in keeping with adjusted oversight, the University of Guelph affirms an annual report will be submitted to the Quality Council, which lists the past year's completed Final Assessment Reports, Implementation Plans and monitoring reports and provides an attestation by the Provost (or delegate) that all IQAP-required Cyclical Program Review processes have been followed. The report will also include a

link to the university's web posting of the completed Final Assessment Reports and Implementation Plans, as well as any monitoring reports that have also been completed over the prior year.

Per the QAF Protocols, the annual report and related Cyclical Program Review processes described above will be subjected to a Spot Check by the Quality Council. Only when members find an issue or potential area of concern will the report be discussed by the Quality Council. Should the Council then determine that a substantive issue(s) appears to exist, it may decide to initiate a Focused Audit (see Section 6.3 of the Audit Protocol and associated Definition).



Template: External Reviewers' Assessment Report on Existing Programs

Adapted from the *Quality Assurance Framework* (QAF) provided by the Ontario Universities Council on Quality Assurance (OUCQA).
Template Version: June 2018

External Reviewers' Assessment Report on the programs offered by (INSERT DEPARTMENT/INTERDISCIPLINARY PROGRAM/JOINT PROGRAM NAME) in the COLLEGE NAME at the University of Guelph
(for joint programs, include the partner institution, department, faculty)

List of programs under review:

E.G:
Honours Psychology (B.A)
Applied Social Psychology (M.A., Ph.D.)
Clinical Psychology (M.A., Ph.D)
And so on . . .

Date of Site Visit: _____

Date of Report Submission: _____

(Reviewer) UNIVERSITY ADDRESS EMAIL ADDRESS	(Reviewer) UNIVERSITY ADDRESS EMAIL ADDRESS
---	---

NB: This report addresses each program under review, based on the site visit, self-study and other associated documentation. External Reviewers are required to submit the report within 14 days of the completion of the site visit. Email the report to the Office of Quality Assurance in the Office of the Provost and Vice-President (Academic).

External Reviewers' Assessment Report on the programs offered by
(INSERT DEPARTMENT/INTERDISCIPLINARY PROGRAM/JOINT PROGRAM NAME) in the COLLEGE
NAME at the University of Guelph
(for joint programs, include the partner institution, department, faculty)

1. Outline of the Visit

- Who was interviewed?
- What facilities were seen?
- Were there any other activities relevant to the review?

2. Provide feedback on each of the following Evaluation Criteria:

2.1 Objectives and Learning Outcomes

- Is the program consistent with the University's mission and academic plans?
- Are the program requirements and learning outcomes clearly defined, appropriate and in alignment with the University's learning outcomes?
- Did the self-study include curriculum mapping, indicating how the courses in the program or major met the overall degree-level learning outcomes? If yes, did the mapping include analysis of the assessment strategies used?
- Is the delivery of the program consistent with the strategic directions identified in the University of Guelph's Strategic Framework and the Strategic Mandate Agreement?

2.2 Admission Standards and Requirements

- Are the admission requirements appropriate and aligned with the learning outcomes established for successful completion of the programs?
- Is there sufficient explanation of alternative requirements, if any?

2.3 Curriculum

- Does the curriculum reflect the current state of the discipline or areas of study?
- What evidence is there of any significant innovation or creativity in the content and/or delivery of the program?

2.4 Teaching, Learning and Assessment

- Are the methods used to assess student achievement of the defined learning outcomes and degree level expectations appropriate and effective?

- Are the means of assessment (particularly in the students' final year of the program) appropriate and effective to demonstrate achievement of the major's/specialization's learning outcomes and the institution's or degree level outcomes and expectations?

2.5 Resources

- Assess the appropriateness and effectiveness of the academic unit's use of existing human, physical, and financial resources in delivering its program(s).
- Comment on the appropriateness and effectiveness of academic services (e.g., library, co-op, technology) to support the program(s) being reviewed.
- Where applicable, comment on the appropriateness of laboratory facilities, equipment, office space, other special features for students.

2.6 Quality Indicators

- Comment on the outcome measures of student performance and achievement for the program(s).
- With respect to faculty, please comment on: the qualifications; research and scholarly record; class sizes; percentage of classes taught by permanent or non-permanent (contract) faculty; and number, assignments and qualifications of part-time or temporary faculty. Reviewers are asked to assess the ability of the faculty as a whole to deliver the program and to comment on the appropriateness of each of the areas of the program the university has chosen to emphasize in view of the expertise and scholarly productivity of the faculty.
- With respect to students, please comment on: applications and registrations; attrition rates and/or times-to-completion; final year academic achievement; academic awards; and in-course reports on teaching.
- With respect to graduates, where information is available, please comment on: graduation rates; employment rates after six months and two years post-graduation; post-graduate study; skills match; and alumni reports on program quality.

2.7 Additional Graduate Program Criteria

- Is the students' time-to-completion monitored and managed in relation to the program's identified length and program requirements?
- What is the quality and availability of graduate supervision?
- What quality indicators does the program use to provide evidence of faculty, students and program quality? For example:
 - a) Faculty: funding, honours and awards, commitment to student mentoring;
 - b) Students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions awards and commitment to professional and transferrable skills;

- c) Program: evidence of program structure and faculty research that will ensure the intellectual quality of the student experience;
- d) Sufficient graduate level courses that the students will be able to meet the requirement that two-thirds of their course requirements be met through courses at this level.

2.8 Quality Enhancement

- Comment on initiatives taken to enhance the quality of the program and associated learning and teaching environment.

3. Other Issues

- Reviewers may use this section to comment on other issues not articulated in the evaluation criteria above.

4. Summary and Recommendations

Use this section to appraise the standards and quality of the program as set out in the Evaluation Criteria above, including:

- a) Identify program strengths, areas for improvement and opportunities for enhancement.
- b) Provide recommendations for immediate improvement.
- c) Provide recommendations for future improvements for quality enhancement.

In making the recommendations, reviewers are invited to identify those that the program/unit may take and those requiring external action.

The report will address each program reviewed and include an overall recommendation of one of the following three for each program:

- a) **Meets All Expectations:** Describes a program that has achieved a good level of quality on all outcomes and the program is sustainable;
- b) **Meets Some Expectations:** Describes a program that has achieved a good level of quality on some outcomes but the sustainability of the program is in doubt;
- c) **Does Not Meet Expectations:** Describes a program that has not achieved a good level of quality on most outcomes and the sustainability of the program is in serious doubt.

Additional Notes and Information for External Reviewers

- Reviewers should understand and recognize the institution's autonomy in determining priorities for funding, space and faculty allocation.
- Should there be a need for confidential section, please contact the Office of Quality Assurance for further direction. **NOTE:** Reviewers should avoid reference to individuals. The review should focus on the ability of the faculty as a whole to deliver the program.



Cyclical Program Review -- Implementation Plan Department of [NAME OF DEPT/SCHOOL/PROGRAM]

Implementation Plan – Recommendations selected for implementation

If the reviewers grouped recommendations into categories (by program, by implementation phase, etc.), please add the heading of the category in the chart below before each set of recommendations (see examples).

Recommendations should be listed in the order as they appear in the reviewers' report.

Recommendation	Proposed Follow-up	Responsibility for Leading Follow-up*	Timeline

List recommendations NOT selected for implementation here and the reason for not implementing. These will be discussed with the Provost's Office prior to submission to SCQA.

*NB: Chairs/Directors along with Deans are responsible for monitoring Implementation Plans, though some of the specific activities may be delegated during the implementation phase. Responsibility for one-year follow up reports rest with Chairs/Directors, in consultation with the Dean and respective Associate Deans (Academic and/or Research and Graduate Studies). In some cases, additional timelines and reporting to BUGS or BGS may also be required.



OFFICE of THE PROVOST AND
VICE-PRESIDENT (ACADEMIC)

OFFICE OF QUALITY ASSURANCE

Cyclical Program Review of [insert program(s) and or school/department name]

Follow-up Report on the Implementation Plan

[Insert report submission date]

The review took place during the [eg 2016-2017] cycle.

The final stage of the cyclical program review is a follow-up report describing the progress to-date on the agreed upon implementation plan. Complete the table below and include further information, if necessary. The Chair/Director responsible for the program(s) under review is responsible for completing the table and, prior to final submission to the [Senate Committee on Quality Assurance](#), will review this with the Dean and Associate Deans (Academic and/or Graduate Studies and Research) of the applicable College. For interdisciplinary programs with joint management responsibility, the submission should be reviewed with all relevant parties. For programs with a joint external partner, the submission should be reviewed by the joint partner. For interdisciplinary and joint programs, the signature page must include the relevant Chair/Director/Dean from the partner academic unit and/or partner institution.

SCQA reviews the submission and reports to Senate per the [University's IQAP](#). If necessary, reports may also be shared with other relevant Senate Committees/Boards (ie Board of Undergraduate Studies, Board of Graduate Studies).

Questions on follow-up reporting, this template or the cyclical review process may be directed to the [Office of Quality Assurance](#).

Updated Implementation Plan: Briefly describe the status of each recommendation (completed, in progress, incomplete) and provide rationale for any alterations to the original implementation plan.

#	Recommendations	Proposed Follow-up	Responsibility for Leading Follow-up	Original Timeline for Completion	Status and Updated Timeline with Follow-up Plan
1.					
2.					
3.					

The Department Chair/Director, in consultation with the Dean, is responsible for monitoring the Implementation Plan on an ongoing basis.

If necessary, use the following sections to include any additional, relevant information.

1. Explain any circumstances that have affected the original implementation plan:

2. Address any significant developments or initiatives that have arisen since the cyclical review, or that were not considered during the review:

3. Briefly address any additional items not already described above that may be considered noteworthy and requiring the Senate Committee's attention regarding this program:

Date of Next Program Review:

Date

Signatures of Approval:

Chair/Director

Date

Dean

Date



Report on Recently Approved Graduate Program

YEAR 1

This template is to be submitted to the [Office of Graduate and Postdoctoral Studies](#) within one (1) year of commencement of new graduate degree programs and graduate diplomas (types 1, 2, and 3). The report will be reviewed by the Assistant Vice-President, Graduate Studies, who, on behalf of the Provost, ensures new graduate programs are consistent with the strategic plans and directions for growth of the university. The report will also be received for information by the Board of Graduate Studies.

A. Program Name and Administration

Name of approved program(s):	
Responsible Department(s)/School(s) and College(s):	
Program Coordinator(s):	
Date of Senate approval:	
Date of Quality Council approval:	
Program launch date:	
Length of program (terms):	

B. Program Review

1. *Has the program structure changed since the original proposal? If yes, please elaborate (e.g., course requirements, offerings, mode of delivery, faculty complement, etc.).*
2. *Provide evidence of student satisfaction with the program (e.g., exit student survey, student testimonials, etc.).*
3. *Provide evidence of student success (e.g., student awards secured, post-graduation employment, etc.).*
4. *Provide evidence that new and existing resources (faculty, support staff, library, space requirements, information technology, etc.) required to deliver the program are in place and adequate to ensure a quality student learning experience. Specify new resources since the start of the program.*

C. Enrolment

[N.B., OGPS to fill the below table.]

Year	[20XX-XX]
Target intake (domestic)	
Number of applicants (domestic)	
Number of offers (domestic)	
Actual intake (domestic)	
Number of continuing students (domestic)	
Target intake (international)	
Number of applicants (international)	
Number of offers (international)	
Actual intake (international)	
Number of continuing students (international)	
Total enrolment (intake + continuing)	

If overall enrolment targets have not been met, please indicate what steps you have implemented or plan to implement to remedy the situation. Please comment on the quality of the applicant pool and yield. If you have exceeded expectations, please address how you have accommodated additional enrolment.

D. Strengths, Weaknesses, Opportunities, and Challenges

- Reflecting on the objectives indicated in the original program proposal, please complete the below SWOC analysis.*

Strengths	Weaknesses
Opportunities	Challenges

2. *If any original program objectives have not been met, please indicate what steps you have implemented or plan to implement to remedy the situation. Please include a timeline for each planned action.*

SIGNATURES

Signatures confirm receipt and review of the one-year report on a recently approved graduate program.

Department Chair(s)/Director(s)

Date

College Associate Dean Research and Graduate Studies

Date

Assistant Vice-President, Graduate Studies

Date



Report on Recently Approved Graduate Program YEAR 3

This template is to be submitted to the [Office of Graduate and Postdoctoral Studies](#) within three (3) year of commencement of new graduate degree programs and graduate diplomas (types 1, 2, and 3). The report will be reviewed by the Assistant Vice-President, Graduate Studies, who, on behalf of the Provost, ensures new graduate programs are consistent with the strategic plans and directions for growth of the university. The report will also be received for information by the Board of Graduate Studies.

A. Program Name and Administration

Name of approved program(s):	
Responsible Department(s)/School(s) and College(s):	
Program Coordinator(s):	
Date of Senate approval:	
Date of Quality Council approval:	
Program launch date:	
Length of program (terms):	

B. Program Review

1. *Has the program structure changed since the original proposal? If yes, please elaborate (e.g., course requirements, offerings, mode of delivery, faculty complement, etc.).*
2. *Provide evidence of student satisfaction with the program (e.g., exit student survey, student testimonials, etc.).*
3. *Provide evidence of student success (e.g., student awards secured, post-graduation employment, etc.).*
4. *Provide evidence that new and existing resources (faculty, support staff, library, space requirements, information technology, etc.) required to deliver the program are in place and adequate to ensure a quality student learning experience. Specify new resources since the start of the program.*

C. Enrolment

[N.B., OGPS to fill the below table.]

Year	Year 1 [20XX-XX]	Year 2 [20XX-XX]	Year 3 [20XX-XX]
Target intake (domestic)			
Number of applicants (domestic)			
Number of offers (domestic)			
Actual intake (domestic)			
Number of continuing students (domestic)			
Target intake (international)			
Number of applicants (international)			
Number of offers (international)			
Actual intake (international)			
Number of continuing students (international)			
Total enrolment (intake + continuing)			

If overall enrolment targets have not been met, please indicate what steps you have implemented or plan to implement to remedy the situation. Please comment on the quality of the applicant pool and yield. If you have exceeded expectations, please address how you have accommodated additional enrolment.

D. Degree Completion

[N.B., OGPS to fill the below table.]

Cohort	Number of students	Number of completed degrees	Median terms to completion (range)	Number of still registered (flow-through)	Number of withdrawals / transfers
Year 1					
Year 2					
Year 3					

Comment on the time to degree completion and attrition, as per the above table.

E. Strengths, Weaknesses, Opportunities, and Challenges

1. *Reflecting on the objectives indicated in the original program proposal, please complete the below SWOC analysis.*

Strengths	Weaknesses
-----------	------------

Opportunities	Challenges

2. *If any original program objectives have not been met, please indicate what steps you have implemented or plan to implement to remedy the situation. Please include a timeline for each planned action.*

SIGNATURES

Signatures confirm receipt and review of the one-year report on a recently approved graduate program.

Department Chair(s)/Director(s)

Date

College Associate Dean Research and Graduate Studies

Date

Assistant Vice-President, Graduate Studies

Date

From: [Patricia Tersigni](#)
To: [Cindy Robinson](#)
Cc: [Bradshaw, Ben \(alt\)](#); [Cate Dewey](#); [Office of Vice President Academic](#)
Subject: Response to Audit team question re: graduate LO"s
Date: Monday, November 30, 2020 8:26:23 PM

- Dear Cindy,
- Thank you for the email request today to clarify the response to Recommendation 12. Dr. Bradshaw, AVP Graduate Studies, provides the following on behalf of the University of Guelph:
-
- *We are confident that all of our graduate programs are currently delivering significant learning outcomes even if not all of them are explicitly defined. Through routine curriculum work, including course and program changes, programs without program LOs and course LOs are developing/adding them in advance of being required by a CPR. This is especially true of programs like the PhD in Management that received constructive feedback though a past CPR because of some identified concerns and therefore launched an ambitious 'major modification' to the program that naturally included both program LOs and course LOs.*
-
- We trust this satisfies the Auditors' concerns. Should there be a need for additional follow-up, please do not hesitate to contact me.
-
- Sincerely,
- Patricia

Due to COVID-19, our office is working remotely. I can be reached by email, in TEAMS, or at the mobile number listed below.

Patricia Tersigni, MA (She/Her)

Director, [Office of Quality Assurance](#) and Academic Programs and Policy
[Office of the Associate Vice-President \(Academic\)](#) | [University of Guelph](#)
UC 427 | 50 Stone Rd E | Guelph, ON | N1G 2W1
519-400-0718 | ptersign@uoguelph.ca
[U of G United Way](#)

Cornerstone Hi-res



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