ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

Quality Assurance Framework

Guide

oucqa.ca

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Introduction

The Guide contains practical suggestions, references and sample templates in support of the requirements set out in the Quality Assurance Framework.

We welcome additional examples, references and template ideas from users of the Guide.

We want to encourage best practices in our approach to quality assurance as well as reinforcing institutional efforts to make timely program innovations and modifications and to continue their focus on quality improvements.

Suggestions for additions to the Guide may be sent to us at oucqa@cou.ca.

1. Adjusted Oversight

A guiding Principle of the Quality Assurance Framework (Principle 12) is that the "Quality Council recognizes past performance of institutions and adjusts oversight accordingly." Adjusted oversight refers to the practice of decreasing or increasing the degree of oversight by the Quality Council depending upon the university's compliance across the spectrum of its quality assurance practices. Oversight may also be increased in one area and decreased in another. Examples of adjusted oversight include, but are not limited to: an increase in the number of programs to be selected for a Cyclical Audit, the requirement for a Focused Audit, adjusted requirements for documentation, and adjusted reporting requirements. In recognition of the maturity of the quality assurances practices undertaken by Ontario universities, the 2021 Quality Assurance Framework has reduced Quality Council oversight in a number of areas; examples are listed below, along with guidance identifying some other possible situations where reduced (or increased) oversight might be appropriate.

In all cases, the appropriateness of continued adjusted oversight in an area will be reconsidered at the time of the next Cyclical Audit.

Protocol for New Program Approvals

Adjusted oversight built into the Quality Assurance Framework:

- Faculty CVs are no longer required to be submitted, as long as the Appraisal Committee is satisfied that the external reviewer(s) saw these and have provided satisfactory commentary on faculty expertise, supervision, etc.

If the Appraisal Committee receives several new program proposals in which this has not been satisfied, then the university will lose this privilege.

Additional examples for possible adjusted oversight:

- If a Cyclical Audit finds evidence of a strong monitoring process for new programs (see QAF 2.9.2) that has been consistently applied, a recommendation that the university be exempt from future reporting requirements for new programs (i.e., the "Approved to Commence, with Report" option described in QAF 2.6.3) could be made.

Protocol for Major Modifications (Program Renewal and Significant Change)

Adjusted oversight built into the Quality Assurance Framework:

- Major modifications are normally no longer subject to audit by the Audit Committee.

Should the Quality Council find issues during its annual review of major modifications (for example, if a major modification is actually a new program), then the Quality Council could suspend admission into this program until the university has developed and received approval for the program in question, as per the Protocol for New Program Approvals. The Quality Council will continue to conduct annual reviews of major modifications and may ask the Audit Committee to examine major modifications in a Focused Audit, or that examples of major modifications are to be included in the next Cyclical Audit.

Protocol for Cyclical Program Reviews

Adjusted oversight built into the Quality Assurance Framework:

- Section 5.4.2 External reporting requirements: A new provision gives universities the option to submit an annual report to Quality Council for completed Cyclical Program Reviews, with a link to the Cyclical Program Review documents that the Quality Assurance Framework requires be posted on the university's website. This replaces the requirement that a Final Assessment Report and Implementation Plan be submitted to the Quality Council

for each program that has undergone Cyclical Review, although the universities retain that option if they prefer it.

The annual report and related Cyclical Program Review processes will be subject to occasional review by the Quality Council. If issues are found with these or with any individual FARs/IPs, the Quality Council may ask the university to provide additional documentation for review or to repeat the Cyclical Program Review. The Quality Council may also ask the Audit Committee to do a Focused Audit.

Audit Protocol

Adjusted oversight built into the Quality Assurance Framework:

- Universities are no longer automatically required to submit a one-year Follow-Up Response Report following the receipt of a report on a Cyclical Audit.

At the time of a cyclical audit, the Quality Council or the university itself may refer matters for more in-depth consideration to the Audit Committee. This would normally occur where best practices have been observed or where areas needing improvement have been identified in the course of the approval of new programs, the review of Major Modifications or the review of Final Assessment Reports and Implementation Plans from the institution.

- When the Audit Report describes high to very high degrees of compliance with the Institutional Quality Assurance Process (IQAP) and good to best practice, the Audit Committee may recommend to the Quality Council reduced oversight in one or more areas of the university's quality assurance practices. This would happen when there are no or only minor misalignments with the Framework and where the Quality Council has not referred any matters needing improvement to the Audit Committee for more in-depth analysis. The recommendation for reduced oversight may include, but is not limited to:
  i. A reduced set of documentation required for a subsequent audit; and / or
  ii. A reduced set of documentation to be submitted to the Appraisal Committee and Quality Council. Approval of new programs and reviews of Cyclical Program Reviews and Major Modifications could be placed in the consent agenda.
- When an audit report finds deficiencies in several areas and/or systemic challenges (for example, a large number of recommendations, more than one recommendation that is serious but do not rise to the level of a Cause for Concern, and/or a Cause for Concern), the Audit Committee may recommend increased oversight. This may include, but not be limited to:
  i. A requirement that the university submit one or more Follow-up Response Report(s) by a certain date detailing how it has responded to Recommendations and / or Cause(s) for Concern;
  ii. A larger selection of programs be required for the next Cyclical Audit;
  iii. An increased set of documentation required for a subsequent Cyclical Audit;
  iv. A Focused Audit;
  v. An increased level of reporting through additional documentation submitted to Appraisal Committee and Quality Council; and / or
  vi. Any other action deemed necessary.

2. Programs Offered by Two or More Institutions[1] (Scope Sections of the Protocol for New Program Approvals and the Protocol for Cyclical Program Reviews)

Approval of New and Reviews of Joint Programs and other inter-institutional programs are governed by the IQAPs of the participating university/universities granting the degree. Partner institutions may, but are not required to, use Joint IQAPs (which require the same approval process as IQAPs for individual institutions). Whether a joint and separately approved IQAP is used, or whether the separate institutions prefer to build their joint processes into their own IQAPs, the following are the Quality Council's suggestions for inclusion in the IQAP related to both the New Program Approval process and Cyclical Program Reviews.

The development of new and reviews of existing Joint Programs can be done jointly or can be done individually by each institution. Considerations for the creation of a new and review of an existing joint program include the following points:

- A single new program proposal / self-study should be developed and approved by all partners that minimally addresses the Evaluation Criteria required by the relevant Protocol in the Quality Assurance Framework;
- The new program proposal / self-study should clearly explain how input was received from faculty, staff and students (as appropriate) at each partner institution;
- Selection of the arm's length external reviewers should involve participation by each partner institution;
- Selection of an "internal" reviewer might helpfully:
  - Include one internal from both partners (this is impractical if there are multiple partners); and/or
  - Give preference to an internal reviewer who is from another Joint program, preferably with the same partner institution.
- The site visit should involve all partner institutions and preferably at all sites (with exceptions noted in a footnote);
- The external reviewers should consult with faculty, staff, and students (as appropriate for new programs) at each partner institution and as per the Framework's requirements for in-person reviews;
- Internal responses to the recommendations contained in the reviewers' report should be solicited from participating units at each partner institution. Separate responses are also required from the relevant Deans;
- All relevant internal approvals and governance steps required by the IQAP(s) of the partner institutions should be followed; and

1 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 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. (Source: Quality Assurance Framework, p. 6)

- All related documentation should be available on a network drive / resource at each partner institution (versus only in someone's email) to ensure ease of access for when there may be a change in personnel/roles/responsibilities.

Considerations for the development of new joint programs only:

- Partner institutions should agree on the year that the new joint program will receive its first cyclical review and ensure that the joint program is in the same year in each partner's Schedule of Cyclical Reviews going forward;
- Partner institutions should agree on the plan to monitor the new program and jointly participate in this monitoring process, as well as the subsequent monitoring reports and any other monitoring requirements;
- Partner institutions should post the monitoring reports on their respective websites, as required in Section 2.9.2; and
- If the Quality Council approves a new joint program to commence "with report," each partner institution should sign off on the report before it is submitted to the Quality Council.

Considerations for Cyclical Program Reviews only:

- Each partner institution should provide input on the development of the Final Assessment Report and Implementation Plan;
- There should ideally be only a single Final Assessment Report and Implementation Plan;
- The Final Assessment Report and Implementation Plan should go through the appropriate governance processes at each partner institution;
- The Final Assessment Report and Implementation Plan should be posted on each partner institution's website;
- Partner institutions should agree on an appropriate monitoring process for the Implementation Plan and all monitoring reports should be posted on each partner institution's website;
- The Final Assessment Plan and Implementation Plan should ideally be submitted jointly to the Quality Council and co-signed by all partners; and
- The Final Assessment Report and Implementation Plan and other review-related documentation should be shared with any incoming program Chair/Director early in the assumption of the person's new role.

Considerations for separate institutional reviews of an existing joint program:

- The self-study, site visit, external reviewers' report, internal responses and preparation of a Final Assessment Report and Implementation Plan should follow the institution's IQAP for program review;
- A single Final Assessment Report and Implementation Plan should go through the appropriate governance processes at each partner institution;
- The Final Assessment Report and Implementation Plan should be posted on each institution's website;
- Each institution should decide independently on an appropriate monitoring process for the Implementation Plan;
- The Final Assessment Plan and Implementation Plan should be submitted separately to the Quality Council by each institution; and
- The institution's self-study, external reviewer's report, Final Assessment Report and Implementation Plan should be shared with the joint institution, for information.

3. Program Objectives and Program-level Learning Outcomes

The evaluation criteria for New Programs and Cyclical Program Reviews requires that programs distinguish between program objectives and program-level learning outcomes. For guidance on the assessment of student achievement of the program-level learning outcomes, please see the guidance on Assessment of Teaching and Learning.

Definitions

Program Objectives: Clear and concise statements that describe the goals of the program, however an institution defines 'program' in its IQAP. Program objectives explain the potential applications of the knowledge and skills acquired in the program; seek to help students connect learning across various contexts; situate the particular program in the context of the discipline as a whole; and are often broader in scope than the program-level learning outcomes that they help to generate.

Program-level Student Learning Outcomes: Clear and concise statements that describe what successful students should have achieved and the knowledge, skills, and abilities that they should have acquired by the end of the program, however an institution defines 'program' in its IQAP. Program-level student learning outcomes emphasize the application and integration of knowledge – both in the context of the program and more broadly – rather than coverage of material; make explicit the expectations for student success; are measurable and thus form the criteria for assessment/evaluation; and are written in greater detail than the program objectives. Clear and concise program-level learning outcomes also help to create shared expectations between students and instructors.

Program Objectives

In addition to program objectives being clear and concise statements that describe the broad goals of the program, they may, where relevant, also define the broad goals of each of the various tracks, streams, or concentrations within the program, in addition to any over-arching goals common to the program as a whole. Program objectives are usually broader in scope than the program-level learning outcomes and may be realized through students' achievement of a *cluster* of program-level learning outcomes.

It is important to articulate program objectives, as they inform program-level student learning outcomes. Clear and thorough articulation of program objectives can provide transparency in what the program seeks to accomplish, describe to potential students why the discipline is important, and explain how the program is unique and meaningful in the context of the discipline as a whole.

Program objectives may reference the structure of the program, for example:

- Indicate the *types* of courses that comprise the program—e.g., theoretical, applied, experiential (practicum, internship, community service learning), and independent study and capstone.
- Describe the program's broad areas of focus, including (where relevant) the multi-faceted disciplinary sources integrated in the program.
- Indicate the types of learning activities to be used in the program, as well as the kinds of learning experiences the program intends to offer students.

Additionally, they may:

- Refer to goals beyond the program, such as to prepare students for study in allied disciplines at both the undergraduate and graduate levels as well as for professional work.
- Describe the range of learning opportunities the program intends to offer to students, for example, opportunities to engage with professionals, gain research experience, or acquire foundational knowledge of the field.

Examples:

- To teach students to reflect critically on personal and professional practice in light of possibilities and constraints created by the social construction of knowledge and practice.
- To provide students with opportunities to engage with industry professionals through work-integrated learning.
- To provide a program with an emphasis on skills acquisition and development of industry specific expertise.

Program-level Student Learning Outcomes

Program-level student learning outcomes (known briefly as program-level outcomes or program-level learning outcomes) are informed by program objectives and should collectively satisfy the requirements of the higher-level, more general Degree Level Expectations (DLEs). They are clear and concise statements that describe what successful students should have achieved, as well as the knowledge, skills, and abilities that they should have acquired, by the end of the program. Program-level student learning outcomes emphasize the application and integration of knowledge rather than simply coverage of content. They articulate the expectations for student success—what students should know and/or know how to do by the end of the program. They are usually more specific than program *objectives*, though not as precise as *course*-level learning outcomes.

Program-level outcomes have a distinct purpose from course-level outcomes. Achievement of each *program-level* learning outcome is usually demonstrated through successful completion of a cluster of courses, with increasing levels of proficiency achieved in different courses as made explicit on a detailed curriculum map. In most cases, if a student can meet a program-level outcome by taking a single course, then that program level outcome is likely too specific. Programs should ensure that the complement of courses taken by each student collectively address all program-level learning outcomes and that appropriate assessments are selected for each program-level learning outcome.

Program-level learning outcomes not only relate down one level—to a program's course curriculum, the level at which those outcomes are achieved and demonstrated—but they also are accountable to the higher-level DLEs. Collectively, the program-level outcomes must satisfy all of the more general and overarching DLEs.

All learning outcomes must be measurable, as they form the basis for assessment/evaluation; therefore, they should be written in such a way as to make their successful achievement demonstrable by students. *"By the end of the program, students should understand x, y, and z"* is a weak learning outcome, as 'understanding' is too general to assess. If, however, this statement was to include a verb that indicates *how* that understanding would be demonstrated by students, it would be more effective as a learning outcome, as it would then be measurable. In the example above, replacing the verb "understand" with a more specific verb, such as "explain," "identify," or "distinguish" makes the program learning outcome more effective.

Examples:

- A successful graduate of the program will evaluate and demonstrate the effectiveness of user-centered information systems, services and resources for individual users and diverse communities in a networked global society within which information organizations and information professionals operate.
- Graduates of the program are able to apply the principles of safety and risk management in outdoor recreation, parks and tourism.

- Upon completion of the program, students will be able to demonstrate the ability to apply theoretical knowledge and patient and family-centred care principles to diverse pediatric health and community settings

Course-level Outcomes

Course-level student learning outcomes describe the skills, knowledge, and abilities that students will have acquired upon the successful completion of a course. They are informed by program-level learning outcomes, and, indirectly, by program objectives and DLEs. The achievement of all the course-level learning outcomes of a program's course requirements means that students will also have met the program-level learning outcomes.

Course-level outcomes are defined and developed at the local level, by the program, unit, or faculty, as determined by the University and as such, are not within the purview of the Quality Assurance Framework.

Interdependency of Program Objectives and Program-level Outcomes

<table>
<tr><th>Degree-level Expectations</th><th>Program Objectives</th><th>Program-Level Outcomes</th><th>Course-level Outcomes</th></tr>
<tr><td>▪ Established by the Ontario Council of Academic Vice Presidents
▪ General, overarching expectations
▪ Adapted by individual universities and units; OCAV DLES can also be supplemented with additional DLEs
▪ Set out academic standards that identify the knowledge and skill outcome competencies and reflect progressive levels of intellectual and creative development</td><td>▪ Describe the goals of the program
▪ Inform Program-level Outcomes, and ultimately, course-level outcomes
▪ Provide justification for program and course level curricular decisions
▪ Broader in scope than program-level outcomes
▪ May reference the structure of the program, the kinds of learning opportunities offered, as well as goals beyond the program
▪ May not be directly assessed or measurable</td><td>▪ Articulate what successful students will have achieved as well as knowledge, skills, and abilities they should have acquired by the end of the program.
▪ More specific than program objectives
▪ Achievement demonstrated by completion of a cluster of courses, or, infrequently, a single course
▪ Must be measurable and therefore should include specific verbs, e.g., students will "identify," "evaluate," "distinguish" rather than "understand"</td><td>▪ Specific to individual courses
▪ Informed by program-level learning outcomes
▪ Not within the purview of the External Review</td></tr>
<tr><td colspan="3">Collectively, the program-level outcomes must satisfy all of the more general and overarching DLEs.</td><td></td></tr>
<tr><td></td><td colspan="2">All program-level learning outcomes should be informed by the broader program objectives.</td><td></td></tr>
<tr><td></td><td></td><td colspan="2">Course-level learning outcomes should be informed by Program-level outcomes (and, indirectly, by Program Objectives)</td></tr>
</table>

4. Assessment of Teaching and Learning (Sections 2.1.2.4 a) and b) and 5.1.3.1.4 a) and b))

Note: The following guidance might also be helpful when considering how a self-study is to address the teaching and assessment evaluation criteria for cyclical program reviews (QAF 5.1.3.1.4 a)).

When developing a new program proposal, what information is reasonable and appropriate to meet the QAF evaluation criterion 2.1.2.4 a): "Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations?"

External Reviewers and the Appraisal Committee/Quality Council members need to be able to discern the *relation* between the assessment methods that will be used in a program and individual program learning outcomes and Degree Level Expectations (DLEs). To give an obvious example, if a learning outcome is focused on the development of *oral* communication skills, then a written test as the method of assessment would be questionable. If an outcome indicates the importance of *applying* specific knowledge in order to develop a set of cognitive and conceptual problem-solving skills, then written tests and assignments certainly can be appropriate. If an outcome concerning such application involves achieving designated proficiency of hands-on skill, then a practical assignment with, but not limited to, observational assessment would have a more immediate relation to this outcome. Simply put, "hands-on application" and "written conceptualization" do not convey a clear and immediate relation.

Reviewers of a program proposal ask the same questions that students and instructors ask: "is the assignment or assessment method well-suited for students to demonstrate the knowledge, skills, attributes, etc. they have acquired in the course?" and "will the assessment allow the instructor to assess and evaluate the achievement of specific program learning outcomes?"

Examples of ways in which universities can provide information that will assist reviewers in assessing this criterion include:

- Providing a list of the types of assessment methods that will be used by a program, indicating where in the curriculum these assessment methods will be used, and providing a table in which assessment methods are aligned with program learning outcomes and degree level expectations. Tracking assessment results by cohort may also assist in continuous program improvement.
- Providing a list of the types of assessment methods that will be used by a program and specifying, in paragraph form, where and how each assessment method will be used to achieve specific program learning outcomes across the program. (Such an approach might be preferred if specific assessment methods will be used to assess several program learning outcomes at once.)
- Explaining the process by which a program will track student progress as it relates to individual program learning outcomes across the degree by breaking down course final grade by assessments completed and using a tracking tool across the program. In this approach, programs should demonstrate alignment between each assessment method and program learning outcome.

When developing a new program proposal, what information is reasonable and appropriate to meet the QAF evaluation criterion 2.1.2.4 b: Appropriateness of the plans to monitor and assess:

i. **The overall quality of the program;**
ii. **Whether the program is achieving in practice its proposed 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.

Note: The following guidance might also be helpful when considering how a self-study is to address the teaching and assessment evaluation criteria for cyclical program reviews (QAF 5.1.3.1.4 b)).

External Reviewers and the Appraisal Committee/Quality Council members need to be able to discern how a program will document and be able to assess whether students, upon graduation, have achieved the intended program learning outcomes and degree level expectations. In particular, how the university plans to document the level of performance of students in the program as a whole and how it will use this information towards the continuous improvement of the program moving forward. The university should consider: What is the information being collected? Who will collect it? Will any student feedback be obtained after graduation? How will all of the information collected be used? How and when will the information be provided back to the program?

The type of documentation will be program-specific. Setting a course grade or GPA number that students must achieve for graduation, documenting the grade spread of a graduating cohort, calculating placement rates, and devising plans for surveying alumni one-year post-graduation and then five-years later are all methods that can be used by programs to satisfy this criterion. There is no one-size fits all. Each proposal is assessed in terms of whether program design and delivery, and student performance of knowledge, skills, and abilities are achieved at the level of the degree (undergraduate Bachelor's, graduate Diploma, Master's, Doctoral). In addition to these expectations, each proposal is also assessed, given the program design and delivery, in terms of whether students are actually achieving the outcomes specified as central to the program. Criterion 2.1.2.4 b asks programs to devise ways of documenting whether such outcomes are being achieved primarily as a means of programs' ongoing self-assessment as well as to provide information for continuous program improvement and future cyclical program reviews.

Simply put, "how do you plan to assess whether all the effort put into designing and, soon, delivering the program is working in the way and with the levels of success you expected? What sort of information do you need in order to be able to answer that question? How will you use the information for continuous program improvement?" Generally speaking, that information is drawn from performance during the program and after graduation.

Examples of ways in which universities can provide information that will assist reviewers in assessing this criterion include:

- A proposal that shows how the plans for documenting the level of student performance have been designed specifically to be consistent with the degree level expectations. Here, program-level learning outcomes are based on the DLEs and provide the backbone for the program. Onto these are mapped appropriate courses and methods of assessment, culminating in a capstone experience required of all students and associated with most of the program learning outcomes and DLEs. Thus, upon successful completion of the capstone experience, students will have achieved the program's objectives. In addition, more global methods of assessment, such as exit and alumni surveys, will provide a broader view of the program and student performance. Together, these assessment methods provide a complete picture of the program that is easily documented and can be used for continuous improvement and formal cyclical reviews.
- A proposal in which the achievement of program learning outcomes is assessed on an annual basis by a Program Committee. Indicators used by such a committee include student grades, awards data, and exit surveys. Classes, and assessment practices, are closely monitored by the committee on an ongoing basis. Feedback from students, faculty, teaching assistants, community members, and others is obtained and assessed, as is career success and satisfaction of graduates. To this end, every effort is made to maintain contact with graduates of the program (i.e., alumni surveys). Efforts to improve the program, whether in content or delivery, in response to these data/feedback are routine and on-going in order to better address contemporary issues that arise in relevant communities.

- A proposal in which achievement of the program learning outcomes is demonstrated using a set of rubrics specifically developed to measure success in achieving specific program learning outcomes. In such a case, each rubric would be aligned with a particular program learning outcome and used in the assessment of a required capstone assignment so that successful completion of the capstone assignment would demonstrate the achievement of an individual program learning outcome. Such an approach would be augmented by gathering additional data, for example, feedback from students, exit and alumni surveys, and career success in order to provide a complete picture of the program's ability to satisfy criterion 2.1.2.4 b.
- A proposal that describes the process by which a program is tracking student progress related to program learning outcomes across the curriculum using a tracking tool. To complement this direct and quantitative form of program assessment, more indirect forms of assessments are used; for example, students can be exposed to the program learning outcomes as they begin their degree and upon graduation. Students and alumni can also be asked to reflect on the program, including its content, modes of delivery and program learning outcomes. Finally, the proposal demonstrates how, together, these data are used by the program to assess its success related to the achievement of program learning outcomes by its graduates.
- A proposal that describes the process by which a program will use accreditation requirements to ensure that its students are meeting the program learning outcomes. Such a proposal will provide some details on the criteria used in the accreditation process so that both External Reviewers and Appraisal Committee/Quality Council members can assess whether 2.1.2.4 b is addressed by the accreditation review.

5. Sessional/Adjunct Faculty (Sections 2.1.2.6 b) and 5.1.3.1.6 b))

For Section 2.1.2.6 b) and 5.1.3.1.6 b), please note the following:

For programs in which sessional/adjunct faculty have a large role, provide evidence of a long-term plan to ensure that a sustainable, quality program will be delivered when a large proportion of the courses are to be taught by sessional instructors/adjunct faculty. This should include a rationale for the use of a large number of sessional faculty for program delivery, how and from where sessional instructors will be recruited, concrete plans for how a stable and consistent approach to teaching the program's learning outcomes will be ensured, and information regarding how a consistent assessment of the students' achievement of these learning outcomes will be maintained under these circumstances.

6. Meeting the Requirement that Two-thirds of Course Requirements be met through Courses at the Graduate Level (Sections 2.1.2.3 and 5.1.3.1.3)

The OCGS By-Laws and Procedures provided the following description of the expectation for graduate level courses, which may be useful to describe this requirement:

"Since graduate work implies work beyond the undergraduate level, quality considerations require that the number of undergraduate or combined courses be limited to a minor proportion of the course requirements for the graduate program; as well, the additional work required of graduate students enrolled in such courses should be outlined. OCGS believes that the number of undergraduate courses or combined courses in which undergraduate students predominate should be not more than one third of the total course requirement for the degree.

Course offerings must be appropriate, in currency and in depth of knowledge, for the level of the program and sufficiently varied to provide breadth. To respect the principle of "truth in advertising," academic units should assess their course offerings to ensure that courses that are advertised are in fact given with some regularity.

It is essential in all cases that the graduate student be required to demonstrate the necessary intellectual development in understanding, argument and professional judgment through suitable vehicles, such as projects".

7. Choosing Arm's Length Reviewers (Section 2.2.1 and Section 5.2.1)

As stated in Principle 14, "expert independent peer review is foundational to quality assurance." External reviewers should have a strong track record as academic scholars in the discipline and ideally should also have had academic administrative experience in such roles as undergraduate or graduate program coordinators, department chair, dean, graduate dean or associated positions. This combination of experience allows a reviewer to provide the most value to reviews of program proposals and existing programs.

It is also important that the external reviewers have an appreciation of pedagogy. Further, there should be at least one person within the membership of the Review Committee who understands and appreciates the role that program-level learning outcomes and the methods for assessing student achievement of these outcomes plays within the Ontario context. For example, including a Chair of Curriculum, Teaching and Learning (or equivalent) as a member of the Review Team can provide critical external perspective and expertise.

For Cyclical Program Reviews, additional discretionary members may be assigned to the Review Committee as long as they are deemed by the program to be appropriately qualified and experienced individuals selected from industry or the profession under review. If the IQAP allows, students may also be added to the Review Committee.

Advice for Choosing External Reviewers

Best practice in quality assurance ensures that reviewers are at arm's length from the program under review. This means that reviewers are not close friends, current or recent collaborators, former supervisors, advisors or colleagues.

Arm's length does not mean that the reviewer must never have met or even heard of a single member of the program. It does mean that reviewers should not be chosen who are likely, or perceived to be likely, to be predisposed, positively or negatively, about the program. It may be helpful to provide some examples of what does and does not constitute a close connection that would violate the arm's length requirement.

Suggestions and recommendations made during the first cycle of audits have shown that introducing the following would align with best practice:

- That guidance be provided to units undergoing review to provide detail surrounding the nomination process of external reviewers for Cyclical Program Reviews and New Program Proposals;
- That the unit be required to provide a minimum number of potential external reviewers' names;
- That an external reviewer nomination form be developed, which includes space for disclosure of potential conflicts of interest;
- That the IQAP clarifies who may contact potential external reviewers to seek their willingness and availability to serve as reviewers, and stipulates who is responsible for inviting the Review Team;
- That the selected external reviewers also be asked to confirm that there is no conflict of interest at the time of being invited to conduct the review; and
- That a standardized method for indicating how external reviewers were chosen and how each reviewer satisfies the requirements for an "arm's length" relationship to the program under review be developed.

Examples of what may not violate the arm's length requirement:

- Appeared on a panel at a conference with a member of the program
- Served on a granting council selection panel with a member of the program
- Author of an article in a journal edited by a member of the program, or of a chapter in a book edited by a member of the program

- External examiner of a dissertation by a doctoral student in the program
- Presented a paper at a conference held at the university where the program is located
- Invited a member of the program to present a paper at a conference organized by the reviewer, or to write a chapter in a book edited by the reviewer
- Received a bachelor's degree from the university (especially if in another program)
- Co-author or research collaborator with a member of the program more than seven years ago
- Presented a guest lecture at the university
- Reviewed for publication a manuscript written by a member of the program

Examples of what may violate the arm's length requirement:

- A previous member of the program or department under review (including being a visiting professor)
- Received a graduate degree from the program under review
- A regular co-author and research collaborator with a member of the program, within the past seven years, and especially if that collaboration is ongoing
- Close family/friend relationship with a member of the program
- A regular or repeated external examiner of dissertations by doctoral students in the program
- A recent doctoral supervisor (past several years) of one or more members of the program
- A previous external reviewer for a Cyclical Program Review or a New Program Proposal in the department/unit in question. Whilst this is preferable, in cases where it is not ideal, at least one of the external reviewers must not have previously reviewed a program in the department/unit

8. Guidance for External Reviewers of New Program Proposals (Section 2.2.1)

Independent expert review is foundational to the Quality Assurance process for Ontario's universities. Thank you for participating in this essential process. Your Report will be the primary focus of the Ontario Universities Council on Quality Assurance (the Quality Council) and its Appraisal Committee as it considers the quality of the New Program.

This document provides an overview of Ontario's quality assurance process and the Protocol for New Programs. Please see also the Guidance on Program Objectives and Program-level Learning Outcomes – key criteria in the appraisal of New Programs.

Quality Assurance of Ontario's Universities

The Quality Council 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. The Quality Council operates at arms-length from both the provincial government and the universities. While universities have vested in the Quality Council the final authority for decisions concerning approval of new programs, universities must apply separately to the provincial government's Ministry of Colleges and Universities (MCU) for funding. The MCU will not approve funding for a program which has not been quality assured and approved by the Quality Council.

Ontario's universities have committed to a process to ensure the quality and continuous improvement of their academic undergraduate and graduate programs, from inception. The degree of rigour established throughout the Quality Assurance Framework (QAF), and in particular, in the Protocol for New Program Approvals plays an essential role in ensuring that new programs are developed using internationally accepted quality assurance practices and that the quality of that new program is sustained.

The primary responsibility for the design and quality assurance of new programs lies internally, with universities and their governing bodies. When preparing a New Program Proposal, universities are responsible for the development of program objectives (see Guidance) and curriculum design, the creation and clear articulation of program-level learning outcomes (see Definition and Guidance), their monitoring and the design of their assessment, and generally for the assembly of human, instructional and physical resources needed to achieve those program-level learning outcomes.

The role of expert independent peer review

There are three levels of assessment for quality assurance: primary, secondary, and tertiary. Primary assessment occurs at the unit level where the program itself engages in the development of new programs.

Secondary assessment involves independent expert review conducted at arm's length. This includes recommendations from you as the external reviewer that are clear, concise and actionable.

The Quality Council and its Appraisal Committee engage in tertiary assessment. They do not "re-do" the earlier assessments; rather, they evaluate whether those assessments were comprehensively well done (that the critical criteria required by the Framework have been addressed) and independently and appropriately assessed (that the appraisers are arm's-length, have an appreciation of pedagogy and learning outcomes, and are appropriately knowledgeable in the proposed program's area of discipline).

For New Program Proposals, these evaluations are made by the Appraisal Committee, which will, in the first instance, focus its review of a new program proposal on the following elements of the submission:

a) Overall sufficiency of the External Review Report(s);

b) Recommendations and suggestions made by the external reviewers, including on the sufficiency and quality of the planned human, physical and financial resources;

c) Adequacy of the internal responses by the unit and Dean(s) to the recommendations, or otherwise for single department Faculty; and

d) Adequacy of the proposed methods for Assessment of Teaching and Learning given the proposed program's structure, objectives, program-level learning outcomes and assessment methods. (See Evaluation Criteria 2.1.2.4 a) and b))

Once the Committee has completed its review of the submission to its satisfaction, it makes one of the following recommendations to the Quality Council:

a) Approved to commence[1];

b) Approved to commence, with report[2];

c) Deferred for up to one year during which time the university may address identified issues and report back;

d) Not approved; or

e) Such other action as the Quality Council considers reasonable and appropriate in the circumstances.

Therefore, when universities submit New Program Proposals to the Quality Council's Appraisal Committee, they must demonstrate that the expert independent peer review addressed all the main issues and was conducted at arm's length.

Evaluation Criteria

The elements that the external reviewer must address are specified in the Quality Assurance Framework, Section 2.2.2 and in the university's Institutional Quality Assurance Process (IQAP). Minimally, the reviewers' Report must:

a) Address the substance of the New Program Proposal;

b) Respond to the evaluation criteria set out in Framework Section 2.1.2 (see the Sample Template for the External Review Report for a detailed list of minimally required criteria);

c) Comment on the adequacy of existing physical, human[3] and financial resources; and

d) Acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it.

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 new program, recommendations on these or any other elements that are within the purview of the university's internal budgetary decision-making processes must be tied directly to issues of program quality or sustainability

An important outcome of the Protocol for New Program Approvals is a demonstrated commitment to ongoing and continuous improvement of the approved program, particularly in the areas of program-level learning outcomes and the assessment of the student achievement of these learning outcomes. External reviewers should pay particular attention to this aspect of the New Program Proposal. Please see the Guidance on Assessment of Teaching and

1 The Quality Council may provide a note regarding an issue(s) to be considered at the time of the program's launch, or for its first cyclical program review, or for audit.

2 The with report condition implies no lack of quality in the program at this point, importantly, does not hold up the implementation of the new program, and is not subject to public reference on the Quality Council's website. The requirement for a report is typically the result of a provision or facility not currently in place but considered essential for a successful program and planned for later implementation.

3 Based, in part, on the external reviewers' assessment of the faculty members' education, background, competence and expertise as evidenced in their CVs.

Learning for detailed information about the assessment and monitoring of student achievement of program-level learning outcomes.

Internal Response

The QAF requires that programs and Deans/Divisional Heads provide separate responses to the external reviewers' recommendations (QAF 2.3). This internal response is an important part of the tertiary assessment. The Quality Assurance Framework (Part 1) notes that recommendations from external reviewers must be "reasonably considered and an appropriate plan has been developed to effect program improvement. What is praised is continued and strengthened; what is in need of improvement is in fact improved."

When evaluating new program submissions, the Appraisal Committee typically expects distinct responses to each of the external reviewers' recommendations. Units and Deans/Divisional Heads are best able to make concrete, considered responses when the external reviewers' recommendations are clear, concise, and actionable.

9. Virtual Quality Assurance Site Visits (Sections 2.2.1 and 5.2.1)

The Quality Assurance Framework specifies circumstances under which, with agreement of the external reviewers, a desk review (where only documents are reviewed) or a virtual site visit are acceptable (replacing an in-person site visit). The following offers some practical advice and suggestions for the virtual site visit option.

1. Format and principles: Things to consider early in the process

- Pre-established roles for each session:
  - › Who will host the meeting, with responsibilities such as:
    - » Managing meeting participants through your virtual meeting platform
    - » Meeting etiquette overview
  - › Who will chair the meeting?
    - » Presenting the topics, raising the issues, asking the questions, facilitating discussion and response, keeping a speakers list
  - › Who will provide tech support?
    - » Ideally, this will be someone other than the host so that the host can remain as host while the tech support person attends to any tech issues that may arise
    - » If necessary, have this person participate in any tutorials or training that the web conferencing provider offers
    - » When the virtual site visit occurs, and if this person is someone other than the host, consider having your tech person sit in on the event to monitor the quality of the event. Either way, the tech support person should be able to troubleshoot immediately and as and when problems arise to avoid having to reschedule the entire virtual site visit to a later date
    - » Consider keeping a phone line clear or a chat window at the ready
    - » Consider sharing a mobile number, either of the host or staff in the QA Office in case of additional troubleshooting requirements
    - » During the meetings, the participants in the Waiting Room (if using Zoom) need to be vetted and admitted, at the appropriate time
    - » Participants may need tech support in re-naming their video image with their real names and/or any other element of the virtual site visit
  - › Who will monitor the chat function, if this is being used?
- Do your reviewers need some time built into the beginning of the virtual visit to plan their visit and / or get to know one another a little?
- Will your reviewers also need you to provide them with a private session to debrief and discuss their next steps at the end of the virtual visit? If so, how is this to be managed?
- In-person visits typically include some less formal/more social elements. Are there any opportunities to build this aspect into the virtual visit?
- Will participants need to be able to see and discuss documents during the virtual site visit? If so, you will need a plan for sharing on everyone's screen or disseminating before the visit takes place. Consider using the meeting invitation or a secure site (Teams, etc.) for this purpose

- Is there to be a virtual tour of labs, facilities, etc.? If so, a wireless web cam might need to be part of the plan. In addition, programs may already have video and virtual tours of facilities. Consider vetting these to determine their viability for this purpose. For example, are they more modelled for recruitment, and/or are they detailed enough to show the functionality of the facilities?
- Will participants be joining the meetings across more than one time zone? If so, this will need to be accounted for when scheduling the meetings. In addition, make sure that the time zones are synchronized for the sign on time
- Take special care to ensure that all students who are to attend a meeting(s) understand the purpose of the cyclical review and the importance of their role in it
- Consider creating some meeting etiquette guidelines

2. Scheduling considerations

- The current one- to two-day contiguous face-to-face site visits are principally driven by the travel and accommodation considerations for the external reviewer(s). Schedule multiple sessions, each for no more than two hours
- Consider scheduling no more than three meetings in a single day
- The meetings might also helpfully occur over a few days — which could be several days apart — increasing the flexibility of timing and making it possible to complete the site visit and the review more quickly
- Also, remember to build in sufficient breaks between meetings so that the reviewers and other meeting participants can take a comfort break, eat, etc.
- Try to retain the preferred sequence of meetings that would have occurred if the visit had been in-person. For example, have the review committee meet in camera first on their own, and try to schedule meetings with the Provost, Deans, and Department Chair early in the process
- Consider having a representative from the QA / Provost's Office attend the first meeting to put faces to names, to review the format and schedule, answer any questions, and cover what to do if there are any technical issues
- It can also be helpful to have someone from the QA / Provost's Office participate at the end of the site visit to ensure that the external reviewers feel they have spoken to everyone that they need to, as well as to answer any questions they may have and to review next steps

3. Spend time on finding the right tool(s) to replace the in-person visit

- Try to balance ease of access and use with appropriate security features
- What is your budget? Some tools are free, others have packages that are paid on a monthly basis, while still others may use a per-minute fee structure
- Security considerations for each platform
- Options to consider: Microsoft Teams, Zoom, WebEx, Business Skype, and RealPresence (there may be others)
- Your external reviewers may not have the same computer system / phone / internet speed to support the software you are considering and you may need access to more than one tool
- Zoom on Android does not offer the same functionality as when used on an iOS device
- If possible, leverage the experts on your campus in your central or local computing group. They may have already developed tip sheets and experience with inviting significant numbers of external guests into virtual meetings. They may also have detailed instructions to share with participants

4. Security considerations

- Zoom, while accessible and easy to use, has also raised concerns about security –including but not limited to security of the meeting itself (i.e., Zoom-bombing). No matter which platform is being used for the virtual site visit, your institution's guidelines for matters such as security and privacy will be a critical resource.
- Depending on the tools available in your platform of choice, consider implementing:
  - › Mandatory passwords
  - › Separate meeting invites to each and every session that make up the site visit
  - › Enable the Waiting Room function to get into the meeting itself and ask all participants to label (or rename) their video with their real first and last name. The moderator (or host) should then compare that name with the attendance list for the meeting and not admit anyone whose name does not match
  - › Manage participants in a meeting to control who can share their screen, etc.
- Many of the platforms include the capacity for any of the participants to record and / or capture screenshots and chats. See below for more on this feature.

5. Do a test run

- The host or tech support person should conduct a dry run with each of your external reviewers
- This dry run should include testing all features that you plan to use during the virtual site visit to ensure everyone is comfortable with the tools. This will also identify whether there are any issues with someone's platform not supporting an important component so that the meeting itself can run as smoothly as possible

6. During the meetings

- Establish the meeting etiquette for all participants at the beginning of each session
- Walk all participants through the agreed meeting etiquette and establish the norms for the meeting: everyone muted when not speaking, cameras on, virtual hand raising to speak, chat panel open, etc.
- Make it clear at the final meeting that if any additional meetings are needed, or if the reviewers need to speak to an individual or group again, that can be arranged
- Reinforce at the final meeting that if needed, you are available to answer any questions (or find the answers) or provide clarifications for the reviewers as they prepare their report

7. Be thoughtful and clear in advance with all participants about the potential use of the "RECORD" function of the software

- One of the new features of virtual/video site visits is the easy opportunity to produce both a video and a written transcript of each session. Each university will need to decide whether to use this feature based on your own privacy practices.
- Before hitting "record" for any part of any session, ensure all participants are aware they will be recorded. Some participants may be reluctant to be recorded and therefore the host or QA staff should be familiar with privacy guidelines.
- There should be a clear understanding by all participants on the issues of who owns the recording, who will have access to it (and who will not) and at what stage in the process. Again, your institutional privacy guidelines will assist in this regard.

8. Consider how to offset the increased "distancing" of External Reviewers

- Some may be concerned about substituting a virtual/video site visit for the traditional face-to-face and the increased psychological distancing of the Reviewers. Whether this concern is legitimate or not, having orientation processes in place to address the concern is a benefit
- Meeting your reviewers from the privacy of their own offices / homes will also be a different experience than if the meetings were on the institution's home turf. Reviewers should be encouraged to be mindful of this change in dynamic

9. Have a back-up plan

- Despite your best preparations, something can always go wrong: A lost connection, a power outage, etc.
- Prior to the site visit, consider also circulating a backup teleconference number that participants can access with cell phones or a landline
- Be sure that the tech support person has access to all relevant email addresses for all participants for each session, so that they can email documents that fail to load or display on the screen

10. Gather feedback

- Ask your reviewers for feedback on the effectiveness of the format during the final meeting
- Ask all other participants (via email or a brief survey) for feedback on what worked well / what did not and what you could do differently next time to make the process more user-friendly and effective

10. Internal Members: Role and Responsibilities (Sections 2.2.1 and 5.2.1)

Sections 2.2.1 and 5.2.1 of the Quality Assurance Framework indicate that the review committee *may* include an internal member from within the university, but from outside the discipline (or interdisciplinary group). Suggestions and recommendations made during the first cycle of audits have highlighted the need for universities choosing to include an internal member to carefully consider the following:

- The eligibility criteria for this role.
- That the IQAP describes in some detail the nomination and selection process for internal (and external) reviewers.
- That internal members of the review team are at arm's length from the program under review (see Guidance on Selecting Arm's Length Reviewers).
- That the IQAP (and/or associated guidance) clearly defines the role and degree of responsibility for the internal member of the review team. Some elements to consider:
  - What is the process for nominating and selecting internal members and are the eligibility criteria and any "qualifications" clearly spelled out?
  - What expertise, if any, should the internal member have in program-level learning outcomes and the assessment of student achievement of these learning outcomes? If they do not have this expertise, should this person play a role in ensuring the externals appropriately consider these elements as part of their review and pointing them to sources of guidance, as appropriate?
  - Who is responsible for providing an orientation / briefing to the internal reviewer?
  - The internal member's primary responsibility tends to be to guide and act as the interpreter of local context and culture, as well as to ensure that the externals appropriately consider all elements of the review. If there are any additional expectations for this role, these should also be clearly specified.
  - Will the internal member of the team receive the same documentation provided to the external reviewers?
  - Is the internal member allowed to ask questions as part of the review meetings?
  - Is the internal member of the team expected to take on the role of note-taker during the meetings? If so, what is to be done with those notes?
  - Is there a term to the role of internal member's role, or is this an ad hoc appointment?
  - Will this person be paid an honorarium and / or receive any other form of acknowledgement for undertaking this role?
  - Will the internal member see the guidance provided to the external reviewers to understand the distinction between the roles and responsibilities? Similarly, will the external reviewers receive clear guidance on the role and responsibilities of the internal member?
  - To what degree is the internal member involved in finalizing the external review report? Best practice would dictate that the internal does no more than review a draft of the externals' report, provide comments on its accuracy and provide local context.
  - Who should they contact if they have any questions or concerns?
  - What are the expectations regarding confidentiality of material seen and discussions held?

- All internal reviewers should be provided with guidance and receive some form of orientation to the role in advance of participating in a review to ensure they have a clear understanding of their role and responsibilities. It may also be helpful for a past internal reviewer to assist with the orientation process.
- The university might consider periodically finding ways to seek general feedback from past internal members on what is working / not working well with the process for reviewing both new and existing programs.

11. Protocol for University Representatives' Attendance at Appraisal Committee Meetings

- The Appraisal Committee's meeting template will have a standing item for "Meeting with University Representatives".
- The Committee's lead reviewer report template will include a section to indicate whether a meeting with a university would be helpful and if so, what items might be discussed with them.
- The Secretariat will alert the university that the Appraisal Committee would welcome their attendance at the next meeting. When possible, the university will be provided with an indication of what the questions will be, with a proviso that the questions may change as a result of the full Committee discussion. The university representatives will be asked to be on standby between 10:30 – 11:30 on x date and will be reminded that the conversation will be contained to a question and answer format.
- The QA Key Contact (or delegate) and up to two program representatives may attend the Committee's meeting virtually or in-person. The university will confirm with the Secretariat who will attend and provide their roles/titles prior to the meeting.
- The Committee will begin each meeting focusing on any agenda items where one or both lead reviewers have indicated that a meeting with university representatives might be helpful. The discussion will confirm:
  - What, if any, the outstanding questions related to the submission are.
  - Whether any of these finalized outstanding questions could helpfully be addressed through a conversation with the university, or if these outstanding questions would require more time for the university to revise the proposal, etc. in response.
- When the Committee agrees that a meeting is not required, the Secretariat immediately informs the Key Contact (or delegate) by email accordingly.
- When the Committee agrees that a meeting with the university representative(s) should proceed, the Secretariat will send an email to the Key Contact (or delegate) to confirm a time to join and provide Zoom/teleconference details accordingly.
- The Chair of the Appraisal Committee will ask the Committee's questions (to protect the identity of the lead reviewers of any given submission). Other Committee members may follow-up on university responses, seek clarification, etc.
- Any given meeting with university representatives should be contained to a maximum of 15 minutes.
- The QA Key Contact (or delegate) will be asked by the Secretariat immediately after the meeting to provide a brief written summary of what they said in the meeting. This will then be added to the official appraisal record.

12. Distinguishing between Major Modifications and New Programs: Examples (Section 4)

It can be challenging to define what constitutes a "major modification" to an existing program. The following examples are offered by the Quality Council to illustrate what will normally constitute a "significant change" and therefore a "major modification".

a) (Examples of) Requirements that differ significantly from those existing at the time of the previous cyclical program review, or at the time the program was first approved

- The merger of two or more programs, in the absence of any other significant changes (e.g., to the degree designation, learning outcomes, etc.)
- New bridging options for college diploma graduates (e.g., 2+2 arrangements)
- Significant change in the laboratory time of an undergraduate program
- The introduction or deletion of an undergraduate thesis or capstone project
- The introduction or deletion of a work experience, co-op option, internship or practicum, or portfolio
- At the master's level, the introduction or deletion of a research project, research essay or thesis, course-only, co-op, internship or practicum option
- Any change to the requirements for graduate program candidacy examinations, field studies or residence requirements
- Major changes to courses comprising a significant proportion of the program (may be defined in quantitative terms; typically, institutions have chosen one-third)

b) (Example of) Significant changes to the learning outcomes

- Changes to program content, other than those listed in a) above, that affect the learning outcomes, but do not meet the threshold for a 'new program'

c) (Examples of) Significant changes to the faculty engaged in delivering the program and/or to the essential resources as may occur, for example, when there have been changes to the existing mode(s) of delivery (e.g. different campus, online delivery, inter-institutional collaboration)

- Changes to the faculty delivering the program: e.g. a large proportion of the faculty retires; new hires alter the areas of research and teaching interests
- A change in the language of program delivery
- The establishment of an existing degree program at another institution or location
- The offering of an existing program substantially online where it had previously been offered in face-to-face mode, or vice versa
- Change to full- or part-time program options, or vice versa
- Changes to the essential resources, where these changes impair the delivery of the approved program

Following are a sample of questions and answers received by MCU on "new program" versus "major modification":

1. An existing Masters program wanted to change two out of the three participating departments.

   This was considered to be a new program as there appeared to be a significant change to the program: the program became a professional program, tuition increased, and two of the three participating departments changed.

2. A new Honours BA program in Health Administration was reported as a variant of the existing Honours BA program in Health Studies and was not submitted for approval. The two programs were distinct with different outcomes and courses. Also, this new program did not replace the existing Health Studies program.

   The BA program in Health Administration was deemed to be a brand-new program with distinct courses and outcomes. MCU explained that although the Health Administration program shared a few courses with the approved Health Studies program, it was a brand-new program that needed to go to the Ministry for approval.

3. A Bachelor of Technology program added on two separate program designations (Biotechnology and Automotive and Vehicle Technology). The institution asked if the addition of program designations required approval.

   Both the Ministry and the institution decided it was a brand-new program and required approval from the Ministry.

4. A program changed from a Bachelor of Arts in Fine Arts to a Bachelor of Fine Arts. The institution was unsure if this was considered a new program and asked for clarification.

   The new BFA was to be reported as a new program as: (1) There would be a change in government funding in the first year, and (2) The program was originally reported as "core" and so did not require/receive approval. Once it become non-core, it required approval.

5. A BA in Gerontology and a BA in Health Studies program merged into a BA in Health Aging and Society. Objectives, outcomes and BIU would remain the same and the courses were similar.

   It was decided that this program could be reported in the Program Development Report and note the closing of the original programs and the merge.

Finally, the following additional examples have been developed by the Quality Council:

1. A university has a major program in Spanish that focuses on language, and wishes to create a program in Spanish Studies that focuses on cultural studies. The Spanish Studies program would be viewed as a new program.
2. A university has a major program in Sociology, and wishes to create a program in Social Justice and Equity Studies that incorporates courses from other disciplines and requires the creation of new courses. The Social Justice and Equity Studies program would be viewed as a new program.
3. A university has a minor program in X and wishes to create a major. The new major would be viewed as a new program.
4. A university has an approved Master's program in Community Health Sciences offered by a department in a Faculty of Medicine; it wishes to offer an accredited program in Public Health that would draw on multi-disciplinary expertise from Social Sciences, Philosophy, Nutrition and Statistics, as well as from expertise in Medicine. The Public Health program would be regarded as a new program, whatever its designation (e.g., MHSc or MPH).
5. A university has an approved BA program in Geography with a specialty available in Human Geography. As an extension of its strength in human geography and as a way of involving faculty from other disciplines, it now wishes to offer a program in Planning, with specialties in both Urban and Rural Planning. The new BA in Planning would be regarded as a new program.
6. A university offers a BA in Linguistics. It now wishes to offer a BSc in order to draw on its growing research strength in Neurolinguistics. The BSc would be viewed as a new program.
7. Chemistry has a field in Nano Applications, and it now wishes to establish a program in Nanoscience, in collaboration with other Departments, and involving existing courses from the other Departments, as well as several new courses. The Nanoscience program would be viewed as a new program.
8. A university has an EdD in Education, and it wishes to offer a PhD with a requirement for a dissertation. The latter would be viewed as a new program.

9. A university wants to add a Graduate Diploma in Engineering composed of existing courses. The new GDip would be a new program (requiring only an Expedited Approval from the Quality Council).
10. A university is in the midst of dissolving its collaborative nursing degree program with a partner college. The university did not originally develop the portion of the curriculum that was being delivered by the college and does not already have a separate standalone nursing degree program, but wishes to offer one. This would be viewed as a new program.
11. A university wishes to inherit or take over a program from another university that it does not currently offer its own version of. This would be viewed as a new program.
12. Another university is also in the midst of dissolving its collaborative nursing degree program with a partner college and plans to take over delivery of the full 4-year program. The degree and its associated curriculum were originally developed and approved by the university, the learning outcomes will not be changed, the majority of the courses will remain the same and other programmatic changes will not be significant. This would **not** be viewed as a new program.
13. A university offers an MBA program, and wishes to offer in addition a Master of Financial Administration. Students could then choose which designation they wish to receive. The courses, learning outcomes, and teaching faculty have not changed. This would not be viewed as a new program.
14. A university has several approved programs in Mathematics (Pure Mathematics, Applied Mathematics, and Statistics), which it wishes to combine into one Major in Mathematics. This would **not** be viewed as a new program.
15. A university has a Business program (BComm) for which it is seeking accreditation. It must have X number of courses taught by faculty with a PhD. A significant number of new hires are therefore required. This would **not** be viewed as a new program.
16. Changing a degree designation, for example, an LL.B. degree to a JD, without also substantially changing the program requirements or learning outcomes, is **not** a new program.
17. The creation of a new Collaborative Specialization is an example of a major modification, as is the modification of an existing Collaborative Specialization. Minor changes to existing Collaborative Specializations can, however, be handled through a university's protocol for minor modifications.

13. Involving Students in Quality Assurance Processes

Employing meaningful ways to involve students in quality assurance processes is an important, yet sometimes challenging, aspect of an institution's efforts to ensure continuous improvement. While this guidance is oriented toward student and staff participation in the development of the self-study, the techniques explained below may be equally suitable in processes for the development of new programs and modifications to existing programs (major modifications).

Student involvement in the Self-study

Many institutions seek student perspectives by including students in focus groups and/or as part of the team responsible for leading the preparation of the self-study report. When including students in review committees (or similar), it is helpful to provide students with an orientation to the process and to the goals of the review. Additionally, student members of review committees should be informed of the results of the review, particularly if their participation in the review committee is limited.

Another way to approach this is to ensure that there is ongoing involvement of students in the academic unit's governance structures and processes. When students are providing *regular* input on their courses and program requirements, it is very easy to gather and incorporate that information into a self-study that results in meaningful analysis and reflection. Constant contact with students, through their representation on departmental committees and through their involvement in departmental seminars or workshops, can facilitate their engagement in quality assurance processes.

Curriculum Review Committees are a regular feature of many academic units. They provide an ongoing opportunity for students to reflect on their learning experiences in the program and to provide suggestions for changes as part of a structured curricular review process.

Academic Councils that discuss, advise, and/or recommend policy in the areas of curriculum, practicums, research and professional or community matters often include student representation from across each of the program years. A regular feature of Council meetings can include a report from each cohort of students (such as first-year, second-year, and/or the professional year). Student representatives should be encouraged to use Councils as a way to provide feedback to faculty about their satisfaction with the program and to help inform thinking about future program directions. A collection of student reports submitted over the course of the period covered by the review can provide rich information for the analysis that goes into a self-study.

Student Associations can also provide mechanisms for students to communicate ideas and concerns about the quality of a program from the students' perspective. A student association can serve as a conduit between students and the faculty or Chair, and often can share valuable recommendations that arise from the students' perceptions of the learning environment.

Written comments from Student Evaluations, if gathered regularly when students assess the courses they take and the instruction they receive, can be a rich source of information about students' perceptions. Similarly, NSSE or CGPSS data, if suitably disaggregated, can be pressed into service when self-studies are initiated.

Other sources of student data:

Student Awards Offices:

Awards offices can be primed to produce data on awards as an index of student scholarship. In the STEM disciplines, NSERC's Form 100 can also be helpful as a valuable source of information.

Alumni:

Input from alumni is frequently obtained by conducting surveys of past graduates. Additionally, when alumni belong to program advisory committees, they can be a resource in the preparation or critiquing of self-studies. Units that are in

regular contact with alumni, either through the circulation of newsletters, the use of social media, or regular alumni events, may find it easier to engage alumni for quality assurance processes.

Consulting Students during the External Review (CPR and New Programs)

In addition to taking part in the review team and the drafting of the self-study, students are often consulted as part of the external reviewers' site visit for Cyclical Program Reviews or New Programs which are associated with existing programs. While the group of students recruited for consultation may include student members of the review team, external reviewers will find it helpful to consult with a larger group of students. Ideally, this should include students from a range of different years, majors, and program options. Incentives such as a meal and/or recognition on students' co-curricular record can be used to encourage a diversity of students to participate. Additionally, units may consider using social media and collaborating with student associations to recruit participants.

Review teams should consider the following potential barriers to meaningful student participation in consultations with external reviewers:

- Lack of understanding of the process: Provide students with a concise, plain-language outline of the purpose, process, and possible outcomes of the review. Include a mechanism for communicating the results of the review to students, even after they have graduated.
- Confidentiality concerns: Students may be reluctant to provide frank feedback if they believe their identities might be revealed to faculty/staff, either in the report or in discussions with the review team/faculty. The external reviewers should take care to maintain students' confidentiality and may consider aggregating students' comments where appropriate. This commitment to confidentiality should be clearly communicated to students.
- Scheduling/access concerns: Review teams can consider using a variety of formats to consult with students. For example, in addition to on-campus meetings, review teams might consider scheduling zoom sessions to accommodate part-time students who do not attend campus during traditional business hours or who are enrolled in online programs.

14. Fields (Protocol for Major Modifications, point e))

Fields in graduate programs must be related to a new or existing parent program. They are typically an area of specialization or concentration within a graduate program, and as such do not constitute stand-alone programs. Fields should reflect the broad foci of the parent graduate program and give specificity to a program. The fields offered must, therefore, be congruent with the broad expertise of the core faculty members, and justification should be given for the fields used to describe the program. New fields must truly be areas of strength with a viable capacity to sustain the associated teaching and supervision, and the creation of the field should not adversely affect other existing fields or the parent graduate program as a whole. Fields allow programs to indicate their strengths within reasonable boundaries, to underscore their distinctiveness and to respond to the needs of and changes in the discipline over time. Care must be taken, though, to ensure that new fields are not in fact, new programs. This is true of single fields but especially so in the creation of more than one field at a point in time or over subsequent years; and in such cases the university may choose to go through the Protocol for Expedited Approvals to confirm this, or indeed, go through the Protocol for New Program Approvals. For example, the creation of a Computer Engineering Field would not typically be considered a specialization or concentration within a Civil Engineering Graduate program, but rather, a new program; and similarly, a field in Finance would be unlikely to be associated with a Graduate program in Marketing.

15. Schedule of Reviews not to Exceed Eight Years

Cyclical Program Reviews (CPRs) must be held according to the schedule laid out by the university, with not more than eight years between any CPR. In other words, a review must begin no later than eight years from the academic year in which the program was last scheduled to be cyclically reviewed.

Delays in any step of the cyclical program review process (i.e., a delayed site visit or delayed Final Assessment Report/Implementation Plan) shall not lead to extensions of this eight-year timeframe. However, universities may wish to shorten the eight-year cycle in order to bring a program's review schedule in line with an accreditation review or with the cyclical review of other programs in the department. For more guidance about coordinating a CPR with an accreditation or other review, please see QAF 5.5.

16. Creating an Effective Self-study

The requirements for the Self-study document are listed in the Quality Assurance Framework (QAF), Section 5.1.3. The following table is intended to act as a supplemental guide for developing an effective Self-study that serves as a driver of continuous improvement. Certain elements in this table are required by the QAF, Section 5.1.3. These are marked with an asterisk (*). Best Practice elements not marked with an asterisk are recommended but are not required by the QAF.

Feature	Best Practices	Practices to Avoid
Goal/Purpose	The Self-study is a vehicle for continuous improvement and reflects an honest self-analysis of the program's strengths and weaknesses, and considers where and how improvements can be made.	The Self-study is aimed at defending or justifying the status quo or meeting minimum criteria.
Focus of the Self-study	The Self-study is broad-based, reflective, forward-looking and includes critical analysis of the program(s)*. When a single omnibus document is used for the review of different program levels (for example, graduate and undergraduate), program modes, and/or programs offered at different locations, each discrete program is still readily identifiable, analyzed and evaluated*. The Self-study focuses on the undergraduate and/or graduate program(s) under review (as required by the IQAP and the Quality Assurance Framework).	The Self-study is descriptive rather than reflective and analytical. The Self-study focuses exclusively on past-practice and does not include a sense of how analysis of past-practice will inform continuous improvement going forward. Discrete program elements are not identifiable when more than one program (or program level) is being addressed within a single Self-study. The Self-study focuses on the academic unit (department) rather then on the undergraduate and/or graduate program(s).
Process	A methodology/guidance for preparing the Self-study is developed, which includes clear guidelines and suggested methods for the collection of data from a variety of sources, as well as describing the importance of critical analysis and careful record-keeping. The methodology/guidance contains a clear description of how the views of students (past and present), faculty, and staff are to be obtained*. The Self-study includes a description of how it was prepared, including details on how the views of faculty, staff and students were obtained and considered*.	The methodology/guidance for the Self-study is delineated only after the key elements of the Self-study have been completed, or is not developed at all. The views of other faculty, staff and students are not obtained. The process for the drafting and finalizing of the Self-study is ad-hoc.

Feature	Best Practices	Practices to Avoid
Record Keeping	The program has developed a plan for record-keeping relating to the Self-study, including ensuring accurate records of feedback, responses to feedback, and sign-offs. The records and associated documentation are accessible for future reference.	Records relating to the Self-study are difficult to access and may not be readily available for future reference.
Authorship	The Self-study results from a participatory, self-critical process and documents involvement in its preparation of all faculty and staff in the program, as well as current and recently graduated students.	The Self-study is written by a single person, without evidence of consultation with (or sometimes even knowledge of) the program's faculty, staff and students.
Student Involvement	The mechanisms for securing active student involvement in the preparation of the self study are established in the methodology/guidance. Students have an active role throughout the process, including planning, self-analysis, and the preparation of the Self-study. Data from a student survey, focus groups, or other mechanisms is used in the self-analysis. The Self-study includes data from a number of graduated cohorts as well as current students. An orientation session or guidebook is available to orient students to the purpose of the Self-study, the role of the Cyclical Program Review in continuous improvement, and the university's QA processes in general.	There is no effective plan in place for student consultation or participation. Students may be consulted, but data collected from student consultations/surveys is not incorporated into the self-analysis. Students may be consulted, but they are not provided with a sufficient orientation to understand the process or their role. Student data relates to current students only; data from recent graduates has not been collected and analysed.
Use of Previous Reviews	Concerns and recommendations raised in previous reviews, especially those detailed in the Final Assessment Report and Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program, are treated as a tool for continuous improvement. Descriptions of how these have been addressed indicate that concerns / recommendations have been synthesized and considered in the larger context of how the program approaches continuous improvement and program review*.	The program's responses to concerns and recommendations raised in previous reviews may be included, but there is no indication that these have substantively informed the program's approach to continuous improvement. No reference to the concerns and recommendations raised in the previous review.

Feature	Best Practices	Practices to Avoid
Treatment of Items Flagged for Follow-up in the Monitoring Report and/or Items Flagged for Follow-up by the Quality Council, in the Case of the First Cyclical Review of a New Program.	Issues flagged for follow-up by the Quality Council at the time of the program's approval and/or through the new program's monitoring process are treated as a tool for continuous improvement and addressed in the Self-study accordingly. Descriptions of how these have been addressed indicate that these issues have been synthesized and considered in the larger context of how the program approaches continuous improvement and program review*.	The program's responses to issues raised for follow-up reports may be included, but there is no indication that these have substantively informed the program's approach to continuous improvement. No reference to items flagged for the first Cyclical Review of the program.
Treatment of data	Program-related data and measures of performance, including applicable national and professional standards are analysed and used as the basis for performance evaluation. Data analysis contributes to the assessment of strengths and weaknesses of the program*.	Raw data are attached as appendices or used only in a descriptive manner.
Evaluation Criteria	The Self-study addresses each of the evaluation criteria and quality indicators specified in the IQAP and in the Quality Assurance Framework Section 5.1.3.1, for each discrete program being reviewed.	The Self-study does not address each of the evaluation criteria and quality indicators specified in the IQAP and in the Quality Assurance Framework Section 5.1.3.1, for each discrete program being reviewed.
Areas of Strength / Unique Curriculum / Program Innovations / Creative Components / High Impact Practices	The Self-study addresses the program's areas of strength, unique curricular elements, program innovations, creative components, and other high impact practices and indicates how best practices will be shared within the program and across the institution*. The Self-study indicates that best practices in one area will be used as a driver for continuous improvement in other areas.	The Self-study does not include references to the program's unique curricular elements, program innovations, creative components, and other high impact practices. Or, if these are included, they are listed and not integrated into the program's approach to continuous improvement.
Areas for Improvement / Enhancement / Curricular Change	The Self-study notes any areas for improvement, areas holding promise for enhancement and/or opportunities for curricular change identified by staff, faculty and students. The Self-study includes analysis of these areas and/or plans for incorporating these suggestions into concrete actions*. The Self-study takes a forward-looking approach to any identified areas for	The Self-study responds to the identification of areas for improvement, areas holding promise for enhancement and/or opportunities for curricular change in a defensive manner.

Feature	Best Practices	Practices to Avoid
	improvement, enhancement and/or curricular change.	
Assessment of Relevant Academic Services	The Self-study includes a clear assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review*. Each relevant academic service (for example, the library, IT services, and/or the Centre for Teaching and Learning) has had input into the assessment of the adequacy of the respective services.	The Self-study does not include a clear assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review. Relevant academic services have not been consulted regarding their contributions to the program under review.
NOTE: The university may identify any other pertinent information that it deems appropriate for inclusion. 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.		

17. Guidance for External Reviewers of Existing Programs (Section 5.2.1)

Independent expert review is foundational to the Quality Assurance process for Ontario's universities. Thank you for participating in this essential process.

This document provides an overview of Ontario's quality assurance process and the Protocol for Cyclical Program Reviews. Please see also the Guidance on Program Objectives and Program-level Learning Outcomes – a key aspect of the assessment of the quality and continuous improvement of existing programs.

Quality Assurance of Ontario's Universities

The Quality Council 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. It operates at arm's-length from both the provincial government and the universities. The Quality Council does not make decisions regarding the funding of university programs; however, the provincial government's Ministry of Colleges and Universities (MCU) will not fund a program which has not been quality assured and approved by the Quality Council.

Ontario's universities have committed to a process to ensure the quality and continuous improvement of their academic undergraduate and graduate programs. The degree of rigour established throughout the Quality Assurance Framework (QAF) and in particular, the Protocol for Cyclical Program Reviews plays an essential role in ensuring the ongoing improvement of existing academic programs using internationally accepted quality assurance practices.

The Cyclical Program Review of existing programs is the key quality assurance process aimed at assessing the quality of existing academic programs[4], identifying ongoing improvements to programs, and ensuring continuing relevance of the program to students and other stakeholders. The Cyclical Program review consists of the following elements:

- The self-study and external review provide internal and external perspectives on the institutional goals, program's objectives, program-level learning outcomes, and graduate outcomes.
- Degree Level Expectations, combined with the expert judgment of external disciplinary scholars, provide the benchmarks for assessing a program's standards and quality.
- The internal (i.e., program-level and decanal) responses to the externals' reviewers' report identifies changes needed to maintain the quality of the academic programs through the Final Assessment Report, which includes an Implementation Plan.
- The required program changes identified in the Implementation Plan become the basis of a continuous improvement process through monitoring of key performance indicators. Independent expert review is foundational to this process.

The Role of the Quality Council

The Quality Council does not "re-do" the earlier external reviewers' assessments; rather, it evaluates whether those assessments were comprehensively well done (that the main issues are addressed) and well received. This does not necessarily mean that the conclusions and recommendations are always welcomed; but that each has been reasonably considered and an appropriate plan has been developed to effect program improvement.

To this end, the Quality Council reviews the Final Assessment Reports and Implementation Plans, which provide the institutional synthesis of the external evaluation of the program and its strategies for continuous improvement. If the

[4] In order to reduce confusion in cases where a single self-study refers to multiple degree options, streams and/or levels, institutions must clearly define the scope of the program to be reviewed in the Cyclical Program Review process and should convey this information to the external reviewers accordingly. This ensures that Recommendations are directed at the correct program and responsibility for implementing changes is assigned appropriately.

Quality Council finds an issue or potential area of concern in a university's Final Assessment Reports and Implementation Plans, it may decide to take further action accordingly.

Therefore, when universities conduct Cyclical Program Reviews, they must demonstrate that the expert independent peer review adequately addressed all the main issues and was conducted at arm's length.

Requirements of the External Reviewers' Report

The elements that the external reviewers must address are specified in the Quality Assurance Framework (QAF), Section 5.2.1 and in the university's Institutional Quality Assurance Process (IQAP). Minimally, the reviewers' Report must:

i. Address the substance of the self-study (see Section 5.1.3), with particular focus on responding to the evaluation criteria detailed therein;

ii. Identify and commend the program's notably strong and creative attributes;

iii. Describe the program's respective strengths, areas for improvement, and opportunities for enhancement;

iv. Provide evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs;

v. 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

vi. 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.

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 must be tied directly to issues of program quality or sustainability.

Final Assessment Reports and Implementation Plans

Universities are required to prepare a Final Assessment Report which provides the institutional synthesis of the external evaluation of the program and strategies for continuous improvement. The Final Assessment Report includes all the recommendations of the external reviewers and the associated separate internal responses and assessments from the unit and from the Dean(s). The Implementation Plan prioritizes those recommendations that have been selected for implementation and sets out a clear action plan for implementation.

Units and Deans/Divisional Heads are best able to make concrete, considered responses when the external reviewers' Recommendations are clear, concise, and actionable.

It is important to note that the QAF requires that an Executive Summary of the Final Assessment Report and the Implementation plan be published on the institution's website. This ensures that students and other stakeholders can access information about program's quality and its commitment to continuous improvement.

18. Development of Final Assessment Reports, Implementation Plans and the Executive Summary (Section 5.3.2)

The Final Assessment Report (FAR), Implementation Plan (IP), accompanying Executive Summary and subsequent monitoring report(s), are the critical outcomes of a Cyclical Program Review. These documents represent the institutional synthesis of the external evaluation of the program and the public posting of the Executive Summary, Implementation Plan and monitoring report(s) is the means by which the university makes transparent its strategy for continuous improvement of a particular program.

The following represents advice from the Quality Council on things to consider when developing the FAR, IP and Executive Summary. It additionally reflects related recommendations and suggestions that were made as part of the first cycle of audits.

Overall, it is very helpful to:

- Ensure that all relevant stakeholders have a clear understanding of the purpose and importance of these documents.
- Ensure institutional consistency of format and approach.
- Carefully consider the oversight role of the Senate (or equivalent) Committee responsible for Cyclical Program Reviews. Does it explicitly have a role in verifying that the FAR/IP is an accurate and transparent synthesis of the program's review and if so, what documents does it receive in order to make this judgement?
- Format and write these with an external reader in mind – a prospective student, faculty member, or perhaps another institution interested in the program. Ultimately, these should be as succinct and clear as possible, while providing sufficient transparency so that anyone reading these documents has a good sense of the program's review process and its outcomes.
- Treat budget-related matters consistently.
- Consider that while the Executive Summary and Implementation Plan must be published on a public and easily discoverable section of the university's website, publication of these documents on the program's own website is also highly recommended (see below).
- Ensure that, for programs offered by an affiliated institution, the Executive Summary and Implementation Plan are also publicly posted on their website in an easily discoverable place.
- Ensure that the stipulated internal and external reporting requirements for the FAR and IP are met in a consistent and timely manner.
- Ensure there is a clear and common understanding of any and all requirements associated with the monitoring and reporting on the actions detailed in the approved IP.
- Ensure timely monitoring of the implementation of the recommendations and appropriate distribution of the scheduled monitoring reports, including web postings.
- Ensure that all active FARs, IPs and subsequent monitoring requirements and reports are a required part of the transition process for any changes in key leadership roles (e.g., the Program Chair, Dean, and QA Key Contact).
- Carefully consider how the new requirement of Section 5.2.1 v. of the Framework will be treated in the FAR and IP in that the external reviewers must now "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."

The Executive Summary should:

- Provide a succinct, yet clear and accountable synthesis of the outcome of the cyclical review and the plans to improve the program.
- Provide a timeline for the key elements of the program's review process. For example, list:
  - The timing of when the review was launched;
  - The date the self-study was submitted/approved;
  - The site visit dates;
  - When the external reviewers' report was received;
  - When the program's response was received; and
  - When the Dean's response was received.
- Summarize the groups and individuals (by role) met with during the (in person or virtual) site visit.
- Summarize the outcome(s) of the review. For example, consider detailing:
  - That the Senate (or equivalent) QA Committee has approved the FAR and IP
  - When a monitoring report(s) is due
  - When the next Cyclical Review of the program is scheduled to take place, with an expected timing for the associated site visit (e.g., Fall of 2027)
- Summarize the program's strengths and opportunities for further improvement and enhancement.
- Summarize the number of recommendations received, potentially by theme.
- ***Not*** contain any confidential (or controversial) information. Again, consider the potential reader of this document.
- Minimally, and along with the Implementation Plan, be publicly posted on the institution's website in an easily discoverable way. Ideally, the Executive Summary (and IP) would also be posted on the program's website to improve accessibility and transparency for current and potential students, among others.

The Final Assessment Report should:

- Include the names and affiliations of the external review team.
- Address each of the elements detailed in Section 5.3.2 of the Framework, aim to be less than 10 pages and avoid repetition.
- Address **all** recommendations made by the external reviewers, separately by the program and the Dean.
- Clearly prioritize the recommendations. For any recommendations that are not being prioritized for action, an explanation for why should be included.
- Ideally, provide evidence of critical reflection on the recommendations and how best to implement programmatic change.
- Consider grouping recommendations together by theme (e.g., "curriculum", "learning outcomes/assessment methods", etc.). This can be a helpful tool to show how the "pieces" of the review fit together.
- Provide a brief indication of the previous review's key recommendations and how these have been implemented. These can reinforce the steps being taken to continuously improve the program.

The Implementation Plan should:

- Contain specific timelines (e.g., not “ongoing”) for action
- Specify the role(s) that will be responsible for each action item (e.g., “Program Chair” versus “Program”). When recommendations are assigned to a generic office or non-specific role, it becomes very challenging to assure accountability for action and to monitor accordingly.
- Similarly, avoid vague priorities, timelines and / or responsibilities as these reduce the opportunity for meaningful follow-up and accountability.
- Have primary ownership of the approved Plan lie with the leadership of the program (at the program or departmental level).
- Be clearly communicated to stakeholders, including the program’s faculty, staff and students, as well as the public, once approved.
- Minimally, and along with the Executive Summary, be publicly posted on the institution’s website in an easily discoverable way. Ideally, the IP (and Executive Summary) would also be posted on the program’s website to improve accessibility and transparency for current and potential students, among others.

19. Web Publication of Quality Assurance-related Material

Quality Assurance Framework Principle 9: The Quality Council operates in accordance with publicly communicated principles, policies and procedures. Both the Quality Council's assessment process and the internal quality assurance process of individual institutions is open, transparent, and accountable, except as limited by constraints of laws and regulations for the protection of individuals.

The public posting of Quality Assurance related material on each university's and the Quality Council's website is an important element of the system's commitment to Principle 9. It is essential that the required materials are posted in such a way that they can be located through navigation of the university's website rather than through a direct link.

The tables below outline the requirements for the publication of Quality Assurance-related documents on the Quality Council (QC) website and on universities' websites.

Publication of General Quality Assurance Material

Document	Publication Requirements
IQAP	**QC website:** Not published **University website:** It is strongly recommended that the IQAP be published on the university's website.

Publication of New Program-related Material

Document	Publication Requirements
Decision re. approval to commence	**QC website:** Upon approval to commence, a brief description of the program is posted on the QC website. **University website:** The university may publicly announce its intention to offer a new program prior to QC approval, however, these announcements must contain the following statement: "Prospective students are advised that the program is still subject to formal approval." Upon QC approval to commence, the university posts information about the QC decision on its website.

Publication of CPR-related Material

Document	Publication Requirements
Schedule of Reviews	**QC website:** Not published **University website:** Publication of the schedule of Cyclical Program Reviews on the university's website is recommended.
Final Assessment Report, including the Executive Summary and the Implementation Plan	**QC website:** Not published **University website:** Only the Executive Summary and the Implementation Plan are required to be posted on the University's Website. **Program's website:** The QAF strongly recommends that the Executive Summary and Implementation Plan be posted on the program's website
Monitoring Reports	**QC website:** Not published **University website:** Published on the University's Website Please note: Interim monitoring reports for New Programs are not required to be posted on the University's Website.

Publication of Audit Findings

These requirements apply only to Audits that fall under the 2021 Framework. Audit Reports and other Audit-related documents completed under the 2010 Framework, that is, materials from all Cycle 1 Audits, should be posted according to the requirements of the 2010 Framework.

Document	Publication Requirements
Draft Audit Report:	Not published. Sent to university for fact-checking upon conditional approval by the Audit Committee.
Separate addendum to Audit Report containing detailed findings related to audited programs and related confidential material	Sent to university but not published.
University's report on factual accuracy	Not published, but part of the official record and may be used by the audit team to revise its report.
Audit Report (minus addendum)	QC approved Audit Report published on the university's website and the QC website. **QC website:** Materials from Cycle 1 remain posted, according to the requirements of the 2010 QAF. Audit Report (minus addendum) from Cycle 2 is also published on QC website. **University website:** Universities may replace the Cycle 1 materials with the Cycle 2 Audit Report when it is available.
University's Follow-up Response Report	Published on the university's website and the QC website. **QC website:** One-year Follow-up Responses from Cycle 1 remain posted, according to the requirements of the 2010 QAF. When required, the Follow-up Response from Cycle 2 will also be posted, as per the 2021 QAF. **University website:** Universities may replace their Cycle 1 One-year Follow-up Response with the Cycle 2 materials, as applicable. If no Follow-up Response is required for the Cycle 2 audit, the university may remove the previous cycle's Follow-up Response when the Audit Report is posted.
Auditors' Report on the scope and sufficiency of the follow-up response	Published on the university's website and the QC website. **QC website:** Summary Auditors' Report from Cycle 1 remain posted, according to the requirements of the 2010 QAF. Cycle 2 Summary Auditors' Report will also be posted on the QC website, as per the 2021 QAF. **University website:** Universities may replace the Cycle 1 Summary Auditors' Report with the Cycle 2 documentation, if applicable. If no Follow-up Response is required, the university may remove the previous cycle's Summary Auditors' Report on the One-year Follow-up Response when the Cycle 2 Audit Report is posted.
Focused Audit Report	Published on the university's website and the QC website. **QC website**: Any reports from Cycle 1 remain posted, according to the requirements of the 2010 QAF. Cycle 2 reports will also be posted on the QC website, as per the 2021 QAF. **University website:** If a Focused Audit Report was posted at any time during Cycle 1, it may be removed once the university's Cycle 2 Audit Report is posted. Likewise, a Focused Audit Report from Cycle 2 may be removed once the university's Cycle 3 Audit Report is posted.

Document	Publication Requirements
Focused Audit Follow-up Response (where applicable)	Published on the university's website and the QC website. **QC website**: Focused Audit Follow-up Reports from Cycle 1 remain posted, according to the requirements of the 2010 QAF. Reports from Cycle 2 will also be posted, as per the 2021 QAF. **University website**: If a Focused Audit Follow-up Response was posted at any time during Cycle 1, it may be removed once the university's Cycle 2 Audit Report is posted. Likewise, a Focused Audit Follow-up Response from Cycle 2 may be removed once the university's Cycle 3 Audit Report is posted.

20. Graduate Diplomas

Graduate Diplomas are based on Graduate Degree Level Expectations (see Appendix 2 of the Quality Assurance Framework) and will prepare students for employment requiring sound judgment, personal responsibility and individual initiative, in complex and unpredictable professional environments. The typical duration is one to four semesters at the Master's level and one to six semesters at the doctoral level. Requirements are integrated throughout the program, and may include an experiential learning component (or course); programs normally consist of four to six graduate courses.

	Overall Program Design and Outcome Emphasis	Admission Requirements	QA Process
Graduate Diploma – Master's Level (Type 1)	These programs require students to develop a conceptual understanding of fundamental aspects of the discipline. Some programs require students to demonstrate Master's-level analytical, interpretative, methodological and expository skills through course-specific applications. Some programs may require students to demonstrate these skills in applied activities. Students are not admitted directly to Type 1 diploma programs. A Type 1 Diploma may be awarded when a candidate admitted to a Master's program leaves the program after completing the specified requirements where such an option has been specified through the program's approval process.	Baccalaureate/Bachelor's Degree: Honours, or other undergraduate degree along with bridging requirements where necessary.	Graduate Diploma (Type 1) programs require approval through the university's Protocol for Major Modification (Program Renewal and Significant Change). Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.
Graduate Diploma – Master's and Doctoral Levels (Type 2)	Type 2 Graduate Diplomas are offered in conjunction with a Master's or doctoral degree and represent an additional, usually interdisciplinary, qualification. Programs require students to develop a conceptual understanding of fundamental aspects of the discipline(s) and appropriate levels of analytical, interpretative, methodological and expository skills through course-specific applications. Some programs may require students to demonstrate these skills in applied activities.	Master's Level: Baccalaureate/ Bachelor's Degree: Honours, or other undergraduate degree along with bridging requirements where necessary. Doctoral Level: Normally a Master's Degree. Both: As the Diploma is offered in conjunction with a Master's or doctoral degree, admission to the graduate diploma program requires that the candidate be already admitted to a Master's / doctoral program.	Proposals for Graduate Diploma (Type 2) programs are submitted to the Appraisal Committee for approval under the Protocol for Expedited Approvals (QAF, Section 3). Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.
Graduate Diploma – Master's and Doctoral Levels (Type 3)	These stand-alone, direct-entry graduate diploma programs require students to develop a conceptual understanding of fundamental aspects of the discipline. Programs require	Master's Level: Baccalaureate/Bachelor's Degree: Honours, or other undergraduate degree along	Proposals for Graduate Diploma (Type 3) programs are submitted to the Appraisal Committee for approval under the

	Overall Program Design and Outcome Emphasis	Admission Requirements	QA Process
	students to demonstrate the appropriate level of analytical, interpretative, methodological and expository skills through course-specific applications. Some programs may require students to demonstrate these skills in applied activities. In some specific cases, courses taken for credit as part of a diploma program may be considered for advanced standing credit in subsequent master's programs.	with bridging requirements where necessary. Doctoral Level: Master's Degree.	Protocol for Expedited Approvals (QAF, Section 3). Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.