



**ONTARIO UNIVERSITIES**  
COUNCIL on QUALITY ASSURANCE

# **Omnibus Report on Quality Assurance Key Contact Meetings**

2021 – 2022

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## 2021 – 2022

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### Introduction

The Report on the Review of the Quality Council in 2018 remarked that Quality Assurance (QA) Key Contacts, as a group, have the potential to be a powerful resource for continuous improvement across the sector. To facilitate this, the revised Framework explicitly identifies Exchange Forums (and the Key Contact Meeting) as a mechanism for tracking and facilitating continuous improvement across the system.

Exchange Forums benefit Key Contacts – and the system as a whole – by providing a venue for the sharing of system-wide emerging themes and ongoing challenges in quality assurance, as well as novel ideas and best practices in quality assurance as observed by the Appraisal and Audit Committees and the Key Contacts themselves. They also provide a valuable opportunity for the Quality Assurance Secretariat and the Council to gain a high-level perspective from which to examine emerging themes and ongoing challenges as they develop across the system. This feedback is crucial in allowing the Secretariat and the Quality Council to understand, reflect on, and respond to the changing needs of the sector.

The Quality Assurance Framework notes that the Secretariat will collate the findings of each forum into an omnibus report that will be shared with all universities and posted on the Quality Council's website (Section 1.4). In addition to this annual omnibus report, the Secretariat posts notes and other materials from each Exchange Forum and from Key Contact Meeting sessions on a dedicated [Key Contact website](#). This website provides a space for Key Contacts to connect with one another, by commenting on posted material or by engaging in discussion forums. It is password protected and available to Key Contacts only, to facilitate open discussion.

Each Key Contact's perspective is different, depending on the size and structure of their institution and, where applicable, quality assurance office, their institution's special mandates, and the particular quality assurance challenges they face. These diverse perspectives contribute to a robust and ever-strengthening community, and, ultimately, to continually improving quality assurance practices across the sector. On behalf of the Quality Council, thank you for your participation in the events described below and for your dedication to this community.

### Overview

This report provides a summary of key findings from the following events:

- Key Contact Exchange Forum – External Reviewers, December 8, 2021
- Key Contact Exchange Forum – Monitoring Reports, March 2, 2022
- Key Contact In-person Meeting, June 20, 2022

More information is available to Key Contacts on the [Key Contacts' Discussion Forum website](#).

## Key Contact Exchange Forum – External Reviewers, December 8, 2021

**Participants:** 46 Key Contacts representing all 21 universities.

### Key Themes

**Communicating expectations to external reviewers:** This was deemed to be a critical component of a successful review. Key takeaways included:

- Advance preparation and guidance for external reviewers is key
  - Pre-meetings / orientation in advance of the site visit, which could be virtual.
  - Sharing of external reviewers' report template in advance of the site visit.
  - Appointment letters / Terms of Reference sent to external reviewers, containing an overview of the process and expectations for the review.
- Debrief sessions during the site visit to keep expectations in focus – one institution mentioned holding quick debriefs at the start and end of each day.
- Check-in session with the external reviewers at the end of the site visit to clarify next steps.
- Use of informal channels to work with external reviewers to ensure their report meets requirements prior to these being sent to unit/Dean for comment.

**Qualifications:** Determining whether external reviewers are suitably qualified, particularly with respect to pedagogy, learning outcomes, and assessment of student achievement, can be challenging.

**Internal reviewers:** The role of and expectations for internal reviewers, when used, varies across universities. Ensuring they are clear on what is expected of them and offering opportunities to get feedback on how this function is working can be helpful.

In addition, at least one university uses members of its Senate sub-committee responsible for QA to fill the role of internal reviewers. This ensures those in these roles have sufficient knowledge and context to participate in the review in a meaningful and informed manner.

**Best practices:** Participants look forward to increased opportunities for the sharing of examples of what the Quality Council considers to be best practices with regards to external and internal reviewers.

### Some related observations from the first cycle of audits:

- Several universities were commended for their templates for nominating external reviewers, with clear prompts for describing each nominee's qualifications to conduct the review. The forms required the identification of any conflicts of interest, including listing previous affiliations with the university in question, as well as brief descriptions of disciplinary expertise / areas of research.

- For one bilingual institution, the auditors were impressed with the care taken to schedule separate meetings with francophone and anglophone students during the external reviewers' visit.
- Another university was commended for a Dean's fulsome and engaged responses to an external reviewers' recommendations.
- While the Framework anticipates an alignment of the evaluation criteria in the self-study and the external reviewers' report templates, this was not the case for many universities. Those that did were therefore praised for doing so.
- Finally, the auditors commended a university for holding a virtual briefing with the external reviewers prior to the site visit. This practice was praised for helping to prepare the externals for their role and provided a space for them to address any further questions they may have about their terms of reference / guidelines for the review prior to the site visit.

**Additional resources:** These are available via the following links:

- [Exchange Forum Resources - December 8 2021](#) (password protected)
- [Choosing Arm's Length Reviewers \(QAF 2.2.1 and 5.2.1\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- [Guidance for External Reviewers of New Programs — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- [Guidance for External Reviewers of Existing Programs — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- [Templates for External Reviewers' Reports](#)
- [Internal Members of the Review Committee: Role and Responsibilities — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)

## Key Contact Exchange Forum - Monitoring Processes, March 2, 2022

**Participants:** 43 Key Contacts representing all 21 universities.

### Key Themes

**Timing:** For most, monitoring of the implementation of the Cyclical Program Review (CPR) recommendations and Implementation Plan occurs at the mid-way point between CPRs.

**Resources:** Some universities have staff/resources dedicated to facilitating monitoring processes, but for others, it is mostly up to units and/or Deans to coordinate monitoring processes and reports. It was noted that:

- Sufficient resources provide the opportunity for QA staff to work with the units so they see the benefits of the CPR process overall and understand the importance of the monitoring stage. The result is that QA becomes part of the unit's culture.

- The resources available also affect the degree to which these processes are centralized or decentralized.
- It can be hard to ensure continuous improvement actually occurs if there are inadequate or no dedicated resources.
- Tip sheets and/or templates have been found to be very helpful, when used. Those QA Key Contacts that did not currently have these in place, or were only beginning to create these, would appreciate seeing examples from others that have received positive feedback (internally) on their own. Posting these on the QA Key Contact website would be appreciated.

**Nomenclature:** Not all universities use the term “Monitoring Report” to describe the outcome of this process. Designating the process and the product as “Monitoring” might be helpful as a signal to units about the purpose of the process/report. Others suggested that calling these “Continuous Improvement Reports” can ensure clarity of intention for the goal of the monitoring process and how this contributes directly to continuous improvement of existing programs.

**Bundling of Reviews:** Most universities do some degree of bundling for CPRs and related monitoring processes. However, this can present some challenges for the request and structure of the monitoring report (for example, should these be combined or separate for undergraduate and graduate programs?)

**Engagement:** Many QA Key Contacts dedicate significant effort to getting units onboard with CPRs and getting programs to respond with their monitoring processes in a timely manner. Some Key Contacts shared their approach and provided advice for ensuring that programs respond:

- Several noted that providing several months’ notice that a monitoring report is coming due is helpful in ensuring that reports are completed on time.
- One Key Contact noted that the QA Office “takes salesmanship as far as they can.” However, at times, offices with more authority (e.g., the Dean’s Office) are engaged to help encourage units to complete and submit the Reports.
- Several universities involve Deans at various stages to help ensure that there is a chain of accountability to facilitate the timely completion of monitoring reports. Some specific comments included:
  - One Key Contact noted that Deans are heavily involved with the entire Implementation Plan process, so are naturally involved in the monitoring phase.
  - Another noted that Deans are involved from the beginning of the monitoring process.
  - When units know that the monitoring report is a deliverable to be submitted to the Dean, this can add motivation for units to complete the reports.
  - One Key Contact noted that the email reminding units that a monitoring report is due is sent to units by the Dean.

- One Key Contact reported that holding orientation sessions for key monitoring report milestones (e.g., one-year and four-year) was effective.
- The QA Key Contacts asked whether an early CPR could replace the interim monitoring report stage as part of the implementation of a new program? The Quality Council subsequently confirmed that this option would be suitable only in a very small number of cases. In order to have sufficient data to conduct a meaningful CPR, a new program should ideally have graduated more than one cohort of students. Only very brief programs (e.g., one-year master's programs or Graduate Diplomas (GDips) are likely to have graduated enough students to make this a feasible and meaningful option.

**QA Key Contact Request:** It would be helpful to have some guidelines from the Quality Council regarding expectations for the Monitoring Reports.

### **Some related observations from the first cycle of audits:**

- During one audit, the QA Key Contact described how a Dean used regularly scheduled monthly meetings with program chairs/directors to ask for updates on progress made toward implementing action items.
- In another audit, auditors noted that incoming Chairs were provided with the last three annual monitoring reports on their first day in their new positions, which helped maintain momentum and continuity.
- In another case relating to the monitoring of a new program, the audit revealed that at least one program continuously referred to the original program proposal and the recommendations of the original external reviewer, which helped the faculty make improvements to the program as it was becoming established. In so doing, the program was well-prepared to write the formal self-study and assess their progress when the first CPR was undertaken.
- Another university reported that follow-up on monitoring reports was also a priority for the onboarding of a new Chair of a program or department.

**Additional resources:** These are available via the following links:

- [Key Contact Exchange Forum Resources - Monitoring Processes](#) (password protected)
- [Final Assessment Reports, Implementation Plans, and the Executive Summary \(Section 5.3.2\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)

### **QA Key Contact Meeting, June 20, 2022**

**Participants:** 42 in-person and 23 virtual participants attended the day, representing all 21 universities.

The QA Key Contact Meeting was held in a hybrid format, to accommodate those for whom travel and meeting in-person was not feasible.

Overall, nearly all QA Key Contacts who attended reported that the meeting provided an excellent opportunity to connect and share ideas, regardless of whether they attended in-person or remotely. While in-person attendees shared ideas at table discussions, remote attendees met with each other for breakout discussions on Teams.

Additional information for these sessions is available to QA Key Contacts here: [Key Contact Meeting Resources](#)

## **Opening Plenary - Developing a Shared Culture of Continuous Improvement: Experiences with Cyclical Program Reviews**

The opening plenary panel, with representatives from the University of Guelph, Queen's University and Western University, identified some of the frustrations that Key Contacts can experience in getting their colleagues engaged in continuous improvement of their existing programs.

### **Key Themes**

**Issues with engagement:** Limited resources and difficulties in accessing data can hamper engagement and enthusiasm in the processes that drive continuous improvement. Other challenges include delays in process with no sticks to help move the CPR forward and dealing with colleagues' cynicism in the value of undertaking a CPR. Finally, the panel also noted that when present, a lack of buy-in to the process and a belief that the senior administration has just "made this up" can be a significant barrier to engaged and quality reviews.

**Conveying the value:** The session then focused on the importance of conveying the value of the CPR process, and provided some concrete suggestions of how universities can accomplish this, including:

- Identify "QA champions" to develop a "community of peers" / individuals who can help motivate others:
  - Use program representatives that did a particularly good job process-wise on recently completed CPRs to help convey the process tips, tricks and best practices to other units.
  - Use representatives from those programs that have recognized the value of their CPR in leading to program improvement(s) in the first cycle of reviews conducted under the 2010 Quality Assurance Framework (QAF) to help motivate others.
- Identify specific benefits and/or opportunities to the programs coming up for review:
  - Champion the CPR as the primary mechanism for programs to provide evidence of need (program quality-wise) to seek approval for any requests for resources/resource requests. Make it hard for units to make such requests outside of the CPR process.
  - Reinforce the CPR as a program's primary means to explore plans / ideas / requests for growth.

- Create feedback mechanisms throughout the process.
- Other advice included:
  - Relate CPR to curriculum renewal and build in formal ties to Centre for Teaching and Learning (or equivalent) throughout CPR process.
  - Consider building in orientation / training / reflection workshops for the development of the self-study stage.
  - Create a checklist and timeline for the CPR process for the units to ensure consistency of understanding / clarity of expectations.
  - Consider building in a participatory retreat for students to introduce them to the review process and help guide them on what to expect. This is particularly helpful for universities that include students as a member of the review team. It can also be used to introduce students who are meeting with external reviewers to the review process more generally, as well as to help them understand how programs are developed and then cyclically reviewed.
  - Fix bureaucratic and technical challenges, e.g., in accessing data, and ensuring continuity of process during staff turnover.

**Additional resources** – These are available via the following links:

- [Exchange Forum Resources – June 20 2021](#) (password protected)
- QAF Guidance on the [Assessment of Teaching and Learning \(QAF 2.1.2.4 and 5.1.3.1.4\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF [Guidance for External Reviewers of New Programs — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF [Guidance for External Reviewers of Existing Programs — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF Guidance on [Involving Students in Quality Assurance Processes — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF Guidance on [Creating an Effective Self-Study — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF Guidance on the [Final Assessment Reports, Implementation Plans, and the Executive Summary \(Section 5.3.2\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)



## Session 1a: Orientation and Guidance for External and Internal Reviewers

QA Key Contact presenters from Wilfrid Laurier University, the University of Waterloo, and OCAD University described their practices for providing guidance and orientation to External Reviewers.

### Key Themes

**Repeated contact points with external reviewers:** The presentations covered the following elements and went into detail on how each contributed to help set expectations and explain policy / procedure with the externals:

- **Securing reviewers:** Contacted by someone at arm's length from the program and in pre-ranked order, with all communication preferably through one point of contact. The use of standardized text ensures all elements are covered each time.
- **Letter of invitation / engagement letters / onboarding reviewers:** This stage introduces the IQAP process, sets out the purpose and expectations for the review, outlines details such as timing, honorarium, etc., signals who is taking on the lead reviewer role, provides contact information for the other review team members including the internal reviewer (where appropriate), reinforces the confidentiality of the process, and outlines next steps.
- **Advance test meeting:** For virtual site visits, it is important to hold an advance meeting in advance of the official meetings. This ensures everyone is comfortable with the technology and formats of meetings, confirms roles and responsibilities, allows time for questions, and provide details on who / how to contact in event of any issues, etc.
- **Pre-review communications:** Often a single email to all members of the review team. This can include additional background information such as an arm's length declaration form, details regarding accommodation and travel, the package of material associated with the review (self-study, etc.), additional details on roles and obligations, a more detailed explanation of quality assurance processes in Ontario / the university, list the other reviewer(s) (if not already done) and details on a pre-meeting.
- **Pre-site visit meeting:** Allows reviewers to meet in advance, as well as for the university to once again outline the process, role and parameters of the review. It provides the reviewers with an opportunity to ask questions, and for any relevant university initiatives or challenges to be highlighted.
- **Cyclical Review Process Guide (WLU):** Discussion of report template, tips for completing the report and outline of subsequent (internal) reports and implementation process that follows the external review stage.
- **Closing / exit meeting:** A final check-in during the site visit provides time for final policy / procedure / outstanding questions from the externals, missing items to be requested, as well as for the review team to provide feedback on the visit / process. This can also provide an opportunity to reinforce any key messages, debrief in confidence on any

pressing issues, share initial impressions, and include an offer to review a draft of the report.

- **Thank you letter:** These are sent to each reviewer to acknowledge their participation and report and indicate that the honorarium is being processed. Relevant dean of internal reviewer should also be copied.
- **Solicit feedback on experience / process:** Encourage / request this at various stages of the review.
- **Role of the internal reviewer:** Ensure that the internal reviewer is also oriented to their role and that the external reviewers are clear on what this role is.

In discussing the role of the internal reviewers, the presenters suggested that a more accurate title for this role might be “internal facilitators,” since this role serves as an institutional “interpreter” and fact checker.

**Additional resources** – these are available via the following links:

- [Exchange Forum Resources – June 20 2021](#) (password protected)
- QAF Guidance on [Choosing Arm’s Length Reviewers \(QAF 2.2.1 and 5.2.1\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF [Guidance for External Reviewers of New Programs — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF [Guidance for External Reviewers of Existing Programs — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF Guidance on [Internal Members of the Review Committee: Role and Responsibilities — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)

## **Session 1b: Quality Assurance of Joint Programs**

Presenters from the University of Ottawa and Carleton University delivered a presentation on their experiences developing and quality assuring the many joint programs shared between the two universities.

### **Key Themes**

**Identifying responsibilities:** Be proactive about identifying responsibilities (as set out in each university’s IQAP) when joint program agreements are developed or are up for renewal. Agree on the coordinated process to be used at the outset, as well as which institution is to take the lead. Agreeing upfront on expectations for communications and sharing of documents throughout can help smooth the process.

**Pay attention to differing cultures and IQAP processes:** It is critically important to identify the unique and common requirements of each partner’s IQAP that are to be met, as well as how the outcomes, including responsibility for the FAR, IP and associated monitoring report(s), of

these institutional-specific steps will be shared between the partner institution(s). Building relationships by developing collaborative approaches and creating MOUs can help overcome any institutional differences.

- Carleton University and the University of Ottawa described the Joint Procedural Document that the two universities have developed. The following features were highlighted:
  - Much more flexible than navigating through the previous specific IQAP that had been created;
  - Easier to read;
  - In addition to details on the review of existing joint programs and the creation of new joint programs, it also includes details on expectations for minor or major modifications to existing joint programs; and
  - The document is reviewed every two or three years and therefore can be tweaked, based on experience.

**Pitfalls to avoid:** Ensuring all key communications and documents are centrally stored can help mitigate the impact of staff turnover. Multiple touchpoints, including through the formation of a committee with representatives from each partner university, can help ensure common goals and clarity of understanding of who is responsible for what and by when.

**Lessons learned:** Ensure that any lessons learned, such as major roadblocks that delay a quality assurance activity related to a joint program, are captured and used to improve future processes.

**Other tips:** The use of a process map to ensure everyone stays on track can be very helpful. It was also noted that many joint program agreements are very old / dated and therefore silent regarding quality assurance responsibilities. Ensure these details are added in as and when the agreements are next reviewed.

**QA Key Contact Request 1:** Does the Quality Council have an opinion on whether the joint program can be reviewed independently, by each partner institution, if they so choose?

**QA Key Contact Request 2:** Is there any advice that can be added to the Quality Council's guidelines for universities that wish to create a new joint program with a college or out-of-province institution with differing quality assurance processes?

### **Some related observations from the first cycle of audits:**

- Advanced planning between individual academic units and those responsible for quality assurance at the two partner institutions was commended as part of one Cycle 1 audit.
- Several Cycle 1 audits identified that it can be challenging to identify the approval steps for each partner institution based on the documentation submitted for those audits. Having these approvals documented and stored at the time a particular quality

assurance process is run is helpful both for the audit, as well as for the next review of the program. An electronic record of committee / senior leadership approvals of key documents such as the self-study and FAR/IP, and for the progress through each subsequent stage of the review process is especially important.

**Additional resources** – These are available via the following links:

- [Exchange Forum Resources – June 20 2021](#) (password protected)
- [Approval of New and Review of Existing Joint Programs Offered by Two or More Ontario Institutions — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)

## **Session 2 a: New Program Proposals – Meeting the Requirements of the Revised QAF**

The Chair and Vice-Chair of the Appraisal Committee were joined by a representative from the Secretariat to present key pieces of advice regarding the Committee's processes for New Program Approvals and the requirements of the revised QAF. Much of the presentation focused on the external review and internal responses to the external reviewers' recommendations.

### **Session Q&A**

1. **Q:** What is the Appraisal Committee looking for in terms of covering the Framework's requirements for the external reviewers' qualifications?

**A:** Qualifications for external reviewers can be met by the review team as a whole. In other words, it is not necessary that each external reviewer meet all of the qualification criterion.

2. **Q:** Can universities ask reviewers to change their recommendations?

**A:** No. The Appraisal Committee is looking for evidence of engagement with the externals' report and the recommendations it contains. The internal responses are key as they demonstrate the university's and program's engagement with the external review process and provide an opportunity to explain and provide any additional context if it is believed the externals misunderstood something that resulted in a recommendation.

Engaged and thoughtful decanal responses can therefore help the Appraisal Committee understand the proposed program and the external reviewers' recommendations in context.

3. **Q:** What should universities do with a report that contains many recommendations, often heavily focused on resources?

**A:** It is important to ensure the program proposal clearly details the resources in place and those still required, and how such resources will ultimately be utilized. Further, making every effort to orient the external reviewers as to the scope and goals of the review is important, with multiple reminders along the way. The use of a required report template with built-in guidelines and reminders of expectations can also help minimize inappropriate recommendations. If, however, such recommendations are included, the internal responses to the recommendations become critical for the Committee's assessment as to whether

these recommended additional resources are truly required to ensure the quality of the program both in the short and long term.

See also the answer to question 2 above, as well as the outcomes of the December 8, 2021 Exchange Forum on External Reviewers above.

4. **Q:** What might lead to the Appraisal Committee requesting an additional external review?

**A:** Issues such as a lack of appropriate disciplinary and/or program management expertise among the external review team might lead to such a request, as might a reviewers' report that does not provide evidence of sufficient engagement with the proposal and/or the Framework's evaluation criteria.

**QA Key Contact Request:** That the Appraisal Committee develop some additional guidance to clarify the conditions under which a second external review might be requested and tips for universities to help avoid such an outcome.

### **Some related observations from the first cycle of audits:**

- One audit commended a new program proposal's detailed description of the Degree Level Expectations, Program Learning Outcomes and how the proposed program planned to support and evaluate the outcomes. It was further noted that the extensive mapping of learning outcomes and assessment provided a transparent and clear outline of the educational mission of the program and its benefit to students. The proposal was also deemed to be thorough in its outline of resources needed and how such resources will be deployed.
- Another university was praised for its creation of a new Program Development Steering Committee with a specific mandate to guide units through the often-complex process of connecting quality assurance with new program proposals. The Committee's membership was to include representatives involved in every step of the university's Quality Assurance processes and central support services (Centre for Teaching and Learning, Office of Institutional Analysis, Library, Senate Secretariat, etc.)
- Several universities were praised for including workshops to help prepare units considering the development of a new program.
- The inclusion of students on key QA-related committees, including those responsible for the internal consideration and approval of new program proposals, was also commended in more than one audit.
- Another audit recognized the important role that the university's Deans play in the approval in-principle of new programs. As the Deans made up the majority of the Provost's Planning Group membership, they played an important collective role under the terms of the IQAP. More broadly, the Audit Report also noted that "Particularly notable...is the role Deans play in the management of the deliberations related to the quality assurance process that are distributed across various University committees... Deans chair these committees and rotate the responsibility for specific committees among each other. This provides a signal throughout the institution that quality

assurance practice is important. Further, it enables the Deans, individually and as a group, to maintain an active watch on the state of quality assurance within the institution.”

- Formalized cross collaboration of relevant student support services and Faculties in monitoring a new program in its early years, particularly for programs that cross multiple Faculties and/or are oriented to specific student populations, was deemed to be a best practice in at least one audit.
- Building in the use of student self-assessment to determine if the learning outcomes that were planned for the new program are being delivered and appreciated by the first students in the program was praised by the auditors of one university.

**Additional resources** – These are available via the following links:

- [Exchange Forum Resources – June 20 2021](#) (password protected)
- QAF Guidance on [Assessment of Teaching and Learning \(QAF 2.1.2.4 and 5.1.3.1.4\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF [Guidance on Sessional/Adjunct Faculty \(QAF 2.1.2.6 and 5.1.3.1.6\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF Guidance on [Choosing Arm’s Length Reviewers \(QAF 2.2.1 and 5.2.1\) — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- QAF Guidance on [Involving Students in Quality Assurance Processes — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)

## Session 2b – Digital Tools for Managing QA Processes

The QA Key Contacts from Carleton University and the University of Guelph, as well as a staff representative from Ontario Tech University, explained the value of developing and/or refining digital solutions for managing QA processes. Each of these institutions has recently developed or acquired a new system to manage these processes.

### Key Themes

**Value added for the institution:** It was noted that one benefit of a central data and document management system is that it can facilitate a smoother process, which in turn, can encourage critically important buy-in across the university. Other benefits noted included:

- Creates efficiencies, can reduce complexities and minimize errors;
- Documents can be readily tracked, regardless of personnel changes;
- Historical record of all QA processes (new program approvals, CPRs, major modifications) and the associated governance steps;
- Internal bottlenecks can more readily be identified;

- Stakeholder consultation and governance steps can easily be tracked;
- QA processes are centrally managed and tracked;
- Customized forms and templates can be associated with the system;
- Program Learning Outcomes can be recorded and mapped; and
- Depending on the system, the integration of curriculum / program development, student information systems, and the calendar can also be centrally supported.

**Customized versus “out-of-the-box” software:** Third-party systems were preferred, as internally developed systems can be costly to develop and maintain. The third-party systems being used by the presenters and/or throughout the course of the first Cycle of Audits were as follows:

- Courseleaf (curriculum management system)
- Curriculog and Acalog (curriculum management systems)
- Jira (work management system)
- Monday.com (project management system)
- SharePoint (project and document management system)
- WISC (inventory management system)

**Challenges and Opportunities:**

- The implementation of such systems requires significant up-front resources in the form of staff time and money;
- The merging of historical and existing practices and data into the new system will need to be thought through;
- While such systems result in increased transparency, attention also needs to be paid to the issue of confidentiality (NOTE: system permissions based on user type can be helpful in this regard); and
- The implementation of such systems requires institutional change with appropriate training. The rollout, volume and frequency of such training will also need to be determined.

**Other items of note:** When determining which system is best for your institution, the QA Key Contacts advised considering who will be the end users and how many will need access to the system? For example, will the users only be internal to the university, or will there also be external users? What are the plans for the launch of the new system? What can be done to ensure quality control? Finally, it is always helpful to capture lessons learned and to expect the evolution of the system accordingly.

**Some related observations from the first cycle of audits:** Virtually all of the audit reports included a suggestion that the relevant university consider implementing a central QA tracking system where one was not already in place. Those that were in the process of building or had already established such a system were commended for doing so, with many of these systems being cited as a best practice.

**Additional resources** – These are available via the following link:

- [Exchange Forum Resources – June 20 2021](#) (password protected)

## **Plenary Panel 2 – Indigeneity Equity Diversity and Inclusion (IEDI) and QA Processes**

The QA Key Contacts from Queen's University and Algoma University described their institutions' approaches to integrating IEDI with QA processes, noting that as a sector, we must engage people in a different way than we have in the past with respect to IEDI.

### **Key Themes**

**Institutional commitment and capacity:** Obtaining institutional commitment to this work through the Strategic / Academic Plan, for example, is an essential starting point as it sets the tone and direction for change. Taking this step can also ensure there is institutional capacity in place to research and design frameworks and strategies, which is also critical to the success of this work.

**Foci of work:** At Queen's, the focus of the work so far has been on integrating IEDI elements into program-level learning outcomes (PLOs) and the Degree Level Expectations (DLEs). This is because of the centrality of these elements to academic offerings and core outcomes of curriculum, as well as to transparency, accountability and continuous improvement. These (PLOs and DLEs) will set the tone for course and program (re-)development. It was also noted that explicit links must now be made between Indigenous content and PLOs, that the Undergraduate and Graduate DLEs were revised and subsequently approved at the University in March 2021, that all major modification proposals are now reviewed through an IEDI lens, and that QA templates are being reviewed with an eye to how IEDI elements can best be woven throughout.

At Algoma, the focus to date has been to update the Strategic Plan and Academic Plan, as well as to on conducting an EDI Climate Study. Additional dedicated staff resources have been added, and an ad-hoc Committee of Senate has been created. In terms of QA-specific work, the University has adopted Indigenous Learning Outcomes, which have also been added to their IQAP, and IEDI elements have been incorporated into all QA processes by updating related templates with encouragement and requests to adopt / consider Indigenous PLOs as part of any given QA work.

**Other insights and Padlet comments:** It was noted that reconceiving educational programs, including by weaving IEDI throughout the curriculum, is a critical step. In addition, it is becoming



increasingly important to find ways to not always ask the same people to participate in IEDI-related work.

Some participants commented that they were surprised that IEDI is not a formalized part of the Quality Assurance Framework's requirements, while others noted the challenge to do so with everyone using different acronyms and definitions for IEDI, as well as the significant work that would be required to gain consensus on what the Framework might require in this regard.

Finally, it was also noted that the revisions currently being made to the IQAPs present a good opportunity to consider how best to incorporate IEDI into our QA work.

**Hiring practices:** It is important to have a diversity of views whenever these issues are being discussed, including in QA Offices and therefore hiring practices should be considered whenever possible.

**QA Key Contact Request:** Consider diversifying the membership of the Quality Council and its Committees to help inform decisions on what counts as "qualified" (e.g., to undertake a program review, to teach a course at a university, etc.). The nomination criteria for the Council and its Committees should be reviewed accordingly.

- In the Q & A session, attendees discussed the possibility of creating a province-wide framework to guide the incorporation of IEDI into the Degree Level Expectations, an approach which has many potential benefits, but also many challenges because of the degree of consultation required, including with OCAV.

### **Session 3a: Cycle 2 Audits – What to Expect?**

The Chair of the Audit Committee and a representative from the Secretariat presented some of the key differences between the first cycle of audits and the second cycle of audits. The Chair of the Audit Committee highlighted the principle that the cyclical audit is an assessment of how well a university's practice aligns with its policies (i.e., the IQAP) and the Quality Assurance Framework. Other key ideas included:

- For the first several audits of Cycle 2, there will be a two-phased audit approach and the Audit Teams will take each university's transition to the revised QAF into account.
- The process now includes a detailed pre-audit orientation and briefing, which provides the university with a greater understanding of what to expect and when.
- A new element, the Institutional Self-study, has been added to prompt the university to engage in self-reflection at a high level. This includes an opportunity for the university to signal at a high level how it has responded to the findings of the last Cyclical Audit, as well as flag any challenges and opportunities it sees for itself in its QA work.
- Fewer programs will be selected for audit as compared to in cycle one.

- The audit may result in recommendations for adjusted oversight. That is, the Audit Committee may recommend that based on the findings of the audit, oversight may be increased or decreased. More information on adjusted oversight is available [here](#).

**Additional resources** – These are available via the following links:

- [Exchange Forum Resources – June 20 2021](#) (password protected)
- QAF Guidance on [Adjusted Oversight — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](#)
- Template: [Institutional Self-study](#)

## What's next?

The Quality Council will continue to hold virtual Exchange Forums throughout the year, in addition to the annual QA Key Contact meeting. In the coming years, the focus of the Exchange Forums will shift in part to showcasing Best Practice Case Studies – brief presentations from Key Contacts about practices that have been identified by the Quality Council or its Committees as Best Practices. These will be in addition to discussions about key issues, as they arise, and time to connect with your colleagues.

## Thank you

Many thanks to the members of the QA Key Contact Exchange Forum Program Planning Committee, the QA Key Contact Meeting Program Planning Committee, the Best Practices Audit Protocol Implementation Working Group, and to David Wagschal, the volunteer moderator of the Key Contact Discussion Forums.

## Key Contact Exchange Forum Program Planning Committee:

Penny Kollar, IQAP Administrator, University of Windsor

Christina Noja, Manager, Office of the Vice-Provost and Associate Vice President, Carleton University

Lisa Sinclair, Teaching and Learning Coordinator, Queen's University

Martee Storms, Executive Assistant to the Provost and Vice-President Academic and Research, Nipissing University

## Key Contact Meeting Program Planning Committee:

Neil Besner, Out-of-province QA Representative, Quality Council

Jovan Groen, Director of Academic Quality and Enhancement, Western University

Kimberley McCartney, Curriculum and Pathways Analyst, Ontario Tech University

Doug McDougall, Chair of the Audit Committee

Brittany Paat, Academic Support Officer, Algoma University

Alyssa Voigt, Manager, Curriculum and Academic QA, University of Guelph

## **Best Practices Audit Protocol Implementation Working Group:**

Jennifer Bethune, Senior Quality Assurance Officer, Quality Assurance Secretariat

Sally Heath, Manager, Academic Program Development and Review, Wilfrid Laurier University

Michel Laurier, Member of the Audit Committee

Amanda McKenzie, Director of Quality Assurance (Academic Programs), University of Waterloo

Natalie Nanton, Manager, Academic Initiatives Governance and Quality Assurance, OCAD U

Christina Noja, Manager, Office of the Vice-Provost and Associate Vice President, Carleton University