



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

Quality Assurance Framework



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Following eight years of experience with the Quality Assurance Framework, which was originally approved in 2010, the Framework and the Ontario Universities Council on Quality Assurance (the Quality Council) were externally reviewed in 2018 by Prof. Roger King, Prof. Anna Kindler, and Prof. Greg Moran.

Upon receipt of the external reviewers' report, an **Implementation Committee** was created, which consisted of the following representational membership:

- **Quality Council**
 - Prof. Paul Gooch, Chair of the Quality Council
 - Ms. Beverly Harris, Citizen member of the Quality Council
- **Executive Committee of the Ontario Council of Academic Vice-Presidents (OCAV), which, over the duration of the review's implementation period, included:**
 - Prof. Michael Benarroch, Provost and Vice-President Academic, Ryerson University
 - Prof. David Farrar, Provost and Vice-President (Academic), McMaster University
 - Prof. Andrew Hrymak, Provost and Vice-President Academic, Western University
 - Prof. Jackie Muldoon, Provost and Vice-President, Academic, Trent University
 - Prof. Lisa Phillips, Provost and Vice-President Academic, York University
 - Prof. Cheryl Regehr, Vice-President and Provost, University of Toronto
 - Prof. Jill Scott, Provost and Vice-President, Academic Affairs, University of Ottawa
 - Prof. Arja Vainio-Mattila, Provost and Vice-President, Academic, Nipissing University
 - Prof. Charlotte Yates, Provost and Vice-President Academic, University of Guelph
- **Quality Assurance Secretariat**
 - Prof. Ian Orchard, Senior Director Academic
 - Ms. Cindy Robinson, Director Operations

The Implementation Committee subsequently struck three expert panels, tasked with the creation of the Principles that guide and inform every aspect of quality assurance (see [Part One](#)), and a more detailed set of Protocols (see [Part Two](#)). The membership of these expert panels was as follows:

- **Principles Expert Panel**
 - Prof. Paul Gooch, Chair of the Quality Council
 - Ms. Beverly Harris, Citizen member of the Quality Council
- **Protocols Expert Panel**
 - Prof. Neil Besner, Out-of-province quality assurance expert member, Quality Council
 - Prof. Andrew Hrymak, Provost and Vice-President Academic, Western University
 - Prof. Sofie Lachapelle, Vice-Chair of the Quality Council's Appraisal Committee, University of Guelph
 - Prof. Charles Morrison, Vice-Chair of the Quality Council's Audit Committee, Wilfrid Laurier University
- **Audit Expert Panel**
 - Prof. Katherine Graham, Chair of the Quality Council's Audit Committee, Carleton University
 - Prof. John Pierce, Past Chair of the Quality Council's Audit Committee, Queen's University
 - Prof. Christine McKinnon, Past Chair of the Quality Council's Audit Committee, Trent University
 - Prof. Charles Morrison, Vice-Chair of the Quality Council's Audit Committee, Wilfrid Laurier University

Part One: Quality Assurance Principles for Ontario's Universities and the Quality Council was subsequently approved by the Quality Council on October 18, 2019 and by OCAV on November 26, 2019. *Part Two: Quality Assurance Protocols for Ontario's Universities and the Quality Council* was approved by OCAV on February 23, 2021 and by the Quality Council on February 24, 2021.

Revision to 5.4.1 approved by the Ontario Universities Council on Quality Assurance on April 21, 2023.

Revisions to 2.2.1 and 5.2.1, and to definition of 'Desk Review' approved by the Ontario Universities Council on Quality Assurance on April 21, 2023.

Revisions to Appendix 1, Footnote 1 approved by the Ontario Universities Council on Quality Assurance on September 29, 2023.

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TABLE OF CONTENTS

Introduction	6
Part One: Quality Assurance Principles for Ontario Universities and the Quality Council	8
Responsibilities of the Quality Council	11
Responsibilities of Institutions	12
Appendix 1	14
Part Two: Protocols for Ontario Universities and the Quality Council	16
1 The Elements of Quality Assurance	19
1.1 Scope of Application of the Institutional Quality Assurance Processes (IQAP).....	19
1.2 Ratification of the Institutional Quality Assurance Processes	20
1.3 Responsibility for the Institutional Quality Assurance Processes and Institutional Contact.....	20
1.4 Continuous Improvement across the System	20
2 Protocol for New Program Approvals	21
2.1 Initial Institutional Process	24
2.2 External evaluation	26
2.3 Internal perspective	27
2.4 Institutional approval.....	27
2.5 Submission of New Program Proposal to the Quality Assurance Secretariat	27
2.6 Initial appraisal process.....	28
2.7 Public announcement of new programs.....	29
2.8 Subsequent appraisal process	30
2.9 Subsequent institutional process	31
3 Protocol for Expedited Approvals.....	32
4 Protocol for Major Modifications (Program Renewal and Significant Change)	35

5	Protocol for Cyclical Program Reviews	39
5.1	Initial Institutional Process	42
5.2	External evaluation	45
5.3	Internal perspective	46
5.4	Reporting Requirements	47
5.5	Use of Accreditation and other external reviews in the Institutional Quality Assurance Process	48
5.6	Selection for Cyclical Audit	48
6	Audit Protocol	49
6.1	Cyclical Audit: Overview	51
6.2	Cyclical Audit: Process	52
6.3	Focused Audit	56
	Appendix 1: Definitions	57
	Appendix 2: Undergraduate and Graduate Degree Level Expectations	65

Introduction

Quality assurance is a shared responsibility between the Ontario Universities Council on Quality Assurance (the Quality Council – see [Appendix 1](#)) and Ontario’s publicly assisted universities. This collaboration ensures a culture of continuous improvement and support for a vision of a student-centred education based on clearly articulated program learning outcomes. Quality assurance processes result in an educational system that is open, accountable, and transparent.

Quality Assurance: Context

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

In 2009, Ontario universities created a task force to update their system for quality assurance that reflected the latest international standards. This resulted in the approval of the Quality Assurance Framework in 2010, which included the creation of an arm’s length, oversight body – the Quality Council. Ontario universities continue to show significant leadership and a firm commitment to cultivating a culture of quality in education. This is attested to by the long history and priority for rigorous quality assurance in Ontario universities that preceded the Quality Assurance Framework (click [here to see the History of quality assurance in Ontario](#)).

Quality Assurance: Today

Recommendations resulting from a [2018 External Expert Review Panel](#) (the Review Panel) have informed an evolution of the 2010 Quality Assurance Framework. In its Report, the Review Panel acknowledged “the desire [of Ontario universities] to expand the focus of quality assurance beyond that of the institutions demonstrating compliance with the established standards of quality to that of encouraging investments in quality improvement”. The Panel further recommended that the Quality Assurance Framework should continue to reflect international trends in higher education quality, focusing on the primary agents for assuring quality, institutions, and on the confidence that can be placed in their operation.

The Review Panel suggested that the next iteration of the Quality Assurance Framework should reflect an evolution from the 2010 Framework, in light of the fact that there already exists an excellent basis for this next stage. More particularly, the Panel recommended that the Quality Assurance Framework include two parts: Principles and Procedures (or Protocols). This principled approach to quality assurance would allow for a wider scope for interpretation and application and also provide recognition of the wider diversity in institutional strategies, special missions and mandates (for example, bilingualism) and student populations that is being encouraged by governments, institutions and others. By bringing Ontario’s universities quality assurance practices into line with the latest international quality assurance standards, the Quality Assurance Framework also facilitates greater international acceptance of institutes’ degrees and improves graduates’ access to university programs and employment worldwide. With this latest iteration of the Framework, Ontario universities continue to be placed in the mainstream of quality assurance both nationally and internationally.

Accordingly, the Quality Assurance Framework includes the **Principles** that guide and inform every aspect of quality assurance, and a more detailed **set of Protocols** that are a prudent set of rules of best practice.

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

Part One: Quality Assurance
Principles for Ontario
Universities and the Quality
Council



Principles

As part of their ongoing commitment to a robust system of quality assurance that reflects international standards Ontario's publicly assisted universities (institutions) renew their commitment to quality assurance with the Quality Assurance Framework. In particular, all Ontario universities and the Quality Council commit to the principles articulated below.

Experience of the Student

Principle 1: The best interest of students is at the core of quality assurance activities. Quality assurance is ultimately about the centrality of the student experience in Ontario. It is about student achievement in programs that lead to a degree or diploma; about ensuring the value of the university degree in Ontario, and of ensuring that our highly qualified graduates continue to be strong and innovative contributors to the well-being of Ontario's economy and society.

Oversight by an Independent Body

Principle 2: While primary responsibility for quality assurance in all undergraduate and graduate programs offered by Ontario Universities rests with the institutions themselves, the universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance.

Principle 3: The Quality Council operates at arm's length from both the institutions and the government to ensure its independence of action and decision.

Principle 4: With this responsibility to grant and withhold approval comes the Quality Council's recourse to substantial sanctions and remediation for use when necessary and as a last resort.

Principle 5: The Quality Council will have due and iterative processes in consultations with institutions, and have robust appeal processes.

Principle 6: The Quality Council itself will undergo a regular periodic quality assessment review by a review committee that includes, equally, reviewers who are external to the system and to the province, and reviewers who are internal to the system and to the province. This review will take place at least every eight years.

Autonomy of Universities

Principle 7: The Quality Council acknowledges and respects the autonomy of the institutions and the role of senates and other internal bodies in ensuring the quality of academic programs as well as determining priorities for funding, space, and faculty allocation.

Principle 8: The institutions have vested in the Quality Council the final authority for decisions concerning ratification of **Institutional Quality Assurance Processes (IQAP)**, approval of new programs and compliance with the Audit Protocols. As the primary agents for quality assurance, all institutions have designed and implemented their own IQAP that is consistent not just with their own mission statements and their university Degree Level Expectations, but also demonstrably embodies the principles and procedures articulated in this Quality Assurance Framework.

Transparency

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.

Increased Responsibility for Quality Assurance

Principle 10: The Quality Council facilitates efficient institutional procedures, appreciating that processes for ensuring quality will be different from one institution to another, but requiring that all must comply with the broad processes identified in the Quality Assurance Framework.

Principle 11: The over-riding approach of the Quality Council is education, guidance, persuasion and negotiation. In this regard, the Council recognizes that institutional capacity for quality assurance differs between institutions and so resources of the system will be directed to those institutions that continue to face challenges.

Principle 12: The Quality Council recognizes past performance of institutions and adjusts oversight accordingly.

Continuous Monitoring and Quality Improvement

Principle 13: Quality is not static, and continuous program improvement should be a driver of quality assurance and be measurable. An important goal for quality assurance is to reach beyond merely demonstrating quality at a moment in time and to demonstrate ongoing and continuous quality improvement. The Quality Council is committed to sharing effective best practices in quality assurance to assist institutions in their quality improvement work.

Expert Independent Peer Review

Principle 14: Whether for new programs or cyclical review of existing programs, expert independent peer review is foundational to quality assurance.

Appropriate Standards

Principle 15: The Quality Council's standards are appropriate to the nature and level of degree programs, are flexible and respectful of institutions and international standards, and encourage innovation and creativity in degree programming. In applying these standards, documentation should be significantly relevant to decision-making, and not be burdensome.

Responsibilities of the Quality Council

The Quality Council was established by the Council of Ontario Universities (COU) to oversee quality assurance processes for all levels of programs in its publicly assisted universities, as of March 1, 2010. The universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance.

Nature of Its Expert and Independent Judgments

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 and self-reflection and self-study of existing programs, calling upon those who participate to assess their contribution and experience (faculty, students, staff, and graduates).

Secondary assessment involves the authorities to whom the program reports, who engage in the assessment as well, calling upon independent experts to assess the evidence — this is expert or peer review. That review must be at arm's length from the unit and done by qualified persons. Secondary assessment also includes quality assurance at the institutional level. The results of this secondary assessment must be communicated to the program, responded to, and acted upon. The second-level oversight must provide assurance that the primary assessment steps have been appropriately carried out.

The Quality Council engages in tertiary assessment; it does not conduct primary or secondary assessments. Those are up to the institution. Rather, the Quality Council provides assurance to the system that the processes are sound; to the institution itself, other institutions, potential students, students, employers, and funders both public and private. It is a vehicle of public accountability to those who have an interest in the experience of those who enter, undertake and graduate from the program.

In order to best perform tertiary assessment, it is important that the Quality Council's membership include those with experience in primary and secondary assessment. It is not that they re-do the earlier assessments; rather, they are able to ascertain whether those assessments were comprehensively well done (that the main issues are addressed) and independently assessed (that the appraisers are arm's-length and knowledgeable). Well done also means well received. Not 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. What is praised is continued and strengthened; what is in need of improvement is in fact improved.

The Quality Council typically approves new programs and monitors their implementation and subsequent reviews; assesses significant changes, and audits the quality assurance mechanisms within institutions. Since this activity is always tertiary appraisal, it is fundamentally an audit function. Audits result in forms of approval or disapproval: either permission to commence (in the case of new programs) or to continue, sometimes with conditions (a clean slate is the desired outcome for an institution).

Remedies Available

When the Quality Council is not convinced of the quality of an institution's recommendations, appraisals, and/or monitoring, **then at the program level**, the Quality Council has the authority to:

- Not approve the commencement of a new program, or to suspend admissions into an existing program.

At the Institutional level, where there may be concerns on policies and practices that arise through an audit, the Quality Council has the authority to:

- Require a report on steps taken where the deficiencies are minimal.

- If more serious, issue directives with a response within a short timeframe about steps to be taken, followed by a report on completion of those steps;
- Where these measures are not satisfactory, provide or forward a report to the Ontario Council of Academic Vice-Presidents (OCAV) and the Ministry of Colleges and Universities (MCU) and initiate rolling and/or accelerated audits of all institutional internal quality assurance processes; and
- Finally, if these measures fail, then decline to approve, or suspend enrolment in, particular programs where processes are deficient, and/or suspending the institution's ability to create new programs.

Responsibilities of Institutions

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

Institutional responsibility for quality assurance extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university. These responsibilities also extend to programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, or institutes. For definitions of the inter-institutional arrangements see the [Definitions](#) in Appendix 1 of Part Two: Quality Assurance Protocols for Ontario's Universities and the Quality Council).

The first responsibility of the institution is to develop and maintain an Institutional Quality Assurance Processes (IQAP) that sets out the institution's protocols for each of the elements of quality assurance (new programs, major modifications, expedited approvals and audits).

The IQAP must identify the authority or authorities responsible for the IQAP and its application, as well as the authoritative contact between the institution and the Quality Council. This will be the sole contact for communication between the institution and the Quality Council about the approval process.

For each protocol addressed in the IQAP, the institution will prepare and systematically maintain a set of institutional guidelines that describes the quality assurance activities associated with each. Among other items, this guidance should do the following:

- a) Provide guidance on the steps associated with creating a new program, cyclical program review, expedited protocol, or major modification;
- b) Establish the criteria for the nomination and selection of arm's length external peer reviewers and the instruction to the Reviewers;
- c) Identify responsibilities for the collection, aggregation and distribution of institutional data and outcome measures, as required;
- d) Specify the format required for the new program proposal, self-study, expedited submission or major modification, and, where required, external reviewers' reports, including associated templates; and
- e) Set out the institution's cycle for the conduct of undergraduate and graduate program reviews

Amendments to the Quality Assurance Framework

Changes to the Quality Assurance Framework Part One: Quality Assurance Principles for Ontario Universities and Quality Council are subject to approval of both the Quality Council and OCAV. It is understood that the principles are foundational to the approach to quality assurance; thus, amendments ought not to be required or considered until the next review of the Quality Assurance Framework. There may, however, be occasions where an amendment is necessary or desirable in which case either the Quality Council or OCAV may propose changes that may be made only with the approval of both bodies.

For the Quality Assurance Framework Part Two: Protocols for Ontario Universities and the Quality Council, changes may be made at any time by the Quality Council and reported subsequently to OCAV.

Review of the Quality Assurance Framework and Quality Council

The Quality Assurance Framework and the Quality Council will be reviewed periodically and independently using a methodology agreed to by the Quality Council and OCAV. An initial review of the Quality Assurance Framework (as revised in 2019 and 2021) and the Quality Council will take place after five years. Subsequent reviews will occur at least every eight years.

Appendix 1

The Ontario Universities Council on Quality Assurance

Mission

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 and the integrity of the universities' quality assurance processes. Through these practices, the Quality Council also assists institutions to improve and enhance their programs. In fulfilling its mission, the Quality Council operates in a fair, accountable and transparent manner with clear and openly accessible guidelines and decision-making processes, and through reasoned results and evidenced-based decisions.

Mandate

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

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

Membership of the Quality Council

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

- One member, who shall serve as Chair, external to OCAV but chosen by OCAV¹;
- Two OCAV members, one from a medical/doctoral university and one from a non-medical/doctoral university;
- One Graduate Dean² or equivalent from a COU member institution;
- One Dean³ of a Faculty from a COU member institution;
- Two representatives from COU member institutions not otherwise represented on the Quality Council;
- One member from outside Ontario with significant experience involving a post-secondary quality assurance organization;
- One citizen member appointed by the COU through its Executive Committee;
- The Executive Director, Quality Assurance is ex officio and non-voting; and
- The Chairs of the Appraisal and Audit Committees are ex officio and non-voting.

At least one member of the Quality Council will be bilingual and no two members can be from the same institution.

¹ Candidate pools may include former OCAV members, Vice-Provosts with experience in QA and former Executive Heads

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

³ Dean of a Faculty means those individuals who have overall responsibility for undergraduate programming within a Faculty, or – as may be the case – across the institution

Except as provided above, all members of the Council will be appointed by OCAV, on the advice of the Quality Assurance Secretariat, following an open nominations process. Members will be appointed for three-year terms, normally renewable once.

Appraisal and Audit Committees

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

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

Part Two: Protocols for Ontario
Universities and the Quality
Council



The principles in Part One of the Quality Assurance Framework outline in broad terms the practices that govern and justify the quality assurance processes by which all Ontario's publicly assisted universities have agreed to be bound. The Protocols in Part Two are the more specific and detailed practices that flow from the Principles articulated in Part One.

The primary purpose of quality assurance is accountability, a purpose that forms the foundation of the Quality Assurance Framework (both Parts One and Two), as well as every Institutional Quality Assurance Processes (IQAP), which is the university's local expression of the Quality Assurance Framework. Accountability refers to each university's demonstration, through its IQAP, that it is engaged in quality assurance and the continuous improvement of its programs and the learning experience of students in those programs. Quality assurance is a function of and balance between internal and external processes and procedures.

Universities are autonomous and have internal quality assurance processes and practices that are designed to maintain and improve the quality of their programs. These are aimed at ensuring that the university is fulfilling its purpose as well as meeting international standards of higher education in general and those of the various disciplines and professions in particular. Internal quality assurance, as indicated by the Framework, includes such important aspects as learning outcomes, self-assessment (followed by external peer assessment for the purposes of validation), student and other stakeholder feedback, and implementation plans. That is to say, the improvement of the student experience should be a function of internal quality assurance through internal review and monitoring processes.

External quality assurance refers to a range of quality monitoring activities and procedures that the Quality Council undertakes to determine whether a university is itself meeting agreed upon quality assurance processes and practices. The main purpose of external quality assurance is to provide accountability to both internal and external stakeholders.

One fundamental element of accountability is continuous improvement, which signals that quality assurance is never static. Continuous improvement is the ultimate goal of the ongoing and fluid work of universities as they create living documents that meet evolving standards and measures of quality in their programs. Ontario's Quality Assurance Framework is designed to ensure that the educational experiences students have are engaging and rigorous, but also that the programs through which those experiences are provided are routinely monitored and, if necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experiences of Ontario students is fundamental to quality assurance and, thus, continuous improvement factors significantly in the Quality Assurance Framework.

Throughout the New Program and Cyclical Program Review Protocols, continuous improvement is a required goal, especially in the areas of program-level learning outcomes and the assessment of the student achievement of these learning outcomes. The monitoring of a new program and the outcomes of a Cyclical Program Review (i.e., the Implementation Plan) are also essential elements of continuous improvement within the New Program Approval and Cyclical Program Review Protocols. Universities are also encouraged to articulate plans for continuous improvement that do not necessarily flow from the approval process for a new program or from a Cyclical Program Review. [Section 1.4](#) of the Quality Assurance Framework identifies possible areas in which continuous improvement outside of the formal quality assurance processes may be considered and summarized.

The Quality Council's work is supported by an Appraisal Committee and an Audit Committee, with the Council's operations managed by a Quality Assurance Secretariat. Opportunities to recognise past performance and adjust oversight accordingly appear throughout the Protocols and these will continue to evolve. Additionally, given that there can be significant differences in institutional capacity for quality assurance across institutions, resources and

support from the Quality Council and the system as a whole will be directed, as necessary, to those institutions that continue to face challenges in meeting the standards of the framework.

1 The Elements of Quality Assurance

This Quality Assurance Framework consists of five distinct Protocols and a definition section. The Protocols (that are described briefly below) specify the minimum requirements for the internal and external quality assurance activities and the interplay between them.

The [Protocol for New Program Approvals](#) applies to both new undergraduate and graduate programs and is used to secure the academic standards of new programs and to assure their ongoing improvement. The Appraisal Committee of the Quality Council reviews the Proposals. The Council has the final authority to approve (with or without conditions) or decline New Program Proposals.

Proposals for new for-credit graduate diplomas are to be submitted for approval through the [Protocol for Expedited Approvals](#). This Protocol can also optionally apply to requests for the Quality Council's approval of a new field in a graduate program, as well as requests for its approval of a proposed major modification to an existing program.

The fundamental purpose for the [Protocol for Major Modifications \(Program Renewal and Significant Change\)](#) is the identification of major modifications to existing programs, and their approval through a robust quality assurance process. This process does not require but may include Quality Council approval, so as to assure the universities, the public, and the government of the ongoing quality of all of the university's academic programs. While universities themselves are best placed to determine the degree of change that is being proposed, the distinction between major modifications and new programs can, at times, be difficult to determine. The Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals.

The [Protocol for Cyclical Program Reviews](#) is used to secure the academic standards both of existing undergraduate and graduate degree programs, and for-credit graduate diploma programs (through a Final Assessment Report). The Cyclical Program Review also functions to assure the ongoing improvement of all of these programs through an Implementation Plan.

Undergraduate and graduate program reviews may be conducted concurrently and in conjunction with departmental reviews, when universities so choose.

The [Audit Protocol](#) is conducted through a panel of auditors, collectively known as "the Audit Committee" of the Quality Council. Each cycle of audits spans an eight-year period and all member universities are audited at least once within each cycle. The first cycle of audits (2012-13 to 2019-20) examined each university's compliance with its own IQAP, as ratified by the Quality Council. The Quality Council has the authority to approve or not approve the recommendations and reports of the Audit Committee.

The [Definitions](#) Section additionally contains definitions of some of the specialized vocabulary used throughout. Information on and links to best practices, guidance and templates designed to assist universities in implementing and following the Protocols, can also be found throughout the Framework.

1.1 Scope of Application of the Institutional Quality Assurance Processes (IQAP)

Every publicly assisted Ontario university that grants degrees and diplomas, as defined by the [Ontario Qualifications Framework](#) (OQF), is responsible for ensuring the quality of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding. All universities will therefore have in place a ratified IQAP (see [Section 1.2](#)), which minimally meets the requirements detailed throughout Part Two of the Quality Assurance Framework. For the purposes of Cyclical Program Reviews, and in the interest of respecting institutional

autonomy, universities are required to include in their IQAP their own definition of what constitutes a ‘program’. In addition, all Ontario universities are committed to the principles articulated in Part One of the Framework.

Institutional responsibility for quality assurance extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university. These responsibilities also extend to programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, or institutes. For definitions of the inter-institutional arrangements, see the [Definitions](#) in Appendix 1.

1.2 Ratification of the Institutional Quality Assurance Processes

Before implementing its IQAP for **New Program Approvals, Expedited Approvals, Major Modifications (Program Renewal and Significant Change), and Cyclical Program Reviews**, each university must first submit its IQAP to the Quality Council for ratification. The Council will test the consistency of its component parts with the substance and principles set out in the respective Quality Council protocols. The same process will apply whenever an institution implements any substantive change to its IQAP. Minor amendments need only be reported to the Quality Council. The Quality Council will conduct its subsequent audit of institutional compliance with its ratified Institutional Quality Assurance Processes.

1.3 Responsibility for the Institutional Quality Assurance Processes and Institutional Contact

The IQAP must identify the institutional authority or authorities responsible for the IQAP and its application, as well as the designated contact between the university and the Quality Council. This person or group will be the primary (key) contact for communication between the university and the Quality Council.

1.4 Continuous Improvement across the System

Exchange Forums take place within the context of the Key Contacts Meetings and are designed to track as well as facilitate continuous improvement across the system. The Quality Assurance Secretariat will collate the findings of each forum into an omnibus report that will be shared with the universities and posted on the Quality Council’s website.

1.4.1 Proposed Objectives of Exchange Forums:

- To provide a context for high-level examination of system-wide emerging themes and ongoing challenges in quality assurance; and
- To facilitate the sharing of novel ideas and best practices in quality assurance as observed through the work of the Appraisal and Audit Committees.

1.4.2 Potential Outcomes:

- A more active, informed, and integrated learning community across institutions, the Quality Council and its Quality Assurance Secretariat;
- A heightened emphasis on the ongoing need to devise strategies to create continuous improvement in the quality assurance processes in Ontario as a whole;
- Suggestions for amendments to the Quality Assurance Framework; and
- Guidance for the next Review of the Quality Assurance Framework and Quality Council.

2 Protocol for New Program Approvals

Ontario's universities are committed to delivering high quality programs at all levels – undergraduate and graduate – and therefore, they have committed to a process to ensure their quality and continuous improvement, from inception. The degree of rigour established throughout the Protocol for New Program Approvals plays an essential role in ensuring that new programs are developed using internationally accepted practices and that the value of that new program is sustained. Further, the Degree Level Expectations (see [Appendix 2](#)) are the Quality Assurance Framework's link to the [OQF](#), which identifies the main purposes of each postsecondary qualification, outlines the learning expectations for graduates who hold each type of qualification and shows the relationship between the different qualifications.

The Protocol for New Program Approvals details the quality assurance processes and consent steps required to develop and approve a new degree program. Universities take considerable care in developing new programs. Each IQAP (see [Section 1.1](#)) is the local expression of this Protocol and details the steps to be taken for the preparation, external review and approval of a New Program Proposal, as well as the important mechanisms for monitoring and continuous improvement (see [Principle 13](#)) once the new program is running (see [Section 2.9.2](#)).

Objectives

The Protocol is designed to ensure that in developing new programs, universities ensure that the educational experiences offered to students are engaging and rigorous, and that the approved programs through which those experiences are provided are routinely monitored and, if necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experiences of Ontario students is fundamental to quality assurance and, thus, an important objective of this Protocol is to ensure that the universities' IQAPs include sufficient monitoring plans for new programs to ensure continuous improvement.

Scope

The Protocol for New Program Approvals applies to both new undergraduate and new graduate programs (but not to new for-credit graduate diplomas, which go through the Protocol for Expedited Approval) whether offered by one institution or jointly with another institution.

In developing a new joint program and other inter-institutional programs, the IQAPs of all the participating universities granting the degree should be followed. See [Guidance](#) for important elements to consider in developing and approving these joint programs and in subsequent Cyclical reviews (See [Principles 1 5 and 7 15](#)).

Process

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](#)) 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. Independent expert review is foundational to this process. [Flow Chart 1: Overview of the Protocol for Undergraduate and Graduate New Program Approvals](#) shows the major steps, within the institution and through the Quality Council, required for the approval of new programs by this protocol.

The Quality Council's Appraisal Committee reviews the Proposals. The Council has the final authority to approve (with or without conditions) or decline New Program Proposals.

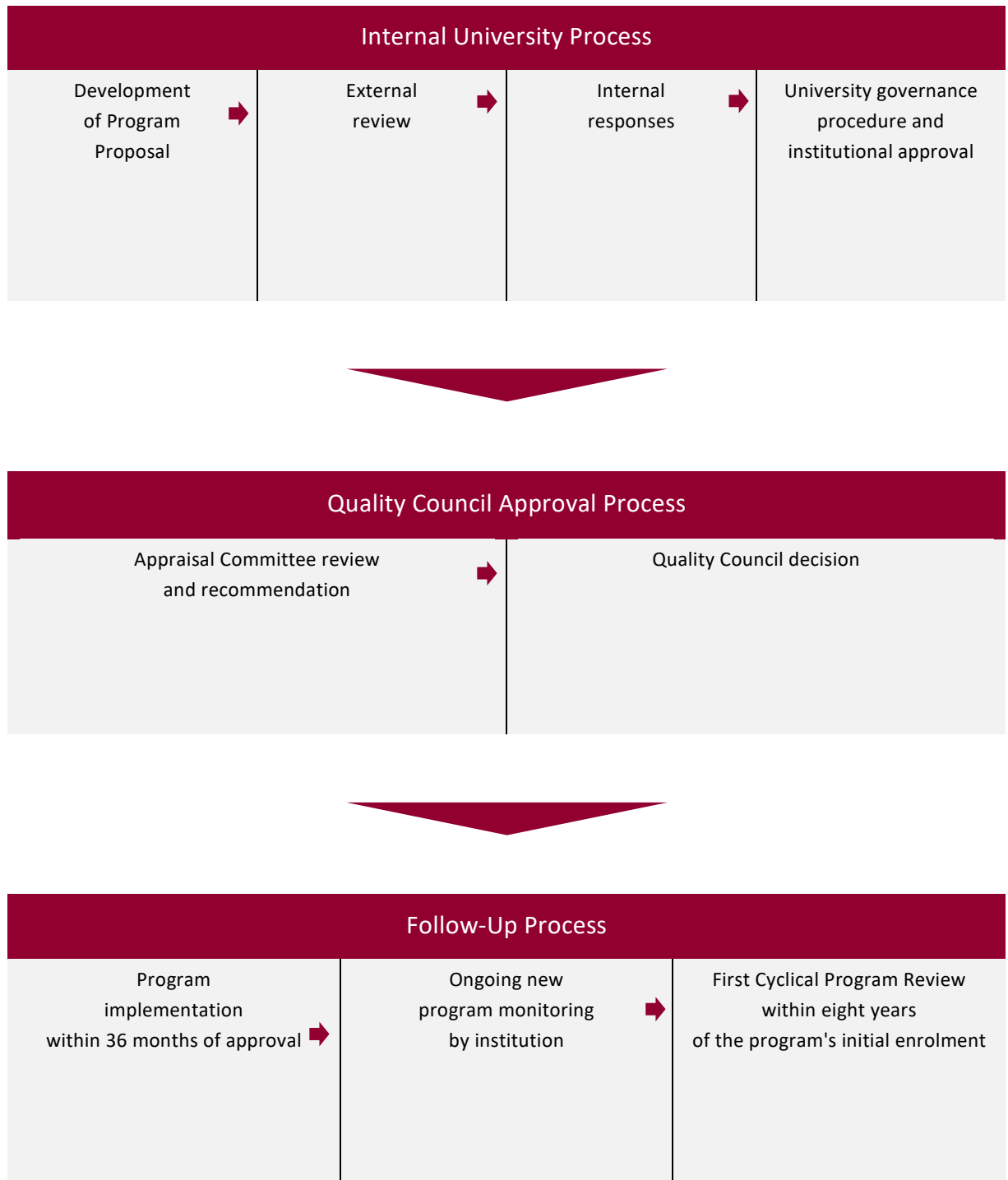
The Protocol details the robust oversight role of the Quality Council and its Appraisal Committee; this oversight is essential to ensuring that the integrity and reputation of Ontario's university degrees are maintained.

Outcomes

The process of applying for and approving a new program is designed to ensure that Quality Council decisions are provided quickly. It is an essential outcome of the process that decisions by the Quality Council be made carefully and efficiently. Universities need efficient processes to ensure that new programs can be launched to meet upcoming term application deadlines, and more generally, to support innovation.

A second 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. The monitoring of a new program is therefore an essential element of continuous improvement within the Protocol for New Program Approvals.

Flow Chart 1: Overview of Protocol for Undergraduate and Graduate New Program Approvals (Steps shown for Programs Approved to Commence)



2.1 Initial Institutional Process

Each institution's IQAP will identify the steps required for the university to develop and approve new undergraduate and graduate programs. This process must include, but is not limited to, the components described throughout the remainder of this Protocol. In recognition of the diversity in institutional strategies, universities may add to the following components for their new program approval process, including for example, consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others.

2.1.1 Program Proposal

Universities are strongly encouraged to use the [Quality Council's New Program Proposal template](#) to ensure alignment with the required evaluation criteria detailed below. Use of this template will also facilitate ease of review by the members of the Appraisal Committee, who themselves use this template for their assessment (see [External Reviewers' Report Template](#)). The Proposal will minimally address the evaluation criteria detailed in 2.1.2 and meet the requirements of this Quality Assurance Framework together with any further institutional requirements that the university chooses to apply. Where appropriate, the Proposal should also include the identification of unique curriculum or program innovations, creative components, or significant high impact practices.

2.1.2 Evaluation Criteria

Prior to submitting a Proposal to the Quality Council for appraisal, institutions will evaluate any new graduate or undergraduate programs against the following criteria (and any additional criteria added by the university):

2.1.2.1 Program objectives

- a) Clarity of the program's objectives;
- b) Appropriateness of degree nomenclature given the program's objectives; and
- c) Consistency of the program's objectives with the institution's mission and academic plans.

2.1.2.2 Program requirements

- a) Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes;
- b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations;
- c) Appropriateness of the proposed mode(s) of delivery (see [Definitions](#)) to facilitate students' successful completion of the program-level learning outcomes; and
- d) Ways in which the curriculum addresses the current state of the discipline or area of study.

2.1.2.3 Program requirements for graduate programs only

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;
- b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses; and
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

Guidance: Meeting the Requirement that Two-thirds of Course Requirements be met through Courses at the Graduate Level

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”.

2.1.2.4 Assessment of teaching and learning (see [Guidance](#))

- a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- 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.

2.1.2.5 Admission requirements

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

2.1.2.6 Resources

Given the program’s planned /anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;

Guidance: Sessional/Adjunct Faculty

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.

- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university;
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and
- f) If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

2.1.2.7 Resources for graduate programs only

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

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

2.1.2.8 Quality and other indicators

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring); and
- b) Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

2.2 External evaluation

2.2.1 External perspective

The IQAP will establish and describe the process for the selection and appointment of external reviewers and any others who will review the New Program Proposal (See suggested [Template](#)), as well as the adequacy of the administrative unit's planned utilization of existing human⁴, physical and financial resources.

⁴ All relevant faculty CVs must be provided to the external reviewers at the same time as the New Program Proposal.

At least two external reviewers are required for new undergraduate and graduate programs. The university may also include an additional internal member from within the university, but from outside the discipline (or interdisciplinary group) engaged in the proposed program, to participate in the review process. (See [Guidance](#))

External review of a new Program Proposal will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review (see [Definition](#)), virtual site visit (see [Definition](#)) or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable (see [Guidance](#)). The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives.

The external reviewers—normally associate or full professors, or the equivalent—will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes, and will be at arm’s length from the program under review. (See [Guidance](#) for suggestions on the selection of reviewers and for a definition of arm’s length.)

2.2.2 External Review Report

The External Review Report(s) (preferably one joint report, where circumstances permit) will:

- a) Address the substance of the New Program Proposal;
- b) Respond to the evaluation criteria set out in Framework Section 2.1.2 (see also [Guidance](#) as well as the suggested [template](#) for the External Review Report);
- c) Comment on the adequacy of existing physical, human⁵ 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.

2.3 Internal perspective

2.3.1 Internal response

It is essential that the proposing academic unit and the relevant Dean(s) or their designate(s)/Divisional Head make clearly separate responses to the External Review Report and recommendations. An exception to this requirement for separate responses is in the case of a single-department Faculty (or equivalent), where the Dean (or equivalent) is essentially the Divisional Head. Any subsequent amendments to the New Program Proposal should be made through track changes or detailed elsewhere.

2.4 Institutional approval

Based on the Proposal, the External Review Report(s) and the internal responses to both, and in accordance with the IQAP, the university will determine whether the Proposal meets its quality assurance standards and is thus acceptable or not, or needs further modification.

2.5 Submission of New Program Proposal to the Quality Assurance Secretariat

After completion of any other requirements of its IQAP, the university will submit the Proposal, together with all required reports and documents⁶, to the Quality Assurance Secretariat. The submission checklist will require information on whether or not the proposed program will be a cost-recovery program. The same standards and protocols apply regardless of the source of funding. The submission will further include a brief commentary on the

⁵ Based, in part, on the external reviewers’ assessment of the faculty members’ education, background, competence and expertise as evidenced in their CVs.

⁶ Minimally, this must include the Proposal, the External Reviewers’ Report, and the internal responses, including date of university governance approval.

two external reviewers selected to review the proposed program in regard to their qualifications in the following areas:

- Sufficient expertise in content and program delivery;
- Appropriate connections to industry (where appropriate); and
- Expertise in teaching and learning.

2.6 Initial appraisal process

2.6.1 Secretariat check

The Quality Assurance Secretariat will confirm that the Proposal and associated reports and internal responses to them (as set out in Framework [Sections 2.2 – 2.4](#) above) are included in the submission. If there is missing information or defects of substance, the Quality Assurance Secretariat will return the Proposal to the university for revision or amendment and resubmission. Otherwise, the Proposal and accompanying documents will be forwarded directly to the Quality Council Appraisal Committee.

2.6.2 Appraisal Committee reviews and recommends

The Quality Council's Appraisal Committee will focus its review 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 a 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\)](#))

Based on this review, the Committee may seek further information from the university⁷, in which case it will provide a rationale for the requested information. Requests for and responses to additional information will normally be in the form of written correspondence but teleconference or in-person meetings between the university and the Appraisal Committee may also be considered in order to expedite the process.

In rare instances, the Appraisal Committee may determine that the original external review was inadequate and therefore invite further input from an external expert, either through desk review, or in person or virtual site visit.

If no further information is required, the Appraisal Committee will make a recommendation to the Quality Council. The Quality Assurance Secretariat will convey the proposed recommendation of the Appraisal Committee to the university (see [Section 2.7.1](#) below).

2.6.3 Quality Council decision

After considering the recommendation of the Appraisal Committee, the Quality Council will make one of the following decisions:

⁷ This may include a request for the submission of faculty CVs if the External Reviewers' Report does not provide sufficient commentary on evaluation criteria 2.1.2.6 a), d) and e).

- a) Approved to commence⁸;
- b) Approved to commence, with report;⁹
- 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.

Reports on new programs will only be required when significant additional action, such as a large number of new hires and/or other new resources, are required to assure the quality of the program.

The decision of the Quality Council will normally be made within 45 days of receipt of the university's submission, provided that the submission is complete and in good order, and that no further information or external expert advice is required. Where additional information is required by the Appraisal Committee, one of the four possible recommendations (see above) to the Council will be made within a further 30 days of receipt of a satisfactory response. The Quality Assurance Secretariat will convey the decision of the Quality Council to the university.

2.7 Public announcement of new programs

Subject to approval by the university's senior academic officer (e.g. Provost and Vice-President Academic), a university may publicly announce its intention to offer a new undergraduate or graduate program in advance of receiving approval by the Quality Council. When such announcements are made at this stage, they must contain the following statement: "Prospective students are advised that the program is still subject to formal approval."

2.7.1 University may consult with/request a reconsideration of the Appraisal Committee

When the recommendation is one of b), c), or d) in 2.6.3 above, the proposing university may, within 30 days, request a meeting with and/or reconsideration by the Appraisal Committee. Normally, reconsiderations will only be considered if the university is providing new information, or if there were errors of fact in the Appraisal Committee's commentary, or there were errors of process. Following such communication, the Appraisal Committee will revisit and may revise its assessment. Its final recommendation will be conveyed to the university and the Quality Council by the Quality Assurance Secretariat.

2.7.2 University may appeal to Council

When the recommendation is one of b), c), or d) in 2.6.3 above, the proposing university may, within 30 days, submit an appeal to the Quality Council. Having received and considered the Appraisal Committee's final assessment and recommendation, any additional comments from the university on the assessment, and further, having reviewed any requested appeal from the university on matters of fact, procedure, public policy concerns, or questions of fairness, the Council makes one of the following decisions:

- a) Approved to commence⁸;
- b) Approved to commence, with report⁹;
- c) Deferred for up to one year, affording the university an opportunity to amend and resubmit its Proposal; or
- d) Not approved.

Decisions of the Quality Council are final and binding.

⁸ 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.

⁹ 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.

If the Quality Council chooses option c), the Appraisal Committee suspends the assessment process until the university has resubmitted its revised Proposal. After this, the Appraisal Committee reactivates its appraisal process (see [Section 2.6.3](#) above). When the Appraisal Committee does not receive a response within the specified period, it considers the Proposal to have been withdrawn.

2.7.3 Council reports decision

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

2.7.4 Waiting period before resubmission

To allow time for revisions to proposals, any university declined permission to proceed at this stage ([2.6.3 c](#)) of the process, or following a denied appeal of the decision ([2.7.2 c](#)), will normally wait until one year has elapsed from the date of the Quality Council's decision before resubmitting a revised version of its Proposal. The same waiting period normally applies when a university does not resubmit a deferred New Program Proposal within the specified period.

2.8 Subsequent appraisal process

2.8.1 With report appraisal

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

- a) Approved to continue without condition;
- b) Approved to continue, but the Council requires additional follow-up and report within a specified period, prior to the initial cyclical review; or
- c) Required to suspend admissions for a minimum of two years. The Quality Council will then specify the conditions to be met in the interim in order for admissions to the program to resume.

The university may request a reconsideration, to the Quality Council, of the decision to suspend admissions to the program, on the same terms as are set out in Framework [Section 2.6.3](#) above (*i.e.*, the university will be providing new information; and/or there were errors of fact in the Appraisal Committee's commentary; and/or there were errors of process).

2.8.2 Council hears *with report* appeal. Council decides

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

- a) Approve the program without condition;
- b) Approve the program with a further report; or
- c) Require the program to suspend admissions for a minimum of two years. The Quality Assurance Secretariat conveys the decision to the university, and reports it to OCAV and to MCU for information.

Decisions of the Quality Council are final and binding.

2.9 Subsequent institutional process

2.9.1 Implementation window

After a new program is approved to commence, the program will begin within 36 months of that date of approval; otherwise, the approval will lapse.

2.9.2 Monitoring

The monitoring of a new program facilitates continuous improvement, which is an essential goal of quality assurance. The IQAP must therefore detail a formal process for the monitoring of new programs. Minimally, this monitoring process should include the requirement for an interim monitoring report to be produced between the program's launch and its first cyclical review. This interim report should carefully evaluate the program's success in realizing its objectives, requirements and outcomes, as originally proposed and approved, as well as any changes that have occurred in the interim, including in response to any Note(s) from the Appraisal Committee (see [Footnote 9](#) above). The monitoring process should also take into consideration the outcomes of the interim monitoring report and any additional areas to be considered in the first cyclical review of the new program.

2.9.3 First cyclical review

The first cyclical review of any new program must be conducted no more than eight years after the date of the program's initial enrolment.

2.9.4 Selection for Cyclical Audit

New undergraduate and/or graduate programs that have been approved within the period since the conduct of the previous Audit are eligible for selection for the university's next Cyclical Audit (see [Audit Protocol](#)). An Audit cannot reverse the approval of a program to commence.

3 Protocol for Expedited Approvals

The Quality Council's Appraisal Committee provides a more expeditious version of external oversight through the processes and steps detailed in the Protocol for Expedited Approvals, enabling a nimbler evolution of programming. New graduate diploma programs (Types 2 and 3) are subject to the requirements of this Protocol. Universities are given the option to also submit proposed new fields for graduate programs, as well as proposed major modifications (see the [Protocol for Major Modifications \(Program Renewal and Significant Change\)](#)), should they so choose. The approval of submissions made through this Protocol is expedited because such proposals are not required to go through external review¹⁰, and the authority for final approval rests with the Appraisal Committee.

Objectives

The process associated with the Protocol for Expedited Approvals is intended to enable universities to secure Quality Council approvals more efficiently for changes that are considered less wide-ranging than New Program Proposals. As with each of the other four Protocols, the oversight provided by the requirements of this Protocol ensures that the integrity of a degree or diploma awarded by an Ontario university is sustained, and also enables evolution of programming in a timelier manner.

Scope

Proposals for new for-credit graduate diplomas (Types 2 and 3) are to be submitted for approval through the Protocol for Expedited Approvals. However, this Protocol can also optionally apply to requests for the Quality Council's consideration of a new field(s) in a graduate program, as well as requests for its consideration of a proposed major modification to an existing program. This option might be helpful should a university wish to promote the fact that it has received the Quality Council's approval for the proposal, and/or for a university that wishes to utilize the external oversight this Protocol provides.

This Protocol applies to the following proposal types:

- a) New for-credit graduate diplomas (Types 2 and 3) (see [Definition](#)); and
- b) New standalone degree programs arising from a long-standing field in a master's or doctoral program that has undergone at least two Cyclical Program Reviews and has at least two graduating cohorts.

Process

The Protocol's process requires the submission to the Quality Council of a Proposal. As the types of proposals detailed under "Scope" above would not require external review, only the applicable criteria outlined in Framework [Section 2.1](#) will be applied to the Proposal, and Framework [Sections 2.2](#) through to [2.3](#) (inclusive) will not apply. The Council's appraisal and approval processes are also reduced. (See [Section 3.2](#))

[Flow Chart 2: Overview of the Protocol for Expedited Approvals](#) shows the major steps, within the university and through the Quality Council.

(See [Principles](#) 1 and 7 – 10)

¹⁰ As indicated in the [Definition](#), Graduate Diplomas are not normally externally reviewed at the time of their creation. However, an approved GDip should be added to the Cyclical Program Review Schedule, for review alongside its "parent" program, where one exists. In the absence of an existing "parent" master's or doctoral degree program, best practice would be to have the proposed GDip externally reviewed by desk review or equivalent method.

Outcome

The process of applying for and approving those elements outlined under “Scope” above has been designed to ensure that the Appraisal Committee decisions can be provided quickly. While it is an essential outcome of the process that decisions by the Committee be made carefully and efficiently, universities also need efficient processes to ensure that new graduate diploma programs, or smaller programmatic changes, can be launched to meet upcoming term application deadlines, and more generally, to support innovation.

3.1 Proposal

The Proposal will describe the new graduate diploma program, new field(s), or the significant change(s) being proposed (including, as appropriate, reference to program-level learning outcomes, faculty and resources, and a brief account of the rationale for the changes), and address the Evaluation Criteria (see [Section 2.1.2](#)) where they apply. In recognition of the diversity in institutional strategies, universities may wish to include additional components to their expedited approval process, including for example, consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others.

See suggested [Expedited Review Template](#) for submission of the Proposal.

3.2 Expedited process

After reviewing the submission, conferring with the proposing university, and receiving further information, as needed, the Council’s Appraisal Committee will come to its decision. It can be anticipated that any consultations will normally be brief and result in one of the following decisions:

- a) Approved to Commence¹¹;
- b) Approved to Commence, with Report¹²; or
- c) Not Approved.

This step will normally be completed within 45 days of receipt of the university’s submission, provided that the submission is complete and in good order. Where additional information is required by the Appraisal Committee, one of the three possible decisions (see above) will be made within a further 30 days of receipt of a satisfactory response. The Quality Assurance Secretariat will convey the decision of the Appraisal Committee to the Quality Council for information, and then to the university.

3.3 University may consult / appeal to Committee

Please refer to [Sections 2.7.1 – 2.7.4](#) above for the equivalent appeal process.

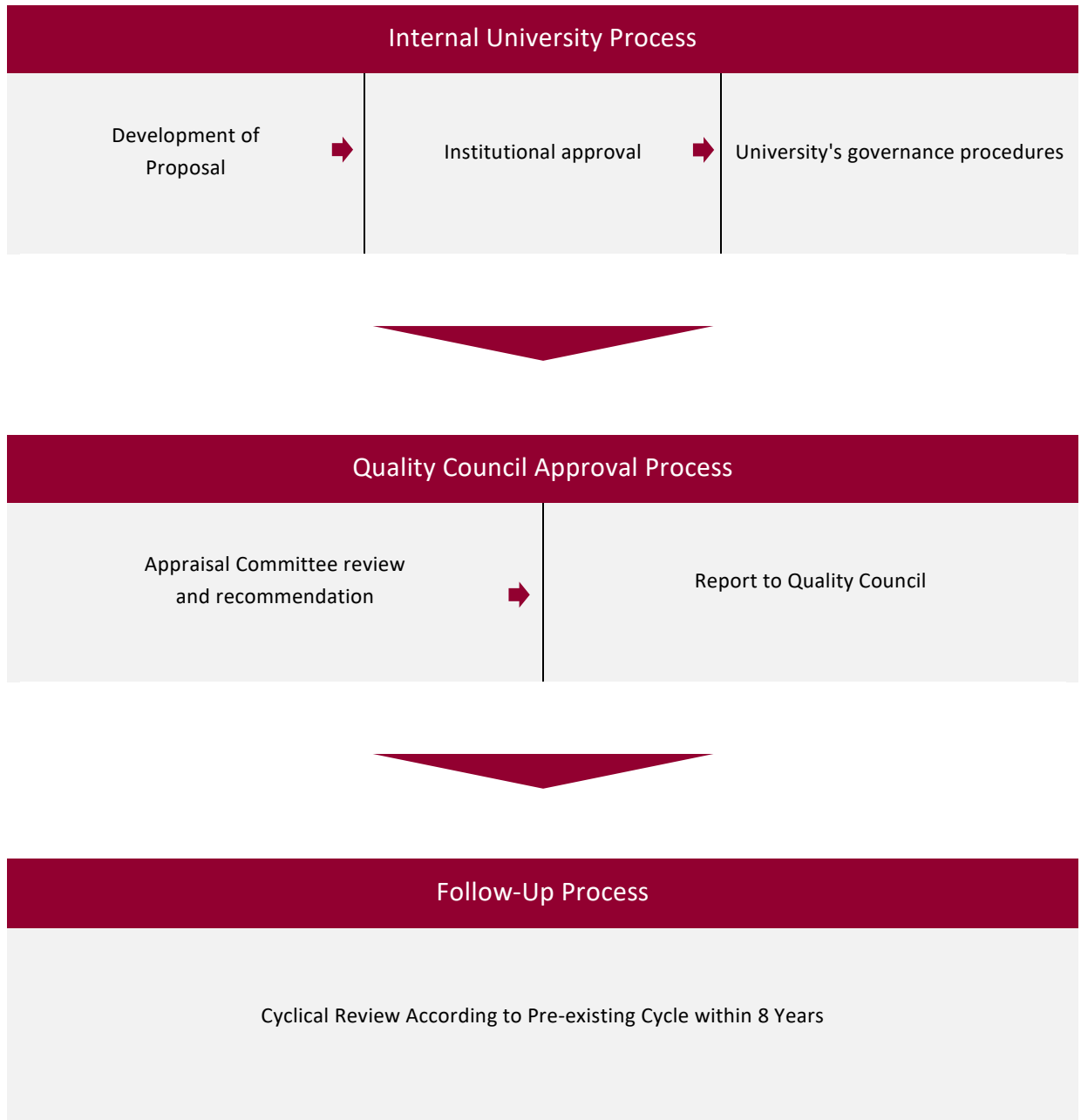
3.4 Selection for Cyclical Audit

Programs created or modified through the Protocol for Expedited Approvals are not normally selected for the institution’s Cyclical Audit (see [Section 6.2.4](#)).

¹¹ The Appraisal Committee 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.

¹² 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.

Flow Chart 2: Overview of the Protocol for Expedited Approvals



4 Protocol for Major Modifications (Program Renewal and Significant Change)

A fundamental element of accountability in quality assurance is continuous improvement, which signals that quality assurance is never static. Continuous improvement is the ultimate goal of the ongoing and fluid work of universities as they create living documents that meet evolving standards and measures of quality in their programs. The Quality Assurance Framework is designed to ensure that the educational experiences students have are engaging and rigorous, but also that the programs through which those experiences are provided are routinely monitored and, if necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experiences of Ontario students is fundamental to quality assurance and, thus, continuous improvement factors significantly in the Quality Assurance Framework.

Program renewal is an important feature of ongoing and continuous quality assurance. To encourage active evaluation, renewal, and change, as appropriate, the quality assurance process provides for annual reporting on program renewal. Further, program renewal and significant changes to a program – which are referred to throughout as major modifications -- are articulated through a robust quality assurance process which does not require but may include the Quality Council's approval.

Objectives

The fundamental purpose for the Protocol is the identification of major modifications to existing programs, and their approval through a robust quality assurance process. This process does not require but may include Quality Council approval, so as to assure the universities, the public, and the government of the ongoing quality of all of the university's academic programs.

Major modifications are made by institutions in order to:

- Implement the outcomes of a cyclical program review;
- Reflect the ongoing evolution of the discipline;
- Accommodate new developments in a particular field;
- Facilitate improvements in teaching and learning strategies;
- Respond to the changing needs of students, society, and industry; and/or
- Respond to improvements in technology.

Such modifications provide an opportunity for continuous improvement, improving the student experience and staying current with the discipline.

Scope

Each university itself is best placed to determine when a major modification should be made. The purpose of this protocol is to assure stakeholders, including the university, students, the public, and the government of the ongoing quality of the institution's academic programs.

While universities themselves are best placed to determine the degree of change that is being proposed, the distinction between major modifications and new programs can, at times, be difficult to determine (see [Guidance](#)). The Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals.

(See [Principles](#) 1, 2, 7 – 9, and 12 – 15)

Major modifications typically include, but are not limited to, one or more of the following:

- a) Requirements that differ significantly from those existing at the time of the previous cyclical program review;
- b) Significant changes to the program-level learning outcomes that do not, however, meet the threshold of a new program;
- c) Significant changes to the program's delivery, including to the program's faculty and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (*e.g.*, different campus and/or online / hybrid delivery – see below);
- d) Change in program name and/or degree nomenclature, when this results in a change in learning outcomes; and/or
- e) Addition of a single new field to an existing graduate program. Note that universities are not required to declare fields for either master's or doctoral programs. Note also that the creation of more than one field at one point in time or over subsequent years may need to go through the Expedited Protocol (see [Guidance](#)).

Process

Universities are required, within their IQAP, to provide their internal definition of what constitutes a “significant change” in the requirements, program-level learning outcomes, or faculty and/or the essential physical resources associated with the program.

The Quality Council strongly recommends that the IQAP identify an arbiter or authority whose responsibility it will be to determine whether a proposed change constitutes a “significant change” and hence a “major modification” to an existing program or is, in fact, a minor modification (see [Sections 4.1](#) and [4.2](#)) or a new program (see [Protocol for New Program Approvals](#)).

Each university will set out within its IQAP the information required and steps to be taken internally for its own approval process for such major modifications. As appropriate, this will include a requirement for the internal approval process to ensure that the proposed modification is in alignment with the relevant program-level learning outcomes. Further, the internal review and approval process should include an assessment of the impact the proposed modification will have on the program's students. Input from current students and recent graduates of the program should be considered as part of the development of the Proposal, with the Proposal including a statement on the way in which the proposed major modification will improve the student experience.

Major modifications to existing programs do not require submission of a Proposal to the Quality Council. However, a university may, at its discretion, request that the Quality Council review a proposal for a major modification to an existing program. Unless the Quality Council determines that the proposed modification is, in fact, a new program, the review of the proposal will occur through the Expedited Approval Process. Accordingly, the IQAP will also provide for the preparation of the Proposal to be submitted to the Quality Council for those cases when the university wishes to request a Quality Council Review. In such cases, this Proposal requires:

- a) Description of, and rationale for, the proposed changes; and
- b) Application of the relevant criteria, as outlined in Framework Section 2.1.2, to the proposed changes. The university will determine which criteria are deemed relevant for each Proposal and, to meet their own needs and in recognition of the diversity in institutional strategies, institutions may include their own quality assurance requirements, including for example, consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others.

When changing the mode of delivery of a program to online for all or a significant portion of a program that was previously delivered in-person, consideration of the following criteria is strongly encouraged as part of the approval process for the proposed major modification:

- a) Maintenance of and/or changes to the program objectives and program-level learning outcomes;
- b) Adequacy of the technological platform and tools;
- c) Sufficiency of support services and training for teaching staff;
- d) Sufficiency and type of support for students in the new learning environment; and
- e) Access.

Outcomes

Note: the simplest outcome of process is a document that identifies all major modifications to programs. More important than the document itself is the way in which the process encourages and values ongoing and continuous assessment and modification where appropriate of programs. Further, it demonstrates to the institution at large and its stakeholders the value the institution places on this kind of self-assessment.

4.1 Other Program Changes

The IQAP will set out the intra-institutional steps that will apply to the quality assurance of other program changes that do not necessarily rise to the level of a major modification. These would minimally include: changes to an existing Emphasis, Option, or Minor Program; the creation of a new micro-credential(s) (see [Definitions](#)); undergraduate certificate(s) (see [Definitions](#)); and laddering, stacking or similar options, or comparable elements that do not require Quality Council appraisal and approval. However, it is important for the purposes of transparency and consistency that the IQAP indicate how such changes will be made and quality assured.

4.2 Program Closure

The IQAP will specify the conditions under which a program closure will be considered as a minor or major modification and the process that is to be followed accordingly. All program closures will be reported in the Annual Report to the Quality Council (as per Section 4.3).

4.3 Annual Report to the Quality Council

Each university will file an Annual Report (see Instructions tab in the [Template for the Annual Report on Major Modifications](#)) to the Quality Council that provides a summary of major program modifications and program closures that were approved through the university's internal approval process in the past year. The Quality Council reviews these reports to ensure compliance with the Quality Assurance Framework, as well as to compile data for its own Annual Report, which is widely distributed to the internal and external community, including the provincial government.

4.4 Selection for Cyclical Audit

Major modifications are not normally selected for the institution's Cyclical Audit (see [Section 6.2.4](#)).

5 Protocol for Cyclical Program Reviews

The Cyclical Program Review of existing programs is the key quality assurance process aimed at assessing the quality of existing academic programs, identifying ongoing improvements to programs, and ensuring continuing relevance of the program to stakeholders. The self-study and external assessment 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 review of the externals' reports by the university 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. Primary responsibility to execute the Implementation Plan lies with the leadership of the program (at the program or departmental level) with identified timelines and communication among stakeholders, including students and the public.

Objectives

One fundamental element of accountability is continuous improvement, which signals that quality assurance is never static. Continuous improvement is the ultimate goal of the ongoing and fluid work of universities as they create living documents that meet evolving standards and measures of quality in their programs. The Protocol for Cyclical Program Reviews is designed to ensure that the educational experiences students have are engaging and rigorous, but also that the programs through which those experiences are provided are routinely monitored and, if necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experiences of Ontario students is fundamental to quality assurance and, thus, continuous improvement factors significantly in the Protocol for Cyclical Program Reviews.

Scope

While it is clear in a New Program Proposal what the term "program" refers to, it is often less clear what defines a program when considering the unit of review, or "scope", of a Cyclical Program Review, or a subsequent audit of a program's cyclical review. In a Cyclical Program Review, for example, the self-study often refers to multiple degree options, undergraduate and graduate, and various streams or concentrations within the program. This may result in confusion as to what exactly the evaluation criteria are being applied to, and to what the external reviewers' recommendations are directed. Additionally, the Cyclical Program Review's Implementation Plan requires clarity as to the precise scope of the unit of review, if for no other reason than that of assigning responsibility for implementation of its various recommendations. And finally, the audit process requires clarity as to what constitutes a program in order to determine the scope of its assessment. For these reasons, institutions must define the scope of the program to be reviewed in the Cyclical Program Review process.

Programs which have been closed or for which admission has been suspended are out of scope for a Cyclical Program Review.

In reviewing a joint program and other inter-institutional programs, the IQAPs of the participating universities granting the degree should be considered. See [Guidance](#) for important aspects to consider in conducting joint program reviews.

Process

The institution is responsible for ensuring that programs are evaluated on a cycle not to exceed eight years. The process will assess the quality of existing academic programs, identifying ongoing improvements to programs, and ensuring continuing relevance of the program to stakeholders. The self-study and external assessment provide

internal and external perspectives on the institutional goals, program's objectives, program-level learning outcomes, and graduate outcomes.

The Quality Council's Protocol for the conduct of Cyclical Program Reviews has five principal components (for further detail on a) through e), see [Sections 5.1.3 – 5.4.2](#), inclusive):

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

Below are the minimum process requirements for the cyclical review of undergraduate and graduate programs. To meet their own needs and in recognition of the diversity in institutional strategies, institutions may include their own quality assurance requirements in addition to those set out below, including for example, consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others.

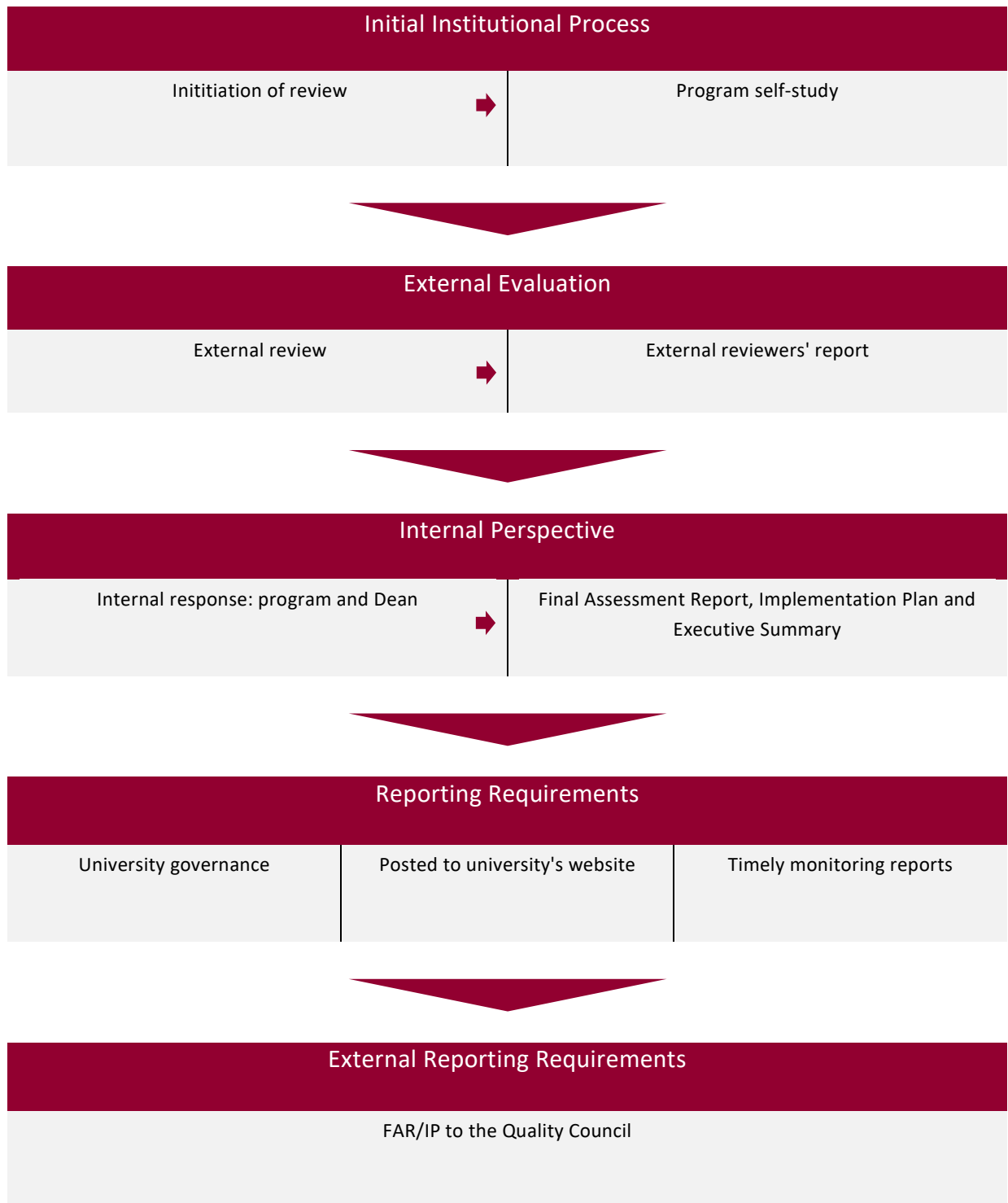
These requirements apply whether or not those programs are supported by government funds (see [Flow Chart 3: Overview of the Protocol for Cyclical Program Reviews](#)).

(See [Principles 1, 7 - 15](#))

Annually, the institution will submit copies of the Final Assessment Reports, together with the associated Implementation Plans, or an omnibus report on Cyclical Program Review activity, to the Quality Council for review (see [Section 5.4.1 d](#)), [including footnote](#), and [Section 5.4.2](#)). An Executive Summary of the process along with the Implementation Plan and associated monitoring reports should be published on the institution's website for each completed cyclical review.

Outcomes

The key outcome from a Cyclical Program Review is the Final Assessment Report and associated Implementation Plan. The internal review of reports by the university 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. Primary responsibility to execute the Implementation Plan lies with the leadership of the program (at the program or departmental level) with identified timelines and communication among stakeholders, including students and the public.

Flow Chart 3: Overview of the Protocol for Cyclical Program Reviews

5.1 Initial Institutional Process

5.1.1 Schedule of Reviews

Each institution's IQAP will establish a cycle, not to exceed eight years, for the review of all of its programs. It will also establish a Schedule of Reviews, which consists of the institution's full complement of undergraduate programs and graduate degree and diploma programs, and will indicate how the cycle may coincide with any other internal reviews and professional accreditation (see [Section 5.5](#)). This review schedule should also consider all independent offerings of each program. As noted in [Section 2.9.3](#), the first cyclical review of any new program must be scheduled to take place no more than eight years after the date of the program's initial enrolment.

Guidance: Schedule of Reviews Not to Exceed Eight Years

Cyclical Program Reviews 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 FAR/IP) 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 Cyclical Program Review with an accreditation or other review, please see [QAF 5.5](#).

The Schedule of Reviews will reflect all program offerings, including those that are joint/inter-institutional, multi-disciplinary, interdisciplinary or at multiple sites. The Schedule will also include all modes of program delivery and can reflect independent or concurrent review of a university's undergraduate and graduate programs, and/or with other departments and academic units. Nevertheless, it is essential that the quality of each academic program and the learning environment of the students in each program be explicitly addressed in the self-study and external reviewers' report(s), as set out in these protocols.

5.1.2 The Program or Programs

The appropriate university authority (e.g., Vice-President Academic or the Quality Assurance Office) initiates the scheduled review, identifying the specific program or programs that will be reviewed and identifying, where there is more than one mode or site involved in delivering a specific program, the distinct versions of each program that are to be reviewed. (See [Guidance](#) for information on reviewing joint programs with other institutions.)

5.1.3 Self-study

The cyclical program review process includes the submission of a self-study document (see [Guidance](#)) that is broad-based, reflective, and forward-looking, and includes critical analysis of the program(s). The views of program faculty, staff, and students must be considered during the process of writing of the self-study. When an institution chooses to review different program levels (for example, graduate and undergraduate), program modes, or programs offered at different locations at the same time, institutions may, in accordance with their respective IQAPs, prepare separate reports for each discrete program or address each program within a single omnibus report.

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

- a) Description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered (see [Guidance](#));

- b) Requirement for inclusion of the evaluation criteria and quality indicators identified in Framework [Section 5.1.3.1](#), for each discrete program being reviewed;
- c) Program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources;
- d) Description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program;
- e) For the first Cyclical Review of a new program, the steps taken to address any issues or items flagged in the monitoring report for follow-up (see [Section 2.9.2](#)), and/or items identified for follow-up by the Quality Council (for example, in the form of a Note and/or Report for the first Cyclical Program Review in the Quality Council's approval letter – see [Section 2.6.3 a\) or b\)](#));
- f) Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;
- g) Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change; and
- h) Assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review (see [Guidance](#)).

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.

5.1.3.1 Evaluation Criteria

The IQAP protocol for review of existing undergraduate and graduate programs shall minimally require that the evaluation criteria, as set out below, be addressed in both the self-study and external reviewers' reports. Where it so chooses, the university may expand upon these evaluation criteria.

5.1.3.1.1 Program objectives

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

5.1.3.1.2 Program requirements

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

5.1.3.1.3 Program requirements for graduate programs only

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required;
- b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses; and
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

5.1.3.1.4 Assessment of teaching and learning (see [Guidance](#))

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

5.1.3.1.5 Admission requirements

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

5.1.3.1.6 Resources

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

- a) Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience (see [Guidance](#));

Guidance on Sessional/Adjunct Faculty

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.

- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's utilization of existing human, physical and financial resources; and
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access.

5.1.3.1.7 Resources for graduate programs only

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

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation;

- b) Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students; and
- c) Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

5.1.3.1.8 Quality and other indicators

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

5.2 External evaluation

5.2.1 External perspective

The IQAP will establish and describe a process for the selection and appointment of external reviewers and any others who will review the program (see [Guidance](#)), as well as the adequacy of the administrative unit's utilization of existing human, physical and financial resources.

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

External review of existing programs will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable (see [Guidance](#)). The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives.

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

The IQAP will also:

- a) Describe how the members of the Review Committee are selected;
- b) Describe the steps to be taken to ensure that all members of the Review Committee will understand their role and obligations, including recognition of the university's autonomy to determine priorities for funding, space, and faculty allocation (see below), and the confidentiality required for all aspects of the review process;
- c) Identify what information the Review Committee will receive in addition to the self-study;
- d) Describe how site visits will be conducted, including how reviewers will meet with faculty, students, staff, and senior program administrators; and
- e) Describe, in the case of professional programs, how the views of employers and professional associations will be solicited and made available to the Review Committee.

Where circumstances permit, the Review Committee will submit one joint report. The report(s) (see suggested [template](#)) will:

- 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.

It is important to note that, while the external reviewers' report may include commentary on issues such as faculty complement and/or space requirements when related to the quality of the program under review, recommendations on these or any other elements that are within the purview of the university's internal budgetary decision-making processes must be tied directly to issues of program quality or sustainability.

The IQAP will also:

- a) Identify to whom the Review Committee submits its report(s) and specify a timeframe for its submission; and
- b) Include a process for dealing with external reviewers' reports that do not meet the requirements of the IQAP.

5.3 Internal perspective

5.3.1 Internal response

It is essential that the academic unit and the relevant Dean(s) or their designate(s)/Divisional Head make clearly separate responses to the External Review Report(s) and recommendations. The exception to this requirement for separate responses is in the case of a single-department Faculty (or equivalent), where the Dean (or equivalent) is essentially the Divisional Head.

5.3.2 Final Assessment Report and Implementation Plan

- a) The IQAP will describe how a Final Assessment Report (see [Guidance](#)) will be drafted. The Final Assessment Report provides the institutional synthesis of the external evaluation of the program and strategies for continuous improvement, and:
 1. Identifies significant strengths of the program;
 2. Identifies opportunities for further program improvement and enhancement with a view towards continuous improvement;
 3. Lists all recommendations of the external reviewers and the associated separate internal responses and assessments from the unit and from the Dean(s);
 4. Explains why any external reviewers' recommendations not selected for further action in the Implementation Plan have not been prioritized;
 5. Includes any additional recommendations that the unit, the Dean(s) and/or the university may have identified as requiring action as a result of the program's review;
 6. May include a confidential section (for example, where personnel issues need to be addressed); and

7. Identifies who will be responsible for approving the recommendations set out in the Final Assessment Report.
- b) The Final Assessment Report must include an Executive Summary, excluding any confidential information, which is to be published on the institution's website alongside the associated Implementation Plan.
 - c) The Final Assessment Report will also include an Implementation Plan that:
 1. Sets out and prioritizes those recommendations that are selected for implementation;
 2. Identifies the group or individual responsible for providing resources needed to address recommendations from the external reviewers or action items identified by the university;
 3. Identifies who will be responsible for acting on those recommendations; and
 4. Provides specific timelines for acting on and monitoring the implementation of those recommendations.

5.4 Reporting Requirements

5.4.1 Internal reporting requirements

The IQAP will require that:

- a) The Final Assessment Report (excluding all confidential information) and associated Implementation Plan be distributed to Senate (or equivalent);
- b) The Executive Summary and the associated Implementation Plan be posted on the university's website and copies provided to the university's governing body;
- c) The approved Final Assessment Report (excluding all confidential information, as appropriate), Executive Summary and Implementation Plan be provided to the unit to "own" and act on, as appropriate.
 1. It is strongly recommended that the IQAP require the unit to post the Executive Summary and Implementation Plan on the program's website (see [Guidance](#));
- d) There is timely monitoring of the implementation of the recommendations, and the appropriate distribution, including web postings, of the scheduled monitoring reports¹³; and
- e) The extent of public access to the following is established:
 1. Information made available for the self-study;
 2. Self-study report;
 3. Report of the Review Committee; and
 4. Specified responses to the report of the Review Committee.

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

5.4.2 External reporting requirements

Universities are required to report on the outcomes of their Cyclical Program Review activity to the Quality Council. A university can decide to do so through one or both of the following options:

- a) Submission of the approved Final Assessment Report (excluding all confidential information), Executive Summary and associated Implementation Plan for each completed Cyclical Program Review; and/or

¹³ Sensitive information, such as information related to personnel and other details, may be documented in a separate addendum to the Monitoring Report. This addendum is not subject to publication on the university's website. The full Monitoring Report, including the addendum, must be distributed to the program and to other internal stakeholders, as appropriate. The Monitoring Report, absent the addendum where one has been produced, must be posted and publicly accessible on the university's website.

- b) Submission of an annual report to the Quality Council (see below), which simply lists the past year's completed Final Assessment Reports, Implementation Plans and monitoring reports and provides an attestation by the Provost (or delegate) that all IQAP-required Cyclical Program Review processes have been followed. The report will also include a link to the university's web posting of the completed Executive Summaries and Implementation Plans, as well as any monitoring reports that have also been completed over the prior year.

The annual report and related Cyclical Program Review processes described in 5.4.2 b) above will occasionally be reviewed for compliance by the Quality Council. Only when members find an issue or potential area of concern will the report be discussed by the Quality Council. Should the Council then determine that a substantive issue(s) appears to exist, it may decide to initiate a Focused Audit (see [Section 6.3](#) of the Audit Protocol and associated [Definition](#)).

5.5 Use of Accreditation and other external reviews in the Institutional Quality Assurance Processes

An accreditation review can usefully replace some of the requirements of a Cyclical Program Review. The IQAP may therefore allow for and specify the substitution or addition of some documentation or specific processes associated with the accreditation of a program, and will specify who is responsible for making this decision. Adaptations may be made for certain components of the program review process, but only when these elements are fully consistent with the requirements established in this Framework.

How a university approaches the question of whether to combine, coordinate or completely segregate the reviews depends on a number of factors, including:

- Levels and complexity of program offered (undergraduate, graduate, professional);
- Review cycle;
- Qualifications required for reviewers;
- Evaluation criteria; and
- Issues currently faced by program and/or university

One common characteristic of both accreditation and quality assurance cyclical program review is the development of a self-study by the program undergoing review. However, combining a Cyclical Program Review and accreditation review can be challenging given the different purposes and evaluation criteria that apply¹⁴. Ultimately, while some stages of the review process may be substituted or augmented by an accreditation review, the evaluation criteria detailed in [Section 5.1.3.1](#) above must be addressed in the self-study and by the external reviewers and a Final Assessment Report, Executive Summary, Implementation Plan and subsequent monitoring reports, as detailed in [Section 5.3.2](#) and [5.4](#), must be produced and approved for all programs.

A Record of Substitution or Addition, and the grounds on which decisions were made, is eligible for Cyclical Audit.

5.6 Selection for Cyclical Audit

The Cyclical Review of undergraduate and/or graduate programs that were undertaken within the period since the conduct of the previous Audit are eligible for selection for the university's next Cyclical Audit (see [Audit Protocol](#)).

¹⁴ A recent UNESCO glossary of basic terms and definitions for quality assurance and accreditation describes accreditation as a process by which a program or institution is evaluated to determine if it meets certain pre-determined minimal criteria or standards. In contrast, quality assurance processes are described as on-going and continuous evaluation for the purpose of quality improvement. Quality assurance processes include assessing, monitoring, guaranteeing, maintaining and improving (<https://unesdoc.unesco.org/ark:/48223/pf0000134621>).

6 Audit Protocol

Quality assurance is a function of and balance between internal and external processes and procedures. Internal quality assurance is undertaken by the Quality Council's member universities themselves and thereby reflects their autonomy as they continue to improve the quality of their programs. External quality assurance involves the processes and procedures defined by the Quality Assurance Framework, which serves as the comparative basis for the audit. The Cyclical Audit thus provides necessary accountability to post-secondary education's principal stakeholders—universities (individually and collectively, as a system), students, government, employers, and the public—by assessing the degree to which a university's internally-defined quality assurance processes, procedures, and practices align with and satisfy the internationally agreed upon standards, as set out in the Framework.

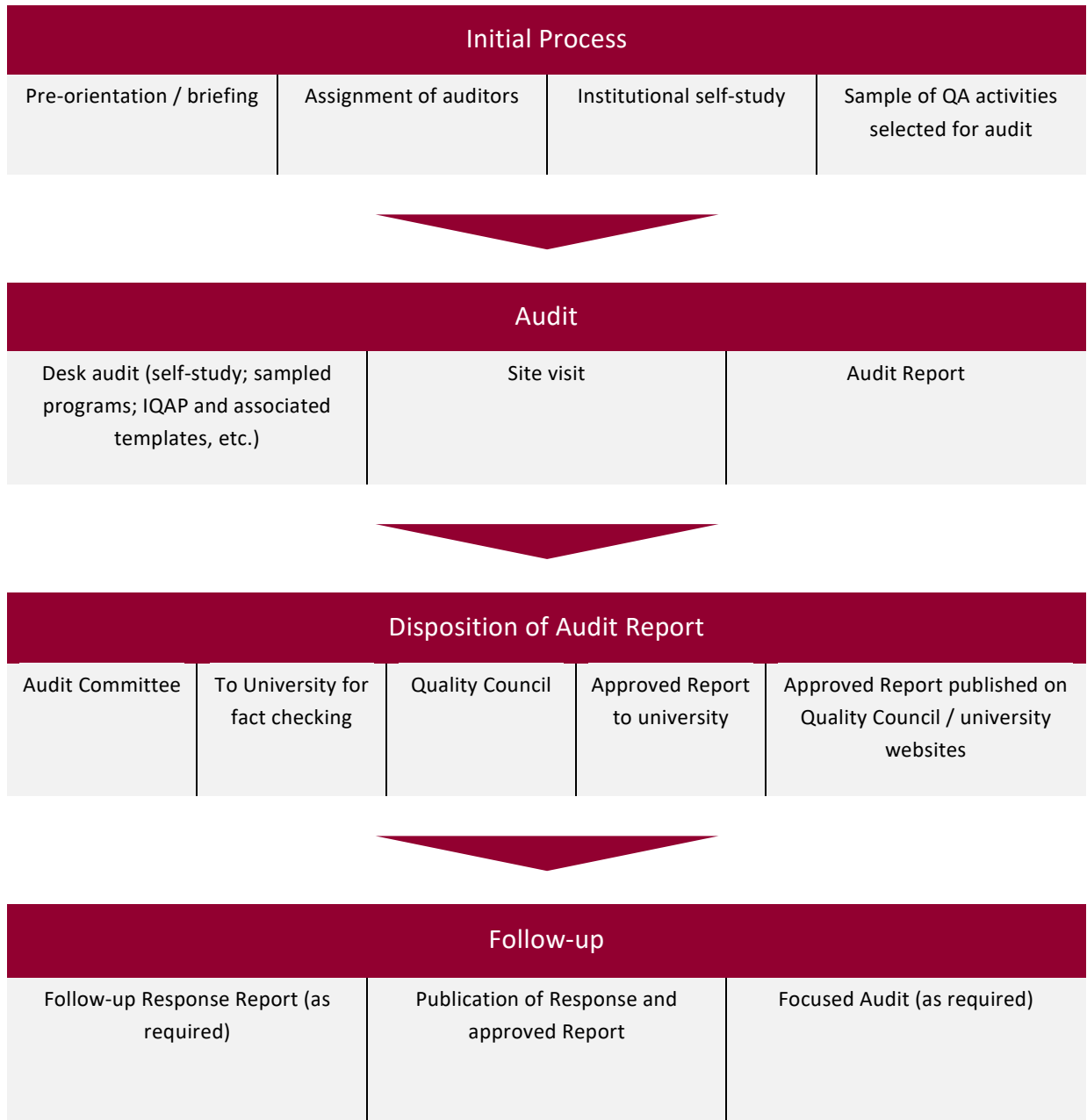
The cyclical audit provides an opportunity for the university to evaluate its quality assurance policies and practices. It is supported by an assessment of performance by the Quality Council. The cyclical audit begins with a self-study, which enables the university to reflect on current policies and practices and the extent to which it demonstrates a focus on continuous improvement in the development of new programs and the cyclical review of existing ones. This self-study is a cornerstone for the independent review conducted by the Quality Council through its Audit Committee. For each cyclical audit, an Audit Team is established, comprised of members of the Audit Committee plus the Quality Assurance Secretariat. The Audit Team reviews the university's self-study, conducts a desk audit of documentation associated with the development and review of a selection of the university's programs, and conducts a site visit. These activities enable intensive engagement with the university community that results in dialogue and, ultimately, an Audit Report that focuses both on current policies and practices and on the university's approach to continuous improvement. The report identifies best practices as well as areas for improvement. Its findings related to continuous improvement include commentary on the university's monitoring of new programs and follow through on its Final Assessment Reports and Implementation Plans associated with Cyclical Program Reviews.

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 or the review of Final Assessment Reports and Implementation Plans from the institution.

All publicly assisted universities in Ontario associated with the Quality Council have committed to participating in the audit process over an eight-year cycle. The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. Additional audits (for example, Focused Audits) for specific universities may take place, as described below.

The Quality Council is committed to supporting institutions' quality assurance activities, including through the following Audit Protocol and its associated outcomes.

(See [Principles 1 – 5](#) and [7 – 15](#))

Flow Chart 4: Overview of the Audit Protocol

6.1 Cyclical Audit: Overview

Objectives

The objectives of the Cyclical Audit, which occurs at least once every eight years, are to ensure transparency and accountability in the development and review of academic programs, to assure students, citizens, and the government of the international standards of quality assurance processes, and to monitor the degree to which a university has:

- a) Improved/enhanced its quality assurance processes and practices;
- b) Created an ethos of continuous improvement; and
- c) Developed a culture that supports program-level learning outcomes and student-centered learning.

Scope

The Cyclical Audit will:

- a) Review institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;
- b) Confirm the university's practice is in compliance with its IQAP as ratified by the Quality Council and note any misalignment of its IQAP with the QAF; and
- c) Review institutional quality assurance practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews.

Key elements

- a) Pre-audit orientation/briefing;
- b) Institutional self-study;
- c) Desk audit;
- d) Site visit;
- e) Audit Report;
- f) Response(s) by the university, as required; and
- g) Auditors' report on the university's response(s), as required.

Outcomes

The Audit Report describes the extent to which the institution is compliant with its quality assurance policies and approximates best practice. Based on the findings in its Report, the Audit Committee will make recommendations about future oversight by the Quality Council and/or one or more of its Committees (see [Guidance](#)).

When the Audit Report finds relatively high to very high degrees of compliance (see [Guidance](#)) with institutional quality assurance policies and good to best practices, the Audit Committee may recommend reduced oversight in one or more areas of the institution's quality assurance practices. The recommendation may include, but is not limited to, the elimination of the requirement for a Follow-up Response Report to the Audit Report and possibly a reduced set of documentation required for a subsequent audit.

Alternatively, when the Audit Report identifies deficiencies in several areas of an institution's quality assurance practices and/or systemic challenges, the Audit Committee may recommend increased oversight by the Quality Council. The nature of this oversight will be determined by the Quality Council and may include one or more of the following outcomes, which are less formal than the Cyclical Audit and, thus, will not replace it:

- a) Increased reporting requirements;

- b) A Focused Audit (see [Section 6.3](#)); and/or
- c) Any other action deemed appropriate by the Quality Council.

6.2 Cyclical Audit: Process

6.2.1 Pre-orientation and briefing details

This in-person half-day briefing occurs in the year prior to a university's scheduled Cyclical Audit (see the [Schedule of Audits](#)). The Quality Assurance Secretariat and a member of the Audit Team provides an orientation on what to expect from the Cyclical Audit to the Key Contact and any other relevant stakeholder(s) (such as key staff members, Deans, the committee(s) responsible for quality assurance, etc.).

6.2.2 Assignment of auditors

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, conduct a Cyclical Audit. These auditors will be at arm's length from the university undergoing the audit. Members of the Quality Assurance Secretariat accompany the auditors on their site visit and constitute the remainder of the Audit Team.

6.2.3 Institutional self-study

Each university presents and assesses its quality assurance processes, including challenges and opportunities, within its own institutional context. This occurs through an institutional quality assurance self-study (see suggested [template](#)). The self-study is prepared and submitted to the Quality Assurance Secretariat in advance of the desk audit and forms the foundation of the Cyclical Audit. The self-study will pay particular attention to any issues flagged in the previous audit.

6.2.4 Selection of the sample of quality assurance activities for audit

The Audit Team independently selects a sample of programs for audit that represents the New Program Approval Protocol (normally two examples of new programs developed under this Protocol) and the Cyclical Program Review Protocol (normally three or four examples of programs that have undergone a Cyclical Program Review) described in this Framework. Where appropriate, the Audit Team may look at the Record of Substitution or Addition compiled for programs that are also subject to accreditation (see [Section 5.5](#)).

Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications (Program Renewal and Significant Change) will not normally be subject to audit.

A small sample of new programs still in development and/or cyclical program reviews that are still in progress may also be selected, in consultation with the university. If so, documentation associated with these in-progress quality assurance processes will not be required for submission for audit. Instead, the auditors will ask to meet with the program representatives to gain a better understanding of current quality assurance practices in the institution.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern (see "[Cause for Concern](#)" below) or when the Quality Council so requests. The University will be informed of the specific areas of focus in the letter from the Quality Assurance Secretariat that also details the programs selected for audit. The university itself may also request that specific programs and/or quality assurance elements be audited.

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

6.2.5 Desk audit¹⁵ of the university's quality assurance practices

In preparation for a scheduled on-site visit, the auditors undertake a desk audit of the university's quality assurance practices. Using the university's self-study and records of the sampled programs, together with associated documents, this audit tests whether the university's practice is in compliance with its IQAP, as ratified by the Quality Council.¹⁶ In addition, the audit will note any misalignment of its IQAP with the QAF.

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

The documentation to be submitted for audit will include:

- a) The relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
- b) The record of any revisions of the university's IQAP, as ratified by the Quality Council; and
- c) The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

Universities may provide any additional documents at their discretion.

During the desk audit, the auditors will also determine whether the university's web-based publication of the Executive Summaries, and subsequent reports on the implementation of the review recommendations for the programs included in the current audit, meet the requirements of Framework [Section 5.4.1](#).

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

6.2.6 Site Visit

After the desk audit, auditors normally visit the university over two or three days. The principal purpose of the on-site visit is for the auditors to get a sufficiently complete and accurate understanding of the university's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit will serve to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

In the course of the site visit, the auditors speak with the university's senior academic leadership including those who the IQAP identifies as having important roles in the QA process. The auditors also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. These include, but are not limited to, the Library, Teaching and Learning Services, Institutional Research, Instructional Media, and other technical support service representatives. The university, in consultation with the auditors, establishes the program and schedule for these interviews prior to the site visit.

¹⁵ A desk audit is a limited-scope, off-site examination of the relevant documents and records by the auditors.

¹⁶ Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process applying at the time of the conduct of the review.

6.2.7 Audit Report

Following the conduct of an audit, the auditors prepare a report that will be considered “draft” until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication, comments on the institution’s commitment to the culture of engagement with quality assurance and continuous improvement and will:

- a) Describe the audit methodology and the verification steps used;
- b) Comment on the institutional self-study submitted for audit;
- c) Describe whether the university’s practice is in compliance with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;
- d) Note any misalignment of its IQAP with the QAF;
- e) Respond to any areas the auditors were asked to pay particular attention to;
- f) Identify and record any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
- g) Comment on the approach that the university has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The report shall not contain any confidential information.

A separate addendum provides the university with detailed findings related to the audited programs. This addendum is not subject to publication.

The report may include findings in the form of:

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

Recommendations, which are recorded in the auditors’ report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations in its response to the auditors’ report.

Causes for Concern, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as called for in Framework [Section 5.4.1 d\)](#)) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as called for in Framework [Section 5.4.2](#)). Causes for Concern require that the university take the steps specified in the report and/or by the Quality Council to remedy the situation.

The Audit Report includes recommendations that the Quality Council take one or more of the following steps, as appropriate:

- i. Direct specific attention by the auditors to the issue(s) within the subsequent audit, as provided for in Framework Section 6.2.4;
- ii. Schedule a larger selection of programs for the university’s next audit;
- iii. Require a Focused Audit;
- iv. Adjust the degree of oversight and any associated requirements for more or less oversight (see [Guidance](#));
- v. Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
- vi. Any other action that is deemed appropriate.

Ultimately, the Audit Report includes an assessment of the overall performance of the university and contains recommendations to the Quality Council, as appropriate, based on that assessment.

See also "[Remedies Available](#)" in Part One.

6.2.8 Disposition of the Audit Report

The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage described below.

The Quality Assurance Secretariat provides a copy to the university's "authoritative contact" identified in Framework Section 1.2, for fact checking. This consultation is intended to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report.

That authority submits its report on the factual accuracy of the draft report within 30 days. If needed, the authority can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record and the audit team may use it to revise their report. However, the university's fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

The Chair of the Audit Committee takes the Audit Committee's recommendation for approval of the report to the Quality Council.

The Council either accepts the report, or refers it back to the Audit Committee for modification.

6.2.9 Transmittal of the Audit Report

Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the university with an indication of the timing for any required follow-up.

6.2.10 Publication of main audit findings

The Quality Assurance Secretariat publishes the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the recommendations on the Quality Council's website. The university will also publish the report (absent the previously specified addendum) on its website.

6.2.11 Institutional Follow-up Response Report

When a Follow-up Response Report is required (as per [Section 6.2.7 v](#)), the university will submit the Report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern.

If the Audit Team is satisfied with the university's Follow-up Response Report, it drafts a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration.

If the Audit Team is not satisfied with the institutional response, the Audit Team will consult with the institution, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. In so doing, the institution will be asked to make any necessary changes to the follow-up

response within a specified timeframe. The Audit Committee submits a recommendation to the Quality Council to accept the university's follow-up response and associated auditors' report.

See also "[Remedies Available](#)" in Part One.

6.2.12 Web publication of follow-up report

The Quality Assurance Secretariat publishes the Follow-up Response Report and the auditors' report on the scope and adequacy of the university's response on the Quality Council website and sends a copy to the university for publication on its website.

6.2.13 Additional reporting requirements

A report on all audit-related activity is provided to OCAV, COU and MCU through the Quality Council's Annual Report.

6.3 Focused Audit

When an Audit Report has identified at least one Cause for Concern, the Report will describe the deficiencies related to the aspect(s) of the university's quality assurance processes in question. The Audit Committee will then recommend to the Quality Council that the specific area(s) of concern may require closer scrutiny and further support through a Focused Audit.

A Focused Audit may also be triggered by the Quality Council when it has some concerns about the quality assurance processes at a particular university. In such instances, the Quality Council will ask the Audit Committee to initiate a Focused Audit.

A Focused Audit may take the form of a desk audit and/or an additional site visit. The Audit Committee will also recommend to the Quality Council a proposed timeframe within which the Focused Audit should take place.

A Focused Audit does not replace the Cyclical Audit.

6.3.1 The Focused Audit Report

Following the conduct of a Focused Audit, the auditors prepare a report that will be considered "draft" until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication will:

- a) Describe the Focused Audit methodology and the verification steps used;
- b) Respond to the area(s) of focus the auditors were asked to pay particular attention to; and
- c) Indicate whether the Cause(s) for Concern has been satisfactorily addressed, or whether any further action is required.

The Focused Audit Report may also include Suggestions, Recommendations, and/or Cause(s) for Concern. The report will be published on both the Quality Council and university websites. Other standard elements associated with a Cyclical Audit, such as the requirement for a one-year response, will be determined on a case-by-case basis.

Appendix 1: Definitions

Academic Services

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

Adjusted Oversight

A guiding Principle of the Quality Assurance Framework 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: a reduction or increase in the number of programs selected for a Cyclical Audit, a Focused Audit, adjusted requirements for documentation, and adjusted reporting requirements. See [Guidance](#) for detailed examples.

Collaborative Specialization

An intra-university graduate field of study that provides an additional multidisciplinary experience for students enrolled in and completing the degree requirements for one of a number of approved master's and/or PhD programs within the collaborative specialization. Students meet the admission requirements of and register in the participating (or "home") program but complete, in addition to the degree requirements of that program, the additional requirements specified by the Collaborative Specialization. The degree conferred is that of the home program, and the completion of the Collaborative Specialization is indicated by a transcript notation indicating the additional specialization that has been attained (e.g., MA in Political Science with specialization in American Studies).

A Collaborative Specialization must have:

- At least one core one-semester course that is foundational to the specialization and does not form part of the course offerings of any of the partner programs. This course must be completed by all students from partner programs registered in the specialization and provides an opportunity for students to appreciate the different disciplinary perspectives that can be brought to bear on the area of specialization. This course may serve as an elective in the student's home program.
- Clear and explicit requirements for each Collaborative Specialization. In programs requiring a major research paper, essay, or thesis, the topic must be in the area of the collaborative specialization. In course-only master's programs, at least 30% of the courses must be in the area of specialization including the core course described above. Courses in the area of specialization may be considered electives in the home program.
- Only core faculty that are those faculty members in the participating home programs who have an interest and expertise in the area of the collaborative specialization (this may include faculty primarily appointed to an interdisciplinary academic unit – for example, an Institute of American Studies – that provides the anchor for the specialization).

- Appropriate administrative and academic oversight/governance to ensure requirements associated with the specialization are being met.

The university will use the Protocol for Major Modifications (Program Renewal and Significant Change) when creating a new or modifying an existing Collaborative Specialization.

Combined Programs

A program of study that combines two existing degree programs of different types. The combination may, for example, consist of two existing graduate programs, or a graduate and an undergraduate program. In most cases, the combination will involve at least one professionally oriented program. As students normally pursue one degree program at a time, and if two qualifications are sought, the degree programs would best be pursued consecutively. However, there are cases where the combination of two programs may be advantageous from a student's point of view.

If a combined program is proposed, there must be a demonstration that it provides such advantages to students through time efficiency, benefits to scholarship, professional development, or other considerations. Students must be made fully aware of the requirements and the schedule for completion of both programs, before embarking upon the combined degree.

Degree

An academic credential awarded on successful completion of a prescribed set and sequence of requirements at a specified standard of performance consistent with the OCAV's Degree Level Expectations and the university's own expression of those Expectations (see [Appendix 2](#)) and achievement of the degree's associated learning outcomes.

Degree Level Expectations

Academic standards that identify the knowledge and skill outcome competencies and reflect progressive levels of intellectual and creative development, as established by OCAV. The Degree Level Expectations detailed in [Appendix 2](#) are the Quality Assurance Framework's link to the [QQF](#). Degree Level Expectations may be expressed in subject-specific or in generic terms. Graduates at specified degree levels (*e.g.*, BA, MSc) are expected to demonstrate these competencies. Each university has undertaken to adapt and describe the degree level expectations that will apply within its own institution. Likewise, academic units will describe their university's expectations in terms appropriate to their academic programs.

Degree Program

The complete set and sequence of courses, combinations of courses and/or other units of study, research and practice prescribed by a university for the fulfillment of the requirements for each particular degree.

Desk Audit

The process associated with the Audit Team's auditing of documents that have been submitted for a university's audit, as required as a preliminary step of the Cyclical Audit (see [Section 6.2.5](#)). A desk audit is one part of the process to determine an institution's compliance with its own IQAP and/or the Quality Assurance Framework.

Desk Review

A review of a New Program Proposal or Self-study conducted by external reviewers that is conducted independently of the university (*i.e.*, does not typically include interviews or in-person or virtual site visits). Such a review may, with the agreement of both the external reviewers and the Provost, replace the external reviewers' in-person or virtual

site visit in the New Program Approval process and Cyclical Program Review process for certain undergraduate and master's program reviews, such as professional master's programs (see [Definition](#)), fully online, etc.

Diploma Programs

The complete set and sequence of courses, combinations of courses and/or other units of study prescribed by a university for the fulfillment of the requirements for each particular for-credit or not-for-credit undergraduate and graduate diploma. Not-for-credit and for-credit undergraduate or post-graduate diploma programs are not subject to approval or audit by the Quality Council.

The Quality Council recognizes only three types or categories of Graduate Diploma (see definitions below and [Guidance](#)), with specific appraisal conditions (and an associated submission checklist) applying to each. In each case, when proposing a new graduate diploma, a university may request an Expedited Approval process (see [definition](#) below). All such programs, once approved, will be subject to the normal cycle of program reviews, typically in conjunction with the related degree program.

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

When new, these programs require approval through the university's Protocol for Major Modification (Program Renewal and Significant Change) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

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

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

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

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

Although the Expedited Approval protocol does not involve external reviewers, new Type 3 GDips are to be included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

Emphasis, Option, Minor Program (or similar)

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

Expedited Protocol

Generally, approvals granted in a shorter time span with less required documentation. The Expedited Protocol requires the submission to the Quality Council of a Proposal Brief (see suggested [template](#)) of the proposed program change/new program (as detailed above) and the rationale for it. Only the applicable criteria outlined in Framework Part Two [Section 2.1](#) will be applied to the proposal. The process is further expedited by not requiring the use of external reviewers; hence Framework Part two [Sections 2.2](#) does not apply. Furthermore, the Council's appraisal and approval processes are reduced. (See Framework [Section 3](#)). The outcomes of these submissions will be conveyed to the proposing university directly by the Quality Assurance Secretariat and reported to the Quality Council.

Field

In graduate programs, an area of specialization or concentration (in multi/interdisciplinary programs a clustered area of specialization) that is related to the demonstrable and collective strengths of the program's faculty and to a new or existing program. Universities are not required to declare fields at either the master's or doctoral level. Universities may wish, through an Expedited Protocol, to seek the endorsement of the Quality Council.

Focused Audit

A close examination of a specific aspect of an institution's quality assurance processes and practices that have not met the standards/requirements set out by the Quality Council in the QAF or in the institution's IQAP. A Focused Audit does not replace a Cyclical Audit.

Graduate Level Course

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

Inter-Institutional Program Categories

1. **Conjoint Degree Program:** A program of study, offered by a postsecondary institution that is affiliated, federated or collaborating with a university, which is approved by the university's Senate or equivalent body, and for which a single degree document signed by both institutions is awarded.
2. **Cotutelle:** A customized program of doctoral study developed jointly by two institutions for an individual student in which the requirements of each university's doctoral program are upheld, but the student working with supervisors at each institution prepares a single thesis which is then examined by a committee whose members are drawn from both institutions. The student is awarded two degree documents, though there is a notation on the transcripts indicating that the student completed his or her thesis under Cotutelle arrangements.

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

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

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

The Protocol for New Program Approvals or the Protocol for Major Modifications (Significant Change and Program Renewal) will be used, as appropriate.

For existing inter-institutional programs in which all partners are institutions within Ontario, the Quality Council's Cyclical Program Review Processes will apply to all elements of those programs as offered by all partner institutions involved (including, e.g., 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, but must also satisfy the corresponding requirements of the QAF. The Quality Council will verify that post-secondary assurance processes of an out-of-province partner are recognized and accepted as being comparable to our own. In cases where out-of-province processes are deemed to be insufficiently comparable to the requirements of the QAF, the Quality Council will determine the appropriate action to be taken on quality assurance if the collaboration is to be permitted to proceed.

Major Modifications

A "significant change" in the program requirements, intended learning outcomes, and/or human and other resources associated with a degree program or program of specialization, as defined by institutions within their IQAP. (See [Guidance](#))

Micro-credentials

A designation of achievement of a coherent set of skills and knowledge, specified by a statement of purpose, learning outcomes, and strong evidence of need by industry, employers, and/or the community. They have fewer requirements and are of shorter duration than a qualification and focus on learning outcomes that are distinct from diploma/degree programs. While requiring recognition in the IQAP, proposals for the introduction or modification of a micro-credential do not require reference to the Quality Council unless they are part of a New Program.

Mode of Delivery

The means or medium used in delivering a program (e.g., lecture format, distance, online, synchronous/asynchronous, problem-based, compressed part-time, multi-campus, inter-institutional collaboration or other non-standard forms of delivery).

New Program

Any degree credential (e.g., BMus, Bachelor of Integrated Studies) or degree program (within an existing degree credential), currently approved by Senate or equivalent governing body, which has not been previously approved for that institution by the Quality Council, its predecessors, or any intra-institutional approval processes that previously applied. A change of name, only, does not constitute a new program; nor does the inclusion of a new program of specialization where another with the same designation already exists (e.g., a new honours program where a major with the same designation already exists). To clarify, for the purposes of this Framework, a 'new program' is brand-new: that is to say, the program has substantially different program objectives, program requirements and program-level learning outcomes from those of any existing approved programs offered by the institution. Examples of what constitutes a 'new program' are provided in [Guidance](#).

The approval process for the introduction of new undergraduate and graduate programs follows the New Program Approval Protocol in Framework Part Two [Section 2](#). All Proposal Briefs submitted to the Quality Council will report whether the program is a professional program and/or a full cost recovery program.

Professional Master's Program

Typically, a professional master's degree is a terminal degree that does not lead to entry into a doctoral program. Such programs are designed to help students to prepare for a career in specific fields, such as occupational therapy, physical therapy, finance or business, among others. A professional master's degree often puts a great deal of focus on real-world application, with many requiring students to complete internships or projects in their field of study before graduation. In contrast, a research master's degree provides experience in research and scholarship, and may be either the final degree or a step toward entry into a doctoral program.

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. (See [Guidance](#))

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. (See [Guidance](#))

Program of Specialization (e.g., a major, honours program, concentration or similar designation)

An identified set and sequence of courses and/or other units of study, research and practice within an area of disciplinary or interdisciplinary study, completed in full or partial fulfillment of the requirements for the awarding of a degree, and which is recorded on the graduate's academic record.

It should be noted that:

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

Undergraduate Certificate

A short form credential that forms a coherent program of study organized around a clear set of learning outcomes. Undergraduate certificates are comprised of undergraduate level academic content normally equivalent to a minimum of half a year of full-time study. While requiring recognition in the IQAP, proposals for the introduction or modification to an undergraduate certificate do not require reference to the Quality Council unless they are part of a New Program.

Virtual Site Visit

The practice of conducting all required elements of the external reviewers' site visit using videoconferencing software and/or other suitable platforms. A virtual site visit will still include elements such as virtual meetings with students, faculty, and other stakeholders. It may also include remote attendance at performances or events, and virtual facilities tours. A virtual site visit may replace an in-person site visit for certain undergraduate and master's program, with agreement from both the external reviewers and the Provost.

Acronyms

COU	Council of Ontario Universities
FIPPA	Freedom of Information and Protection of Privacy Act
GDLES	Graduate Degree Level Expectations
IQAP	Institutional Quality Assurance Process
ITAL	Institute of Technology and Advanced Learning
MCU	Ministry of Colleges and Universities
OCAV	Ontario Council of Academic Vice-Presidents
OQF	Ontario Qualifications Framework
UPRAC	Undergraduate Program Review Audit Committee
UUDLES	University Undergraduate Degree Level Expectations

Appendix 2: Undergraduate and Graduate Degree Level Expectations

Undergraduate

	Baccalaureate/bachelor's degree This degree is awarded to students who have demonstrated the following:	Baccalaureate/bachelor's degree: honours This degree is awarded to students who have demonstrated the following:
1. Depth and breadth of knowledge	<p>a) General knowledge and understanding of many key concepts, methodologies, theoretical approaches and assumptions in a discipline</p> <p>b) Broad understanding of some of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</p> <p>c) Ability to gather, review, evaluate and interpret information relevant to one or more of the major fields in a discipline</p> <p>d) Some detailed knowledge in an area of the discipline</p> <p>e) Critical thinking and analytical skills inside and outside the discipline</p> <p>f) Ability to apply learning from one or more areas outside the discipline</p>	<p>a) Developed knowledge and critical understanding of the key concepts, methodologies, current advances, theoretical approaches and assumptions in a discipline overall, as well as in a specialized area of a discipline</p> <p>b) Developed understanding of many of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</p> <p>c) Developed ability to: i) gather, review, evaluate and interpret information; and ii) compare the merits of alternate hypotheses or creative options, relevant to one or more of the major fields in a discipline</p> <p>d) Developed, detailed knowledge of and experience in research in an area of the discipline</p> <p>e) Developed critical thinking and analytical skills inside and outside the discipline</p> <p>f) Ability to apply learning from one or more areas outside the discipline</p>
2. Knowledge of methodologies	<p>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</p> <p>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; and</p> <p>b) devise and sustain arguments or solve problems using these methods.</p>	<p>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</p> <p>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques;</p> <p>b) devise and sustain arguments or solve problems using these methods; and</p> <p>c) describe and comment upon particular aspects of current research or equivalent advanced scholarship.</p>
3. Application of knowledge	<p>The ability to review, present, and interpret quantitative and qualitative information to:</p> <p>a) develop lines of argument;</p>	<p>The ability to review, present and critically evaluate qualitative and quantitative information to:</p> <p>a) develop lines of argument;</p>

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	<p>b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and</p>	<p>b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study;</p> <p>c) apply underlying concepts, principles, and techniques of analysis, both within and outside the discipline;</p>
	<p>The ability to use a basic range of established techniques to:</p> <p>a) analyze information;</p> <p>b) evaluate the appropriateness of different approaches to solving problems related to their area(s) of study;</p> <p>c) propose solutions; and</p> <p>d) make use of scholarly reviews and primary sources.</p>	<p>d) where appropriate use this knowledge in the creative process; and</p> <p>The ability to use a range of established techniques to:</p> <p>a) initiate and undertake critical evaluation of arguments, assumptions, abstract concepts and information;</p> <p>b) propose solutions;</p> <p>c) frame appropriate questions for the purpose of solving a problem;</p> <p>d) solve a problem or create a new work; and</p> <p>e) to make critical use of scholarly reviews and primary sources.</p>
4. Communication skills	The ability to communicate accurately and reliably, orally and in writing to a range of audiences.	The ability to communicate information, arguments, and analyses accurately and reliably, orally and in writing to a range of audiences.
5. Awareness of limits of knowledge	An understanding of the limits to their own knowledge and how this might influence their analyses and interpretations.	An understanding of the limits to their own knowledge and ability, and an appreciation of the uncertainty, ambiguity and limits to knowledge and how this might influence analyses and interpretations.
6. Autonomy and professional capacity	<p>Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:</p> <p>a) the exercise of personal responsibility and decision-making;</p> <p>b) working effectively with others;</p> <p>c) the ability to identify and address their own learning needs in changing circumstances and to select an appropriate program of further study; and</p> <p>d) behaviour consistent with academic integrity and social responsibility.</p>	<p>Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:</p> <p>a) the exercise of initiative, personal responsibility and accountability in both personal and group contexts;</p> <p>b) working effectively with others;</p> <p>c) decision-making in complex contexts;</p> <p>d) the ability to manage their own learning in changing circumstances, both within and outside the discipline and to select an appropriate program of further study;</p>

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		e) and behaviour consistent with academic integrity and social responsibility.

Graduate

	Master's degree This degree is awarded to students who have demonstrated the following:	Doctoral degree This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated the following:
1. Depth and breadth of knowledge	A systematic understanding of knowledge, including, where appropriate, relevant knowledge outside the field and/or discipline, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice;	A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice including, where appropriate, relevant knowledge outside the field and/or discipline.
2. Research and scholarship	A conceptual understanding and methodological competence that <ul style="list-style-type: none"> a) Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline; b) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and c) Enables a treatment of complex issues and judgments based on established principles and techniques; and, On the basis of that competence, has shown at least one of the following: <ul style="list-style-type: none"> a) The development and support of a sustained argument in written form; or b) Originality in the application of knowledge. 	<ul style="list-style-type: none"> a) The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems; b) The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and c) The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.
3. Level of application of knowledge	Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.	The capacity to <ul style="list-style-type: none"> a) Undertake pure and/or applied research at an advanced level; and b) Contribute to the development of academic or professional skills, techniques, tools, practices, ideas, theories, approaches, and/or materials.
4. Professional capacity/autonomy	<ul style="list-style-type: none"> a) The qualities and transferable skills necessary for employment requiring: <ul style="list-style-type: none"> i) The exercise of initiative and of personal responsibility and accountability; and ii) Decision-making in complex situations; 	<ul style="list-style-type: none"> a) The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex situations;
	<ul style="list-style-type: none"> b) The intellectual independence required for continuing professional development; 	<ul style="list-style-type: none"> b) The intellectual independence to be academically and professionally engaged and current;

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	c) The ethical behaviour consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and	c) The ethical behaviour consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and
	d) The ability to appreciate the broader implications of applying knowledge to particular contexts.	d) The ability to evaluate the broader implications of applying knowledge to particular contexts.
5. Level of communications skills	The ability to communicate ideas, issues and conclusions clearly.	The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively.
6. Awareness of limits of knowledge	Cognizance of the complexity of knowledge and of the potential contributions of other interpretations, methods, and disciplines.	An appreciation of the limitations of one's own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines.