



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

Key Contact Annual Report

2024 – 2025

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Annual Report on Quality Assurance Key Contact Meetings

2024 – 2025

Executive Summary

The 2024–2025 Key Contact Annual Report highlights events organized by and for Ontario’s Key Contact community, offering opportunities to explore emerging topics and address challenges in Quality Assurance (QA). This year’s discussions ranged from routine matters – such as approaches to Final Assessment Reports (FARs) and Implementation Plans (IPs) – to broader concerns like budget constraints and global political instability affecting post-secondary education. These themes reflect the sector’s evolving nature and the influence of internal and external forces.

The event lineup included two Exchange Forums and the QA Key Contact Annual Meeting. The first Forum, held on February 28, 2025, examined the opportunities and challenges with aligning accreditation reviews and Cyclical Program Reviews (CPRs), featuring a Queen’s University case study. Key insights included the complexity of harmonizing schedules and documentation across the two types of reviews, and the need for ongoing dialogue. The second Forum, held on April 23, 2025, focused on comparative approaches to FARs and IPs, with three universities sharing practices that showed that, while processes vary slightly, most institutions follow similar approaches.

The June 6, 2025 QA Key Contact Annual Meeting began with remarks from the Quality Council’s Chair, Dr. Alan Harrison, who shared insights from the Council’s recent retreat. His remarks were followed by sessions led by Audit and Appraisal Committee members, focusing on findings arising from the second Cycle of audits and processes for the review of new program proposals, respectively. A plenary panel featuring the Provost from Toronto Metropolitan University, the Deputy-Provost from Lakehead University and the Vice-Provost from the University of Toronto addressed financial challenges and institutional responses. The Annual Meeting also featured interactive concurrent sessions that encouraged discussion on self-study development during CPRs and other emerging topics.

In addition to this Annual Report, notes and other materials from each Exchange Forum and Key Contact Annual Meeting sessions are available on a dedicated [QA Forums](#) website. This website provides a space for Key Contacts to connect with one another, by commenting on posted material or by engaging in discussion forums. It is password protected and available to Key Contacts only, to facilitate open and confidential discussion across the Key Contact community.

Overview of key themes arising from the 2024-25 Key Contact Exchange Forums and 2025 Key Contact Annual Meeting

- **Curriculum Mapping**
 - Overlaps in accreditation and CPR curriculum mapping *Page [4](#)*
 - Curriculum mapping for New Program Proposals *Page [11 \(1\)](#), [11 \(2\)](#)*
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- **Submissions to the Quality Council**
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- **External Reviewers / Reviews**
 - Accreditation and CPR reviews *Page [3](#)*
 - External review details in FARs *Page [6](#)*
 - External reviews of new programs *Page [10](#)*
 - Students in external reviewer panels *Pages [12](#), [13](#)*
- **Institutional Supports and Guidance**
 - Guidance for accreditation and QA reviews *Page [3](#)*
 - Supports in FARs / IPs *Page [6 \(1\)](#), [6 \(2\)](#)*
 - Pre- and post-audit guidance *Page [9\(1\)](#), [9 \(2\)](#)*
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- **Data in QA Processes**
 - Data for the Institutional Self-study for Audits *Page [8](#)*
 - Student retention data *Page [16](#), [17](#)*
 - Data for new program development *Page [16](#), [17](#), [18](#)*
 - Data-driven decision-making *Page [14](#), [16](#), [17](#), [18](#)*
- **QA Buy-in**
 - Approaching Cyclical Audits *Page [8](#)*
 - Streamlining IQAPs *Page [15](#)*
 - Approaching CPRs *Page [15](#)*
 - Reframing delicate subjects *Page [16](#), [17](#)*

In addition to the details provided in the full report below, presentations and materials shared during the meetings are available to Key Contacts on the Key Contacts' password protected [QA Forums](#) website.

2024-25 Key Contact Exchange Forums

Key Contact Exchange Forum 1 – Accreditation Reviews and Cyclical Program Reviews, February 28, 2025

Participants: 36 participants representing all 23 universities.

Presenters: Brian Frank, Department of Electrical Engineering, Queen’s University; Claire O’Brien, Manager, Academic Initiatives, Queen’s University.

Professional programs that are subject to both accreditation and cyclical review processes have long asked about how the burden of being reviewed through multiple processes could be reduced and efficiencies found. During this Forum, both presenters and Key Contacts shared insights and practices related to their experiences with integrating accreditation reviews with CPRs across their professional programs.

Key Themes

Mapping requirements and gap analyses

Programs aiming to repurpose accreditation review material for a CPR must first conduct a gap analysis to ascertain the degree of alignment between the standards of the relevant accrediting body and their compatibility with the Quality Assurance Framework requirements. In doing so, Exchange Forum presenters noted the following:

- Queen’s University has produced a guide on how an Engineering program writing the self-study for its CPR can think about the overlaps between the accreditation and quality assurance processes. Opportunities for repurposing material and suggestions for how to approach the writing of the self-study are included.
- While both processes share intent and cover similar content, they differ significantly in areas such as timelines and monitoring / reporting requirements. For example, there is significant overlap between the graduate attributes and Degree Level Expectations, but there are also significant differences in expectations for how the two processes are to be organized and measured.

Aligning versus separating the two processes

Participants noted that they had experienced mixed results in their efforts to bundle an accreditation review with a CPR. For those that did align, the accreditation review would take place first, with the CPR following a year later. However, the majority have made the decision to keep them separate.

- Some participants indicated that aligning site visits had resulted in delays and reviewer qualification issues.

- Most institutions avoid synchronizing the two processes and their external reviews due to the volume of work required and the demands on resources, opting instead to repurpose accreditation documents for CPRs, where possible.
- One of the challenges in deciding to always align is that depending on the accreditation body, the outcome of the accreditation review can change the timing of the next accreditation cycle, which would mean the two processes are no longer aligned. At least one university indicated that it therefore makes a case-by-case decision on whether to align or keep the two processes separate.
- The notion of continuous improvement can be absent from some accreditation processes, which are often more oriented towards meeting set standards / thresholds. This can make it challenging to use accreditation material to meet the requirements of the QAF, including creating a Final Assessment Report (FAR) and Implementation Plan (IP), which are also not always required by accreditation bodies.

What has worked... And what has not...

- Despite frequent misalignment in purpose and criteria, some programs have successfully repurposed their accreditation materials – most commonly curriculum maps – in their CPRs.
- Using the same people and optimizing synergies, wherever possible, is recommended.
- If the two reviews are conducted relatively close together (i.e., within a year of one another), material (e.g., faculty CVs and aspects of the content of the self-study) can be repurposed to reduce effort.
- Remaining flexible and asking only for the essential material / information can help faculty members feel as supported as possible.
- Some disciplines such as Engineering have seen more success in aligning than others, such as Law. The latter have observed that their accreditation reviews are too narrow in scope and that the CPR is helpful in terms of consideration of the whole program. The accreditation process for MD programs is shifting more towards continuous improvement and so there may be more opportunities for alignment going forward.

Ideas for further exploration

Key Contacts proposed several ideas to support sector-wide alignment between accreditation processes and CPRs, including:

- Ask relevant COU Advisory Committees (e.g., the Ontario Association of Deans of Education, the Council of Deans of Ontario Faculties of Law, the Council of Ontario Faculties of Medicine, the Engineering Deans of Ontario) to discuss mapping their respective accrediting requirements against those of the QAF;
- Discuss opportunities for alignment and / or possibilities for more flexibility with accrediting bodies. Such flexibility may though be difficult when accrediting bodies

operate nationally and not just within Ontario as it is unlikely that they will allow this province to have unique requirements that do not apply elsewhere in Canada;

- Explore launching a pilot project mapping accreditation and CPR requirements for one discipline where the two sets of requirements can be more easily aligned (e.g., Engineering or Medicine);
- Create detailed sector-wide guidance and resource materials for mapping accreditation and CPR requirements;
- Explore amending the QAF to introduce greater flexibility for programs subject to both processes, e.g., in meeting CPR criteria, faculty CV requirements, etc.; and
- Produce a high-level guide on how to map accreditation requirements to those for CPRs, highlighting best practices and risks.

Some related observations from the first and second cycle of audits:

- Cycle 2 audits to date have demonstrated that universities continue to strive for efficiencies between accreditation reviews and CPRs. Universities have requested advice on these processes in the Institutional Self-studies, and findings to date illustrate that while material from accreditation reviews and the timing of reviews may be aligned with CPRs, accreditation reviews cannot completely replace CPRs.
- One university noted that the current Director has taken steps to align the timing of Cyclical Program Reviews with that of accreditation reviews. To prepare, the Director works with program representatives two years in advance of a review to examine the requirements of the accreditation process relative to those for Cyclical Program Review and thereby assess the feasibility of any overlap between the two reviews. The Audit Team deemed this practice of advanced planning and gap analysis to be commendable.

Additional resources

- Notes and shared resources from the February 28, 2025 Key Contact Exchange Forum available here: [February 28, 2025 Key Contact Exchange Forum – QA Forums](#) (password protected)
- QAF Guidance: [Cyclical Program Reviews and Accreditation Reviews: Key Differences and Guidelines for Alignment](#)

Key Contact Exchange Forum 2 – Comparative approaches in developing and submitting FARs and IPs, April 23, 2025

Participants: 29 Key Contacts representing 18 universities.

Presenters: Angela Christelis, Director of Academic Quality Enhancement, University of Waterloo; Darryl Papke, Quality Enhancement Analyst, Ontario Tech University; Sally Heath,

Associate Director: Academic Program Development and Quality Assurance, Wilfrid Laurier University.

Presenters and Key Contacts shared insights and practices related to the development of FARs and IPs at their respective institutions.

Key Themes

Central role of QA Offices

- Presenters and Forum participants highlighted the central role the QA offices play in managing the flow and production of FARs: receiving and distributing external review reports, coordinating program responses, and forwarding materials for decanal review.
- This involvement ensures consistency of approach and content across departmental CPRs.

Variations in FAR / IP Workflows

- Generally, the structure for developing FARs is similar across universities, but noticeable procedural differences emerge in the processes following the receipt of decanal responses by QA offices.
- Key Contacts reported that FARs are usually drafted by QA offices and IPs by Deans, though practices vary. For example, at McMaster, academic units draft IPs with Faculty Deans; at Laurentian, the Senate's Academic Planning Committee drafts both FARs and IPs.
- At some universities, the Senate sub-committee (or equivalent) is responsible for ensuring the appropriateness and adequacy of the draft FARs and IPs. This can include a request for clarification through questions back to those who drafted the documents and/or provided the internal responses.
- In addition to the standard elements that all universities are required to include in the FAR, Ontario Tech's FARs include a summary of past action items with status updates, the Dean's Implementation Plan, and a PLO enhancement summary highlighting changes from the review.
- Key Contacts noted that external reviewers' reports are central to the FARs and that it is important to ensure sufficient detail is provided so that a broader audience is able to understand the outcome of a program's review, the actions that are to be taken and why.

FARs and IPs: Beyond compliance with the QAF

While the majority of participants indicated that their use of the FARs and IPs generally follow the requirements of the QAF, the following were also noted as ways in which these are being – or are possibly going to be – used in the universities:

- FARs are used by some in the orientation of new Deans to provide insights into programs and program review status;

- Budget planning by the Provost's Office and other senior administrators;
- Strategic roadmaps for program development and planning;
- A tool to measure alignment with institutional priorities;
- Institutional / divisional planning;
- To inform hiring plans;
- Trend analysis; and
- Targeted research

Additional resources

- Notes and shared resources from the April 23, 2025 Key Contact Exchange Forum available here: [April 23, 2025 Key Contact Exchange Forums – QA Forums](#)
- QAF Guidance: [Final Assessment Reports, Implementation Plans, and the Executive Summary \(Section 5.3.2\) — Ontario Universities Council on Quality Assurance](#)
- QAF Guidance: [Guidance on Monitoring Reports for New Programs and Cyclical Program Reviews — Ontario Universities Council on Quality Assurance](#)

QA Key Contact Annual Meeting, June 6, 2025

Participants: 33 in-person and 25 virtual Key Contacts attended the day, representing all 23 universities

The 2025 Key Contact Annual Meeting focused on current challenges and opportunities in quality assurance, with particular attention to strategies for improvement amid financial constraints in the post-secondary sector.

Dr. Alan Harrison, Chair of the Quality Council, opened the event by speaking to the importance of quality assurance, particularly within the context of the financial climate currently faced by post-secondary education institutions. This was followed by concurrent sessions where participants engaged directly with Audit and Appraisal Committee members. These sessions offered valuable insights into the committees' expectations of universities as they prepare for upcoming audits and submit new program proposals. The second block of concurrent sessions included one with a panel on student engagement in Quality Assurance (QA) activities, while another provided time for table discussions on CPR self-study practices.

A plenary panel session with senior administrators from three universities reflected on how their institutions are responding to the impact of financial pressures on their QA efforts. The final block of concurrent sessions included participant-led table discussions and a presentation by McMaster University on considering the viability and sustainability of new programs as part of their development.

Held in a hybrid format, the event accommodated both in-person and remote attendees. Feedback indicated continued high value, with participants appreciating the opportunity to connect and share ideas across formats.

The key themes and takeaways from the concurrent and plenary sessions are outlined in the respective sections below. Sessions that were focused on informal discussions and did not include a formal presentation have not been summarized in this Report.

Additional information and meeting material (such as sessions' video recordings and Padlet answers) are available to the Key Contacts on the password protected website: [QA Forums](#).

Concurrent Session 1 a – Cycle 2 Audits

Presenters: Dr. Doug McDougall, Chair, Audit Committee; Dr. Michel Laurier, Vice-Chair, Audit Committee; Dr. Bettina West, Member, Audit Committee; Dr. Gavan Watson, Vice-Provost Teaching and Learning, Queen's University; Ms. Claire O'Brien, Manager, Academic Initiatives, Queen's University; Ms. Christina Noja, Director, Office of the Vice-Provost, Carleton University.

Key Contacts from Carleton University and Queen's University, along with members of the Audit Executive Committee, shared their experiences from recent audits. They reflected on the practices and elements that were effective – as well as those that were less helpful – throughout the audit process. Presenters noted that reaching out to the Quality Assurance Secretariat for clarification on audit documentation was highly beneficial by helping to avoid unnecessary work and ensuring efficient use of resources.

The Key Contact and / or Audit Executive Committee presenters provided session participants with the following advice:

Audits as an opportunity for enhancement and self-reflection

- Universities preparing for audits were encouraged to view the process as a constructive opportunity to assess the effectiveness of their QA systems, rather than as a rigid test.
- Pre-site visit preparations through the drafting of the Institutional Self-study and assembly of the documentation for audit offer a valuable chance to evaluate quality assurance-related document management practices across the institution, making it a useful learning and development exercise.
- The creation of the Institutional Self-study (ISS) has been found to be a helpful step in the audit process, with the Key Contact presenters recommending that those creating these documents approach the exercise similarly to units writing their self-studies for a CPR. For example, it has been found helpful to treat this as an open and honest opportunity for reflection to help frame the university's approaches to, and ambitions for, continuous improvement of its quality assurance processes. The need to engage institutional stakeholders who can provide meaningful contributions to the ISS was also emphasized.
- While some institutions use surveys and / or dedicated time in scheduled meetings to gather input to the ISS, Queen's University noted that it also formed five focus groups for

this purpose, involving Teaching and Learning leadership, faculty/staff experienced with CPRs and proposals, QA office staff, students, and graduate/postdoctoral faculty. Participants were selected based on availability and ability to provide critical feedback.

Tips for preparing for a Cyclical Audit

- Allowing ample time for the preparation of the documentation for the audit was emphasized, with panelists noting this cannot be done at the last minute. Experienced staff are also crucial during this stage.
- Key Contacts advised against spending excessive time searching for missing documents during the audit preparation stage. Instead, a clear statement that the document is missing and the steps taken to find it can be included in the submission package. Audit Committee members agreed this approach conserves time and energy for more productive preparation.
- It is helpful to include preparation steps such as early project planning, timely distribution of audit materials to academic units that are to meet with the Audit Team, advance scheduling of the meetings that are to take place during the site visit, and using the Quality Council's sample visit schedule instead of creating a custom one.
- Internal pre-audit meetings with selected academic programs can also help to clarify the audit process and reassure faculty that their selection carries no negative implications to their programs. Where meetings are not feasible, an introductory letter or memo can serve as an effective alternative.

Tracking audit communications

- A panelist from Carleton University noted the use of software to track comments, feedback, and files throughout the audit process. Key Contacts agreed that saving internal and external audit-related communications is valuable for maintaining contextual and historical records.

Advice from the Audit Committee: Audit submission essentials

- The Audit Committee Chair emphasized the importance of a clear, comprehensive table of contents in document packages, as audit teams rely heavily on it during desk reviews.
- The Audit Committee Chair noted that commonly missed items include: evidence of verifying and ensuring external reviewers are at arm's-length from the program(s) under review, communications on external reviewer selection, CPR and new program monitoring reports, CPR invitations, Senate minutes, and FAR/IP website postings. All must be included in the submission package.

Post-audit practice

- Queen's University panelists noted that creating an implementation plan after receiving the Audit Report helped translate findings into actionable steps and effectively communicated its value across the institution.

Additional resources

- Notes and shared resources from the June 6, 2025 Key Contact Annual Meeting available here: [2025 QA Key Contact Annual Meeting – June 6, 2025 – QA Forums](#)
- Quality Council resource: [Audit – related Templates](#)

Concurrent Session 1b – Appraisal Committee and Expectations for New Program Proposals

Presenters: Pam Bryden, Chair, Appraisal Committee; Mark Schmuckler, Vice-Chair, Appraisal Committee; Chris Evans, QAS Executive Director and Ex-officio Member, Appraisal Committee.

The Appraisal Committee members delivered a presentation outlining the Committee's expectations for new program proposals. During the presentation, they highlighted observed best practices, outlined key elements expected in new program submissions, and addressed questions from the Key Contacts.

New Program submission essentials

- The presenters emphasized that the External Reviewers' report is central to new program submissions. External Reviewers conduct a thorough evaluation from the perspective of being disciplinary experts with sufficient experience of developing and delivering programs, and the Committee focuses its review on the issues flagged in those reports.
- Universities also need to provide information that addresses both QAF 2.1.2.4.a) and b) as they are equally important for the Committee's review.

External reviews: Qualifications, reports and review criteria

- The success of an external review depends on selecting reviewers with relevant expertise – not only in the discipline and research, but also in academic program evaluation and administration. Institutions should clearly highlight these qualifications in reviewer bios.
- In response to session participants' concerns about the difficulty of finding suitably qualified External Reviewers and the challenges of early communication, the presenters noted that academic units may directly contact potential reviewers for preliminary discussions about their qualifications.
- The External Reviewers' Report must address all sub-articles of QAF 2.1.2 and include clear, actionable recommendations. If the Report is vague or unhelpful, universities are encouraged to push back and request more useful input to support improvement of the program proposal.
- If the report itself is adequate, a lack of details about the external reviewers' qualifications in the submission checklist is unlikely to result in a request for a second external review. Such requests are rare, and are based on other criteria.

Internal responses: Clarity and rationale

- Universities need to provide clear responses from both the academic program and Faculty Dean to each recommendation of the external reviewers. The internal response should also articulate any action that has been or is to be taken in response to the recommendations, as appropriate. Agreement with all of the external reviewers' recommendations is not required, but responses should clearly explain the rationale for rejecting a recommendation when that occurs.

Meeting QAF 2.1.2.4 a) and b): "Assessment of Teaching and Learning"

- Curriculum maps are the most common and convenient way to present QAF 2.1.2.4.a) content, showing the linkages across Degree Level Expectations (DLEs), program-level learning outcomes (PLOs), courses, and assessment methods. While practical, they are not mandatory – other formats are acceptable if they clearly demonstrate these connections and detail the program's assessment methods.
- The presenters noted that a new program proposal's description of QAF 2.1.2.4.b) – the documenting and demonstrating of student achievement of the PLOs – should be used to inform the program's launch and future CPR. Therefore, when providing information about their plans for QAF 2.1.2.4.b), academic units are encouraged to develop strong plans from launch day to support CPR readiness and keep the program on track.

Some related observations from the Cyclical Audits

- During one Cycle 2 audit, the Audit Team noted that the Deans provide support in the development of a New Program Proposal by helping the programs to navigate the relationships between the Faculties and where there are opportunities to collaborate and/or draw on existing resources. It was also noted that the Senate committee will not consider new program proposals or self-studies until the unit can demonstrate adequate engagement with the Centre for Pedagogical Innovation (CPI) and has developed a suitable curriculum map. This step ensures that the CPI is included in all CPR and New Program Proposals. In addition, units are encouraged to submit an early draft of the curriculum map to the Office of the AVPA for preliminary feedback. During this audit, the Audit Team was also told that the amount of detail required for New Program Proposals has "evolved in the right direction" to focus more on the critical elements rather than unnecessary requirements. The Audit Team noted that this shift may also help increase buy-in for this process.
- Another university in the Cycle 2 audits was commended for its processes for supporting the development of New Program Proposals, and in particular the New Program Steering Committee (NPSC). The NPSC receives the notice of intent, which includes enough detail and occurs early enough so that the committee is able to offer substantial, meaningful feedback to the group making the proposal. The NPSC can also identify difficulties the proposal may face going forward. This early support by experienced administrators and teaching specialists means that the full proposals are developed in a way that makes their ultimate success smoother and more likely.

- Multiple universities' senate committees were commended for their thorough review of New Program Proposals, including one university's committee that has the authority to require that new program proposals, program reviews and monitoring reports fully and appropriately address all IQAP/QAF requirements.

Additional resources

- Notes and shared resources from the June 6, 2025 Key Contact Annual Meeting available here: [2025 QA Key Contact Annual Meeting – June 6, 2025 – QA Forums](#)
- QAF Guidance: [Program Objectives and Program-level Learning Outcomes — Ontario Universities Council on Quality Assurance](#)
- QAF Guidance: [Assessment of Teaching and Learning \(QAF 2.1.2.4 and 5.1.3.1.4\) — Ontario Universities Council on Quality Assurance](#)
- QAF Guidance: [Choosing Arm's Length Reviewers \(QAF 2.2.1 and 5.2.1\) — Ontario Universities Council on Quality Assurance](#)
- QAF Guidance: [Guidance for External Reviewers of New Programs \(QAF 2.2.1\) — Ontario Universities Council on Quality Assurance](#)
- QAF Guidance: [Guidance on the Appraisal Committee's Request for an Additional External Review — Ontario Universities Council on Quality Assurance](#)

Session 2 b – Case-Study: Engaging students as partners in quality assurance activities

Presenters: Amy Gullage, Lead Educational Developer, McMaster University; Jovan Groen, Director of Academic Quality and Enhancement, Western University.

Key Contacts from McMaster University and Western University presented case-studies on engaging students in the QA activities in their institutions. McMaster launched an initiative called McMaster Student Curriculum Consultants Program (SCCP), while Western University established a QA Academy. Both initiatives have been commended in the universities' most recent Cyclical Audits.

Student-engagement in QA initiatives

- SCCP supports academic units preparing self-studies by pairing a student from the reviewed cohort with a faculty mentor. Students participating in the SCCP can also assist with new program development and curriculum redesign, offering services such as facilitating student feedback sessions, participating in curriculum mapping exercises, helping to develop student surveys and other consultation tools, and participating in information sessions.
- SCCP students focus on sharing learning experiences through dialogue with faculty and peers, not administrative or writing tasks. Common activities include peer feedback sessions, curriculum committee participation, and support for curriculum redesign.

- At Western University, the QA Academy trains students to serve as one of two internal reviewers on site visit review panels for CPRs or new program proposals. Panels include a student and faculty member from outside the reviewed unit, plus two external reviewers who are informed in advance of student involvement.
- Similar to the SCCP, the QA Academy trains students to speak to their academic experiences rather than perform administrative duties. Students attend a half-day orientation, review site visit materials, collaborate on a toolkit of prompts and questions for use during the site visit, participate in the site visit meetings, and contribute to the report with typically a page that covers issues flagged specifically for their attention, as well as a written reflection on their actual experience, which is used internally at Western to enhance the QA Academy experience.
- Presenters noted that students, when involved in new program development, are typically invited after the initial brainstorming phase. However, some units engage them from the start – leading to more inclusive and responsive program design.

Student selection process for QA activities

- Under SCCP, academic units typically nominate graduate or upper-year undergraduates for up to 50 hours of work. Students submit a statement of interest, and units provide a project description. A project summary is required at the end of the partnership.
- At Western University, the QA Academy recruits student senators and faculty-nominated student leaders. Nominations continue until the Academy reaches its annual capacity.

Funding student engagement, student incentives and acknowledgment

- The QA Academy fosters student confidence, agency, and a sense of partnership. Participants receive a reference letter and guidance on presenting the experience on their CVs.
- Students who complete the program and serve on a Site Visit Review Panel receive a \$200 honorarium.
- Funding for student engagement was a key breakout topic. At McMaster, SCCP is funded through internal reallocations; Western allocates a dedicated QA Academy budget, supplemented by Student Affairs and faculty contributions.
- When budgets are tight, leveraging existing structures and student partnerships is effective. Western's institutional policy on student involvement served as the foundation for developing the QA Academy.

External reviewers' comments

- Feedback from the external reviewers on student participation through the QA Academy has generally been very positive, ranging from elation, to noting that the conversations with students were much richer when facilitated by the student member of the panel rather than an external reviewer.

Some related observations from the Cyclical Audits

- One university offers undergraduate students the opportunity to be engaged in the preparation of a program's self-study as a course credit. This helps the program cope with the workload of self-study preparation, aids in bringing the student perspective into the self-study, and increases knowledge of quality assurance among students. The Audit Team considered this to be a best practice that could be adopted across the University and/or in other Institutions to help encourage student participation in quality assurance work.
- Another university was commended on its approach to including students, noting that students were motivated to participate in quality assurance when it was contextualized as a component of professional development or professional activity in some units. Meetings with students were held yearly, and their feedback was used to make program adjustments, contributing to a culture of continuous improvement in which students played an essential role.
- As noted previously, the Audit Team also commended the creation of the QA Academy, a training program that prepares students to serve as internal reviewers on program review panels. Students are also paid for their contributions to these processes. Student volunteers provided feedback about their QA experience in this organized way as part of the audit site visit and overall, the Audit Team saw this as a very positive innovation.
- Lastly, one university had funding available to hire students in QA related roles including helping with curriculum mapping and review, and with data analysis. This university also noted that in some departments student mentoring practices were established where upper-year students mentor first-year students in the program. These upper-year students can then contribute to developing and evaluating the CPR self-study and can later meet with the external reviewers.

Additional resources

- Notes and shared resources from the June 6, 2025 Key Contact Annual Meeting available here: [2025 QA Key Contact Annual Meeting – June 6, 2025 – QA Forums](#)
- QAF Guidance: [Creating an Effective Self – Study – Ontario Universities Council on Quality Assurance](#)
- QAF Guidance: [Involving Students in the Quality Assurance Processes – Ontario Universities Council on Quality Assurance](#)

Plenary Panel – Quality assurance initiatives and approaches in an era of financial constraints

Presenter: Dr. Rhonda Koster, Deputy Provost and Vice-Provost (Teaching and Learning), Lakehead University; Dr. Roberta Iannacito-Provenzano, Provost and Vice-President Academic, Toronto Metropolitan University; Dr. Nicholas Rule, Vice Provost Academic Programs, University of Toronto.

Streamlining through IQAP and QA process revisions

Facing financial constraints, Lakehead University adopted a “more with less” approach, improving QA efficiency and faculty buy-in. Steps taken included:

- Following the 2021 QAF updates, the University streamlined its IQAP to align strictly with QAF requirements, removing non-essential elements, and started using the templates provided by the Quality Council to reduce compliance risks. These steps enabled the University to say “this is all that is required” and subsequently, opened up quality assurance-related conversations with faculty.
- An advisory panel was established – including the Registrar, VP of Planning and Analysis, and Finance representatives – to review major program modifications and new program proposals before Senate submission, ensuring early consideration of administrative and financial factors. Budget templates are co-developed by Institutional Planning and Analysis and Finance teams, who work directly with academic units to ensure accuracy.
- All new programs and major modifications must be submitted by July 1 via Curriculum Navigator. After review by the Deputy Provost and VP, Teaching and Learning, submissions move to the advisory panel, which meets in July and August. Though advisory in nature, the panel’s recommendations are widely viewed as authoritative.

CPR Shifts: Perceptions, supports and enforcement strategies

TMU’s Provost started her remarks by making it clear that quality assurance is not a luxury, but is a mandatory activity. CPRs – or Periodic Program Reviews /PPRs as they are known at TMU - are critical for program revitalization to occur and allow faculty to make evidence-based decisions about the future of their programs. Several supports to enhance the PPR experience, including strategies to lead to better adherence to the PPR-related schedules, have been put in place. These are also starting to shift the perception towards quality assurance activities:

- To improve timeliness and quality in PPRs, the University promotes viewing them not just as compliance tasks, but also as opportunities for program renewal and deep reflection on design, delivery, and outcomes.
- Orientation sessions are now held in March, aligning better with academic planning cycles. Clearer guidelines, timelines, and expectations have now been built into these sessions.
- Under the Vice-Provost, Academic, TMU’s QA team on the undergraduate side leads workshops on self-study writing, emphasizing data analysis, evidence-based writing, and program improvement.
- The PPR manual was revised to prompt engagement with key performance indicators.
- A QA Portal was launched to streamline document submission, review, and tracking, improving timeliness and transparency.

- Quasi-enforcement measures have also been introduced to encourage timely PPR completion, including memos outlining potential consequences, such as added administrative burdens, for delayed or incomplete reviews.

Viability Checks in development of new programs

- All three universities on the panel indicated that there is a formal process in place to assess the viability of a new program early in its development. This assessment is conducted collaboratively with other key offices around the university in question, including the University Planning Office and the Registrar's Office. This step allows the universities to evaluate market demand, enrolment projections, resource needs, and alignment with strategic and financial priorities prior to a full program proposal being developed.
- At TMU, the traditional Letter of Intent has also been replaced with a streamlined Notification of Intent, reducing duplication and addressing strategic alignment and resource needs early in the process.

Post-secondary education: Public relations and beyond

The University of Toronto's Vice-Provost Academic then spoke about some of the impacts of the media's portrayal of post-secondary education providers and the broader changes that are taking place across the sector, both on his institution and more generally. These reflections included:

- Is the value of quality assurance being communicated effectively?
- There is a lot of misunderstanding about the purpose of a university and its programs, regardless of discipline. Perhaps it is time to acknowledge that a university education is not appropriate for everyone.
- For quality assurance of existing programs, this is seen as an opportunity for self-reflection for those delivering the program and so that they can ensure they are not wasting time on elements that are not of value.
- Program quality and degree of alignment with the University's strategic objectives are also important factors, not just the amount of revenue the programs may generate.

Reduction of Barriers to Increase Student Retention

To address a Key Contact's question on reducing barriers to student retention, panelists shared the following:

- At TMU, the Vice-Provost Academic collaborates with units to simplify degree requirements. TMU also launched a Strategic Enrollment Management Framework to monitor programs and retention rates more effectively.
- At the University of Toronto, several senior administrators have worked together to develop a specialized dashboard for all academic units. This dashboard tracks student pathways, academic standing, and program exits. While this is still a new tool and so is not yet being widely used, it appears to be seen to be of value.

- At Lakehead, programs with low retention but high interest work with Deans and planning staff to analyze retention data - provided by the Office of Institutional Planning and Analysis - and develop targeted strategies.
- Lakehead also conducted a third-party review recommending course optimization. In response, the University launched a Curriculum Sustainability Review Framework, providing units with data and guiding questions to identify and eliminate curricular redundancies.
- None of the universities on the panel are using a “carrot and stick” approach to improve student retention.

Program suspensions and closures

When discussing the topic of program suspensions and closures, the panelists noted the following:

- Lakehead is reviewing the relevance of program specializations and transfer pathways, encouraging departments to assess academic value versus marketing appeal and reflect on program integrity.
- UofT approaches closures with empathy, focusing on reskilling and helping faculty reimagine roles, viewing change as an opportunity rather than failure.
- TMU promotes collaborative renewal, engaging faculty in redesigning curricula based on student interests and labour market needs, including program amalgamation and interdisciplinary pathways.
- Across institutions, there is consensus that program closure does not mean an end of a program or of a discipline. Universities must remain dynamic, with knowledge continuing in new forms even as programs close.
- Universities also need to have the tools to be dynamic and responsive to current shifts and trends.

Some related observations from the Cyclical Audits

- One university was commended for its initiative in providing units with a Teams-based dashboard, containing data that is available in real time and is accessible by program units to monitor a variety of QA-related metrics. These data tables are aligned with the requirements of the CPR self-study document and can also be customized using various filtering variables.

Additional resources

- Notes and shared resources from the June 6, 2025 Key Contact Annual Meeting available here: [2025 QA Key Contact Annual Meeting – June 6, 2025 – QA Forums](#)
- Quality Council resource: [Coping with Cyclical Program Review Delays](#)
- Quality Council resource: [Approaches to Continuous Improvement and Self-Reflection](#)

- Quality Council resource: [Advice on Workflow Processes to Help Complete a CPR](#)

Concurrent Session 3b - Determining the Viability and Sustainability of Proposed New Programs: Evolving Practices in Times of Financial Constraint

Presenter: Hashmat Khan, Associate Vice-President (Academic Programs and Strategic Initiatives), Carleton University.

Dr. Khan spoke with session participants about Carleton University's approaches to ensuring the viability and sustainability of a new program, both of which must be determined early in the development of a new program proposal. His reflections included the following:

Understanding what viability and sustainability mean

- Viability refers to the feasibility of launching and sustaining the program in the short to medium term, based on factors like student demand, faculty availability, facilities, and funding. Sustainability is a key consideration in new program reviews, focusing on long-term viability, adaptability, and relevance. Indicators include enrolment and graduation trends, financial self-sufficiency, academic relevance and alignment with institutional goals.
- Carleton University has developed a formula-based approach to assessing viability and sustainability.

Innovative Practices in New Program Planning

- Bottlenecks in the University's new program development and approval process were identified and two "accelerators" to streamline the process were introduced: a Labour Market Information (LMI) report and the New Program Evaluation Group (NPEG).
- The LMI report is compiled annually using publicly available sources like Statistics Canada and the Ministry's website. It aims to present data clearly and usefully for academic units developing programs, minimizing complexity. Academic units use LMI reports to commence discussions about a new program development.
- Carleton also uses internal human resources to compile the LMI and does not outsource data processing. While it does not conduct detailed sub-disciplinary market analysis (e.g., programming within Cyber Science), it assesses demand through indicators like salary ranges, etc.
- Prior to 2025, the report was produced ad hoc; since 2025, it is updated yearly and includes all programs within academic units. New programs are added upon request to the Office of the Provost and Vice-President (Academic).
- Other institutions, such as Toronto Metropolitan University, also use labour market data and enrolment projections when evaluating new program proposals.

- The NPEG consists of the Provost, Vice-Provost, Associate Vice-President (Academic Programs and Strategic Initiatives), the program's champion, and Institutional Planning staff. It operates as an informal advisory group without decision making authority.
- The NPEG reviews a new program executive summary and its budget model and passes it on to the Provosts' Working Group, which reviews the same materials and determines the University's financial commitment. The NPEG's main role is to assess the financial viability of proposed programs through informal reviews of executive summaries and collaborative discussions that highlight key issues.
- The NPEG does not have the power to stop program development. Instead, it supports refinement by helping clarify ideas and ensuring critical considerations are addressed before advancing in the approval process.

Additional resources

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Thank you

Many thanks to the members of the QA Key Contact Exchange Forum Program Planning Committee and the QA Key Contact Meeting Program Planning Committee.

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