



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

**REPORT ON THE QUALITY
ASSURANCE AUDIT OF
NIPISSING UNIVERSITY**

SEPTEMBER 2025

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Introduction to the Cyclical Audit for Nipissing University

Nipissing University received its charter as an independent University in 1992. As a primarily undergraduate university committed to addressing the needs of Northern Ontario, Nipissing's most recent strategic plan outlines six priorities: fulfilling their responsibility to truth and reconciliation; nurturing their relationship with water, land and place; embodying harmony and care; inspiring innovative growth and development; building sustainable futures; and celebrating who they are. Its two academic Faculties (Faculty of Arts and Science, and Faculty of Education and Professional Studies) offer 37 undergraduate degree programs, as well as eight graduate degree programs through the School of Graduate Studies. The University serves over 3 500 current students with approximately 195 faculty and 1 300 part-time and full-time staff, and has a growing body of over 40 000 alumni. Several of Nipissing's programs housed in the Faculty of Education and Professional Studies, including Social Work and Nursing, are also subject to accreditation by external professional bodies.

The Nipissing University audit described in this report was conducted using the provisions of the 2021 version of the Quality Assurance Framework (QAF) that is overseen by the Ontario Universities Council on Quality Assurance (the Quality Council). The QAF describes procedures for the academic review of proposed new degree programs and the periodic review of existing degree programs in Ontario's university sector. The Framework draws on the long experience of Ontario universities in undertaking quality assurance and brings together best practice at both the undergraduate and graduate levels. All Ontario universities have agreed to abide by this Framework, and each university has developed an Institutional Quality Assurance Process (IQAP) that complies with the QAF and provides each university with an internal policy for the conduct of quality assurance.

The QAF provides Ontario universities with autonomy over their quality assurance processes. However, the Quality Council has the authority to audit their quality assurance activities periodically. The purpose of the audit is to determine whether each university's quality assurance practices are in compliance with its IQAP and the QAF, and to guide the university on needed remediation in any areas that are out of compliance. The audit process is part of the universities' accountability to stakeholders (prospective students, students, graduates, parents, employers, the provincial government, taxpayers, and public at large) to provide evidence that each university's degree programs not only meet national and international academic standards, but also strive continuously to improve quality.

The first cycle of audits under the 2010 QAF commenced in 2012, and was completed in 2020, with two to three universities being audited in each year. Nipissing University was in the third group of universities undergoing audit in 2014-15, resulting in a subsequent Focused Audit in 2019-20. The second cycle of audits commenced in 2022, and Nipissing University is again in the third group and therefore being audited in 2024-25.

The auditors followed the Audit Process as described in the QAF (QAF 6.2, please refer to Appendix A). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership (see brief biographical information in Appendix B), and along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset. Upon receipt of the preliminary documentation from the University, the Audit Team selected and reviewed a sample of six programs for audit from the New Program Approval Protocol and from the Cyclical Program Review Protocol. Due to a relatively low number of new programs introduced by Nipissing University since its last cyclical audit, the sample included only one new program and five cyclical program reviews (CPRs). The process involved a desk audit using the University's Institutional self-study and records of the sampled programs, together with associated documents. In addition to the programs that underwent a desk audit, a further two programs, with in-progress CPRs nearing completion, were included as part of the site visit meetings.

The Audit Team conducted a site visit at Nipissing University from March 26 – 28, 2025 (see Appendix C for the site visit schedule). During the site visit, the Audit Team met with the University's senior leadership, those with important roles in the quality assurance process, and representatives from those programs selected for audit. Following the audit, the Audit Team prepared a report, with Recommendations and Suggestions, subject to a multi-stage review process and final approval by the Quality Council.

The following comprised the Audit Team for the Nipissing University audit:

Dr. Johanne Bénard

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Dr. Christopher Evans, Quality Council Secretariat support

Ms. Brittany McFarlane, Quality Council Secretariat support

The audit process is both complex and time-consuming for all sectors of the University, from staff and students to faculty and administration. Nipissing University provided the auditors with extensive documentation for the audit well in advance of the site visit. Requests for additional information and documentation were handled in a timely manner. The site visit, an intense series of meetings over a three-day period, was very well planned, and the Audit Team members commend those responsible for organizing the meetings and offer their thanks for the hospitality and assistance they received throughout their stay.

It was clear to the Audit Team that Nipissing University has a broad and deep culture of service, collegiality and collaboration. While institutional attitudes towards quality assurance have posed challenges in the past, there is a desire to build and maintain momentum towards a positive

quality assurance culture through a commitment to continuous improvement, as evidenced by the level of engagement of many faculty members, Deans, and the senior executive team.

The Quality Assurance Context at Nipissing University

Nipissing University's first IQAP was ratified by the Quality Council in 2011. It underwent several subsequent revisions, resulting in re-ratification in 2013, and in 2019 in response to Recommendations outlined in the 2016 Audit Report as well as for internal clarification purposes. In 2023, the latest IQAP iteration was undertaken both in response to the results of the University's focused audit in April 2020, as well as to align it with the revised 2021 Quality Assurance Framework (2021 QAF).

Nipissing's Provost and Vice President, Academic is the administrative authority responsible for the University's quality assurance policy and procedures and serves as key contact to the Quality Council. The University's Academic Senate has the ultimate authority over quality assurance. It approves the IQAP and any revisions, as well as all new degree programs, new graduate diplomas and major modifications to existing programs. Three senate committees directly support academic quality priorities. First, according to its Terms of Reference, the Academic Quality Assurance and Planning Committee (AQAPC) sets priorities related to the introduction of new programs, reviews and makes recommendations to Senate on matters related to academic policies and standards, and provides Senate with the outcomes and recommendations arising from CPRs. Additionally, the Academic Curriculum Committee (for undergraduate programs) and the Graduate Studies Committee support the program modification process.

Quality assurance is also integrated into a number of other offices across the University, including the Centre for Teaching and Learning (CTL), the Office of Institutional Planning and Analysis (OIPA), and the Registrar's Office (RO). These areas work together to support academic units in IQAP-related activities.

In 2024, Nipissing established two new full-time permanent staff roles, a Manager of Quality Assurance and Program Innovation, and a Director of Teaching and Learning, with the intent of enhancing its collaborative support structure as the University continues to evolve its quality assurance culture and practices. These new complementary roles provide significant additional supports that have been well received by program representatives undergoing current quality assurance activities.

Nipissing employs a unique approach to the CPR process in that it establishes an Internal Review Committee (IRC) within each program for the review. The committee is comprised of a minimum of one faculty member from the program under review, a faculty member from another program who is at arm's length from the program under review, one upper-year student and one student from first or second year who are majoring in the program under review. Its role is to

prepare the self-study document based on broad consultation with faculty, students and staff and to respond to the external reviewer report based on input from the academic unit.

The Audit Team was particularly impressed with the students they met during the site visit. Their level of knowledge and engagement with quality assurance, either through involvement in university-level committee work or through participation in their program's CPR, is commendable.

In terms of innovative initiatives that support quality assurance, the OIPA office recently developed a Teams-based dashboard of institutional planning data and tracking tools to support IQAP related processes. Program-specific data tables assist academic units with direct access to, as well as preparation and analysis of, current information required for cyclical program reviews. This dashboard provides updated tables in real time for program review purposes, and to track key measures such as student applications and enrolments on an ongoing basis.

Finally, while not directly linked to IQAP requirements, the University is poised to launch a new annual 'program health check' report, intended to assess whether programs are 'healthy' based on set criteria (including criteria related to quality assurance). The report will incorporate a rubric that allows Deans to arrive at an objective score. The new initiative will encourage more regular use of program data to inform trends and would potentially dovetail with cyclical program reviews that occur on a less frequent basis.

Findings Arising from the Quality Assurance Audit of Nipissing University

The findings of the 2024-25 cyclical audit are based on the following:

- The report of the 2014-2015 Audit and the University's responses;
- The report of the 2019-2020 Focused Audit;
- The University's 2024 Institutional self-study;
- Advice from the Quality Council's Appraisal Committee on areas where it has observed a pattern in the University's application of its IQAP during the development of New Program Proposals;
- A scan of quality assurance-related pages from the University's website;
- The desk audit of documentation provided by the University for five programs that have undergone CPRs and one new program that has undergone appraisal for approval; and
- Information gathered or further requested from the meetings with groups and individuals during the March 2025 Nipissing University site visit.

The findings of this audit led to a series of Commendations, Recommendations, Suggestions, and one Cause for Concern. Further details on these findings are provided in subsequent sections of this report.

The 2014-15 Audit

The previous Cyclical Audit, conducted in 2014-15, included eight Recommendations, three of which were identified as “Causes for Concern”, as well as seven Suggestions and some commendations. While most of the recommendations and causes for concern were addressed in the University’s one-year response, there remained a number of issues related to deficiencies in Final Assessment Reports that were not fully resolved. As a result, the Audit Committee conducted a desk audit on the Quality Council’s behalf in 2016. The outcome of the desk audit, together with the University’s one-year follow-up response, concluded that several recommendations from the Audit Report were not fully addressed, which ultimately led to a requirement that the University undergo a Focused Audit in 2019-20.

The 2019 Focused Audit

A Focused Audit took place in 2019-20 with the subsequent report from the Audit Team leading to the Quality Council determining that the University had satisfactorily addressed the outstanding Causes for Concern arising from the 2014-15 Cyclical Audit. The report provided 11 observations, intended to provide constructive feedback on the University’s ongoing efforts to move forward in its quality assurance work, as well as to offer informal suggestions on opportunities to further enhance its quality assurance practices and processes going forward.

Ongoing Issues

A few items from the 2014-15 Audit and the 2019-20 Focused Audit remain unresolved and have resulted in a Cause for Concern, as well as several Recommendations and Suggestions in this audit.

- Recommendation 5 in the Cycle 1 Audit Report directed the University to ensure that the external and internal reviewers appointed are at “arm’s-length” from the program to be reviewed. While a process is now established in this regard, a suggestion is offered to further strengthen the process. This is further discussed in Suggestion 14 of this Audit Report.
- Observation 2 in the 2019-20 Focused Audit Report addressed the need for additional work on program-level learning outcomes, their assessment, and AQAPC’s oversight of their inclusion in CPRs. While progress has been made in this regard, Recommendation 4 details the ongoing issues that remain and Suggestions 7 and 10 of this Audit Report

provides some additional advice on how the University may wish to address these issues.

- Observation 4 in the 2019-20 Focused Audit Report indicated the potential for problems associated with the IQAP scheduling related to the timing of CPRs. Given the degree of ongoing issues observed with respect to CPR scheduling, a Cause for Concern has now been identified in this Audit Report. See also Suggestion 9 of this Audit Report for related advice.
- Observation 8 in the 2019-20 Focused Audit Report indicated a need to take steps to ensure the practice of creating and posting an Executive Summary of the Final Assessment Report was addressed in a way that aligned with IQAP requirements, as opposed to posting the full Final Assessment Report. The current IQAP states: “An Executive Summary and Implementation Plan becomes the public document and is posted to the University’s website.” However, as an Executive Summary continued to be absent from several of the CPRs selected for audit, Recommendation 6 of this Audit Report discusses the issue further.
- Observation 9 in the 2019-20 Focused Audit Report mentioned that the approach to managing quality assurance-related documentation was still somewhat informal at Nipissing. While progress has been made in this regard, Recommendation 3 and Suggestion 4 of this Audit Report provide additional elaboration on ongoing and related findings.

Implications of the Institutional Self-Study

The 2021 Quality Assurance Framework requires the university to provide the Audit Team with an Institutional self-study (ISS) that reflects on its quality assurance policies and practices prior to a site visit. Nipissing University submitted a helpful ISS that provided insights into its evolving quality assurance approaches, challenges and recent initiatives in the spirit of continuous improvement.

Within this document, the University asked that the Audit Team pay particular attention to and advise on the following aspects of its quality assurance-related work:

1. Feedback on the University’s recent progress in formalizing expertise around the Quality Assurance process, particularly with respect to the two recent hires (Director of Teaching and Learning, and Manager of Quality Assurance and Program Innovation).

Historically, there has been significant reliance on a single position to oversee quality assurance at Nipissing, which posed certain risks in terms of continuity for QA oversight and loss of institutional memory. The Audit Team applauds the University’s recent efforts to more effectively manage program quality assurance, both by building greater capacity through the addition of personnel who directly manage and support the University’s IQAP processes, as well as

through the development of clear and consistent communication tools, such as templates, faculty and Senate committee orientations and training. The expansion of the support structure is a positive step forward and the audit team supports the new initiatives and, going forward, encourages the University to evaluate their effectiveness over time. See also Suggestions 2 and 5.

2. Assistance in reinforcing the purpose and benefits of consistent adherence to robust analysis of curriculum and learning outcomes for student and program success.

The Audit Team heard positive feedback from several faculty members in academic units that have recently undergone a curriculum mapping exercise. While admittedly a daunting task, there was a uniform appreciation of the value of the resources now available through the Centre for Teaching and Learning (CTL). Moreover, recent updates to templates based on user experiences have been helpful for faculty undergoing program review and new program proposal processes. The templates provide useful guidance for more effective critical analysis of program data.

However, program learning outcomes are still not well understood by many faculty members in terms of their purpose and role in continuous improvement, particularly those who have not engaged in recent quality assurance processes. This may require a more comprehensive approach to orientation, or training sessions for units as they prepare for upcoming program reviews. For example, adding prompts to the template for the New Program Proposal and the CPR self-study template would help to ensure those using them are fully aware of the support they can receive as they develop the program-level learning outcomes they must describe in their proposals and self-studies respectively. See also Suggestions 1, 7 and 10.

Commendations (QAF 6.2.7)

The Commendations section acknowledges individuals or administrative units that have demonstrated characteristics leading to strong quality assurance practices or a culture of continuous improvement.

Ongoing enhancement of QA administrative support structures - As previously mentioned, the creation of the two new positions, Director of Teaching & Learning and Manager of Quality Assurance and Program Innovation, has strengthened Nipissing's platform for supporting its IQAP-related policies and procedures, as well as its capacity to communicate its commitment to quality assurance. During the site visit, faculty provided positive feedback on the recent improvements in supports, both in terms of access to advising, as well as to improved guidance via updated templates.

In addition, the Audit Team recognizes the efforts of the Office of Institutional Planning and Analysis (OIPA) in creating 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. The OIPA is to be commended for its provision of support to program units in accessing and using the tool. Early reports from faculty who have engaged with the new dashboard for CPR purposes have been positive. See also Suggestions 8 and 15.

Senate Committee (AQAPC) - The Audit Team also commends the expanded scope of the Senate committee, AQAPC, and its sustained commitment to quality assurance. The committee members see their role as one of supporting faculty by providing meaningful, personalized, and often iterative feedback to units that are undergoing program reviews or developing new programs. By engaging at the individual or unit level, members are helping to facilitate a culture shift in a collegial, less formal manner that is conducive to faculty acceptance and buy in. According to several committee members, recent informal mentoring efforts by AQAPC members have contributed to better quality self-studies. AQAPC is encouraged to continue with the training and orientation provided to its members to effectively fulfil their role as it relates to quality assurance. See also Suggestion 5.

Incorporation of Experiential Learning into CPR Site Visits – While not a widespread practice, the Audit Team noted that, in at least one program’s site visit, the external review team was given a unique opportunity to observe students in a studio class with the faculty member present, followed by a separate meeting with only students present. This provided reviewers with a candid insight into the student experience and is viewed as a worthwhile ‘exception’ to standard CPR site visit practices. The University is encouraged, on a case-by-case basis, to identify further opportunities for academic units to enhance CPR site visits by providing external reviewers with access to examples of experiential learning in real time.

Causes for Concern

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

Nipissing University must:

CAUSE FOR CONCERN 1: Ensure that all CPRs are conducted within a cycle not to exceed eight years.

The 2021 QAF (5.1.1) requires that institutions ensure there not be more than eight years between any CPRs. Nipissing’s 2023 IQAP states “The Schedule of Reviews indicates the year

in which the site visit will take place and academic units are expected to begin preparing review documentation in the academic year prior to the site visit.”

Based on the audit of the selected CPRs and a review of Nipissing’s Schedule of Cyclical Reviews, significant evidence was noted of the QAF and the IQAP requirements not being met. For example, a majority of programs that completed their most recent CPR between 2019 and 2024 had a timespan of between 9 and 12 years from the time of their previous review. Moreover, the year of review has changed in different versions of the schedule of reviews. Changing the year of review detracts from the overall transparency of the schedule, as a CPR must begin no later than eight years from the academic year in which the program was last scheduled to be cyclically reviewed (not from when the CPR actually occurred). In addition, it is evident there are still delays in CPRs. Most notably, several new programs that launched between 2014 and 2016 have not yet completed an initial CPR.

The Audit Team recognizes that the turnover of personnel and the lack of document management in past years has likely contributed to these issues and that current efforts are underway to schedule the next cycle of reviews minimally within 8 years or less. The University must ensure that CPR scheduling dates are an accurate reflection of the required timelines, and that all programs meet the requirement, as described in the Quality Assurance Framework. Additional guidance is available through the Quality Council’s website: [Guidance on Timelines for Cyclical Program Reviews — Ontario Universities Council on Quality Assurance](#). See also related Suggestions 3, 4 and 9.

Recommendations to the Institution

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, including in its response to the auditors’ report when required.

Nipissing University must:

RECOMMENDATION 1: Ensure that the process for monitoring the University’s new programs, as detailed in its IQAP and required by QAF 2.9.2, is consistently followed.

While the Audit Team was concerned by the absence of any formalized and documented monitoring for new programs, this issue has been identified as a Recommendation rather than a Cause for Concern. There have been two new programs approved and launched since the last Cyclical Audit, with very limited enrollments. While the requirement for new program monitoring is articulated in the IQAP, the University was unable to provide a template or evidence of any new program monitoring.

According to the Nipissing IQAP (1.6 - Step15), “The Dean, in consultation with the Chair, Director or Program Coordinator, will provide a monitoring report to the Office of the Provost for distribution to the AQAPC on a new degree program, normally after the degree program has been operating for five years. In cases where enrolment is low in the first few years, the date for submitting a Monitoring Report may be delayed.” The Audit Team notes that the five-year timeline has the potential to place the monitoring report close to the first CPR of the program, particularly if the University intends to move to a 6-year review schedule, as was mentioned during the site visit (See also Suggestion 9). This may reduce the monitoring report’s usefulness if academic units do not have time to utilize its findings prior to the first CPR.

The University must review its current process and IQAP requirements for new program monitoring to ensure timeliness, usefulness and compliance.

RECOMMENDATION 2: Ensure that New Program Proposals address all of the evaluation criteria, as required by the QAF and the IQAP.

While only a small number of New Program Proposals have been put forward by Nipissing University in recent years, the Quality Council’s Appraisal Committee has identified concerns regarding the completeness of the submissions they have received. This was confirmed through the Audit Team’s desk audits. The Appraisal Committee’s advice to the Audit Team noted that all of the new program proposals from Nipissing University had resulted in requests for additional information on the teaching and learning criteria, and that several of the submissions resulted in multiple requests for additional information. In light of these concerns, the Audit Team recommends that the University review the current processes and templates available for New Program Proposals. See also Suggestion 4.

RECOMMENDATION 3: Ensure all steps related to quality assurance processes are documented and stored somewhere that is readily accessible to future quality assurance auditors.

For the sample of quality assurance activities selected for audited, the Audit Team noted that the University’s documentation of some of the steps of the quality assurance process described in the IQAP was missing. For example, there were instances noted where formal documentation of approvals was missing in the New Program Approval process. It was also unclear from the CPR documentation provided, what information and guidance both internal and external reviewers received, aside from the self-study and meeting agenda, in preparation for the site visit. Such documentation is the primary means by which an audit verifies that a required step has occurred.

The University must examine all the components of its quality assurance practices and adopt an effective and appropriate storage and retrieval system for documentation, which is key to successful quality assurance. See also Suggestion 4.

RECOMMENDATION 4: Ensure that CPR self-studies address all of the required elements, as required by the QAF (5.1.3) and the IQAP.

During the desk audits, the Audit Team noticed that, while most of the information required by the QAF/IQAP evaluation criteria was captured in the self-study documents, in some instances a few of the QAF evaluation criteria and other requirements for the self-study were either missing or inadequately reported. For example, the Audit Team noted that, in one of the programs audited, there was no section in the core of the self-study describing how the concerns and recommendations raised in the previous review had been addressed. The Final Assessment Report was simply included as an appendix, without reference in the main body of the report. In another instance, there was no description in the self-study of how the report writing was done and who was included in the process of preparing it. It was also noted in several reports that there was minimal discussion about assessment of teaching and learning and whether or how students were achieving their program-level learning outcomes. As a consequence, some External Reviewers Reports offered weak commentary on key elements of the program that mirrored the deficiencies noted in the self-study.

Internal review and approval of the self-study requires ensuring that all elements of the evaluation criteria are present and fully addressed. While the CPR self-studies reviewed were based on earlier IQAP versions, it is important to ensure all criteria in the revised 2023 IQAP are clearly presented as required in current self-study templates to ensure that units will comment on and provide evidence of these criteria.

The audit team recognizes that positive recent steps have been taken in this regard, through the enhanced role played by members of the AQAPC. The University must ensure that the IRC is fully equipped to understand and address the required elements and that all other parties with sign-off/approval roles are provided with the necessary orientation and guidelines/tools to complete their role in the process in an informed and thorough manner. See also Suggestions 1, 2, 3, and 4.

RECOMMENDATION 5: Ensure the process used when reviewing the adequacy of external reviewers' reports for both new programs and CPRs is followed, as required by the IQAP (1.6).

During the site visit, the Audit Team learned that, on occasion, external reviewers' reports are found to be somewhat inadequate in terms of providing meaningful feedback or actionable recommendations. As a result, it becomes difficult for the academic unit to respond to the feedback and concerns. In some cases, the weaknesses of the External Reviewers Report may arise because of deficiencies in the self-study as noted in Recommendation 4.

The University must ensure the procedures described in the 2023 IQAP (1.6 – Step 10) are used when the report does not meet the institution's requirement. Specifically, "Upon receipt of

the External Reviewers' Report, the Report will be reviewed by the Office of the Provost to ensure that it provides a comprehensive assessment of the degree program(s). If the Report is not satisfactory, the Office of the Provost, in consultation with the Dean(s) will identify any gaps and request additional information from the External Reviewers." The University can also document this step once the Office of the Provost signs off on the External Reviewer's Report.

RECOMMENDATION 6: Ensure there is an Executive Summary accompanying the FAR.

As a requirement of the QAF (5.3.2 (b)), the 2019 IQAP (Part 1: E) and the 2023 IQAP (Section 1: Step 13) state that an Executive Summary to accompany the FAR will be created by the Office of the Provost. However, an Executive Summary was not present in the documentation provided for several of the CPRs selected for audit. Since the IQAP places responsibility for the FAR in the office of the Provost, it is the expectation of the Audit Committee that the presence of an Executive Summary will be ensured by the Provost. The Quality Council Guide to the QAF provides guidelines for the preparation of an [Executive Summary to the FAR](#).

RECOMMENDATION 7: When bundling programs in a CPR, ensure all degree programs under review are listed consistently in the documentation for all steps of the process (QAF 5.1.2).

During the desk audit, the Audit Team noted that, in some instances, there was a discrepancy between the program(s) listed in the initial letter sent out by the Provost and those listed on the final self-study document and/or the FAR/IP. It is important to ensure that there is clarity about which programs are subject to review when bundling occurs. The University must verify consistency and accuracy in its communications when identifying degree programs to be included in a bundled CPR, and ensure the FAR/IP provides a complete list of the academic degrees and program name(s) at the outset, rather than the Department name.

Suggestions to the Institution

Suggestions, which are forward-looking, 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.

Suggestions related to Overall Quality Assurance Processes

Nipissing University should:

SUGGESTION 1: Consider strategies to help build a culture of QA within academic units.

While a clear commitment to QA was expressed by the University's senior leadership team, the Audit Team noted that a number of program faculty members remain somewhat skeptical of the nature and purpose of some IQAP processes. It is not uncommon for faculty to express concern over taking on the additional workload involved in a CPR, particularly for those who have not had prior experience with the process.

To this end, in addition to providing an informative orientation to CPR (see suggestion 10), it may be helpful to incorporate opportunities for mentorship and collaboration across programs. For example, developing a network of mentors with previous experience, either through having worked on their program's CPR or major modifications, or as former AQAPC members who have reviewed self-study documents, would help to guide faculty members that are new to the job, and ease their work burden. Programs could also collaborate by sharing samples of successful self-study documents with program IRCs about to embark on the process. Being able to view an example of a well-written report could help to manage expectations of what is required. In addition, it opens new channels for QA-related communication, ultimately contributing to a more deeply-engrained culture of QA.

SUGGESTION 2: Consider providing an orientation for new Chairs, Deans and other senior leaders and committee members at the outset of their new term, that includes information on their role and responsibilities in QA.

Nipissing has undergone several leadership changes in recent years, at the program, Dean and senior executive levels. Turnover of this nature can often result in delays or omissions within the QA process. Providing orientation and mentoring for those who hold key roles in quality assurance processes such as program coordinators, Chairs, Deans, and Senate Committee members with QA responsibilities can contribute to a smooth transition and continuity in quality assurance processes when occupants of the positions change.

Unlike orientations for programs initiating their CPR, these orientations would focus more broadly on the roles and responsibilities of the leadership team, support systems, best practices, and possible models of prior self-studies identified as exemplary.

In addition, the Audit Team encourages continuation of the training and orientation provided to AQAPC in fulfilling their role as a committee, particularly in regard to the "Self-Study Quality Assurance Framework Compliance Checklist". The role and responsibility of the AQAPC in verifying the self-study and the appendices address all the evaluation criteria (through a compliance checklist) for the program is an important component of the CPR process.

SUGGESTION 3: Consider creating a flowchart of the quality assurance process steps for units to improve process clarity.

The Audit Team noted that some academic units did not have a clear sense of the full set of process steps for undertaking a CPR, particularly those beyond the external review report and their required response. It is important that academic units remain aware of their role in the later stages of the process, so that they are able to schedule time for action items and scheduled monitoring reports. A visual flowchart diagram outlining the full process, as well as timely updates on where a unit is in the process, could address potential last-minute frustration in the future.

SUGGESTION 4: Consider options for developing a better tracking system for written documentation related to quality assurance processes, including signoffs on each step of the process.

Having an effective tracking system for documentation is a key to successful quality assurance. As mentioned in the ISS, process tracking remains a challenge at Nipissing, as the current approach relies heavily on individual memories. For instance, the Audit Team noted a lack of consistency in how arm's length verification for external reviewers was historically managed. While this particular example has since been remedied by the University, the broader issue of reliance on a small number of staff to maintain a complicated record system can introduce risks that potentially have a detrimental impact on quality assurance as a whole, particularly with respect to institutional memory and document retrieval.

An improved tracking system can facilitate better communication, prevent loss of information due to turn-over, avoid redundancy and enable the digitization of paper documents for centralized storage in a QA repository, including previous review reports. The University indicated that projects are underway to better utilize technology and process development to support both quality assurance processes and overall curriculum mapping processes within a single source of integrated master data. Additional suggestions for digital tools and resources being used by other universities can be found in the Quality Council's [2021-22 Omnibus Report](#).

SUGGESTION 5: Consider reviewing the AQAPC Terms of Reference to ensure alignment and appropriateness of the membership and its increased role in QA activities (CPR, new programs, major modifications), as well as in the review of upcoming annual 'program health checks'.

The Audit Team was impressed with the knowledge and engagement of AQAPC members on QA-related activities. After reviewing the committee's Terms of Reference, it appeared that many of the activities described by its members were above and beyond what was initially expected of them based on the Terms of Reference. For example, in addition to providing feedback via a formal checklist, some committee members would lend additional informal support and advice to IRCs as they finalize their CPR self-study for external-review. As well, the committee has provided recent feedback on updates to self-study templates. Neither of these activities, both of which involve substantial time and effort on the part of the committee, are

explicitly outlined in the Terms of Reference. Moreover, it was mentioned that AQAPC would also take on responsibility for reviewing annual 'program health check' reports, which are to be introduced in 2025.

The Audit Team suggests that a review take place and the Terms of Reference be updated to more appropriately reflect the expanded role of this important committee. For example, some possible updates may include incorporation of a formalized orientation and onboarding of members in relation to quality assurance requirements and supports, as well as possible inclusion of the Director, Teaching and Learning as an ex-officio non-voting member.

SUGGESTION 6: Consider creating a formal process for recognizing the work of students in quality assurance processes.

The involvement of students in the quality assurance processes is very important. As previously mentioned, the Audit Team was impressed by the students they interviewed during the site visit. While most of the students were aware of the University's quality assurance processes and spoke very highly about their involvement in committees, a few were less familiar with the processes and wanted to know more. The students all felt their contributions were meaningful, but also noted that the time commitment was often significant and they did not have much to show for their efforts at the end of the process.

Time can be an impediment to student involvement in quality assurance activities. Since changes resulting from quality assurance processes are likely to occur after a student's tenure in a program, incentives for student involvement are important to motivating students to make the time to participate. Incentives that other institutions have found to be successful in increasing student participation include framing participation in quality assurance as part of professional development, or, in some cases, assigning a course credit to certain types and levels of participation. In addition, a few of the students interviewed during the Nipissing site visit suggested that their contribution as an IRC member might be added to their co-curricular record, as a way to recognize their efforts.

The University should proactively encourage student voices to emerge as fully as possible. For additional ideas on how to involve students in QA processes, please consult the QC Guide to the QAF: [Involving Students in Quality Assurance Processes](#).

SUGGESTION 7: Explore opportunities to engage faculty in curriculum mapping and evaluation as a process and tool for visualizing curriculum.

The Audit Team was impressed by the progress in the uptake of curriculum mapping among some academic units. Nipissing University is encouraged to build on this progress by seeking opportunities, with the expert assistance of the Centre for Teaching and Learning, to focus the activity of curriculum mapping and evaluation on the benefits of the process itself as well as the

outcomes. In this way, value is placed on the structured collegial conversations regarding the alignment among course and program level learning outcomes as well as on degree level expectations and the evolution of curriculum as envisioned by the program. There is a risk that faculty perceive curriculum mapping as primarily a burdensome administrative requirement for making desired curriculum changes. By reframing the process as a mechanism for visualizing curriculum through collegial discussion and as the foundation for curriculum evaluation, it becomes more evident where the richness and possibilities of the curriculum reside. As such, it may be helpful to review the current templates for both new program proposals and for CPR self-studies in order to identify ways to incorporate more information about the supports offered through the CTL to assist with curriculum mapping and evaluation criteria.

SUGGESTION 8: Consider how best to create synergies between the monitoring data provided by institutional planning, the new annual program health checks, and the monitoring of recommendations identified for action in the Implementation Plan.

There is a clear desire on the part of the University's senior executive team to integrate QA processes/outcomes and strategic planning. As a result, there is a need to optimize the value obtained from each of the above-mentioned data sources, while also remaining cognizant to refrain from unduly increasing the overall administrative burden. The Audit Team commends the University's efforts to lean into a culture of monitoring and continuous improvement. However, on a cautionary note, it also suggests further consideration be given to whether the annual program health check may eventually lead to 'reporting fatigue' among faculty Chairs and Departments, especially when also combined with QA monitoring report requirements.

Suggestions Specific to Cyclical Program Reviews

SUGGESTION 9: Consider the implications of moving to a six-year CPR cycle.

During the site visit, the University indicated that it plans to move to a six-year cycle for CPRs in order to better align with faculty cycles (i.e. Chair terms) and to continue its momentum for monitoring and for continuous improvement. While there is potential merit in this approach, the Audit Team cautions that a significant shortening of the CPR cycle may also result in unintended consequences, including increased burden on faculty, and insufficient time to implement and monitor the outcomes of new programs and/or major program modifications. No other university in Ontario is using such a short timeline so seeking advice from other universities on why they have seven or eight years would be helpful to make the decision. If the University decides to proceed with this six-year approach, it would also have to amend its wording in the IQAP (Section 1.2 related to scheduling of CPRs). (See also Cause for Concern 1)

SUGGESTION 10: Consider ways to ensure academic units are provided access to and engage with the necessary resources available to manage their CPR at the outset of the process.

There is a need for proactive clarity regarding the supports available to academic units, given the constraints on time and access to administrative supports within the program areas. The Audit Team noted that a formal orientation process at the outset of a program review was not required in earlier versions of the University's IQAP. However, a workshop/orientation session is now listed as a step that follows initial notification of the CPR process. Going forward, this will be a helpful starting point for the IRC, Chairs and other relevant participants to come together, in order to effectively prepare them for the nature and importance of their role in the CPR process, from development of the self-study document, engaging multiple stakeholders, responding to external reviewers, and following through on the Executive Summary and FAR/IP.

During the orientation, a number of supports and resources may be incorporated. For example, representatives from units that support QA processes (CTL, OIPA, QA Office, Registrar) who offer well developed services could proactively reach out to units at this initial stage of the process, rather than waiting for the unit to initiate contact. In addition, information and relevant documents that are regularly collected through the Dean's office (e.g. department annual reports, CVs, etc.) might be made available to units, rather than having faculty pull these items together on their own.

There is also benefit in continuing to prepare and disseminate alternate forms of guidance such as web-based handbooks, tip-sheets, and other forms of guiding documentation (exemplars, key Nipissing University contacts, current program-level status on activities within the QA cycle), to augment the structured orientation. These additional resources will also assist those transitioning into roles at times of the year when other forms of orientation are not routinely offered.

SUGGESTION 11: Consider ways to more effectively make use of the IRC model already in place when preparing the CPR self-study.

During the site visit, the Audit Team was impressed by several academic units whose IRC worked collaboratively to compile and write their program self-study document. However, several other units reported that most of the work was left to one or two individuals – most often the program Chair - rather than shared amongst the committee members.

Acknowledging that it can be difficult to engage faculty with additional workload responsibilities, a number of strategies employed by other universities have been found to be useful. For example, the purpose and role of each IRC member could be explicitly laid out during the orientation to the CPR process. As well, bringing in a recently retired professor emeritus or a

faculty member from another department who have been involved in the preparation of prior successful CPRs to act as a mentor has been found to be helpful in some cases.

SUGGESTION 12: Consider requiring the programs to update their self-studies if one year or more passes between its approval and the site visit.

The Audit Team noted that, in one of the programs audited, the delay of the site visit impacted the quality of the self-study, based on outdated data. This discrepancy between the data from the self-study and the review could be remedied by including an appendix with current data and their analysis. Given the direct access by academic units to updated tables in real time through a dashboard, this request from the university would not be too onerous.

SUGGESTION 13: Consider ways to provide additional clarity for the role of the Internal Representative during the External Review Process.

While not a requirement of the QAF, the use of Internal Representatives has been implemented by many universities in recent years, and appears to be a beneficial practice when these representatives act as a liaison between external reviewers and the University. The practice also provides faculty members an opportunity to engage and learn more about quality assurance processes outside of their own program.

The Audit Team notes that the 2023 IQAP now identifies an Internal Representative as 'optional' for CPR site visits. While this is within the purview of the University, it may be helpful to provide guidelines outlining when and how this representative is to be included or omitted during a site visit. When an Internal Representative is included in a site visit, it may also be beneficial to incorporate an orientation for first time representatives (perhaps incorporating past faculty representatives who can share their experiences in the role). In addition, it may be beneficial to ensure Internal Representatives have dedicated time with external reviewers at the outset of the site visit well as a post site visit debrief to allow for candid discussions.

SUGGESTION 14: Consider requesting that external reviewers self-declare arm's length status in writing by providing a form for them to read/sign.

At some institutions, the external reviewers are asked to confirm their arm's length status when accepting the invitation to serve. While not a requirement, introducing this step would serve to further strengthen Nipissing's existing processes for verifying the arm's length status of its external reviewers. A request for external reviewers to self-declare arms length status in writing by providing a form for them to read and sign would also serve to incorporate more formal documentation confirming the arms length requirement.

SUGGESTION 15: Consider the risks of providing external reviewers with access to the data dashboard available to the program under review.

The Audit Team was provided with a very informative demonstration of the Institutional Planning Data and Tracking Tools during the site visit. The 'dashboard' allows individual academic units access to program-specific data tables that are identified as being required for inclusion in the CPR self-study. The OIPA also gives external reviewers access to the tool as an optional part of their review process.

While providing external reviewers with access to the program's data in this way arguably represents a transparent approach to the CPR process, the Audit Team wonders whether it may also have negative repercussions. For example, it may pose a risk of academic units not engaging in sufficient analysis and interpretation of their program data, and assuming that the reviewers will do so on their own. Conversely, even if programs do provide the relevant tables and analysis in the self-study document, reviewers may choose to engage in their own analysis and draw their own interpretations rather than relying on the work done by the IRC. This could be especially problematic if the OIPA is unable to offer the same level of data interpretation support to external reviewers that they provide to programs. Perhaps, as a follow up to the site visit, the University may consider seeking feedback from the external reviewers on whether and how they used the tool to help inform whether to continue this practice.

SUGGESTION 16: Consider more directly involving academic units in the preparation and follow-up to their FAR/IP.

The Audit Team noted that there was a lack of understanding among some academic units about how FARs and IPs were generated, how recommendations were selected for action and where these FARs and IPs ultimately resided. As documents, FARs and IPs can be very useful in sustaining the priority areas of programs, particularly as programs and those holding academic leadership roles change over time. Ensuring that the FARs and IPs are retained by the QA/Provost's office, but owned and worked on by the program areas can help to sustain the continuity of care required to achieve the key goals of the program over time.

While not a requirement, the Audit Team suggests that the value of the Final Assessment Report and Implementation Plan would be better understood by engaging programs in their development or review prior to Senate approval. For example, one approach would be to have the program's Chair (or equivalent) review and comment on a draft of the FAR/IP while it is being prepared. Having this or a similar form of engagement by the unit could facilitate a greater degree of buy-in to the wider CPR process and ultimately, an increased sense of ownership of and responsibility for the items selected for action in the IP.

An alternate approach might be to split up the orientation into two stages: an initial one to cover the steps up to and including the external reviewers' site visit; and then a second orientation following the site visit to go over the role of the internal response, FAR/IP and subsequent monitoring requirement(s).

Suggestions Specific to New Degree Program Approvals

SUGGESTION 17: Consider additional ways in which the Dean's office can support faculty members engaged in the new program development process.

New program development can be a time consuming and often daunting undertaking for faculty members. For new programs of an interdisciplinary nature, it is often difficult for faculty within a specific discipline to identify other areas within the University that offer complementary areas of expertise or existing courses. By facilitating meetings/consultations across related programs, either within or outside of the Faculty, Deans are better positioned to identify contacts that could offer potential synergies in curriculum/course sharing. Support of this nature from the Dean's office would ease the burden of individual faculty members trying to identify and arrange such meetings.

Recommendations to the Quality Council, Including Provisions for Adjusted Oversight (QAF 6.2.7.i-vi)

The quality assurance culture at Nipissing University is clearly shifting from a focus on compliance to one which is forward looking and concerned with continuous program improvement. As such, no change in oversight is suggested by the Audit Team at this time.

The next Audit of Nipissing University should review improvements to the tracking, documentation and storage of all quality assurance processes for both new programs and CPRs.

Conclusion and Next Steps for Nipissing University

The quality assurance audit at Nipissing University has revealed significant recent improvements in its engagement with the goals and practices of the Quality Council. The senior administration is fully committed to creating a strong culture of academic quality through continuous improvement. This is evidenced through the creation of new QA administrative support positions (Director, Teaching and Learning; Manager, Quality Assurance and Program Innovation), user-friendly Teams-based data tables available to all programs, an expanded role for the AQAPC, and ongoing updates to the University's IQAP-related templates. While the programs selected for desk audit represent the policies and practices prior to the implementation of these more recent initiatives and therefore identified a number of compliance issues, the Audit Team was able to confirm the shift in approach through discussions with program representatives engaged in more recent in-progress CPRs.

Given the noted disconnect between the scheduling and completion time for older reviews compared with more recent processes, Nipissing University is asked to provide a follow-up report on how they have addressed the CPR scheduling concerns and related delays expressed

in Cause for Concern 1. In addition, to address the current lack of evidence around new program monitoring, an update is requested on how the University has addressed the monitoring of new programs from a process perspective, as outlined in Recommendation 1, including the development of a template for new program monitoring.

Given these findings, the Audit Committee would additionally recommend a one-year follow-up report on the progress of the Cause for Concern and the Recommendations found in this Report.

Appendix A: Overview of the Quality Assurance Audit Process for Nipissing University

Every publicly assisted university in Ontario will be audited at least once every eight years (QAF 6.1).

Purpose

Quality assurance is a shared responsibility between the Quality Council and Nipissing University. Its aim is to ensure a culture of continuous improvement and support for a vision of a student-centered education based on clearly articulated program learning outcomes.

Quality assurance processes result in an educational system that is open, accountable, and transparent. The Cyclical Audit process allows the University to evaluate its quality assurance policies and practices, together with an assessment of performance by the Quality Council.

Objectives

The objectives of the Cyclical Audit 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 the university has:

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

Scope

The Cyclical Audit:

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

AUDIT PROCESS (QAF 6.2)

A. Pre-orientation and briefing

To initiate the audit process, a briefing occurred on February 28, 2024. The Quality Assurance Secretariat and a member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholder(s).

B. Assignment of auditors

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, are assigned to conduct the Cyclical Audit. The auditors are senior academics with experience in the development, delivery and quality assessment of graduate and undergraduate programs, and are at arm's length from the university. They are accompanied on the audit visit by member(s) of the Quality Assurance Secretariat.

C. Institutional self-study

The University prepared a written self-study report that presented and assessed its institutional quality assurance processes, including challenges and opportunities, and with particular attention to any issues flagged in the previous audit. The report was submitted to the Quality Assurance Secretariat in advance of the desk audit and formed the foundation of the Cyclical Audit.

D. Selection of the sample of quality assurance activities for audit

The audit team independently selected a sample of programs for audit, normally two programs developed under the New Program Approval Protocol and three or four programs that have undergone a Cyclical Program Review. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications are not normally subject to audit.

A small sample of new programs still in development and/or cyclical program reviews that are still in progress may additionally be selected, in consultation with the University. In these instances, documentation for these in-progress programs is not required for submission. Instead, the auditors ask to meet with program representatives to gain an understanding of current quality assurance practices.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern, or when the Quality Council so requests. The University may also request specific programs and/or quality assurance elements be included in the audit. The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

The auditors selected the following Nipissing University programs for audit:

New Programs:

- Data Science, BSc, Faculty of Arts and Science, approved by the Quality Council in 2020

Cyclical Program Reviews:

- Biology / Environmental Biology & Technology (BSc), 2023 – Faculty of Arts and Science
- History (MA), 2021 – School of Graduate Studies
- Criminology & Criminal Justice (BA), 2019 – Faculty of Education and Professional Studies
- Mathematics (MSc), 2019 – School of Graduate Studies
- Bachelor of Fine Arts (BFA), 2019 – Faculty of Arts and Science

Cyclical Program Reviews in progress:

- Liberal Arts (BA), Cyclical Program Review 2023-2024 – Faculty of Arts and Science (Site Visit Scheduled for November 14-15, 2024, as noted in the October 28, 2024 Status Report on Cyclical Program Reviews)
- Political Science (BA), Cyclical Program Review 2023-2024 – Faculty of Arts and Science (Site Visit Scheduled for November 25, 27, 29, 2024, as noted in the October 28, 2024 Status Report on Cyclical Program Reviews)

Findings in Areas of focus Requested by the University (Identified in the Institutional Self-Study):

The university may request review of an area about which it has particular concerns.

E. Desk audit of the university's quality assurance practices

In preparation for the site visit, the auditors undertook a desk audit of the University's quality assurance practices. Using the institutional self-study and records of the sampled programs, together with associated documents, this audit tests whether the university's practice is compliant with its IQAP¹, as ratified by the Quality Council, as well as any misalignments of the IQAP with the QAF.

¹ 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.

It is essential that auditors have access to all relevant documents and information to ensure 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 submitted for audit includes:

- a) 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 additional documents at their discretion (QAF 6.2.5).

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

F. Site visit

The principal purpose of the 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 serves 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.

During the site visit, auditors spoke with the University's senior academic leadership including those who the IQAP identifies as having important roles in the QA process, as well as representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. (QAF 6.2.6)

G. Audit Report

Following the conduct of the audit, the auditors prepared a report that is 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:

- a) Describes the audit methodology and the verification steps used;
- b) Comments on the institutional self-study submitted for audit;
- c) Describes 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) Notes any misalignment of its IQAP with the QAF;

- e) Responds to any areas the auditors were asked to pay particular attention to;
- f) Identifies and records any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
- g) Comments 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, not subject to publication, provides the University with detailed findings related to the audited programs.

Where appropriate, the report may include:

- **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as required per QAF 5.4.1d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as required per QAF 5.4.2). Causes for concern require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.
- **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.
- **Suggestions**, which are forward-looking, 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.

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) with in the subsequent audit, as describe in QAF 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;
- v. Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
- vi. Any other action that is deemed appropriate.

H. 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" (QAF 1.3), for fact checking 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. 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.

I. 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.

J. 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.

K. Institutional Follow-up Response Report

When a Follow-up Response Report is required (QAF 6.2.7v), 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. 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.

L. Web publication of Follow-up Report

When a Follow-up Report is required, the Quality Assurance Secretariat publishes this 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.

M. Additional reporting requirements

A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents, the Council of Ontario Universities and the Ministry of Colleges and Universities through the Quality Council's Annual Report.

Appendix B: Auditor Bios

Dr. Johanne B nard, *Professor, French Studies, Queen's University*

Dr. B nard is a bilingual Professor in Queen's University's Department of French Studies and has also held the position of Associate Dean (Studies) in the Faculty of Arts and Science. As a member of the senior leadership team, she was responsible for academic consideration and accommodation, academic integrity, advising and appeals. Dr. B nard worked on the New Protocol on Academic Consideration (2016-2018). As Undergraduate Chair and Head of the French Studies Department, Dr. B nard played a significant role in many curriculum changes and reviews of the French Studies Department over a period of 20 years. Additionally, she has held Chair positions on the Academic Orientation Committee, Board of Studies, Curriculum Committee, Promotion, Renewal and Tenure Committee, and Appointments Committee. She held the position of Acting Head in the Department of French Studies in 2022-2023.

Dr. Bettina West, *Associate Professor Emeritus, Toronto Metropolitan University (TMU)*

Bettina (Tina) is an Associate Professor Emeritus of Marketing at TMU. She joined the Department of Marketing Management as a tenure-stream faculty member in 2005. Her research interests include topics related to reputation management, online privacy, social media communication and management education. In addition to her teaching, research and graduate supervision responsibilities, she served as a reviewer for TMU's Research Ethics Board, as a member of the Academic Integrity Council's appeals committee, and as an invited member of the Senate Academic Standards Committee, and the Learning and Teaching Committee. She was Chair of the Department of Marketing Management for several years, before assuming the role of TRSM Associate Dean, Faculty and Academic, leading the School's undergraduate

curriculum renewal initiatives, and working to build a culture of innovation, inclusivity and collaboration. Dr. West was subsequently appointed Director, Curriculum Quality Assurance, in the Office of the Vice-Provost Academic, where she ensured continuous improvement and effective implementation of the policies related to TMU's Institutional Quality Assurance Process.

Dr. Kirsten Woodend, Associate Professor, Fleming School of Nursing, Trent University

Kirsten Woodend is an Associate Professor in the Trent/Fleming School of Nursing program. She was Dean of the Trent/Fleming School of Nursing at Trent University from 2011-2021. She was the Director and Associate Dean, School of Nursing, Faculty of Health Sciences, at the University of Ottawa (2007-10) and Assistant Director of that School in 2006. Professor Woodend was chair of Trent's Cyclical Program Review Committee from 2015 to 2017 and then again from 2018 to 2020. She has also led program reviews and accreditation reviews for the schools of nursing at both Ottawa and Trent Universities.

With respect to new program development, Professor Woodend has experience with processes for developing a new program from its initial stages to completion. She has led and been a member of new program working groups at Trent University including the PhD in Interdisciplinary Social Research, BSc Honours Kinesiology, MScN Nursing Professional Practice (joint degree with Ontario Tech), and Graduate Diplomas (Type 3) Dementia Studies for Registered Nurses and Mental Health and Addictions Nursing. She has been a member of several committees involved with Quality Assurance Processes including Trent's Provost's Planning Group (first stage in program development), Faculty Board (reviews curriculum changes including major modifications), Senate Executive, and Senate.

Appendix C: Site Visit Schedule

Day 1 – March 26

Time	Participants
08:30 – 9:00 a.m.	Audit Team Planning Meeting
9:00 – 11:00 a.m.	Audit Team meets with Senior QA team <ul style="list-style-type: none">- Dr. Ann-Barbara Graff, Provost and Vice-President, Academic- Robin Gibson, Manager, Quality Assurance and Program Innovation
11:00 – 11:15 a.m.	Break
11:15 a.m. – 12:15 p.m.	Audit Team meets with representatives from University's QA Support Services <ul style="list-style-type: none">- Stephen Tedesco, Director, Institutional Planning and Analysis- Dr. Nancy Black, Executive Director, Library Services- Stephanie Vennard Hummel, Instructional Designer, Centre for Teaching and Learning (<i>sitting in for Dr. Kari Rasmussen, Director, Centre for Teaching and Learning</i>)- Debra lafrate, Registrar- Beth Holden, Associate Registrar, Academic Policy and Advising- Sarah Marinelli, Associate Registrar, Recruitment- Heather Brown, Associate Registrar, Admissions
12:15 – 1:00 p.m.	Lunch

1:00 – 2:00 p.m.	<p>Audit Team meets with Mathematics (MSc), 2019 – School of Graduate Studies Program representatives:</p> <ul style="list-style-type: none"> - Dr. Alex Karassev, Professor, Chair, and Former MSc Math Graduate Chair, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Tzvetalin Vassilev, Professor, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Logan Hoehn, MSc Math Graduate Program Chair and Associate Professor, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics
2:00 – 3:00 p.m.	<p>Audit Team meets with Criminology & Criminal Justice (BA), 2019 - Faculty of Education and Professional Studies Program representatives:</p> <ul style="list-style-type: none"> - Dr. Christopher Greco, Chair and Assistant Professor, School of Criminal Justice - Dr. Paul Millar, Associate Professor, School of Criminal Justice - Dr. Ron Hoffman, Associate Professor, School of Criminal Justice
3:00 – 3:15 p.m.	Break
3:15 – 3:45 p.m.	<p>Audit Team meets with representatives of Liberal Arts / in-progress QA activity</p> <ul style="list-style-type: none"> - Dr. Nathan Colborne, Dean of Arts and Science - Dr. Jane Barker, Associate Dean of Arts and Science (Interim) - Dr. Derek Neal, Associate Professor, Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science – History - Dr. Vesko Valov, Professor, Computer Science and Mathematics / Faculty of Arts and Science – Mathematics

3:45 – 4:45 p.m.	<p>Audit Team meet with Internal Reviewers</p> <ul style="list-style-type: none"> - Dr. Rosemary Nagy, Internal Reviewer for Social Work Program, Professor, Gender Equality and Social Justice, Faculty of Arts and Science - Religion and Cultures and Indigenous Studies (Virtual) - Dr. Katrina Srigley, Internal Reviewer for Political Science Program, Professor and Former Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science – History
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Day 2 - March 27

Time	Participants
08:30 – 9:00 a.m.	Audit Team Planning Meeting
9:00 – 10 a.m.	<p>Audit Team meets with Senate Sub-Committee Academic Quality Assurance and Planning Committee (AQAPC)</p> <ul style="list-style-type: none"> - Dr. Ann-Barbara Graff, Chair of AQAPC, Provost and Vice-President, Academic - Dr. Nathan Kozuskanich, Vice-Chair of AQAPC, Professor and Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science – History - Dr. Charles K. Anyinam, Associate Professor / School of Nursing, Graduate Faculty School of Graduate Studies (Virtual) - Dr. Alireza Khorakian, Professor / Faculty of Education and Professional Studies - School of Business (Virtual) - Dr. Barbi Law, Associate Vice-President, Research, Innovation and Graduate Studies - Dr. Veronika Williams, Professor, School of Nursing, Faculty Collaborator, Rare Dementia Support Canada, Graduate Faculty, Graduate Studies and Research - Dr. Nancy Black, Executive Director, Library Services - Dr. Prasad Ravi, Professor, School of Business, Faculty of Education and Professional Studies (Virtual)

10 – 10:30 a.m.	<p>Audit Team receives Demo on Institutional Planning Data and Tracking Tools</p> <ul style="list-style-type: none"> - Stephen Tedesco, Director, Institutional Planning and Analysis
10:30 – 10:45 a.m.	Break
10:45 – 11:45 a.m.	<p>Audit Team meets with Data Science Program representatives:</p> <ul style="list-style-type: none"> - Dr. Alex Karassev, Professor, Chair, and Former MSc Math Graduate Chair, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Tzvetalin Vassilev, Professor, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Logan Hoehn, Associate Professor, Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Murat Tuncali, Professor and Former Chair, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Mark Wachowiak, Professor, Department of Computer

	Science and Mathematics / Faculty of Arts and Science - Computer Science (Virtual)
11:45 – 12:30 p.m.	<p>Lunch with the President</p> <ul style="list-style-type: none"> - Dr. Kevin Wamsley, President and Vice-Chancellor
12:30 – 1:00 p.m.	Break

1:00 – 2:00 p.m.	<p>Audit Team meets with Deans</p> <ul style="list-style-type: none"> - Dr. Graydon Raymer, Dean, Faculty of Education and Professional Studies (Interim) - Dr. Nathan Colborne, Dean of Arts and Science - Dr. Jane Barker, Associate Dean of Arts and Science (Interim) - Dr. Karey McCollough, Associate Dean, School of Nursing (Interim) - Dr. Daniel Walters, Associate Dean of Graduate Research
2:00 – 3:00 p.m.	<p>Audit Team meets with History (MA), 2021 – School of Graduate Studies Program representatives</p> <ul style="list-style-type: none"> - Dr. Nathan Kozuskanich, Professor and Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History - Dr. Katrina Srigley, Professor and Former Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History - Dr. Robin Gendron, Professor, Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History - Dr. John Allison, Professor, Faculty of Education and Professional Studies - Schulich School of Education - Dr. James Murton, Graduate Coordinator and Professor, Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History, Graduate Studies - History, MA
3:00 – 3:15 p.m.	Break
3:15 – 4:15 p.m.	<p>Audit Team meets with Bachelor of Fine Arts (BFA), 2019 - Faculty of Arts and Science Program representatives</p> <ul style="list-style-type: none"> - Dr. Laura Peturson, Chair and Associate Professor, Department of Fine Arts and English Studies / Faculty of Arts and Science - Fine Arts/Visual Arts - Leah Symington, Fine Arts Coordinator (Supplies), Department of Fine Arts and English Studies / Faculty of Arts and Science - Fine Arts/Visual Arts

4:15 – 4:45 p.m.	<p>Audit Team meets with Political Science (BA) representatives of in-progress QA activity:</p> <ul style="list-style-type: none"> - Dr. Toivo Koivukoski, Associate Professor and Program Coordinator for Political Science, Department of Philosophy, Political Science, Economics and Social Welfare / Faculty of Arts and Science - Political Science - Dr. David Tabachnick, Professor and Chair, Department of Political Science, Philosophy, and Economics/ Faculty of Arts and Science - Political Science
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Day 3 - March 28

Time	Participants
8:15 - 8:45 a.m.	Audit Team Planning Meeting
08:45 – 9:45 a.m.	<p>Audit Team meets with Biology / Environmental Biology & Technology (BSc), 2023 – Faculty of Arts and Science Program representatives:</p> <ul style="list-style-type: none"> - Dr. April James, Department Chair - Biology, Chemistry and Geography - Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Geography and Geology - Dr. Jeff Dech, Program Representative, Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and Chemistry - Dr. Peter Nosko, Associate Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and Chemistry - Joseph Boivin, Laboratory Instructor / Faculty of Arts and Science <ul style="list-style-type: none"> - Biology and Chemistry and Geography - Biology and Chemistry - Dr. Stephen Kariuki, Associate Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and Chemistry - Dr. Tony Parkes, Associate Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and

	Chemistry
09:45 – 10:45 a.m.	Audit Team Meeting
10:45 – 11:00 a.m.	Break
11:00 a.m. – 12:30 p.m.	<p>Audit Team meets with Senior QA team</p> <ul style="list-style-type: none"> - Dr. Ann-Barbara Graff, Provost and Vice-President, Academic - Robin Gibson, Manager, Quality Assurance and Program Innovation
12:30 – 1:30 p.m.	<p>Lunch with Students</p> <ul style="list-style-type: none"> - Tyandra Miller, NUSU Executive - Jaden Martin, NUSU Board of Directors - Nicholas Botham, NUSU Board of Directors - Owen Remillard, NUSU - Elsa Allen, Indigenous Studies IRC - Emerson Bach, Biology IRC - Jerry Poliszczuk, Social Work IRC - Rebecca Misiasz, Kinesiology IRC - Grace O'Neill, Kinesiology IRC

1:30 – 2:15 p.m.	<p>Audit Team de-brief with Provost and QA Leaders</p> <ul style="list-style-type: none">- Dr. Ann-Barbara Graff (Provost and Vice-President, Academic)- Robin Gibson (Manager, Quality Assurance and Program Innovation)- Dr. Graydon Raymer, Dean, Faculty of Education and Professional Studies (Interim)- Dr. Nathan Colborne, Dean of Arts and Science- Dr. Jane Barker, Associate Dean of Arts and Science (Interim)- Dr. Nathan Kozuskanich, Vice-Chair, AQAPC
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Appendix D: Acronyms

AQAPC – Academic Quality Assurance and Planning Committee

CPR – Cyclical Program Review

CTL – Centre for Teaching and Learning

IRC – Internal Review Committee

ISS – Institutional self-study

OIPA – Office of Institutional Planning and Analysis

QAF – Quality Assurance Framework

RO – Registrar's Office