



International Standards and Guidelines Review

Self-Evaluation Document

*Ontario Universities Council on Quality
Assurance*

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Introduction

Preamble

The primary strategic goal of the Quality Council system – supported by the Quality Assurance Framework as a tool to achieve this goal - is to foster engagement within and across institutions for continuous improvement of degree programs. This Self Evaluation Document (SED) attempts to lay out how the Quality Council's structures and activities are designed to support this and how these functions attempt to avoid being overly process driven. That is, the quality assurance agency's structures and functions are intended to place continuous improvement - rather than simple compliance - at the heart of the quality assurance system in Ontario.

History of Quality Assurance in Ontario:

Rigorous assessment of university academic program quality has a long history (01 History of QA in Ontario) in Ontario. As early as 1968, Ontario conducted external appraisals of new graduate programs. In 1982, Ontario initiated periodic external review of approved graduate programs through the Ontario Council on Graduate Studies (OCGS). By submitting all new and continuing graduate programs to external quality appraisal, Ontario universities were trailblazers in the area of systematic and system-wide quality assurance in higher education within Canada.

In 1996, the Council of Ontario Universities (COU) adopted procedures for external auditing of university processes for reviewing undergraduate programs. The audits were to be conducted by the Undergraduate Program Review Audit Committee (UPRAC) and managed by the executive director of OCGS, under the direction of the Ontario Council of Academic Vice-Presidents (OCAV).

The quality assurance system in Ontario has also long valued self-reflection with the intent to improve itself. In 1999, the COU commissioned a former president of the University of Toronto to do an external review of the operations of OCGS, which subsequently implemented a number of the recommendations.

OCGS adopted its statement of Graduate University Degree Level Expectations in January 2005. This was followed in December 2005 by COU endorsing the Guidelines for University Undergraduate Degree Level Expectations (UJDLES) developed by OCAV. OCAV subsequently incorporated UJDLES into its UPRAC Review and Audit Guidelines with an implementation date of June 2008. OCAV's adoption of the Degree Level Expectations set out the academic standards of Ontario's universities. Each university was expected to develop its own institutional expression of the undergraduate and graduate Degree Level Expectations and to have them applied to each academic program. These same Degree Level Expectations statements are part of the Ontario Qualifications Framework (02 OQF), which describes the targeted knowledge, skills and learning outcomes that each postsecondary credential or qualification is intended to achieve.

In 2006–07, the COU commissioned a former chair and former president of Carleton University, Dr. Richard Van Loon, to do a comprehensive analysis of the long-established OCGS procedures. The recommendations in Van Loon’s 2007 report included establishing a new quality assurance body under the direction of OCAV and aligning the quality assurance processes for undergraduate and graduate programs.

Subsequently, a set of quality assurance protocols (the Quality Assurance Framework or QAF) was developed and approved by OCAV (February, 2010) and the Executive Heads of Ontario universities (April, 2010). The Ontario Universities Council on Quality Assurance (the Quality Council) was established in March, 2010 following approval by OCAV. The Quality Council’s initial membership was confirmed in June/July 2010 and its first meeting was held in July 2010. The work of the Quality Council is supported by an Appraisal Committee and Audit Committee. Its operations are managed by a Secretariat, headed by the Executive Director, Quality Assurance.

The QAF’s protocols have been adopted by all of Ontario’s publicly-assisted universities. In the spirit of the quality assurance system’s commitment to continuous improvement, the QAF requires that the Quality Council and the QAF be reviewed on an eight-year cycle. The first review took place in 2017 - 2018 and resulted in a range of modifications to the QAF that are incorporated in the revised version of the QAF (03 2021 QAF and 04 Summary of Key Changes 2010 to 2021 QAF) currently in use.

The Ontario Context:

The Quality Council is the quality assurance agency that oversees the quality assurance activities of the publicly-assisted universities in Ontario. The university sector in Ontario is comprised of 24 institutions offering degree programs at the undergraduate, masters, and doctoral levels across a wide range of academic disciplines and professional program areas. As of autumn 2023, Ontario’s universities were educating close to 560,000 graduate and undergraduate students (based on 05 COU Headcount Data). The universities themselves range in size from small (fewer than 15,000 students, which includes a handful of much smaller institutions) to large (more than 35,000 students) and serve both major urban areas and smaller, regional centres across the province.

The role and mission of the Quality Council are articulated in the QAF. The primary role of the Quality Council is to oversee quality assurance processes for all levels of programs in Ontario’s publicly-assisted universities. The universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance. Further, the Ministry responsible for university education in Ontario has also vested final authority for decisions (excluding government funding arrangements) about approval of new programs, reviews of existing programs and institutional quality assurance audits to the Quality Council (see ISG 1.1). As such, the Quality Council acts as the external oversight body for quality assurance in the university sector. It provides assurance to the system that quality assurance processes are sound; to the institution itself, to other institutions, to potential students, enrolled students,

employers, and funders both public and private. It is a vehicle of public accountability to those who have an interest in the experience of students who enter, undertake and graduate from a university program.

While primary responsibility for quality assurance rests with the institutions themselves, the Quality Council typically approves new programs and monitors their implementation and subsequent reviews (including of programs approved prior to the establishment of the Quality Council); assesses significant program changes, and audits the quality assurance mechanisms within institutions (03 2021 QAF p 11). Since this activity is always tertiary appraisal, it is fundamentally an audit function.

The mission of the Quality Council – as the provincial quality assurance body – is to assure “the quality of all programs leading to degrees and graduate diplomas granted by Ontario’s publicly assisted universities and the integrity of the universities’ quality assurance processes. Through these practices, the Quality Council also assists institutions to improve and enhance their programs. In fulfilling its mission, the Quality Council operates in a fair, accountable and transparent manner with clear and openly accessible guidelines and decision-making processes, and through reasoned results and evidenced-based decisions.” (03 2021 QAF p 14).

The Quality Council operates at arm’s length from both the institutions and the government of Ontario to ensure its independence of action and decision. While the Quality Council has fully autonomous decision-making authority with respect to all quality assurance matters, the universities it serves are required to be members of the COU (06 COU By-Laws 2024).

In sum, these points demonstrate that the universities collectively defer to the Quality Council’s authority because it has sight of all COU member institutions, which empowers it with the wisdom, knowledge, and experience to serve as an effective steward of quality assurance in Ontario.

The Protocols for which the Quality Council has Responsibility:

The Quality Council engages in four, broad quality assurance activities: Appraisal of new program proposals, oversight of institutional review of existing programs, oversight of modification of existing programs, and audit of institutional quality assurance practices. The protocols for each of these activities are described in detail in the QAF (03 2021 QAF). The language of the QAF is further supported by the QAF Guidance (07 2021 QAF Guide) and other related [resource documents](#).

Ontario’s universities enjoy a high degree of institutional autonomy, including around academic affairs. As a result, the QAF is not applied directly to each institution. Rather, each institution develops its own Institutional Quality Assurance Processes (IQAP), which minimally meets the requirements of the QAF.

Briefly, the main quality assurance protocols overseen by the Quality Council involve:

1. Appraisal of New Programs: The work to develop, externally review and internally approve a new program is carried out by the universities themselves. The QAF provides the

requirements expected for such a proposal and the Quality Council also provides a template for new program proposals. These requirements are articulated in the QAF, and in university IQAPs, as evaluation criteria against which each proposal is assessed. New program proposals must address all of these evaluation criteria.

Once developed by the academic unit, the proposal document is reviewed by qualified external reviewers who also attend a site visit and write a report – with recommendations – on the proposal. The Quality Council provides an optional template for this report. The academic unit proposing the new program provides a response to the external reviewers’ report and the Faculty/School Dean responsible for the proposed program provides a separate response to the program’s response and the external reviewer’ report. The proposal is then subject to internal, institutional governance (e.g., approval by Senate or similar body).

Once these steps are completed, the new program proposal, along with the external review report and internal responses, is submitted to the Appraisal Committee of the Quality Council. The Appraisal Committee assesses the overall completeness / quality of submission, the adequacy of external review / qualifications of the external reviewers, the adequacy / completeness of the internal response and whether additional information is required. It then makes a recommendation to the Quality Council with regards to the new program proposal. The range of recommendations the Appraisal Committee can make is Approve to Commence, Approve to Commence with Report, Deferred, Not Approve. The Quality Council reviews the recommendations from the Appraisal Committee and makes a decision. If the decision is Approve to Commence or Approve to Commence with Report, the university may start to advertise the new program.

If the Appraisal Committee’s recommendation is Approve to Commence with Report, Deferred, or Not Approve, the university may appeal the recommendation to the Quality Council. If there is an appeal, the ultimate decision of the Quality Council is final and binding.

It is worth noting that in the Ontario system, the government ministry responsible for funding degree programs will not approve funding for a new program until it has had written confirmation that the proposed program has been approved by the Quality Council.

2. Review of Existing Programs (Cyclical Program Review): To support continuous program improvement and to signal that quality assurance is never static, the QAF requires that universities review their existing programs on a cycle not to exceed eight years. This Protocol requires that the academic unit develop a self-study document which proves a critical self-reflection on the program, its strengths, weaknesses, and opportunities for improvement. The basis of the self-assessment is a set of evaluation criteria articulated in the QAF. The QAF, and the university IQAPs, require that these must be addressed in both the self-study and external reviewers’ report (see below).

Once written, the self-study is shared with qualified external reviewers who consider the content of the self-study, attend a site visit and write a report – with recommendations - on what they have read and observed. The Quality Council provides an optional template for the

external review report. The academic unit responsible for the program under review provides a response to the external reviewers' report and the Faculty Dean responsible for the program provides a separate response to the program's response and the external review report. These documents – along with the self-study – become the basis for the Final Assessment Report (FAR) and Implementation Plan (IP), which are the critical outcomes of the Cyclical Program Review. The FAR and IP identify the agreed upon action items and changes needed to maintain / improve the quality of the program and the specific actions and timelines with clear lines of responsibility critical to success of implementation of these plans. The primary responsibility for execution of the IP lies with the leadership of the program (at the program or departmental level, as appropriate). FARs/IPs are subject to university governance and approval, typically by Senate or a Senate sub-committee.

The QAF requires that an Executive Summary of the FAR along with the IP are posted on the university's website to support accountability to interested stakeholders. The QAF further requires the institution to monitor progress on fulfilling the action items of the IP and for these monitoring reports also to be posted on the university's website.

The FAR/IPs from program reviews are subject to a structured review by the Quality Council on a regular basis. The purpose of the Quality Council's review is to provide the university, when appropriate, with formative feedback to improve its Cyclical Program Review practices and to support accountability.

3. Major Modification of Existing Programs: Program renewal is an important feature of ongoing and continuous quality assurance and, indeed, of continuous program improvement. To encourage active evaluation, renewal, and change, the QAF provides for annual reporting on program renewal. Further, program renewal and significant changes to a program – which are referred to as major modifications – are articulated through a robust quality assurance protocol which does not require but may include the Quality Council's approval of individual proposals.

While universities themselves are best placed to determine the degree of change that is being proposed, the distinction between major modifications and new programs can, at times, be difficult to determine. The Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals. The Guidance to the QAF provides institutions with advice and concrete examples to help distinguish among minor modifications, major modifications and new programs.

The QAF requires that each university will set out within its IQAP the information required and steps to be taken internally for its own approval process for major modifications. As appropriate, this will include a requirement for the internal approval process to ensure that the proposed modification is in alignment with the relevant program-level learning outcomes. Further, the internal review and approval process should include an assessment of the impact the proposed modification will have on the program's students.

Each university is required to file an Annual Report (the Council provides a report template) to the Quality Council that provides a summary of major program modifications and program closures that were approved through the university's internal approval process in the past year. The Quality Council reviews these reports to ensure compliance with the QAF. From time-to-time, the Quality Council may determine that a submitted major modification is in fact the creation of a new program. In such cases, the Council will require suspension of admission to the program until such time as a full new program proposal has been developed by the university and approved by the Quality Council.

4. Cyclical Audit of Institutional Quality Assurance Practice: On behalf of the Quality Council, its Audit Committee carries out a quality assurance audit of each institution on an eight-year cycle. The audit is essentially a comparison of quality assurance policy versus practice. It evaluates whether the university follows its own IQAP as it develops new programs and reviews existing programs. It also looks for lack of alignment of university IQAPs with the requirements of the QAF.

The cyclical audit provides an opportunity for the university to evaluate its quality assurance policies and practices. It is supported by an assessment of performance by the Quality Council. The cyclical audit begins with a self-study, which enables the university to reflect on current policies and practices and the extent to which it demonstrates a focus on continuous improvement in the development of new programs and the cyclical review of existing ones. This institutional self-study is a cornerstone for the independent review conducted by the Quality Council through its Audit Committee.

For each cyclical audit, an Audit Team is established, comprised of members of the Audit Committee plus two members of the Quality Assurance (QA) Secretariat. The Audit Team reviews the university's self-study, conducts a desk audit of documentation associated with the development and cyclical review of a selection of the university's programs, and conducts a site visit. These activities enable intensive engagement with the university community that results in dialogue and, ultimately, an Audit Report that focuses both on current policies and practices and on the university's approach to continuous improvement. The report identifies best practices as well as areas for improvement.

The report written by the Audit Team is reviewed by the entire Audit Committee, which then makes a recommendation to the Quality Council to approve it. Once the university has had an opportunity to fact-check the report, the Quality Council in turn reviews the report and approves it or sends it back to the Audit Committee for more work. Once approved, the report is published on both the university's website and the Quality Council's website as a form of accountability.

Preparation of this Self-evaluation Document: The Quality Assurance Secretariat of the Quality Council drafted the SED. In doing so, it adhered to the guidance provided by INQAAHE and considered documentary evidence as well as formal, written submissions from key stakeholders such as the universities themselves. Consultation with senior staff of the COU supported the descriptions of the Council's legal status and financial governance presented in

this SED. Input was also sought from both the current and incoming Chairs of the Quality Council. A draft of the SED was shared with a Steering Committee which provided formative feedback. The Steering Committee was composed of representatives of the Quality Council and its two Committees, the Quality Assurance Secretariat and of OCAV. Following the Steering Committee stage of the development, the draft was shared with the Quality Council itself, which ultimately approved it on March 20, 2026.

Legitimacy, Mission, and Governance

ISG 1: Legal basis and recognition

The quality assurance agency is legally established and is recognized by relevant stakeholders.

1.1 Legal status and recognition by the higher education community:

Legal Status: As already noted, the Quality Council was established in 2010 by the COU (08 COU Press Release) and as such, the Quality Council falls under the corporate policies and legal requirements of its “parent” organization, COU.

The legal status of the COU as a not-for-profit corporation, in turn, is established by Ontario’s Not-for-Profit Corporations Act under the jurisdiction of the laws of Ontario, Canada (09 COU Legal Status).

The independence of action by the Quality Council from the COU in terms of quality assurance is defined by a set of “Principles for revised COU governance with respect to the Quality Council” (10 Independence Principles of QC and COU 2024), developed jointly with the COU Secretariat and approved by both the Quality Council and accepted by OCAV on behalf of the universities. These Principles specify that the Quality Council is an independent body in which the universities – by agreement of the Presidents and Provosts of the universities – have vested final authority for decisions concerning all aspects of quality assurance of the academic programs offered by member institutions of the COU. COU has expressed interest in making some minor revisions to these Principles. So, the document may be further refined over the coming months. Meanwhile, the nature of the Quality Council’s independence is also expressed throughout the QAF’s own Principles and Protocols of the Quality Assurance Framework itself (e.g., QAF Principles 2 and 3, 03 2021 QAF p 9). The delineation of the Quality Council’s scope of action from the COU is further refined through a Letter of Agreement (LOA) (11 LOA with COU) between the two organizations. The LOA also confirms that the COU acts as the legal entity for the Quality Council for contractual purposes.

The arm’s length relationship between the Quality Council and the COU is, therefore, somewhat complicated. It includes independence of action and decision regarding quality assurance, but connection for various legal and budget activities. Due to this level of

complexity, the Quality Council intentionally does not identify the legal connection to COU on its website.

Recognition: The standing of the Quality Council as the external oversight body for university program quality assurance in Ontario is recognized by the relevant ministry (currently known as the Ministry of Colleges, Universities, Research Excellence and Security, or MCURES). This is supported by historic correspondence between the Ministry and the COU and the Quality Council. For example, in a letter dated May 11, 2010, the then Deputy Minister noted to the then President of COU that “the Ministry program approval process is inextricably linked with the Quality Council’s quality assurance process.” (12 Ministry Ltr re QAF May 2010). In a July, 2011 update to the Ministry from the then Executive Director, Quality Assurance, the Quality Council is described as “the body responsible for new program approvals and audits of universities to ensure compliance with quality assurance protocols of the Quality Assurance Framework”. The update further specifies that the Quality Assurance Framework includes rigorous protocols for the review and approval by the Quality Council prior to a university seeking funding from the Ministry. (13 Briefing Note to MTCU July 2011) In other words, since its inception the Quality Council has been the Ministry’s “seal of approval” for creation of new university academic programs. This status was reconfirmed in correspondence related to the 2021 revisions of the QAF following its first external review (14 Ltr to Minister QAF April 2021 and 15 Ministry Ltr re QAF July 2021).

The standing of the Quality Council as the external oversight body for university program quality assurance in Ontario is also formally recognized by the universities. The QAF explicitly states that this external oversight function is the role of the Quality Council (03 2021 QAF p 9 Principles 2 through 6, and 03 2021 QAF p 11) and each institution’s IQAP commits to adhering to the Principles and requirements of the QAF. Both the QAF and the institutional IQAPs are published documents publicly available on the Quality Council or university websites, respectively.

Curriculum alignment is a core aspect of the Quality Council’s approach to quality assurance. The QAF requires that programs demonstrate alignment among course-level assessments, program-level learning outcomes and overarching statements of student achievement per credential level (bachelor/master’s/doctoral). These latter statements are known as degree level expectations (DLEs). The DLEs described in the QAF are the same as those codified in the Ontario Qualifications Framework (02 OQF) that is also used by Ontario’s [Postsecondary Education Quality Assessment Board](#) (PEQAB). They are also subscribed to by the Council of Ministers of Education, Canada (CMEC) (16 Ministerial Statement on QA of Degree Education in Canada p 10, section 7.3). The match of the QAF’s DLEs to those used by the Ontario Qualifications Framework, PEQAB and the CMEC is further evidence of the recognition of the Quality Council and its Framework by the higher education community.

The Review Panel which wrote the final report on the 2018 review of the Quality Council and the QAF reinforces that both are well recognized by the sector. As the Review Panel noted “It is clear that the system of quality assurance for Ontario’s universities has attracted considerable

support from the university sector.... The QC is credited by all stakeholders in considerably improving the commitment to best practice quality assurance throughout the university system and the ability to design and implement processes to support it.”

Finally, in the context of the current review, submissions directly from the universities (17 Stakeholder Submissions p 9 – 45) have indicated their perspectives on how the Quality Council, its Committees and the Secretariat mostly apply the QAF appropriately and perform their work efficiently, effectively and to the benefit of the universities. This assessment is only meaningful in a context where the universities recognize the role and authority of the Quality Council.

1.2 Legal entity within country’s regulatory framework:

See ISG 1.1 for a description of the regulatory framework.

1.3 Publicly share its legal foundation and recognition:

The status of the Quality Council as the external oversight body for quality assurance in Ontario is formally recognized by the institutions in their publicly available IQAPs, and is articulated in the QAF. Furthermore, each university’s quality assurance website provides links to the website of the Quality Council and the QAF.

Additional public promotion of the Quality Council’s role in quality assurance is provided by University Canada’s reference (18 Provincial QA systems Universities Canada) to the Quality Council as Ontario’s provincial quality assurance agency, the Quality Council’s participation in monthly cross-country meetings of Canadian quality assurance agencies (i.e., recognition by peer agencies within Canada) and the Quality Council’s membership of both INQAAHE and the Council for Higher Education Accreditation (19 MOA OUCQA and CIGQ Nov 2016).

ISG 2: Mission

The quality assurance agency has a defined and publicized mission that explicitly states its role in external quality assurance of higher education, outlining the purpose and scope of its activities.

2.1 Published Mission Statement:

The mission statement of the Quality Council has been described in the Introduction to the SED (see also Part One Appendix 1, 03 2021 QAF p 14). It is further elaborated on the Quality Council’s [website](#).

2.2 Stakeholder consultation / communication in developing the Quality Council's Mission Statement:

The original QAF – including the mission statement – was developed by a task force including representatives from OCAV (representing Provosts), OCGS (representing Deans of Graduate Studies), the Academic Colleagues of the Council of Ontario Universities (representing university faculty members), and UPRAC (responsible for the external auditing of university processes for reviewing undergraduate programs at that time).

The draft mission statement developed by the task force was consulted on and then formally approved as part of the approval of the QAF by the universities (as represented by OCAV) in 2010. It was also recognized by the government ministry responsible for university education which has recognized the final authority for decisions about all aspects of quality assurance to the Quality Council (see ISG 1.1). The mission was reapproved without amendments as part of revisions to the QAF arising from the 2017-18 review.

ISG 3: Governance

The quality assurance agency has a clear governance model, ensuring its independence and accountability to key stakeholders.

3.1, 3.2 and 3.4 Governance structure plus processes for appointing governing body members:

The Quality Council's governance structure is documented in the QAF. In particular, Appendix 1 of Part 1 (03 2021 QAF p 14) of the QAF describes the mandate of the Council and its [responsibilities](#) are described on its website. These are further elaborated in a set of Operating Principles (20 Operating Principles OUCQA). The Operating Principles further clarify the scope of authority of the Quality Council and the responsibilities of its members and the members of its two committees. They also provide a framework for issues of confidentiality, conflict of interest and quorum.

The composition of the Quality Council (21 Members of the Quality Council) is a reflection of the recognition of the Council by the higher education community. The Council members are primarily current academics at member institutions who represent a range of stakeholder constituencies. For example, there is a member from OCAV, one who is a Dean of Graduate Studies, an undergraduate Faculty Dean, a regular faculty member and so on. Balancing these are the Citizen Member and the Out-of-Province Quality Assurance Expert who bring to the table perspectives from outside the university sector. Beyond representation, the members are also selected for their expertise in primary and secondary assessment of program quality. The membership also reflects a mix of experience, including very experienced members as well as those who have more recently joined the Council through its normal renewal process. As Ontario has a number of bilingual/French language universities, the Quality Council's

membership (as well as that of the Appraisal and Audit Committees) also includes individuals who can function in both official languages.

The process for nomination and appointment of members of the Quality Council and its Appraisal and Audit Committees are also described in Appendix 1, Part 1 of the QAF: “All members of the Council will be appointed by OCAV, on the advice of the QA Secretariat, following an open nominations process. Members will be appointed for three-year terms, normally renewable once.” The exception to this process is the nomination of the Citizen Member (nominated and appointed by OCAV in consultation with university Executive Heads).

The Executive Director, Quality Assurance is the lead of the QA Secretariat. The Executive Director is an *ex officio*, non-voting member of the Quality Council and its two committees. The Executive Director is appointed by the Chair of the Quality Council in consultation with the Chair of OCAV.

Members of the Appraisal and Audit Committees are identified through a process of nomination by OCAV. All nominations by OCAV are conveyed to the Quality Council which makes a decision on which nominee to appoint. The Chairs of both Committees also sit as *ex officio*, non-voting members of the Quality Council.

While members of the QC and its Committees are appointed for renewable three-year terms, members may only miss three meetings in a row. Otherwise, they need to have a discussion with the relevant Chair and would likely be removed from the group if regular attendance remains an ongoing issue.

The arm’s length relationship between the Council and the universities means that the quality assurance system in Ontario will function most effectively if there is a strong collaborative relationship between the Quality Council and OCAV (the universities’ representative body). OCAV currently has two seats on the Council, but perhaps more regular dialogue between OCAV and the Quality Council (e.g., the Executive Director to attend OCAV meetings) would further strengthen this collaborative relationship.

The QAF mandates that the student is central to the purposes of quality assurance, the QAF protocols require student input as an important feature of institutional quality assurance activities and the Quality Council is diligent at seeking student input during the audit process and QAF reviews. **The Council would nonetheless welcome advice from the INQAAHE Review Panel on further approaches to incorporating the student perspective in its governance structures. If so, would including a representative from a student organization such as the Ontario Undergraduate Student Alliance (OUSA) be an appropriate method of doing so?**

3.3 Conflict of interest:

The Quality Council and its Committees employ a robust conflict of interest (20 Operating Principles OUCQA p 2) approach for discussion and decision making. No member of Council or

its Committees currently employed by an Ontario university will participate in a discussion or decision on a submission from his or her own institution. Members shall not participate in any discussion or decision in which they believe their impartiality may be affected by personal interest, by financial interest or by a recent personal or professional relationship with one of the parties. Members who believe they may have, or be seen to have, a conflict of interest on any matter before Council or its Committees shall declare it to the Chair in advance of the discussion.

3.5 Independence of governing body:

The Quality Council is the governing body – there is nothing higher. The QAF-mandated review of the Quality Council (03 2021 QAF p 9 Principle 6, and p 13) is the formal mechanism to ensure it is operating effectively and appropriately. The arm’s length nature of the Quality Council and its independence in decisions regarding quality assurance has been established in some detail in the Introduction and in ISG 1.

Organizational Capacity and Strategic Planning

ISG 4: Organizational structure

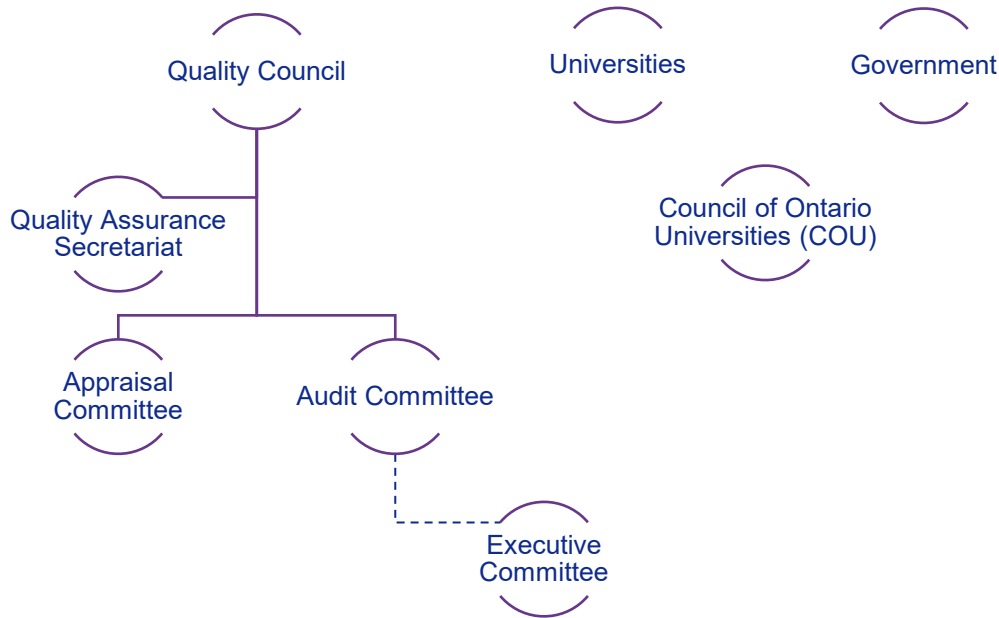
The quality assurance agency’s organizational structure supports the effective, efficient, and transparent execution of its mission and objectives.

4.1 Organizational structure with clearly defined roles:

The organizational structure of the Quality Council reflects the division of responsibility for quality assurance between the universities and the Quality Council.

Chart 1 demonstrates that there is no formal reporting obligation of the Quality Council to the universities, government or the COU. That is, it reflects the Quality Council’s independence of action.

Organizational Chart 1. The Ontario Quality Assurance System



The oversight role of the Council is distributed among the Council itself and its two Committees. This structure reflects and appropriately supports the key functional areas of quality assurance: New program appraisals (the Appraisal Committee), the cyclical institutional quality assurance audits (the Audit Committee), the review of institutional program review outcomes (the Quality Council) and the review of institutional program modifications (the Quality Council). The chart further reflects that the Quality Council has ultimate decision-making authority over all of these quality assurance activities. One limited area where this authority is delegated is in the case of expedited approvals (03 2021 QAF p 32) of new programs. In such circumstances the Appraisal Committee is the decision maker with a requirement to report the decision to the Quality Council for information.

The implications of this organizational structure for the successful operation of the Quality Council and its ability to fulfil its mission are further elaborated in the Quality Council’s [Annual Reports](#). These summarize the substantial volume of quality assurance effort made each year and indicate how this effort is shared among the different elements of the Quality Council’s structure (the Appraisal Committee, the Audit Committee and the Council itself).

Beyond the Annual Reports, the external reviewers’ report of the QAF from its first review (2018) noted that “It is clear that the system of quality assurance for Ontario’s universities has attracted considerable support from the university sector. Its self-regulatory governance and ownership continues to be highly valued, and there is no sign from government that it wishes significant change to these arrangements. The Quality Council is credited by all stakeholders in considerably improving the commitment to best practice quality assurance throughout the university system and the ability to design and implement processes to support it.” In addition, research by the Higher Education Quality Council of Ontario ([HEQCO](#)) provides evidence that

Ontario universities – all of which are subject to quality assurance oversight by the Quality Council – offer high-quality programs that support student success (17 Stakeholder Submissions p 52). Quality assurance as a tool to ensure a meaningful student experience is at the heart of the QAF and the Quality Council system (03 2021 QAF p 9 Principle 1). Finally, the universities consulted for the current INQAAHE review agreed that the Quality Council, its Committees and the Secretariat generally perform their work efficiently, effectively and to the benefit of the universities.

Organizational Chart 2. The QA Secretariat

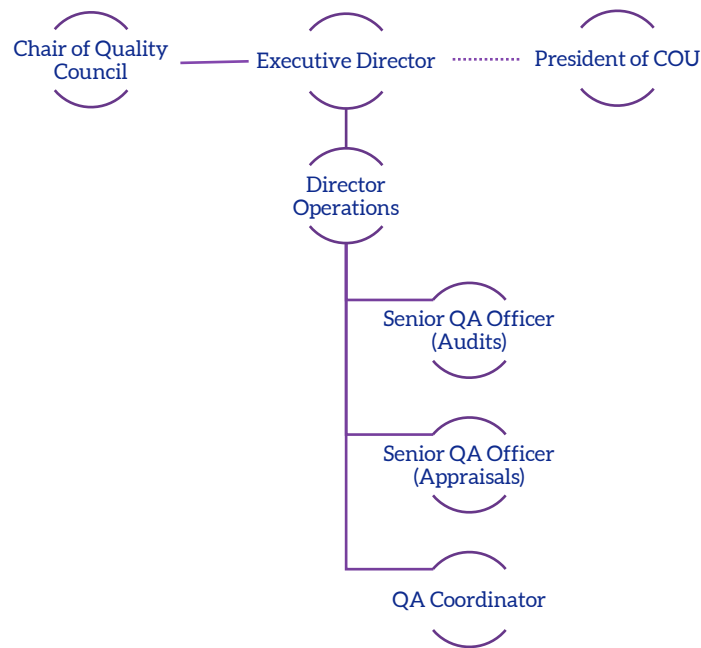


Chart 2 describes the organization of the QA Secretariat, highlighting key personnel and their roles. Of note is the distribution of effort between the Executive Director (responsibility for academic matters) and the Director, Operations (operational matters), although the two positions work closely on most things. It is also worth noting the separation of activities between the two Senior QA Officers – one with primary responsibility for supporting the appraisals process and the other with primary responsibility for supporting the audits. The dotted line between the Executive Director and the President of the COU reflects the Executive Director’s role as an advisor to the COU President on academic matters, typically unrelated to quality assurance.

In the context of the roles of personnel, it is important to note that the members of the Quality Council and its two Committees are *not* staff. They are all volunteers with expertise of quality assurance. The only true staff are the members of the Secretariat. The Chair of the Quality Council also receives an honorarium for filling that role, as do the two Committee Chairs.

4.2 Decisional authority:

The Quality Council has full decision-making authority for all aspects of quality assurance. The QAF (03 2021 QAF p 9) commits the Quality Council to make decisions that are transparent (Principle 9), based on due and iterative processes (Principle 5) and which recognize increased institutional responsibility for quality assurance (Principles 10, 11 and 12). The two Committees have the responsibility to make recommendations to the Quality Council. Operational decisions are made collaboratively and through consultation among the Chair (as appropriate), Executive Director and Director, Operations.

ISG 5: Resources and capacity

The quality assurance agency has adequate physical, financial, technological, and human resources to fulfil its mission and objectives.

5.1 Adequate resources

Following the redistribution of many quality assurance responsibilities to the universities as part of the creation of the QAF, the QA Secretariat was reduced to three full-time equivalent employees (FTEs) in 2012 – an Executive Director, a Manager of QA and a QA Coordinator. This staffing arrangement lasted until 2018, when the position of Executive Director was shifted to become more focused on the academic matters and the Manager of QA’s position was revised to take on primary responsibility for operational matters. To ensure the success of the Secretariat’s work, the current position descriptions require those holding these two positions to work very closely together on all quality assurance-related matters.

One of the recommendations arising from the 2017-18 review was to add an additional FTE to the Secretariat to assist both with succession planning and redistributing the workload. This new position was subsequently approved as part of the following year’s budget-setting process and the new staff member joined the team in 2018. Given subsequent additional expansions to the Secretariat’s responsibilities, one further position was added in 2021 to bring the Secretariat to its current staffing level of five FTEs, as reflected in Chart 2 in ISG 4.1 above. All restructuring of the Secretariat has been undertaken through consultation with OCAV and, when appropriate, with the universities’ Presidents. For the larger structural changes to the Secretariat, a business case must be developed and approved as part of the official budget approval process. This helps to explain why the additional resources are needed and to justify the associated cost increase to the universities. Approved budgets, monthly financial reports and quarterly forecast reports are also subject to the COU financial management and auditing processes, the latter of which is currently undertaken by Deloitte Canada. See ISG 5.4 below for more details on the budget.

Detailed job descriptions are in place for each member of the team that articulate the key responsibilities for each position and how these intersect with other positions within the team,

as well as the required qualifications and experiences. The two Senior Quality Assurance Officers also have specific and dedicated responsibilities for supporting the Appraisal and Audit functions, made clear through their job titles (e.g., Senior Quality Assurance Officer – Audits). The Executive Director must have a PhD and sufficient experience as a university senior administrator to provide the gravitas of and respect for the incumbent and the position they hold. The Executive Director’s position description has been provided for reference (22 Position Description Executive Director Mar 2021). The remaining descriptions for the rest of the Secretariat can be made available, upon request.

Given the small size of the team and the funding model that is in place to support the work of the Quality Council, its Committees and the Secretariat (see ISG 5.4 below), IT, HR and financial management supports are provided through COU’s Corporate Services team. These services are formalized through a letter of agreement (11 LOA with COU), with a cost recovery fee for various services provided.

The LOA also formalizes a long-standing practice whereby the QA Secretariat covers its share of the rent for the space occupied by COU’s Secretariat, as well as for rental of equipment such as printers. Physical resources such as laptops and furniture are purchased out of the Secretariat’s operating or capital budget, as appropriate. Costs associated with the original creation of and subsequent maintenance of technological resources such as the Quality Assurance Management System (QAMS) are also managed through the Secretariat’s operating budget.

5.2 Comprehensive induction program for new staff

All new staff joining the Secretariat are provided with an in-depth orientation and onboarding to their new role. This typically includes:

- A general orientation to the work of the Secretariat, as well as separate presentations on the appraisal and audit processes and another on the Quality Council and the supports the Secretariat provides accordingly
- A summary of the various pieces of work and issues that are in progress and coming up in the near future
- An organization chart, a workflow summarizing all of the key responsibilities of the Secretariat and who is responsible for what, a document guiding new staff on where to find key documents and resources that are available on the staff portal and the team’s shared network drive
- IT and HR orientations (by COU staff), as well as a tour of the COU offices and introductions to other staff
- An overview of the history of quality assurance in Ontario
- An orientation to QAMS (our data management system)

- A new Executive Director’s onboarding includes one-on-one meetings with each Provost, as well as with the COU President and other senior COU staff

New staff members are also very actively guided and supported through their work during the first year or so in the role. More generally, while ad hoc discussions between team members occur as and when needed, each team members meets one-on-one with their manager on a bi-weekly basis to discuss current and upcoming work priorities and any issues that may be on the horizon.

Examples of any of the onboarding material can be made available, upon request.

5.3 Regular opportunities for professional development

The QA Secretariat follows COU’s Staff Policy Manual, which outlines the organization’s commitment to and process for the staff’s professional development. This includes both opportunities for life-long learning, as well as training that is directly applicable to an employee’s role and responsibilities. Funds are allocated for each member of the team’s professional development and training as part of the annual budget setting process and new training needs and learning opportunities are discussed as part of the annual performance review process. Requests over and above the amount allocated in the approved budget can be considered on a case-by-case basis. Some examples of the types of professional development and training recently undertaken by members of the team include: attendance at the annual conferences organized by the HEQCO, French for business purposes diploma program, Generative and Agentic AI for Business, etc.

Each team member works with their manager to set their performance objectives at the outset of each academic year and, as per the COU policy and practice, undergoes an annual performance review, taking into account the team’s three-year strategic objectives. Once finalized, these are submitted to COU’s HR department and in part, are used to inform the annual salary adjustments and, as applicable, merit increases / bonus setting processes.

5.4 Sustainable funding model for long-term viability

There are four separate budgets managed by the Secretariat. The general operations budget comprises revenue arising from member assessments (which constitutes approximately 85% of the revenue) and cost recoveries from other funds. The total operating funds are used to cover the Secretariat’s salaries and benefits, Quality Council related expenses, and other operating and capital expenditures required to support the Secretariat’s day-to-day operations and projects. Internally restricted funds comprise fund balances of self-supporting activities – i.e., Appraisal and Audit Committee activities – that are operated on a fee-for-service basis. The excess of income over expenses from these programs/funds may be carried forward for the future funding of these activities/projects, or transferred to the operating fund to reduce future assessment fee increases. In addition to the Secretariat’s quality assurance related work, it also is responsible for administering three graduate scholarships and awards. A cost recovery is applied to these funds to help offset the QA assessment fee. The QA Secretariat’s budget setting,

approval and fiscal monitoring processes all follow those required by COU. This includes in the QA Secretariat's case a requirement for a 10% contingency surplus in its operating budget.

As noted, each university is assessed an annual fee (23 Fee Structure) to cover the budgeted costs of operating the QA Secretariat, which COU calculates using the same formula as the one it uses to calculate its own membership fees. For 2025-26, universities collectively pay \$850,500, which represents an increase of one per cent over the fee approved for 2024-25. Each university's annual assessment fee is billed quarterly by COU and sent to the office of the university's Executive Head. Following approval of the budget, the Secretariat sends a memo (24 Memo re 205-26 QA Fees) to the QA Key Contacts each year, detailing the approved fees.

ISG 6: Strategic planning

The quality assurance agency is guided by robust strategic planning, ensuring that its quality assurance activities align with its mission and support tracking progress and impact towards goals.

6.1 and 6.2. Strategic plan / Detailed operational plan:

As highlighted throughout the SED, quality assurance is a shared responsibility between the Quality Council and Ontario's publicly assisted universities. This collaboration ensures a culture of continuous improvement and support for a vision of a student-centred education based on clearly articulated program learning outcomes.

As noted elsewhere, the Quality Council was established by the COU to oversee quality assurance processes for all levels of programs in Ontario's publicly assisted universities. The universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance. Therefore, strategic planning is woven throughout the governance and operation of the Quality Council and incorporates the purpose, vision, mission and values of the QAF, as well as intersecting closely with the evolving needs of stakeholders and the work of the Secretariat team.

As mentioned in the Introduction, the primary strategic goal of the Quality Council system – supported by the QAF as a tool to achieve this goal – is to foster engagement within and across institutions for continuous improvement of degree programs. The strategic objectives of the Council are in fact articulated by the on-going roles and responsibilities of the Quality Council, which are to:

- Guide Ontario's publicly assisted universities in the ongoing quality assurance of their academic programs
- Review and approve proposals for new graduate and undergraduate programs

- Ensure through regular audits that Ontario's publicly assisted universities comply with quality assurance guidelines, policies and regulations for graduate and undergraduate programs
- Communicate final decisions regarding new program approvals on the Council's [website](#)
- Review and revise, from time-to-time for future application, the quality assurance protocols of the Quality Council, in light of its own experiences and developments in the field of quality assurance
- Liaise with other quality assurance agencies, provincially and elsewhere
- Undergo regular independent review and audit at intervals of no longer than eight years

While the Quality Council does not have a conventional strategic plan, the Council, supported by the Secretariat, works systematically towards achieving strategic goals and objectives. As the primary tool to achieve the Council's strategic goals, changes in strategic direction are primarily articulated as modifications to the QAF. This is true for changes to the scope or responsibilities of the Quality Council (Part 1 of the QAF) and to its functions (Part 2 of the QAF). Proposed changes to the QAF come from several sources including the periodic review of the QAF (e.g., the 2018 review); monthly meetings and strategic retreats of the Quality Council and requests from key stakeholders such as OCAV. Significant changes and the accomplishment of strategic goals are also detailed in the Council's Annual Report.

Review of the QAF: The first periodic review of the QAF resulted, for example, in the addition of a Principles section to the QAF as well as new material introducing each Protocol. The former changes were introduced with the explicit purpose to allow wider scope for interpretation and application of the QAF than had previously been the case (25 Report on the Review of the QC May 2018). The latter were introduced to clarify the purpose, scope and outcomes of the Protocols. Both sets of changes reflect a strategic repositioning of the work of the Council to facilitate a move towards greater institutional autonomy and to move beyond simple demonstration of compliance towards a focus on continuous improvement.

Quality Council Retreats: Strategic direction can also be identified by the Quality Council itself which, in addition to regular monthly meetings, holds biennial retreats to discuss issues of strategic importance (26 Past QC Retreat Agendas). These can and do lead to modifications to the QAF, following appropriate consultation. For example, the current QAF requirements regarding the mode of site visits (in person versus virtual) were developed following a discussion at a Quality Council retreat. Retreat discussions can also lead to changes in Quality Council process that reflect a particular strategic direction. For example, the development of the FAR/IP review pilot project decided on at a retreat, has now been implemented as a permanent practice designed to provide formative feedback to universities and to further support accountability.

Quality Council as Part of a Quality Assurance System: As the Council operates as part of a system (ISG 4) that includes, for example, OCAV and the COU, changes in strategic direction may be informed by interactions with those partners. For instance, a recent initiative to

reconsider the wording of the Degree Level Expectations was proposed by OCAV. This involved the effort of a working group comprised of university and Quality Council representatives, consultation with a variety of stakeholder organizations (for example, the COU Reference Group on Indigenous Education) and with the universities themselves.

Finally, the QA Secretariat sets three-year strategic goals for itself as a basis for staff performance management. These also apply to the Executive Director who reports to the Chair of the Quality Council who must, in turn, approve these strategic goals. The job requirements of the Secretariat staff include “connecting the dots” for purposes of supporting strategic direction. The Secretariat has held *ad hoc* retreats, as needed. The goals for the 2023 retreat were, for example:

- To affirm, adjust or recreate the structure for some of the Secretariat’s key responsibilities
- To discuss the Secretariat’s increased role in strategic communications regarding oversight and clarity of expectations and additional interpretation of evolving practices for all aspects of QAF implementation and implementation of adjusted oversight

6.3 Detailed and adequate budget:

A detailed statement about the budget and its adequacy can be found in ISG 5.

Quality Assurance Framework

ISG 7: Quality assurance procedures

The quality assurance agency conducts its external quality assurance activities based on transparent, clear, and comprehensive procedures.

7.1 Comprehensive, transparent, publicly accessible procedures:

To promote clarity, the quality assurance protocol details in the QAF are presented step-by-step in the sequence in which the steps should be completed by the institutions. The QAF presents flow charts, where appropriate, to provide high-level overviews of the major protocol steps. Further, each protocol is introduced with a brief contextual statement which clarifies its importance and purpose for university program quality assurance.

Beyond the QAF itself, the Quality Council’s website provides a Guidance document (07 2021 QAF Guide), which elaborates on various aspects of the protocols, such as distinguishing between a minor program modification, a major program modification and a new program (07 2021 QAF Guide p 34), guidance on CPR timelines (07 2021 QAF Guide p 42), on the concept of adjusted oversight (07 2021 QAF Guide p 6), and to support the universities’ work on meeting the QAF teaching and learning requirements (07 2021 QAF Guide p 14).

In the case of new program development, overall timelines are primarily driven by the timing of internal university process steps. As a result, the Quality Council does not specify timeline norms for new program development. Once ready to submit to the Quality Council, the university is asked to complete a submission checklist as part of the submission (27 Submission Checklist Template for New Program and Expedited Approval 2021). The Quality Council then commits to a 45-business day turnaround for a decision on a new program, provided that the submission is complete and in good order, and that no further information or external expert advice is required (03 2021 QAF p 28 section 2.6.3). To ensure that this commitment is met, the Quality Council and its Appraisal Committee both meet 11 times each year (28 AC and QC Meeting Dates and Deadlines 2025-26) with the Council meetings occurring roughly two weeks after the monthly meeting of the Appraisal Committee.

For appraisal of new programs, the QAF provides a robust appeal process (03 2021 QAF p 29). If the Appraisal Committee recommends that a new program proposal be Approved to Commence with Report, Deferred or Not Approved, the university can, within 30 days, submit an appeal to the Quality Council based on matters of fact, procedure, public policy concerns, or questions of fairness. The Quality Council will consider the Appraisal Committee's final assessment and recommendation, any additional comments from the university on the assessment and the appeal documents submitted and make a final, binding decision with regards to program approval. To date, the Quality Council has received one appeal.

In the case of cyclical audits, the Quality Council has established a schedule of audits (typically two institutions per year) which is available on the website (29 Revised Second Cycle Audit Schedule June 2024). For each institution, the audit timeline norms are conveyed by the QA Secretariat as part of the pre-audit orientation (see below in ISG 7.2) provided to each university both verbally and as a document, with a customized version of the timeline prepared for each university.

The protocol descriptions in the QAF and the Guidance documents are further supported by a set of Quality Council-approved [templates](#). Universities are encouraged to use these templates directly, but they may use modified versions of them tailored to their own internal process details.

7.2 Ensure providers understand what's required of them:

The Quality Council employs a variety of strategies to ensure that universities understand the expectations of the Ontario quality assurance approach described in the QAF. These are both formal (i.e., document / correspondence based) and less formal (e.g., orientation sessions).

Most formally, the QAF lays out the expectations / requirements in detail for each type of quality assurance process. Briefly, the protocols / information described in the QAF include:

- The process for submission of new programs with an accompanying submission checklist, which has been developed by the Appraisal Committee

- The QAF turnaround commitment for new programs (45 business days if the proposal is complete)
- The submission of FARs/IPs or annual reports on CPR activities with a submission coversheet (30 FARs IPs Submission Cover Page) that details CPR timelines and can provide context for delays, etc. (which is posted on the templates section of the Council’s website)
- The requirement for each university to submit an annual report on major modifications to existing programs. The Secretariat provides an accompanying cover memo which links to a template and related instructions and provides examples of adequate / inadequate descriptions of the program changes being reported (31 Request for Annual Report on Major Modifications 2024-25).
- As part of the audit process, each university receives a pre-audit orientation that explicitly informs them of the steps and expectations of the audit process. The pre-audit orientation and the audit launch letter to each university also provide key timelines and detailed guidance. The Secretariat will typically have multiple formal and informal interactions with the university to respond to questions and guide them through the process. Each university is asked to provide feedback on the pre-audit orientation to help improve the process used. Examples of the pre-audit orientation material is available, upon request.
- The [templates](#) used by the Appraisal Committee and Audit Committee members for their work are also posted on the Council’s website so the universities understand how they are being assessed
- The Appraisal Committee and the Quality Council provide letters regarding their recommendations, decisions and – as appropriate- requests for additional information. These letters provide detailed context for the requests for information and outline required next steps (with timelines). As such, they also serve as a tool to frame expectations and to assist institutions to understand what is required of them.

From time-to-time the templates, Guidance and even the QAF may be modified. In such instances, the QA Secretariat communicates the finalized changes (after consultation, where appropriate) to the university Key Contacts via email, with hyperlinks to the revisions. Copies of these communications are also posted on the Key Contacts’ Forum site to provide a permanent record of important past communications, available for when there might be turnover in university personnel. It is intended that the Key Contacts will share these changes with their institutional Senate (or equivalent) as a rationale when presenting changes to their IQAPs which may arise from any changes made to the QAF.

The QA Secretariat also facilitates two types of regular meetings of the university Key Contacts. The first of these, the Key Contact Exchange Forums, are held twice per year in virtual format. The Exchange Forums are mandated by the QAF (QAF section 1.4) and are intended to provide a context for high-level examination of system-wide emerging themes and ongoing challenges in quality assurance, and to facilitate the sharing of novel ideas and best practices in quality assurance as observed through the work of the Appraisal and Audit

Committees. They revolve around a topic identified by the Key Contacts themselves that typically relates to an aspect of their quality assurance work that they are struggling with or would like to learn more about from one or more universities that have been identified by the Council as doing good work in a particular area of their quality assurance work.

The second variety of Key Contact meeting is the Annual Meeting, held annually since 2014. The Annual Meeting provides a venue to explore topics of interest to, and selected by, Key Contacts in greater detail. Again, the overarching purpose is to share ideas and best practices in quality assurance within the context of the QAF's expectations and to provide a venue for networking / community building.

Less formally, the QA Secretariat invites all new Provosts to an orientation session which covers – at a high level - the entire set of quality assurance protocols and the expectations of institutions for these. The Secretariat is also available to provide a similar orientation and / or provide presentations on specific aspects of quality assurance to universities upon request.

ISG 8: Quality assurance standards

The quality assurance agency conducts its external quality assurance activities based on publicly available, clear, and actionable standards.

8.1 Clear and public standards and criteria:

The QAF lays out clear, specific and actionable standards the universities of Ontario must meet as described in some detail in the Introduction section and ISG 7 of this SED. All universities commit, in their IQAPs, to adhere to these requirements.

Part 1 of the QAF (03 2021 QAF p 9) describes the responsibilities of the institutions and the Quality Council, laying out in a formal, public fashion, what is expected of these key stakeholders with respect to quality assurance.

Part 2 of the QAF further elaborates on the standards and expectations required for quality assurance. It lays out the elements of quality assurance (03 2021 QAF p 19) as applied by the Quality Council and describes the evaluation criteria (i.e., standards) that institutions must address for new program development (03 2021 QAF p 24) and program review (03 2021 QAF p 42). These evaluation criteria are assessed by expert, independent reviewers (external reviewers) for new programs and programs under review. The external reviewers are required to provide recommendations to the institutions based on their assessment of the evaluation criteria.

8.2 Clarity on the expectations for universities:

The system we have supports, in a number of ways, the institutions' ability to demonstrate compliance with the standards / expectations of the QAF.

Introductory, context-setting sections were introduced for each of the quality assurance Protocols described in the QAF following the first review. These sections provide, for example, a statement of the objectives of each Protocol, the scope of its application and its primary outcomes before launching in to the process details. These help to explain the purpose of each Protocol and their expectations, accordingly.

The QAF material is supported by Guidance documents (07 2021 QAF Guide) and additional [resources](#) assist the universities' efforts to meet the expectations of / demonstrate compliance with the QAF standards. The QAF also provides a set of definitions (03 2021 QAF p 57), which help clarify concepts and curricular elements relevant to quality assurance (e.g., the concept of adjusted oversight, a definition of “degree program”, etc.)

At a more nuts-and-bolts level, the Quality Council provides a range of [templates](#) to support universities' ability to meet the Framework's expectations. The templates posted include those used by the Committees in their assessment of quality assurance activities (e.g., the Appraisal Committee's Lead Reviewer Report: Report on a New Program template) as well as templates provided for the use of the universities themselves (e.g., for the Institutional self-study associated with the cyclical audit process).

ISG 9: Fitness for purpose and institutional autonomy

The quality assurance agency ensures that its quality assurance procedures and standards are and remain fit-for-purpose for the different and evolving types of higher education providers and provision within its remit, acknowledging institutional autonomy and diversity.

9.1 Ensure quality assurance procedures and standards cover all education providers:

The QAF defines the scope of application (03 2021 QAF p 20) of the quality assurance processes to which the universities must adhere. The scope is defined widely with institutional responsibility for quality assurance extending to new and continuing undergraduate degree and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university. Each university is responsible for ensuring the quality of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding. This statement of scope aligns with the quality assurance activities for the primary academic offerings of universities in Ontario (degree and graduate diploma programs). It can therefore be said to help ensure that those activities are “fit-for-purpose”.

The primary tool used to ensure ongoing fitness-for-purpose is the Cyclical Audit process (03 2021 QAF p 49). The purpose of the Audit is to ensure transparency and accountability in the

development and review of academic programs, to assure students, citizens, and the government of the international standards of quality assurance processes, and to monitor the degree to which a university has: a) Improved/enhanced its quality assurance processes and practices; b) Created an ethos of continuous improvement; and c) Developed a culture that supports program-level learning outcomes and student-centered learning. The resulting Audit Report describes the extent to which the institution is compliant with its quality assurance policies and approximates best practice. Based on the findings in its Report, the Audit Committee makes recommendations about future oversight by the Quality Council and/or one or more of its Committees. Further, the Audit process provides the Quality Council with the capacity to observe the entire system which creates the opportunity for the Council to advise the entire sector on best practices and / or how to address challenges observed at the system level.

A further element of fitness-for-purpose is a recognition, in the QAF (e.g., Principles 7 and 8) and processes used for quality assurance, of the autonomy and diversity of provider institutions. As the primary agents for quality assurance, all institutions have designed and implemented their own IQAPs that are consistent not just with their own mission statements and their university DLEs, but also demonstrably embody the principles and procedures articulated in the QAF.

The IQAP is, therefore, a means by which the particular details of an institution (e.g., nuances in academic governance and terminology, local academic culture, etc.) may be addressed while ensuring the requirements of the QAF are also being met. It is also worth noting that the QAF permits universities to add elements to their IQAPs to capture special mandates such as institutional commitment to equity, diversity, inclusion and Indigeneity.

9.2 Review quality assurance procedures and standards on cyclical basis to ensure remain fit for purpose:

Educational and societal needs change over time so the Quality Council must have a mechanism to ensure the standards it upholds remain fit-for-purpose. The fact that the Quality Council and QAF must be reviewed periodically recognizes this fact.

While a periodic review of the Council and Framework is essential for maintaining fitness-for-purpose, the Council and its Committees continually evaluate the effectiveness of processes and procedures, and make amendments as needed between full reviews. For example, both Committees hold annual strategy meetings to discuss key trends in their work and any associated amendments that seem appropriate. A recent example was the revision to the Guidance on distinguishing major modification to an existing program from the creation of a new program. University Key Contacts at times were challenged to make this distinction and requested assistance. This resulted in a working group – made up of volunteer Key Contacts, members of the Audit Committee and the Secretariat – to review and revise the existing Guidance. This feedback loop between the Council and its Committees on the one hand, and the

end user group (universities) on the other, is a further tool used by the Council to ensure processes and procedures remain fit-for-purpose.

Similar to the annual strategy meetings of its Committees, and as noted above (e.g., ISG 6), the Quality Council itself holds a strategy retreat every two years. These also serve as a way for the Council to ensure ongoing relevance of the QAF and its requirements.

9.3 Develop/review quality assurance procedures and standards with key stakeholder consultation:

The review and amendment of quality assurance procedures and standards is facilitated primarily through the periodic review of the Quality Council and the QAF. Any changes proposed by the review are subject to robust stakeholder consultation. (see ISG 16 for more details) Essentially the same process of consultation is being used for the current, INQAAHE-led review.

Beyond consultations related to the periodic QAF review, consultation with Key Contacts around changes to the QAF and its Guidance happens in an ongoing manner as described in ISG 7.2 and elsewhere in this SED.

9.4 Considerations for minimising unnecessary burden on universities:

The issue of minimising burden is on the minds of both the Quality Council and the universities. As described in the submissions from the institutions (17 Stakeholder Submissions p 9 - 45), Ontario universities remain committed to a rigorous quality assurance regime but would welcome streamlining and / or reduction in required process. This topic has been a subject of discussion in the sector for a number of years, dating back to the 2018 QAF review.

As a consequence of the earlier review, a number of amendments to the QAF were introduced with the express goal of reducing the administrative burden for universities. While not an exhaustive list, these include:

- Appraisal - The focus of the Appraisal Committee when reviewing new program proposals was narrowed to focus only on external review outcomes and the teaching-and-learning elements of proposals. This has resulted in a reduction in requests for additional information to the universities.
- Appraisal - Faculty CVs are no longer required for new program submissions if the Appraisal Committee is satisfied that the external reviewers saw these and provided appropriate commentary.
- Appraisal - Reports on new programs subsequent to Quality Council approval are only required when significant additional action / resources are required to assure quality of new program.
- Appraisal / major modification – Proposals for new Graduate Diploma (Type 1) programs – awarded when a candidate admitted to a master’s program leaves the program after completing a prescribed proportion of the requirements – became the responsibility of the

university to quality assure under its major modification process instead of having to submit to the Appraisal Committee for review and approval.

- Appraisal and Program Review - The requirements for mode of external review (in-person versus virtual) have been relaxed both for new program appraisals and for program reviews.
- Program Review - Introducing the option for universities to submit an annual report on Cyclical Program Review activity to the Quality Council rather than submitting individual FARs/IPs.
- Audit - A reduced number of quality assurance activities to be selected to audit. The number was reduced from typically nine to six examples, thereby reducing amount of documentation to be assembled for the audit. In addition, major modifications to existing programs are no longer subject to audit.
- Audit - Introduced concept of “adjusted oversight” as consequence of a clean audit
- Audit - The one-year audit follow-up response from a university is no longer automatically required. Whether this requirement will apply is now determined by the findings of each individual audit.

The Audit Committee continues to routinely discuss ways to reduce burden within the audit process and has started actively thinking about this for the third cycle of audits, in particular.

While much progress has been made on reducing the administrative burden for universities, the Quality Council would welcome the advice of the INQAAHE Review Panel on other means toward achieving this goal, given the requests for further relief expressed in a number of stakeholder submissions.

Evaluation and Outcomes

ISG 10: Evaluation and decision making

The quality assurance agency’s evaluation procedures ensure its quality assurance findings are evidence-based, consistent, fair, and impartial.

10.1 Explain procedures used to ensure all key stakeholders understand basis / modality for quality assurance decisions:

The QAF provides detailed procedures and criteria for decisions about quality assurance. It also commits to fair, accountable and transparent decision making (QAF p. 14). In addition, as noted in ISG 7, significant effort is devoted to ensuring the institutions - via their Key Contacts - understand the basis and modality for Quality Council decisions. Regular interaction with Key

Contacts via the Exchange Forums (32 Agenda Key Contact Exchange Forum Feb 2024), the Annual Meeting of Key Contacts and correspondence all serve to inform and clarify the basis of decision making as has been noted earlier. It is worth noting that there are routinely panels of the Appraisal and Audit Committee members at the Annual Meetings and this provides a further conduit for information and clarification.

10.2 Consistency / fairness of findings (standardized assessment procedures, etc.)

The processes of the Quality Council and its Committees are supported by a number of tools to foster consistency, fairness, and impartiality in their findings and decisions.

New members of the Quality Council and its Committees are provided with in-depth orientation / onboarding. Taking the Audit Committee as an example, new members are initially provided with a one-on-one orientation session with the QA Secretariat. This focuses on the quality assurance system in Ontario, the QAF and its Protocols and the elements of the audits, in particular. It also provides insight into the roles and responsibilities of the auditors. This is followed at a later date by new auditor participation in the annual strategy meeting of the Audit Committee which provides additional orientation to, for example, Audit Committee policies and upcoming work, a review of Audit Committee processes, templates and guidance and similar training materials. Finally, new auditors are invited to attend institutional audit site visits as observers to provide an opportunity to further enhance their orientation to the work of the Audit Committee.

The robust conflict of interest policy (20 Operating Principles OUCQA p 2) adhered to by members of the Council and its Committees (ISG 3.3) helps ensure that decisions are unbiased and evidence-based. This approach is mirrored in the QAF requirement (03 2021 QAF p 27 and p 45) that external reviewers for both new program proposals and program reviews must be at arm's length to the program in question (see also ISG 11.3).

The use of [templates](#) by the Council and its Committees play a large role in the efforts to ensure consistency, fairness, and impartiality findings and decisions (see also ISG 8.2). In each case, the templates align closely with the requirements of the QAF (e.g., evaluation criteria) to facilitate consistency, fairness and impartiality of review. This in turn supports appropriate decision making as the decision makers (normally the Quality Council) can rely on clear, evidence-based information.

At each institutional audit some standard questions are asked, along with more institution-specific questions. In addition, auditors rely on an Audit Report template, with Guidance, and a compendium of the wording used for all recommendations, suggestions, causes for concern and commendations / best practices from Cycle 2 audits to date. These tools support consistency of style across all audit reports and help to ensure consistency of approach in determining what is considered a recommendation versus a suggestion to the universities, regardless of who the lead writer may be.

Similarly, the Quality Council itself makes use of templates in its review of FARs/IPs (33 Reviewer Survey - FAR IP) and major modifications to existing programs (34 Reviewer Survey -

Annual Report on MM). The purpose of the review of individual FARs/IPs is to monitor their key components to be able to provide formative feedback to universities to help them enhance the quality of their internal QA processes, and to provide accountability within the system. The purpose of the review of major modifications is to ensure such changes are indeed modifications to existing programs as opposed to inadvertent creation of new programs. For both purposes, the templates aid the Council members to make evidence-based decisions.

The appeal process for new program decisions (ISG 7.2) is a further tool to help ensure appropriate decision making. In the case of audits, a related opportunity exists. Each draft Audit Report is subject first to review by a fourth member of the Audit Committee not involved in that audit. This step is primarily undertaken to ensure consistency of approach both within the Report, but also between Reports. This step is followed by a fact checking step by the relevant university.

The Council also uses a technology-based approach to foster consistency. The data management system used by the Quality Council and its Committees (known as QAMS) allows for tracking of previous decisions and outcomes. Adjustments to QAMS are being made to better capture quality assurance outcomes in each of the Protocols to try and facilitate better continuity of practice.

While the Council and its Committees are committed to consistency and have a range of processes and tools to support this goal, there remains work to be done. The Appraisal Committee has raised issues of consistency in its submission to this review process and this has been echoed to some extent, by the universities in their submissions. The institutions have also raised concerns about consistency of Quality Council review of Annual Reports of Major Modifications. **The Quality Council would welcome the advice of the Review Panel on additional ways to support consistency and evidence-based decision making.**

ISG 11: Peer-reviewers

The quality assurance agency has policies for the recruitment, training, and appointment of a suitable pool of peer-reviewers, ensuring that they have the necessary expertise and preparation to conduct its different external quality assurance activities effectively, impartially, consistently, and professionally.

11.1 Documented policies for recruitment etc of peer-reviewers:

As noted elsewhere in this SED (e.g., see Introduction section), the universities themselves have primary responsibility for quality assurance, with the Quality Council acting as an external oversight body. For this reason, the recruitment, training, and appointment of peer-reviewers,

are not applicable to the Council's / QAF's processes. Nonetheless, the Council holds the universities accountable for appropriate recruitment, orientation, and appointment of peer-reviewers (external reviewers, in the language of the QAF).

To aid the universities in meeting the QAF's expectations for external reviewers (03 2021 QAF p 27 and p 45), the Council provides guidance to institutions for this work. This is the case both for new program processes and program review processes (07 2021 QAF Guide p 18).

11.2 Ensure appointed peer-reviewers have appropriate academic background:

QAF sections 2.2.1 and 5.2.1 describe the essential qualifications for peer-reviewers of new program proposals and program review self-studies, respectively. Reviewers should normally be associate or full professors, or the equivalent, have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes, and will be at arm's length from the program under review.

Confirmation that peer-reviewers selected by a university meet these requirements is obtained, for example, through completion of the mandatory submission checklist which institutions must submit when submitting a new program proposal (27 Submission Checklist Template for New Program and Expedited Approval 2021 QAF (Revised March 2025)). The Quality Council's website also provides examples of how to describe qualifications provided as a further resource to the universities (35 Submission Checklist External Reviewer Information Example).

Once a new program proposal has been submitted, the qualifications of the external reviewers are carefully considered by the Appraisal Committee. The lead reviewer template for Appraisal explicitly requests the Committee members to evaluate whether the external reviewers selected by the university meet the QAF's expectations (36 New Program Proposal Reviewer Template). In the rare cases that they do not, the Appraisal Committee can – and occasionally does – require the university to select an additional, more appropriately qualified, external reviewer.

The Quality Council's Audit Protocol provides an opportunity to observe quality assurance practices at each institution and to require adjustments when necessary. The process used to select external reviewers for new and existing program reviews is carefully considered through the audit process and scrutinized by the Audit Committee. For bundled program reviews when multiple disciplines are involved, the Audit considers the appropriateness of the process to ensure suitable disciplinary coverage by external reviewers. These features of the Audit provide further oversight of peer-review by the Quality Council.

While the current qualifications required for external reviewers are clear and the QAF provides a robust structure for confirming these in each case, submissions to this review have suggested that changes might be made to the requirements to ensure that program review recommendations are as useful to programs as possible. **The Council would therefore welcome the advice of INQAAHE on reviewer qualifications used in other jurisdictions to ensure an appropriately wide and deep scope of expertise.** These might include, for example, early- and

mid-career academics, as well as industry, business and community partners as determined to be appropriate.

11.3 Conflict of interest for appointment of external reviewers:

The QAF requires that peer-reviewers are at arm's length from the program under review in order to avoid real or perceived conflicts of interest. The meaning of arm's length is elaborated in the QAF guidance (07 2021 QAF Guide p 18) on selecting arm's length reviewers for new programs and Cyclical Program Reviews. The Council recognizes the criterion of arm's length is foundational to appropriate quality assurance, so the institutional process used to select arm's length peer-reviewers is also scrutinized in the Cyclical Audits of universities.

11.4 Comprehensive reviewer training:

As per ISG 11.1, training of external reviewers is not applicable to the Council's / QAF's processes. The Council does provide optional templates for external review reports both for new program proposals (37 External Reviewers Reports Template New Program) and program reviews (38 External Reviewers Reports Template Existing). These provide guidance to peer-reviewers – and the institutions – on reporting expectations for peer-review and ensure that all required standards are highlighted. In addition, the Audit considers in some detail how universities properly confirm that external reviewers (and internal reviewers, if used) understand their roles and responsibilities. Collectively, these efforts have been found to ensure sound, expert peer-review while avoiding conflict of interest. Nonetheless, submissions to this review suggest that more could be done to guide external reviewers in their work in order to ensure that program review recommendations are as useful to programs as possible.

11.5 Process for monitoring / evaluating performance of reviewers:

Performance evaluation of external reviewers is not applicable to the Council's / QAF's processes. However, the QAF requires universities to have a process for handling inadequate external reviewer reports (03 2021 QAF p 46) and the Audit examines the sufficiency of this process. During the Audit, universities are asked whether they seek feedback from external reviewers on their experience of the process. The Audit also probes whether internal reviewers (where used) are provided with an opportunity to give general feedback on review process, thereby potentially impacting on external review processes used by university.

ISG 12: Transparency of outcomes

The quality assurance agency publicly shares the findings of its quality assurance activity, in line with cultural, legal, and regulatory requirements, and publishes the list of those providers that have successfully met quality assurance standards.

12.1 Publicly share QA findings:

The focus of the QAF and the work of the Quality Council is on programs rather than institutions. That is, the Council does not accredit institutions. As a result, the Council's publicly shared quality assurance findings make reference to programs.

To support this ISG, the Council's website maintains a [list of approved programs](#) that have been approved under the requirements of the QAF. It also publishes all Audit Reports ([Audit Schedule and Reports – Ontario Universities Council on Quality Assurance](#)), both for the current cycle of Audits (Cycle 2) as well as those from the Cycle 1 audits. This webpage also publishes the one-year follow up reports on cyclical audits when they have been required. The audit findings are, therefore, archived in a public-facing fashion.

Quality assurance findings are further shared through [Annual Reports](#) (see also 39 QC Annual Report 2024-25). The Quality Council's Annual Report summarizes, at a high level, the volume of quality assurance activities (e.g., number of new programs approved) as well as emerging themes for the reporting year. The Annual Report is distributed to a wide range of stakeholders including the universities, the government, other quality assurance agencies, organizations that research and / or support higher education and student organizations. It is also worth noting that the Quality Council's Annual Report reflects a commitment made to the Ministry at the foundation of the Quality Council system (13 Briefing Note to MTCU July 2011) to ensure regular communication between the Council and the government.

The [Annual Report of the Key Contacts](#) (required by QAF section 1.4) serves to collate the findings of Key Contact meetings where emerging themes / challenges of interest to the entire sector are explored in detail (see also 40 Key Contact Annual Report 2024-25). In addition, the material related to Key Contact meetings is available on a password protected site to share more detailed outcomes of exchange forums / annual meetings that aren't for public sharing (notes; recordings of meetings; presentations; etc).

12.2 Publish a list of providers that successfully met the Quality Council's expectations, including information on the date of last review and the validity of findings:

As noted in ISG 12.1, the Quality Council has no mandate to accredit institutions, and does not have direct contact with external reviewers. Therefore, ISG 12.2 is not directly applicable to the Quality Council. Nonetheless, the public and other interested stakeholders can glean that all

publicly assisted universities in Ontario are broadly meeting the QAF expectations by reviewing, for example, the published Audit Reports, the listing of approved programs and the Quality Council's Annual Reports, mentioned above.

Quality Culture

ISG 13: Internal quality assurance

The quality assurance agency has transparent internal quality assurance mechanisms, that ensure its organizational structure, objectives, and activities remain fit-for-purpose and respond to the evolving nature of higher education and the changing policy environment.

13.1 Internal quality assurance mechanisms:

The QAF requires that an independent review of the QAF and its application by the Quality Council, its Committees, and the Secretariat must be conducted once every eight years. The primary objective of this review is to ensure that the policies and procedures continue to meet or exceed international standards of quality assurance. This formal and mandatory process scrutinizes the organizational structure, objectives, and activities of the Council and provides evidence that it remains responsive to the evolving nature of higher education and the changing policy environment (see also ISG 6). Evidence of the nature and impact of an independent review can be found in the report of the Review Panel from the 2018 review (25 Report on the Review of the QC May 2018) and the Steering Committee's report in response to that review (41 Review Steering Committee Report - June 2018).

In the current review processes directed by INQAAHE, an additional panel of Ontario-based reviewers has been added to the 2025 / 2026 INQAAHE team to ensure detailed review of / advice on how to improve the QAF itself.

Another approach to internal quality assurance is found in the fact that all protocol-related reviews (e.g., reviews of new program submissions by the Appraisal Committee, review of the outcomes of program reviews by the Quality Council, etc.) are performed by two "lead reviewers" (lead reviewers are members of the Appraisal Committee who do a detailed review of the submitted proposal and provide a detailed assessment of it to the entire Committee in support of the Committee's discussion of the file). This shared review responsibility serves as a tool to ensure consistency in review. To further support consistency, the Secretariat reviews all Quality Council and committee findings and point out discrepancies / where something has been missed / past precedents, etc.

On a different theme, the Council's budget is also subject to internal quality assurance via the annual financial audit process of the COU (see ISG 5).

13.2 Link internal quality assurance to the strategic / operational planning cycle:

The Quality Council does not have a conventional strategic plan. Nonetheless, reviews are integrated in a formal way into planning and decision making of the Quality Council. One mode for this is the incorporation of reviews in the strategic priorities, key objectives and performance measures of the Secretariat staff members. The strategic priorities are updated every three years and the key objectives and performance measure are updated annually. As the strategic priorities, key objectives and performance measures of the Executive Director must be approved by the Chair of the Quality Council, they also align with the overall planning of the Council's activities.

As an example, strategic objectives for the Secretariat for 2023 – 2026 include:

- Support the Quality Council and its Committees as they continue to evolve their thoughts on quality assurance in the context of broad, sector-level developments.
- Provide support to the universities as they incorporate principles of equity, diversity, inclusion, Indigeneity and access in their quality assurance practices.
- Continue to provide essential and valued services to the universities, the Quality Council and its Committees, including through increased oversight and analysis of communications to individual universities and across the sector to ensure consistency of messaging and facilitate sharing of best practices.
- Continue to repurpose the annual report and other communications to be public/government facing and targeted documents

13.3 Engage stakeholders in internal quality assurance processes to align with sector priorities:

Stakeholder engagement is a continuous activity of the Quality Council. The processes in place to support it are described in more detail in ISG 16.

As an example of the feedback between stakeholder needs (i.e., emerging trends) and internal quality assurance, Ontario universities have expressed the need for nimbleness in program development / program change in the face of changing government priorities. At the time of writing this SED, the Quality Council is working with them to see how that can be achieved most efficiently, while ensuring that quality assurance protocols remain appropriately rigorous. At the time of writing, a concrete example of this is a request from the Deans of Graduate Studies for the Council to reconsider its protocol for approval for certain types of graduate diplomas. The request is motivated by a desire on the part of institutions to streamline one of the QAF's protocols to allow a more rapid development of these sorts of credentials.

13.4 Establish feedback mechanisms for all staff, including external members of governing body / review panel experts:

At the level of operations, the QA Secretariat functions as a very collaborative team in which all members are regularly encouraged to provide input and ideas to strengthen processes and

improve workflow. In addition to the regular opportunities to provide feedback described in ISG 5, the Secretariat has held staff retreats from time-to-time.

While there are no external members, per se, on the Quality Council, two members represent stakeholders other than the universities of Ontario as described elsewhere in the SED. These members were explicitly added to ensure a perspective external to the Ontario university sector has a voice at the table. However, all members of Council are equal and able to provide feedback on processes in meetings and more specifically, as part of the Council's biennial retreat.

Quality Council members, as well as members of its two Committees, are aware that they can at any time provide feedback on organizational structure, objectives, and activities. Often such feedback occurs as part of regular meeting discussions. But beyond this, and more formally, Quality Council retreats and the annual in-person strategic planning meetings of the Appraisal and Audit Committees allow staff and the governing body to collectively address structures, objectives and activities as well as to assess whether these remain fit-for-purpose and are responsive to the evolving nature of higher education and the changing policy environment. A fairly recent example was the revision to the QAF to permit the option of virtual site visits. The push for this came from the institutions who found value in virtual site visits during the COVID pandemic. The idea was discussed at several Quality Council meetings with the result that the Secretariat was asked to poll the institutions on their experiences with virtual site visits. This in turn led to a detailed discussion at the 2023 Quality Council retreat and a subsequent revision to the QAF. This example illustrates the feedback potential inherent in the system to support fitness-for-purpose in a way that is responsive to the changing needs of the sector.

As noted previously (ISG 11), review panel experts (external reviewers) for QAF protocols are the concern of the institutions rather than of the Quality Council itself. Therefore, there is no dedicated feedback mechanism for such panel members. However, they can provide feedback if they wish via the anonymous feedback option provided by our website's [Contact Us page](#). This mode of contact is available to anyone who is interested to ask questions or provide advice.

ISG 14: External review of agencies

The quality assurance agency undergoes regular external reviews of its operations and engages proactively and constructively with the resulting recommendations and required actions.

14.1 The quality assurance agency undergoes regular external review:

During the 2017 / 2018 review of the Quality Council and the QAF, the External Review Panel generated a report (25 Report on the Review of the QC May 2018) with 15 recommendations

regarding both the Quality Council and the QAF. Most of the recommendations clustered around three related themes: (i) the desirability of a clear statement of principles, (ii) a maturing system with greater local authority for QA issues, and (iii) a lessening of bureaucratic and regulatory burden while increasing transparency and accountability.

The Steering Committee for that review then drafted a report (41 Review Steering Committee Report - June 2018) in response to the External Review Panel's report. The former was reviewed by the Quality Council and OCAV. Following suggested revisions, the Steering Committee's report became the formal response to the External Review Panel's recommendations. This was approved by both the Quality Council and OCAV.

This formal response document became the basis for an implementation phase in which the agreed to action items of the external review report were implemented (see ISG 14.2).

The Quality Council is currently in the midst of its second external review, with INQAAHE guiding the evaluation of the Quality Council itself. The process is similar to the 2017/18 review, but with some variances. For example, one of the important outcomes of the first review was greater clarity on the arm's length relationship between the Quality Council and the universities. This has translated into OCAV not being a decision maker in the second review, although OCAV has been - and continues to - be kept informed and heavily consulted. For similar reasons, the Steering Committee for the second review is not a decision-making body, but plays an advisory role.

A further difference between the first and second reviews is the addition of two Ontario-based, arm's length external reviewers to the Review Panel to ensure detailed review of the QAF and to offer advice on how to further improve it.

14.2 The quality assurance agency engages proactively and constructively with the external review process and its outcomes:

Once the direction of change in the QAF was agreed to following the 2017 / 2018 review, an implementation phase was initiated. An Implementation Committee was established with representation from the Quality Council and the universities (OCAV) with support from the QA Secretariat. The Implementation Committee in turn struck several Expert Panels. These were comprised of members of the Quality Council and its committees along with university (OCAV) representation. The Expert Panels explored introducing a set of Principles to the QAF, streamlining of the QAF's Protocols generally and a further Expert Panel was assigned to examine the Audit Protocol, in particular.

A very rigorous consultation process was used as the Expert Panels and Implementation Committee developed the detailed revisions proposed to the QAF. The full details can be seen in the attached document (42 Detailed Consultation Plan for the QAF Review Key Contacts). In short, the Quality Council went to significant effort to ensure active engagement of the sector with the external review process and its outcomes.

The current review has also included a rigorous degree of consultation to date, and the implementation phase will do so as well.

ISG 15: Integrity and transparency

The quality assurance agency adheres to defined ethical and professional principles, supported by formal policies and procedures that ensure integrity is embedded in all aspects of its work.

15.1 Ethical / professional principles for staff and members and QC to ensure integrity of operations:

While the Quality Council has decision making authority that is independent of the COU (Introduction and ISG 1), the staff of the QA Secretariat are required to abide by the COU policies covered by the COU's Staff Policy Manual. It describes policies and procedures related to corporate practices, including human resource management and employee conduct, among others.

The ethical and professional principles governing the Quality Council itself and its Committees are described in the Operating Principles section (20 Operating Principles OUCQA) of the Quality Council website. These address topics such as scope of authority, confidentiality, conflict of interest and the responsibilities of the members of the Council and its Committees. These are further reinforced through the Council's onboarding processes for new members and new staff (see ISG 5), as well as within the Committees' Terms of Reference (43 Appraisal Committee Terms of Reference May 2023 and 44 Audit Committee Terms of Reference and Role April 2024).

15.2 Publish key policies and procedures:

The Operating Principles of the Quality Council are published on the Councils website. The ethical position of the Quality Council is also articulated in its mission statement (03 2021 QAF p 14), which says, in part, "In fulfilling its mission, the Quality Council operates in a fair, accountable and transparent manner with clear and openly accessible guidelines and decision-making processes, and through reasoned results and evidenced-based decisions".

Taken together, these requirements and commitments ensure that the work of the Quality Council and its Committees is conducted with integrity and transparency. One concrete example around the requirement of confidentiality is provided by the practice that the program-specific material upon which the final Audit Report of a university is based is not made public. While the main Audit Report is available on the websites of the institution and the Quality Council, the program-specific material (comprised of the observations made by the auditors on specific programs) is shared only with the senior leadership of the university. This

protects confidentiality of the academic units that happened to be selected as samples for the audit process.

Sector Engagement and Enhancement

ISG 16: Stakeholder engagement

The quality assurance agency is aware of its stakeholder environment and proactively and strategically engages with a diverse range of stakeholders to support the development, implementation, and continuous improvement of its quality assurance activities, while advancing its mission.

16.1 Engages with diverse range of stakeholders to support development, implementation and continuous improvement of quality assurance activities:

As this SED has hopefully already made clear, throughout its history, the Quality Council has actively engaged with its key stakeholders on issues related to the practice of quality assurance and any proposed changes to the Framework itself.

A primary stakeholder group are the universities. The Council routinely consults with and involves the university Key Contacts on quality assurance-related issues. Some recent (past 3 years) examples where the input / advice of Key Contacts was sought include: updates to the QAF Guidance on major modifications, a sector-wide survey of universities' approaches to supporting quality assurance activities (45 QA Support Structures Report December 2025), seeking the institutions' experiences of the Quality Council's pilot project on the reviews of FARs/IPs (46 Reminder FARs IPs Pilot Project Survey), a survey on the universities' experiences of the pandemic and possible lessons learned, queries on how universities develop internal responses to external reviewer' recommendations for CPRs (47 QC Letter re FARs Internal Responses Process) and university input to the current review. On the last point, all Ontario universities were invited to provide written submissions structured around a set of guiding questions provided in the current review's Terms of Reference (48 Terms of Reference - 2025-26 Review of the QAF and QC).

In addition to the universities, the Committees of the Quality Council and other stakeholder groups (e.g., the Ministry, student organizations) were invited to provide written submissions for the current review. The input from submissions has served to inform the review and to ensure that it captures the current concerns and challenges of stakeholder groups with respect to quality assurance. (17 Stakeholder Submissions) These submissions have, for example, indicated that greater nimbleness in protocols would be welcome (see ISG 9.4)

The 2018 QAF review led to substantial updates to the Framework and hence to quality assurance practice. Detailed consultations with the universities and other stakeholder groups

(OCAV in particular) were carried out at that time to ensure all parties were aware of the proposed changes (42 Detailed Consultation Plan for the QAF Review Key Contacts). Further, the transition plan for implementation of the QAF changes (49 Transition Guidelines to QAF Updated Feb 2021 and 04 Summary of Key Changes 2010 to 2021 QAF) were shared with all stakeholders. The following process was used for consultation in the 2018 review:

- The QA Secretariat distributed an invitation to key stakeholders for submissions on their views of the Quality Council and the QAF. The requests for submissions were structured around a set of guiding questions that were articulated in the Terms of Reference for the review and suggested that the stakeholders use the questions to help shape their responses. The list of stakeholders consulted included all universities and key stakeholder groups from the universities (the OCAV Executive on behalf of OCAV, the Ontario Council on Graduate Studies, university Key Contacts), past members of the Quality Council, members – past and present – of both the Appraisal and Audit Committees as well as representatives of the Ministry, other quality assurance agencies in Ontario and student organizations. A subset of these – including all universities – were invited to meet individually with the external reviewers.
- Once the review report was written and decisions made about which of its recommendations to pursue, an implementation phase occurred. This led to revisions to the QAF and, again, there was a robust consultation process about these proposed changes. A series of briefing sessions was held with the universities, based on each of the main Protocols. Universities were sent the proposed draft changes in advance, representatives from the expert panels struck to work on the proposed changes to the Protocols guided the participants through the key changes. Participants were then invited to provide feedback, both through a template as well as through a series of focus groups. The feedback was themed / summarized and considered both by the expert panels and the implementation committee and taken very seriously.

A similar process will be used to consult and engage with stakeholders for the 2025-26 Review.

16.2 Involve relevant stakeholders in governance structure and consultation activities to inform development of the QAF:

As noted above (ISG 3), stakeholder involvement is built directly into the membership of the Quality Council. Its members represent faculty, Deans and Provosts the wider community (the Citizen Member) and a range of institutional sizes and mandates (21 Members of the Quality Council). The Quality Council is actively engaged with the governance structure of, and all decisions about, the QAF.

As described in ISG 16.1 and elsewhere (03 2021 QAF p 13), changes to the QAF and the system's governance structure are also subject to consultation with the Provosts (via OCAV) and the university Key Contacts. A nuance on this is that changes to Part 1 of the QAF (the Principles) is subject to *approval* by both the Quality Council and OCAV, while changes to Part 2 (the Protocols) may be made at any time by the Quality Council and reported subsequently to

OCAV. A collaborative relationship with the universities is, therefore, at the heart of a smoothly functioning system and it is highly valued by both the Council and the universities.

Ongoing engagement of Key Contacts is also facilitated via feedback surveys (50 Key Contact Feedback Survey Example). These are sent out to the participants of each and every Exchange Forum and Annual Meeting. The results from these are used by the Program Planning Committees (composed of Key Contacts themselves) in the design of future events. This feedback loop ensures Key Contact awareness of, and input to, issues that may lead to development of the governance system and of the QAF.

From time-to-time, as appropriate, the Council will also consult with related agencies such as the HEQCO (51 Invite to HEQCO re Review) and the PEQAB (52 Invite to PEQAB re Review) in order to better support the development and implementation of its quality assurance activities.

ISG 17: International engagement

The quality assurance agency engages internationally to support the development, implementation, and continuous improvement of its quality assurance activities.

17.1 Remain attentive to international / regional Quality Assurance developments and 17.2 Participate in knowledge sharing / joint QA activity:

While the Quality Council's mandate and primary focus in quality assurance within Ontario, it actively engages with international and regional / national partners to ensure its currency with quality assurance developments. For example, the Council is a member of both INQAAHE and the Council for Higher Education Accreditation (CHEA). The Council and CHEA also have a Memorandum of Affiliation (19 MOA OUCQA and CIGQ Nov 2016).

The Council receives updates and communications from both bodies which inform its quality assurance activities. While recognizing that both bodies host conferences and other gatherings, the Council currently cannot justify the costs of attending conferences in person to its member institutions, which have had to drastically cut their own professional development budgets due to sector-wide fiscal constraints. Nonetheless, representatives of the Quality Council and / or the Secretariat do attend webinars provided by these partner organizations. A recent example was the CHEA webinar on "Artificial Intelligence in the Service of Global Quality Assurance in Higher Education" held in September, 2025.

At the national level, the QA Secretariat participates in monthly meetings of all quality assurance agencies across Canada (53 X-Country QA Check in Meeting Agenda). These informal, virtual gatherings are an opportunity to discuss shared challenges, emerging issues and potential solutions. Another example of engagement at the national level is that the Executive Director, Quality Assurance was invited, in the autumn of 2025, to sit on a review

panel for another quality assurance agency (the Maritime Provinces Higher Education Commission). This provided an opportunity to explore in depth the similarities and differences in quality assurance processes in different regions of Canada. The Executive Director was also invited to provide input to the recent INQAAHE review of PEQAB.

Regionally, the Quality Council host the Exchange Forums and the Annual Meeting of Key Contacts to engage with Ontario universities around emerging topics / issues related to quality assurance (see also ISGs 7.2, 10.1 and 18.1).

The QA Secretariat also organizes a biennial Learning Outcomes Symposium ([2024](#), [2026](#)) with partner agencies in Ontario. This is a major professional development opportunity for practitioners across the entire higher education sector providing a venue to gather, network and share innovative practices. The Symposium typically attracts on the order of 200 participants.

Finally, the incoming Chair of the Quality Council (commencing July 1, 2026) has recently completed the International Quality Assurance Programme offered by the UK's Quality Assurance Agency for Higher Education and is completing her term as Co-Chair of the Campus Alberta Quality Council. Past Chairs of the Quality Council have also had experiences with quality assurance in other jurisdictions within Canada. This is a further indication that the Council works to ensure that it is engaged with current themes and developments in quality assurance for higher education.

17.3 Benchmark practices against internationally recognized standards:

The review panel struck for the 2018 QAF review included an international quality assurance expert, an expert from another Canadian province and a member familiar with the details of the Ontario system. This composition ensured that international standards were applied to the assessment of the Council and Framework at that time.

In the case of the current review, the Quality Council has engaged INQAAHE to evaluate the Council's activities. To the extent that INQAAHE's ISGs align with recognized international standards, the current review will provide appropriate benchmarking of the Quality Council's practices.

ISG 18: Thematic analysis and guidance

The quality assurance agency prepares and disseminates thematic analyses and guidance documents to contribute to the enhancement of higher education and quality assurance.

18.1 Develop thematic analyses of QA findings to flag emerging trends, etc.:

The Quality Council uses several approaches to develop thematic analyses of its quality assurance findings to identify emerging trends, areas for improvement, good practice and to inform continuous improvement in the sector.

For example, in advance of each institution's cyclical audit, the Appraisal Committee's assessments of new program proposals are analyzed for trends (54 Redacted AC Trends Analysis). That might mean, for example, that a university's new program submissions required repeated requests for additional information by the Appraisal Committee. The findings for these analyses are conveyed to the Audit Team responsible for the audit and become aspects of the university's quality assurance practice that are subject to greater scrutiny. In other cases, the analysis may find that an institution's new program submissions are very well done. This would be noted by the Audit Team and might lead to a commendation in the final audit report for that university if the finding is also supported by what is observed at the site visit.

The Quality Council's Annual Report (39 QC Annual Report 2024-25) is another venue where themes in quality assurance practice and outcomes may be analyzed. Typically, the Report identifies trends in the focus of new program proposals (e.g., an increased emphasis on STEM fields) and provides an analysis of major modifications to existing programs (e.g., what types of changes drive major modification, which might include, for example, changes to learning outcomes), the volume of program closures (which stands as a sign of a healthy quality assurance system) and so on. The Annual Reports are widely distributed to stakeholders across the sector.

Each year a Key Contacts Annual Report (40 Key Contact Annual Report 2024-25) is also published highlighting events organized by and for Ontario's Key Contact community, offering opportunities to explore emerging topics and address challenges in quality assurance. Topics may range from routine matters – such as approaches to FARs and 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.

As described in ISG 7 and elsewhere, Key Contacts participate in two Exchange Forums per year. Case studies based on findings from cyclical audits are often presented at the Exchange Forums. This is a further tool to identify and develop themes and to share them with the community to inform practice. As an example, one case study addressed Best Practice in

Information Sharing (55 Workflow and Guidance Best Practices Jan 2022). This approach builds a bridge between audit findings and quality assurance activities at the practitioner level.

18.2 Develop guidance documents to support universities' innovations in Teaching and learning / academic practice

At a general level, the Quality Council provides formal [Guidance](#) to a range of processes and concepts related to the QAF.

Under the QAF, universities themselves have primary responsibility for innovation in teaching and learning as well as in academic practice. Nonetheless, the Council does provide guidance on how to address the teaching and learning evaluation criteria for new programs and in program reviews (see ISG 18.1). The Council also provides resources to the universities to support their approaches to continuous program improvement (56 Handout on Approaches to Continuous Improvement). It also provides [tipsheets](#) to help with challenging areas such as coping with delays in cyclical program reviews.

Guidance is not static and ongoing effort is made by the Council, its Committees and the Secretariat to identify and develop illustrative examples of good practice that may benefit the sector. For instance, the Secretariat worked with members of the Audit and Appraisal Committees to identify examples of good practice on how universities address the teaching and learning evaluation criteria of the QAF. This led to an update to the Guidance on this topic both for new program proposals and for cyclical program reviews.

Finally, the biennial Learning Outcomes Symposium (ISG 17.1) serves as a venue for sharing innovations and best practices / networking for the quality assurance. This is a further forum where emerging themes in higher education, such as Indigenous truth and reconciliation and artificial intelligence, can be explored by quality assurance practitioners.

18.3 Engage with sector experts and stakeholders to determine themes / content for guidance

QAF Guidance typically emerges from several sources, including:

- Key contact meeting / exchange forum discussions where a request for additional guidance might be made by our key stakeholder group (i.e., quality assurance practitioner community of practice). These meetings have been described in more detail elsewhere in the SED (see also ISGs 7.2, 10.1, 17.1 and 18.1).
- Discussions at Committee and Quality Council meetings that identify gaps in guidance. A recent example are the revisions to the Guidance on universities can best address the evaluation criteria for the assessment of teaching and learning. The need for updated guidance was flagged by the Appraisal Committee and subsequently a working group of the Appraisal Committee and the Audit Committee was struck to refine the Guidance.

Regardless of the source of changes to guidance, all proposed changes are carefully reviewed by the relevant committee(s) and QC before finalizing. This process includes step a to share drafts with Key Contacts for feedback prior to the final adoption (typically via endorsement by the QC).

List of evidence

- 01 History of QA in Ontario
- 02 OQF
- 03 2021 QAF
- 04 Summary of Key Changes 2010 to 2021 QAF
- 05 COU Headcount Data
- 06 COU By-Laws 2024
- 07 2021 QAF Guide
- 08 COU Press Release
- 09 COU Legal Status
- 10 Independence Principles of QC and COU 2024
- 11 LOA with COU
- 12 Ministry Ltr re QAF May 2010
- 13 Briefing Note to MTCU July 2011
- 14 Ltr to Minister QAF April 2021
- 15 Ministry Ltr re QAF July 2021
- 16 Ministerial Statement on QA of Degree Education in Canada
- 17 Stakeholder Submissions
- 18 Provincial QA systems - Universities Canada
- 19 MOA OUCQA and CIGQ Nov 2016
- 20 Operating Principles OUCQA
- 21 Members of the Quality Council
- 22 Position Description Executive Director QA Mar 2021
- 23 Fee Structure
- 24 Memo re 2025-26 QA Fees
- 25 Report on the Review of the QC May 2018
- 26 Past QC Retreat Agendas
- 27 Submission Checklist Template for New Program and Expedited Approval 2021 QAF
- 28 AC and QC Meeting Dates and Deadlines 2025-26

- 29 Revised Second Cycle Audit Schedule June 2024
- 30 FARs IPs Submission Cover Page
- 31 Request for Annual Report on Major Modifications 2024-25
- 32 Agenda Key Contact Exchange Forum Feb 2024
- 33 Reviewer Survey - FAR IP
- 34 Reviewer Survey - Annual Report on MM
- 35 Submission Checklist External Reviewer Information Example
- 36 New Program Proposal Reviewer Template
- 37 External Reviewers Reports Template New Program
- 38 External Reviewers Reports Template Existing
- 39 QC Annual Report 2024-25
- 40 Key Contact Annual Report 2024-25
- 41 Review Steering Committee Report - June 2018
- 42 Detailed Consultation Plan for the QAF Review Key Contacts
- 43 Appraisal Committee Terms of Reference May 2023
- 44 Audit Committee Terms of Reference and Role April 2024
- 45 QA Support Structures Report December 2025
- 46 Reminder FARs IPs Pilot Project Survey
- 47 QC Letter re FARs Internal Responses Process
- 48 Terms of Reference - 2025-26 Review of the QAF and QC
- 49 Transition Guidelines to QAF Updated Feb 2021
- 50 Key Contact Feedback Survey
- 51 Invite to HEQCO re Review
- 52 Invite to PEQAB re Review
- 53 X-Country QA Check in Meeting Agenda
- 54 Redacted AC Trends Analysis
- 55 Workflow and Guidance Best Practices Jan 2022
- 56 Handout on Approaches to Continuous Improvement

Acronyms and Abbreviations

| Acronym / abbreviation | Full name |
|------------------------|---|
| AC | Appraisal Committee |
| ARoMM | Annual Report on Major Modifications |
| AuditC | Audit Committee |
| CHEA | Council for Higher Education Accreditation |
| CMEC | Council of Ministers of Education, Canada |
| CPR | Cyclical Program Review |
| COU | Council of Ontario Universities |
| DLE | Degree Level Expectation |
| EDII | Equity, Diversity, Indigeneity and Inclusion |
| FAR | Final Assessment Report |
| HEQCO | Higher Education Quality Council of Ontario |
| IP | Implementation Plan |
| IQAP | Institutional Quality Assurance Processes |
| ISG Review | International Standards and Guidelines Review |
| LOA | Letter of Agreement |
| MOU | Memorandum of Understanding |
| OCAV | Ontario Council of Academic Vice-Presidents |
| OCGS | Ontario Council on Graduate Studies |
| OUSA | Ontario Undergraduate Student Alliance |
| PEQAB | Postsecondary Education Quality Assessment Board |
| QA | Quality Assurance |
| QC | Quality Council |
| QAF | Quality Assurance Framework |
| QAMS | Quality Assurance Management System |
| Quality Council | Ontario Universities Council on Quality Assurance |
| SED | Self evaluation document |

| Acronym / abbreviation | Full name |
|------------------------|--|
| UUDLES | Undergraduate Degree Level Expectations |
| UPRAC | Undergraduate Program Review Audit Committee |

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