



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

**REPORT ON THE QUALITY
ASSURANCE AUDIT OF THE
ROYAL MILITARY COLLEGE
OF CANADA**

SEPTEMBER 2025

Contents

Introduction to the Cyclical Audit for Royal Military College of Canada	1
The Quality Assurance Context at Royal Military College of Canada.	3
Findings Arising from the Quality Assurance Audit of the Royal Military College of Canada	4
The 2014-2015 Audit	5
Implications of the Institutional Self-Study	7
Commendations (QAF 6.2.7)	10
Causes for Concern (QAF 6.3)	11
Recommendations to the Institution	12
Suggestions to the Institution	14
Conclusion and Next Steps for Royal Military College of Canada	20
Appendix A: Overview of the Quality Assurance Audit Process for Royal Military College of Canada	21
Appendix B: Auditor Bios	27
Appendix C: Site Visit Schedule	29
Appendix D: Acronyms	33

Introduction to the Cyclical Audit for Royal Military College of Canada

The Royal Military College of Canada (RMC) was established by an act of the Canadian Parliament in 1874 "for the purpose of providing a complete education in all branches of military tactics, fortification, engineering, and general scientific knowledge in subjects connected with and necessary to thorough knowledge of the military profession." On June 1, 1876, the Military College of Canada opened its doors to the first class of eighteen cadets. Two years later, in 1878, Her Majesty, Queen Victoria, granted the College the right to use the prefix "Royal."

RMC distinguishes itself among Ontario universities in its purpose-driven mission and funding structure. It is one of 24 publicly funded universities, but it is the only Ontario university to receive most of its funding from the federal rather than the provincial government. Because of its unique funding source and administrative structure, RMC does not have to comply with the Quality Council requirements, including cyclical audits, but decided to do so to ensure continuous program improvement and demonstrate that the institution meets quality assurance standards that are compatible to other Ontario universities. "The Royal Military College of Canada Degrees Act, 1959," passed by the 25th Ontario Legislature and given Royal Assent on March 26, 1959, empowers the College to confer degrees in Arts, Science, and Engineering. Each of these program areas is housed within a Faculty with a Dean and a complement of faculty and staff to support the programs offered at both the undergraduate and graduate levels. Programs are offered in both French and English, which is another distinctive feature compared to most other universities in Ontario.

This specialized university is one of the smallest in Ontario. Enrolments in 2025, as reported by RMC, include 1,200 full-time undergraduates, 298 full-time graduate students, 560 part-time undergraduates, and 350 part-time graduate students. All students enrolled in the Regular Officer Training Program (ROTP) who graduate from RMC must have successfully completed their academic program as well as the leadership training, military and physical training, and second language training, otherwise known collectively as the Four Pillars.

The audit of RMC described in this report was conducted using the provisions of the 2021 version of the Quality Assurance Framework (QAF) that is overseen by the Ontario Universities Council on Quality Assurance (the Quality Council). The QAF describes procedures for the academic review of proposed new degree programs and the periodic review of existing degree programs in Ontario's university sector. The Framework draws on the long experience of Ontario universities in undertaking quality assurance and brings together best practice at both the undergraduate and graduate levels. All Ontario universities have agreed to abide by this Framework, and each university has developed an Institutional Quality Assurance Process (IQAP) that complies with the QAF and provides each university with an internal policy for the conduct of quality assurance. In 2018, the QAF and the Quality Council underwent an external review. This process led to a revised Quality Assurance Framework being approved in 2021, and the Ontario universities revised their IQAPs accordingly.

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

The first cycle of audits under the 2010 QAF commenced in 2012, and was completed in 2020, with two to three universities being audited in each year. RMC was in the third group of universities undergoing an audit in 2014-15. The second cycle of audits commenced in 2022, and RMC is again one of the third group being audited in 2024-25.

The Audit Team followed the Audit Process as described in the Quality Assurance Framework (QAF 6.2, please refer to Appendix A). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership (see brief biographical information in Appendix B)., and along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset. Upon receipt of the preliminary document, the Audit Team selected and reviewed a sample of programs for audit from the Cyclical Program Review Protocol. The process involved a desk audit using the University's self-study, records of the sampled programs, and associated documents, followed by a site visit. During the site visit from February 12 – 14, 2025 (see Appendix C for the site visit schedule), the Audit Team met with the University's senior leadership, those with important roles in the quality assurance process, and representatives from those programs selected for audit. Additionally, the Audit Team met with University representatives from three separate programs who were currently engaging in their Cyclical Program Review. Following the audit, the Audit Team prepared a report, with Causes for Concern, Recommendations and Suggestions, subject to a multi-stage review process and final approval by the Quality Council.

The following comprised the Audit Team for the Royal Military College of Canada audit

Dr. Serge Desmarais

Dr. Michel Laurier

Dr. Sharon Regan

Dr. Christopher Evans, Quality Council Secretariat support

Ms. Cindy Robinson, Quality Council Secretariat support

The audit process is both complex and time-consuming for all sectors of the University, from QA staff, to faculty and administration. It was clear to the Audit Team that there is a strong commitment to quality assurance at the RMC, with deep engagement from the Commandant, Principal and Vice- Principal Academic. The Audit Team heard many positive comments about

the Director of Quality Assurance and the support this office - an office comprised of essentially one person - provides to the RMC's faculty and staff. The Audit Team was encouraged to see the positive changes that have taken place over the past few years to enhance all processes associated with quality assurance as well as the engagement of Deans, program heads, and members of academic programs. The Audit Team appreciated the openness and positive approach with which everybody answered the Audit Team's questions, even when the questions ventured into difficult areas where some could have felt defensive.

The Royal Military College of Canada provided auditors with extensive documentation for the audit well in advance of the site visit. Requests for additional information and documentation were handled in a timely manner. The site visit, an intense series of meetings over a three-day period, was very well planned, and auditors commend those responsible for organizing the meetings and offer their thanks for the hospitality and assistance they received throughout their stay.

The Quality Assurance Context at Royal Military College of Canada.

Quality assurance (QA) policies, practices and procedures at RMC are governed by the University's Institutional Quality Assurance Processes (IQAP). RMC's IQAP was originally approved by the institution in May 2010 and ultimately ratified by the Quality Council on April 5, 2011. This first version of the IQAP was approved by Senate on June 2, 2011. The IQAP was subsequently revised by RMC on several occasions and then re-ratified by the Quality Council on June 23, 2011, and December 16, 2013. As part of the implementation strategy in response to the revised 2021 Quality Assurance Framework (QAF), RMC created a codicil to map the transition from its previous IQAP to the revised version pending re-ratification. The most recent version of the IQAP was re-ratified in 2022 (v3.1) to be aligned with the 2021 QAF.

Under its most recent IQAP, the RMC Senate has ultimate authority over quality assurance for all academic programs but the responsibility for quality assurance oversight is the purview of the Vice-Principal (Academic). Unlike many universities in Ontario, RMC does not have a Senate sub-committee that oversees quality assurance.

The management, guidance, and support to program heads undergoing CPRs of both the undergraduate and graduate programs is placed under the Director of the Office of Quality Assurance, reporting to the Vice-Principal (Academic). The Office of Quality Assurance Office is also responsible for the revisions to the IQAP manual and for contact with the Quality Council should any revisions be required.

Most aspects of the CPR process are the responsibility of the relevant Dean. The self-study and program response to the external reviewers' report are written by the Program Head and submitted to the appropriate Dean(s) for their review and approval. Drafting the Final Assessment Report (FAR) and Implementation Plan (IP) is also the responsibility of the appropriate Dean(s). These documents are then approved by the Vice-Principal (Academic) who submits them, along with an institutional Executive Summary, to the Senate for approval.

The initial draft of proposed new undergraduate and graduate programs must be approved by RMC's Board of Governors which, unlike Boards of Governors at other Canadian universities, serves as an advisory body to senior administration. Upon approval from the Board, new program briefs are submitted through the Dean to the applicable Internal Review Committee (IRC), either the Syllabus Committee for undergraduate programs or the Graduate Studies Committee for graduate and post-graduate programs. Recommendations are then forwarded for final approval by the Senate through the Faculty Council. It is worth noting that, for various reasons, including many beyond the control of administrators and faculty at RMC, no new full degree programs have been introduced by the University since the introduction of the Quality Assurance Framework in 2010.

The approval of program changes is assumed by the Faculty Board based on the recommendation of the Syllabus Committee which is responsible for undergraduate programs or Faculty Council based upon the recommendation of the Graduate Studies Committee that oversees graduate programs. RMC has recently improved its processes to ensure that all major modifications are accurately captured.

Prior to the site visit, the Audit Team was informed that a Canadian Military College Review Board was about to release a report that may impact RMC along with other Canadian Military Colleges. The Team was notified that the report was completed in March 2025, as the Audit Report was being drafted. The Audit Team acknowledges that recommendations of the military review may affect processes associated with quality assurance at RMC, similarly with the Recommendations and Suggestions included in this Audit Report.

Findings Arising from the Quality Assurance Audit of the Royal Military College of Canada

The findings of this audit are based on the following:

- The report of the 2016 Audit and the University's responses;
- Advice from the Quality Council on areas where it has observed issues related to systemic CPR delays as well as concerns related to the use of accreditation reviews to replace some aspects of the CPR;
- RMC's 2024 Institutional self-study;
- A scan of quality assurance-related pages on the University's website;
- The desk audit of documentation provided by the University for five programs that have undergone Cyclical Program Review; and,
- Information gathered at meetings with groups and individuals during a site visit at the Royal Military College including meetings with representatives from programs where the CPR is currently in progress.

The findings of this Audit lead to a series of Commendations, Causes for Concern, Recommendations, and Suggestions. Further details on these findings can be found in the subsequent sections of this Report.

The 2014-2015 Audit

The Quality Council conducted an audit of RMC in 2014/15 to assess the institution's compliance with its own IQAP and its alignment with the first version of the Quality Assurance Framework. The University received an Audit Report in October 2015 from the Quality Council and, as per the requirements of the 2010 QAF, were required to submit a one-year follow-up report. The follow-up report was submitted in December 2016 describing progress made on implementing the Audit Report's Recommendations and was deemed compliant with the Audit Report's Recommendations. RMC modified their IQAP in 2016 (v2.1) based on the feedback received from the cycle one audit as well as consultation with institutional stakeholders, but while the Auditors' Report on RMC's one-year response indicated the need to further revise its IQAP and then submit it to the Quality Council for re-ratification, this step was not taken by the University. Consequently, RMC was using a non-ratified version of its IQAP to conduct all its quality assurance activities for several years, including for those CPRs selected for this current audit (see Recommendation 1). Further changes were made to the IQAP following the release of the 2021 revised QAF resulting in version 3.1 of the document, which was ratified by the Quality Council.

There were 11 Recommendations and 24 Suggestions in the 2014-2015 Audit Report. Recommendations dealing with the CPR process included the requirement to align the nomination and selection process of internal and external members to the CPR review committee with the QAF, the need for the VPA to meet with members of the External Review Committee to provide guidance about the scope of the review and the responsibility of the Committee, and the need to clarify who was responsible for the approval of self-study reports. Other recommendations focused on the consistency of materials sent to the members of the review committee, and the determination of who is responsible for sending these documents to external reviewers. For the most part, RMC has followed these recommendations but some of the recommendations still require improvements. For instance, RMC could provide clearer guidance about internal reviewers' responsibilities within the CPR committee (See Suggestion 9) and must follow the steps as listed in the IQAP for the selection of external reviewers (See Recommendation 4).

In the 2015 Cyclical Audit Report, Recommendation 10 requested that RMC ensures that every program is scheduled for review at least once every eight years. Delays remained a challenge for the institution, as was observed in the Quality Council's review of RMC's 2021-2022 Executive Summaries and Implementation Plans (IPs), and the auditors were asked to pay attention to these systemic CPR delays. The Audit Team recognizes that RMC has taken steps to reduce the instances of delays that exceed the eight-year cycle mandated by the QAF and notes that more recent CPRs have been completed within the timelines outlined in the University's IQAP. The decision to schedule program reviews on a seven-year cycle has served

as a practical approach to reduce delays. However, based on evidence from the desk audits and site visit, delays remain a concern for the Audit Team.

The desk audits of the current Audit revealed that, in some cases, programs had completed site visits but either waited long periods for the completed External Review Committee (ERC) reports or received ERC reports but were awaiting internal approval so that they could be implemented. The site visit meetings with representatives from programs whose CPRs are currently in progress also pointed to potential future delays since at least one program's self-study was already significantly overdue which signals continuing challenges.

The Audit Team examined the potential causes of the completion timeline variation for the CPRs self-study selected for the current audit. It is suggested that some degree of oversight, including various forms of additional coaching or assistance for those needing additional help, may be required (see Suggestions 2 and 3). Access to a central data management system (see Suggestion 8), and a better alignment of staff and resources that could assist all aspects of quality assurance (see Suggestion 1) should also improve RMC's ability to limit delays.

Another recommendation of the 2014-15 Audit Report addressed inconsistencies between RMC's IQAP and the QAF requirements. For instance, RMC was asked to either reinstate the Faculty Board Quality Assurance Committee or remove all references to it in its IQAP and review the requirement that all documents must be available in both official languages or modify the IQAP or practice accordingly. While the auditors identified some outstanding issues with the draft IQAP submitted as part of the University's One-year Response, the response to these particular recommendations were deemed to be appropriately addressed

The 2015 Audit Report's Suggestions covered a range of issues from ensuring that program heads are notified of a CPR several months before the process begins, to ensuring that external examiners meet with the VPA and the Dean. RMC recognized the need to improve their practice and addressed these Suggestions effectively. Members of External Review Committees now meet with the VPA at the beginning of a review process, and CPRs are initiated in the seventh year since their last review.

While the University was required to address the Recommendations of the 2014-15 Audit Report, the action taken on Suggestions are optional and at the discretion of the institution. However, the Audit Team notes that some Suggestions from the previous audit remain somewhat unaddressed. For instance, the engagement of students in the CPR process continues to be underdeveloped even though Suggestion 3 of the previous audit asked RMC to consider ways to conduct focus groups with current students and engage them in a program's self-study. The involvement of students in Cyclical Review Programs has been reiterated in Suggestion 6 of this Audit Report.

Similarly, the previous audit's suggestion to identify ways by which the institution can best support the tasks related to data collection and analysis generally required to meet IQAP requirements has not yet been addressed (see Suggestion 3 of the current Report). Finally,

Suggestion 4 of the previous Audit Report advised RMC to consider ways to develop course learning outcomes that map onto program learning outcomes. The current audit found that the development of program learning outcomes remains inconsistent across programs (see Cause for Concern 1).

Implications of the Institutional Self-Study

The 2021 Quality Assurance Framework requires that, in advance of an audit site visit, the university provide the Audit Team with an Institutional self-study (ISS) that presents a reflection on the quality assurance processes at the university as well as how the institution addressed recommendations and suggestions made in the previous audit. RMC's Institutional self-study provided the Audit Team with a clearer sense of the unique context and structure within which the institution operates and how these factors affect the internal operations of the University, including those associated with quality assurance. The ISS identified the various steps the University has taken to comply with Recommendations and Suggestions made in the 2015 Audit Report, along with changes based on areas for improvement identified by the University. The ISS was also used to inform some of the questions posed by the Audit Team during the site visit.

Matters arising from the Institutional self-study are addressed throughout this Report. However, within the document, the University also asked that the Audit Team pay particular attention to, and advise on, the following aspects of its quality assurance related work that provide specific challenges:

1. Assess net effect of the reorganization of Teaching and Learning Group (TLG)

One request for advice related to the impact of the decision to move the reporting of the Teaching and Learning Group from the VPA to the Writing Centre, a change that took place in 2023. This decision has resulted in what the ISS describes as “a loss of support to programs for IQAPs, which has been magnified by short-term losses and hiring freezes in 2024.” With enhanced curriculum mapping needs expressed in the 2021 version of the QAF, and with an increasing focus on continuous improvement in programs' delivery, auditors were asked to consider whether this decision may have impacted the ability of the Office of Quality Assurance to provide the necessary support to programs completing their self-studies and CPRs.

The Audit Team agrees that the staff in the TLG, professionals who typically have a foundation in curriculum design and learning outcome development, are now mostly disconnected from QA activities and underutilized. Recent efforts have been made to include members of the TLG in preliminary CPR information sessions to explain their role and the tools developed to prepare programs for their CPRs. Historically at least, instructional designers in that unit also assisted programs with mapping program learning outcomes using the tools customized for RMC. However, for the most part, the Audit Team observed that this group's primary responsibilities are no longer aligned with the ambitions of RMC in developing an institutional culture of

continuous improvement that supports curriculum alignment throughout all programs. During the site visit the Audit Team noted that the staff in the TLG seemed mostly disengaged from QA activities and that academic units did not seek their assistance when writing their self-study. This disconnect has likely contributed to the University's ongoing challenges with establishing program-level learning outcomes for all of its programs (see Cause for Concern 1).

2. Provide direction on selecting external reviewers for Four Pillar degrees.

RMC was looking for guidance on ways to improve the assessment of the Four Pillar degrees such that all degree requirements are assessed in an appropriate manner, including the second language and athletic requirements.

The Four Pillars are a distinctive feature of RMC programs. While there are no examples from other Ontario universities where non-academic components are included in CPRs, the Four Pillars provide an opportunity for RMC to differentiate itself from other Ontario institutions by highlighting its broader vision of a post-secondary degree, one that focuses not only on the academic content as required by the QAF but also on the other compulsory pillars of RMC's degree programs

The ISS notes that while the institution complies with the QAF requirements for selecting and vetting external reviewers, the inclusion of non-academic requirements in the review process provides an added challenge as potential reviewers may not feel - or be - qualified to assess non-academic degree requirements. The ISS further notes that "external reviewers find it difficult to review this material and make recommendations outside their areas of expertise."

The auditors appreciate the challenge associated with the assessment of the non-academic requirements of the degree programs since the CPR process was designed to focus solely on the academic component of a program. However, it is the Audit Team's view that the Four Pillars provides an opportunity for RMC to implement innovative programs that integrate various types of learning.

While out of the scope of the audit, the Audit Team suggests that RMC consider including two of the three non-academic pillars (athletics and second language requirements) as part of the CPR process as this could present an opportunity to implement innovative programs that integrate various types of learning. For instance, consider developing program learning outcomes that align with these additional Pillars. The Audit Team acknowledges that including the military training pillar of RMC's degree programs, training that is externally mandated and outside of the control of the academic unit, would be difficult and could certainly be excluded from the CPR evaluation. However, considering ways to include learning outcomes associated with the two other pillars within the CPRs would be a valuable strategy.

The Audit Team proposes two options that may provide potential solutions to the challenges associated with the assessment of the two non-academic Pillars mentioned above. Since RMC's non-academic Pillars are integrated within all academic undergraduate programs, RMC could explore how the internal member of a Review Committee might play a role in assessing

these Pillars (see Suggestion 9). Another approach may be to explore whether a recently retired RMC professor could be added to the Review Committee to assist in the assessment of the non-academic Pillars.

3. Assess ways to improve the communication of the Final Assessment Report to prospective and current students.

The Audit Team was asked to provide insights into ways RMC can improve the communication of the FAR to current and prospective student involvement in the CPR process. The ISS notes that RMC makes efforts to include students in CPRs by conducting surveys, discussion groups, and interviews but also indicates that the outcomes of the quality assurance process are not effectively communicated to students.

The Audit Team recognizes that it can be difficult to motivate or persuade students to read material that may not appear to be directly relevant to their academic studies. Perhaps the best solutions rely on making the FAR as easily accessible as possible and through multiple modes of communication. If it is not already doing so, the University should consider encouraging its units to also post the FAR/IP, especially the Executive Summaries, on the program/department website(s), so that students, faculty and staff have an increased chance of finding these documents. At a broader level, the development of guidance documents to explain to students the purpose of CPRs, how they can become involved in providing input into a program's self-study, how their feedback will be used to enhance the quality of their programs would also be of value. The guidance documents could also highlight how the FAR can inform students of improvements made in their own program of studies. This report's Suggestion 6 provides some additional items for consideration that could assist RMC in its efforts to engage and inform students about the quality assurance process.

In addition, RMC could consult the QAF guide for some more ideas on how to involve students in its QA processes ([Involving Students in Quality Assurance Processes — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](https://www.oucqa.ca)).

4. Review possible efficiencies and redundancies in the IQAP CPR process.

In its Institutional self-study, RMC raised the question of whether requirements of its IQAP are causing inefficiencies that impact the workload of programs under review or the work of the Office of Quality Assurance. They note that, "as a small institution, the requirements of the IQAP remain a challenge, which was noted in the 2016 audit findings (para one, conclusion, pg. 44)."

One factor identified by the Audit Team that may be affecting workload is the organization and functionality of the self-study template used to assist programs newly engaged in a CPR. The Audit Team agrees that reducing the information provided in the template as well as its ease of use would likely create some process efficiency (see Suggestion 4).

Another option that may help reduce the workload of the Office of Quality Assurance is to look at alternative structures within RMC, perhaps such as an operational working group, that could provide some additional support and resources to the QA office and facilitate some of its processes. The Audit Team is not suggesting that such a working group would duplicate the work of the Senate which is already deeply committed and engaged in the oversight of quality assurance at RMC, including the responsibility for reviewing and approving the FARs and IPs. However, an operational working group could assume important procedural functions such as reviewing each self-study for completion thus ensuring all evaluation criteria have been addressed. Such a working group may help mitigate some of the resource concerns highlighted in the ISS while enhancing institutional expertise on quality assurance activities. In addition, such a working group would lessen the current reliance on the Director of the QA Office, which has been identified as a source of challenge in this report.

Finally, RMC's ISS inquired whether posting FARs on the RMC webpages or updating programs' implementation plans annually goes beyond the QAF expectations. Given limited resources, reducing these requirements would surely be beneficial. For example, the Quality Assurance Framework requires only that the FARs Executive Summary be posted, along with the IP, and not the full FAR. This could minimize the work involved in translating documents that are to be posted.

In addition, while other universities have been commended for having similar requirements for annual monitoring reporting on Implementation Plans, the Framework is silent on the frequency of monitoring reports. RMC would therefore still be compliant with the QAF should it choose to reduce (although not eliminate entirely) the number of monitoring reports on the IP that it requires (see also Cause for Concern 2).

The Audit Team has several suggestions that together should also help create efficiencies in the CPRs (see Suggestions 2, 3, 4 and 6). In addition, RMC could consult the QAF resource: [Advice for Workflow Processes for Completing a CPR](#) which also contains strategies used at other universities for streamlining CPRs.

Commendations (QAF 6.2.7)

The Commendations section is where individuals, programs, or administrative units that have demonstrated characteristics leading to strong quality assurance practices, or a culture of continuous improvement are recognized.

The Audit Team acknowledges that much has been done since the last Cyclical Audit to improve RMC's approach to quality assurance and its associated processes and practices. A strong commitment to quality assurance and its principle of continuous improvement is now clearly apparent through the documentation submitted for audit, as well as through the comments made during the site visit by faculty and staff. The commitment to quality assurance was also fully emphasized in the Audit Team's discussions with the VPA, Principal, and Commandant.

While the institutional commitment to quality assurance was notable, the process improvements observed were due, in large part, to the strong leadership and support provided by the Office of Quality Assurance. The Audit Team observed that the RMC's Office of Quality Assurance is currently doing excellent work in support of CPRs despite noticeably limited resources. In particular, the Audit Team would like to commend the Director of Quality Assurance who carries much of the responsibility for the oversight, training, and support of programs engaged in all aspects of quality assurance, including CPRs. During the site visit, members of the Audit Team heard numerous positive comments about the Director's efforts to foster a culture of continuous improvement.

The Audit Team also wants to commend the work of the Chief Librarian who serves as an experienced, knowledgeable, and steadfast source of support to all programs during CPRs. During the site visit, the Audit Team observed the Chief Librarian's engagement in the Quality Assurance process and recognized the limited resources available to the library to support this process.

Causes for Concern (QAF 6.3)

Causes for concern are potential structural and/or systemic weaknesses in quality assurance practices that require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.

Royal Military College of Canada must:

CAUSE FOR CONCERN 1: Ensure that program-level learning outcomes are established for all programs.

The most significant finding from the auditors' desk audits and the meetings held during the Team's site visit is that the need for, and purpose of, program-level learning outcomes (PLOs) remains systematically not well understood at RMC. This is of genuine concern given how long program learning outcomes have served as a fundamental requirement of quality assurance at Ontario universities. Consequently, PLOs currently do not serve as the institution's critical foundation of quality assurance. Instead, attention remains predominantly focused on developing and describing course-level learning outcomes and, in many cases, how these map to Degree Level Expectations (DLEs). The audit also revealed that there continues to be widespread confusion at RMC between DLEs and PLOs and that there is a need to develop a common approach to the development and application of PLOs in all RMC's programs.

RMC must identify processes and strategies to ensure that PLOs are integrated into all its programs. RMC should consider having faculty members from programs that have done a thorough job in developing PLOs serve as advisors or mentors to other faculty from programs who are struggling with this process, so mentorship of this nature becomes a normal and consistent practice across all programs (see Suggestion 3). In addition, the Audit Team recommends that the TLG, whose expertise should align with this objective, be more engaged in assisting programs (see Suggestion 1).

While the Audit Team considers this issue to be a Cause for Concern, it recognizes that some progress has been made in linking course-level outcomes to PLOs within curriculum maps in a very small number of recent examples that were shared. For instance, the Audit Team noted that one of the programs has done an excellent job in creating a curriculum map that aligns PLOs as part of its current CPR process. However, efforts of this sort remain inconsistent and unsystematic. Some program representatives indicated they remained unclear about PLOs and curriculum alignment and mentioned that additional guidance would be appreciated. In this regard, the recent re-engagement of the TLG in curriculum mapping is a positive step but involving the TLG more purposefully in this and other aspects of quality assurance is one way by which RMC could foster a culture of continuous improvement and ensure that all programs develop PLOs, which is not the case at present.

CAUSE FOR CONCERN 2: RMC must ensure there is consistent, ongoing and timely monitoring of the recommendations selected for action in the Implementation Plans, as detailed in the QAF.

The desk audit of the programs selected for audit did not provide evidence that the monitoring reports met the requirements of the QAF. Section 5.4.1d of the QAF requires a formal and timely monitoring process for the implementation of recommendations arising from CPRs and provides clear guidelines about the general content of a monitoring report (see [Guidance on Monitoring Reports for New Programs and Cyclical Program Reviews](#)). Monitoring reports should clearly indicate what progress has been made toward the implementation of each item on the implementation plan... and should refer to any barriers to implementation and present a path forward.”

The desk audits conducted revealed that most monitoring reports lacked important details and, often, simply repeated the content of the Implementation Plan without a clear sense of what progress had been made for each item of the implementation plan. Monitoring reports should also identify items where progress has not been made and describe any barriers to implementation. Such information was not included in the monitoring reports reviewed and appears to be a systemic issue for the University. The Audit Team therefore considers this issue to be a Cause for Concern, thereby allowing for sufficient oversight to ensure the situation is remedied.

Recommendations to the Institution

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

The Royal Military College of Canada must:

RECOMMENDATION 1: Ensure it is using a ratified version of its IQAP and submit all future revisions of its IQAP to the Quality Council for re-ratification.

Through the audit, the Audit Team discovered that, following the 2014/15 audit, RMC proposed modifications to its IQAP as part of its one-year follow-up report, which was submitted early in 2016. However, the 2014/15 Audit Team noted in its subsequent Report on the sufficiency of the one-year response that this modified IQAP (referred to as v2.1) was still in need of further revisions to meet the requirements of the Quality Assurance Framework, the details of which were outlined in the Report. There is no record of a subsequently revised version of the IQAP addressing this feedback having been submitted to the Quality Council and therefore the draft IQAP was not re-ratified. This oversight was rectified following the release of the most recent QAF in 2021 when RMC revised its IQAP (v3.1) to comply with the most recent Quality Assurance Framework.

In this current audit report, the Audit Team acknowledges that all CPR processes selected for audit were being assessed against a non-ratified version of RMC's IQAP. While processes at the University were consistent with the 2016 version of the IQAP, RMC must exercise caution when drafting future revisions to its IQAP and ensure that once finalized internally, these are submitted to the Quality Council for re-ratification.

RECOMMENDATION 2: Ensure that all QAF-required evaluation criteria for Cyclical Program Reviews are addressed in the self-study.

In reviewing the documentation provided for some of the CPRs selected for audit, the Audit Team found that the self-studies did not always address all of the key elements required by the QAF, such as program learning outcomes, assessment, mode of delivery and admission requirements. Program learning outcomes are particularly lacking all self-studies as noted in this report's Cause for Concern 1.

Other gaps are particularly noticeable in the CPR of accredited programs where evaluation criteria required under the QAF are not fully addressed. The Audit Team is aware that the University continues to improve the work of aligning reviews for accredited programs and does appreciate the effort put in by the units during these onerous processes. The University must find a way to ensure that all requirements of the QAF are met when developing a unit's self-study and that there is particular attention paid to this issue when a program is accredited.

RECOMMENDATION 3: Ensure that all units are informed about the role of the FAR and IP.

The Audit Team noted that there was some confusion among members of different academic programs about the distinction between the External Reviewers' report, and the Implementation Plan (IP). For academic units to fully utilize the Cyclical Program Review and develop an approach to continuous improvement, they must understand the distinction between the External Reviewers' Report and IP and recognize the purpose of the IP and their role in advancing the actions recommended in that plan. Units cannot meet their obligations to modify elements of their programs if they do not understand how to use the reports, make plans that delineate issues to address, and outline an approved plan for modification.

The Audit Team was informed that some academic units have been working from the External Reviewers' Reports directly to guide action items coming from the CPRs, while other programs only became aware of their IP by finding them on the RMC website. RMC's IQAP places the responsibility on Deans to circulate the FAR and IP to units after Senate approval. It is unclear whether this is always being done.

The Audit Team recommends that processes be put in place to ensure that programs view the IP as their guide to action. This approach would foster RMC's aspiration of continuous improvement.

RECOMMENDATION 4: Ensure that the selection of external reviewers aligns with RMC's most recent IQAP requirements.

In the 2015 Audit, Recommendation 5 required RMC to clarify its IQAP regarding who has the authority to select the external members of the External Review Committee, and the institution made efforts to improve this approval process. The Audit Team also noted that RMC has instituted a good practice by ensuring that external reviewers are now contacted early in the CPR process to ascertain their availability, even before the self-study is prepared, a practice that may reduce delays in the future.

RMC's most recent IQAP indicates that the Dean is responsible for vetting and inviting external reviewers. However, auditors observed that the selection of external reviewers for CPRs still does not entirely align with this practice. The Audit Team noted in the review of the programs selected that, in many cases, the identification and initial contact with potential external reviewers continues to be done by members of programs or program heads, a fact that was confirmed during the site visit. While this practice is appropriate, auditors were also informed that some program heads appear to be the only ones to assess the arm's length relationship of possible externals, which contravenes RMC's IQAP and the QAF. While a preliminary assessment by the program head is appropriate, the Dean or VPA needs to affirm that assessment. The University must ensure that its practices align with the requirements of its IQAP and those of the QAF.

Suggestions to the Institution

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

The Royal Military College of Canada should:

SUGGESTION 1: Consider undertaking a review of the academic administrative structure overseeing quality assurance, and the distribution and depth of staffing that supports quality assurance.

At present, the Office of Quality Assurance has one full-time employee – its Director – and, despite the exceptional efforts of the Director to oversee and support RMC’s quality assurance activities, this lack of resources limits the capacity of the Office to fully support programs undergoing CPR and meet the needs and expectations of the institution. The successes achieved in the administration of quality assurance at RMC are “fragile” since they all depend on the specific individual who currently oversees quality assurance, rather than upon a proper administrative structure.

RMC’s own Institutional self-study makes the case that the current level of staffing support in the Office of Quality Assurance is insufficient. While it is not the role of the Audit Team to make suggestions about the funding and staffing of the Office of Quality Assurance, the Audit Team is concerned that the level of staffing support in that Office may be a potential single point of failure for the institution.

While the lack of resources in the Office of Quality Assurance causes definite challenges for all processes associated with quality assurance, a greater concern is the potentially negative consequences of relying on a single person to oversee all quality assurance activities at RMC, with no apparent succession plan in place. At present, RMC is fortunate to have a Director of the Office of Quality Assurance who is deeply committed to the RMC and is respected by faculty and staff alike given his many past responsibilities within the institution. He is perhaps uniquely positioned to carry out his responsibilities successfully since he has been at RMC for many years and in various capacities, including in the Registrar’s Office. His longstanding commitment to the institution and the various roles in which he has served have given him unique knowledge of programs, structure and, perhaps above all, of the people who work at the institution. The Director is trusted by both faculty and military personnel and has deep connections within the institution.

Relying on a single person to oversee the entire administration of quality assurance puts the institution at risk since there is no apparent succession plan in place should the Director leave either temporarily or permanently. Furthermore, the current structure of the Office of Quality Assurance does not provide an appropriate structure to identify and train a potential replacement should that need arise. Aside from considering ways to integrate the TLG within the Office of Quality Assurance, the university is encouraged to consider ways to enhance the current administrative structure overseeing quality assurance.

SUGGESTION 2: Consider developing strategies to help programs beginning a CPR process.

The Audit Team recognizes the value of the CPR information sessions developed by the Office of Quality Assurance which are designed to provide a general overview of the CPR process, as well as the preliminary information meetings with instructional designers. However, the Audit

Team suggests that RMC considers ways to provide timely forms of assistance to faculty responsible for CPR process, including the self-study, provided by different support services and not solely by the Office of Quality Assurance.

The Office of Quality Assurance should also consider ways to expand, or perhaps even formalize, the practice noted in the ISS whereby representatives of programs that have recently completed a CPR attend information sessions for the preparation phase for upcoming CPRs. The ISS notes that this new practice has had many benefits since consulting with colleagues who have had a recent CPR experience enables programs new to this process to seek guidance and advice from those who have recently completed a CPR. Expanding this practice by creating a more formal pool of mentors who can regularly assist faculty or program heads as they engage in a CPR process may help reduce completion delays. Given the constrained resources at RMC, harnessing existing capacity whenever possible is a sensible practice.

In addition, RMC could consult the QAF guide for additional resources about the CPR process:: [Conducting-Cyclical-Program-Reviews-CPRS.pdf](#)

SUGGESTION 3: Consider additional ways to assist programs and people engaged in the development of their self-study.

Writing a program's self-study can be overwhelming, especially for those who engage in this process for the first time. Many of the responsibilities for completing a program's self-study fall to either a program head or, in some instances, to a department's curriculum coordinator, each of whom already has many other responsibilities. During the site visit, several program representatives indicated that it is typical for a single faculty member or program head to complete all the work for the self-study even if that person is new to this process. The Audit Team also observed that many faculty members responsible for drafting a self-study felt that this process was a solo enterprise, one that needed to be done without the assistance of other faculty in their program. One program head who was currently drafting their program's self-study at the time of the site visit was doing so alone and expressed being somewhat overwhelmed by the work required and the skill set needed to complete the work. Completing self-studies as solo projects could contribute to the perception that self-studies are inevitably burdensome. This approach may also narrow the field of ideas that is incorporated into the self-study and may slow down completion of the document.

The Audit Team notes that many institutions recommend that the self-study development process should be done by a team of faculty within a department, with distributed responsibilities for each member of the team and a lead author taking on the role of coordinating the information assembled by faculty colleagues. This approach helps lessen the sense of burden felt by those responsible for the self-study and would assist programs in their efforts to remain on track with the completion timeline.

The Audit Team also suggests that responsive support be available in a timely manner from different support services to assist programs dealing with specific parts of the process with which they are particularly challenged. For instance, one of the issues mentioned during the site

visit, was the need for assistance with the interpretation of institutional data for those who do not possess the skill set or knowledge required to use relevant data would be most helpful. This form of assistance could be provided by the Registrar's Office or staff responsible for data management. Similarly, support for developing relevant program learning outcomes could be provided by members of the TLG.

SUGGESTION 4: Consider revising the self-study template to improve its functionality.

While the Audit Team appreciates the work done from 2021 to 2023 to improve training modules and templates to assist programs drafting their self-study, comments by programs heads who have recently or are currently preparing a self-study suggest that the format of the IQAP template was not user-friendly and that the information within it needs to be streamlined, including the use of hyperlinks to assist users. When asked about the usefulness of the current template, one program head noted that he simply disregarded it and, instead, relied only on the last self-study as a guideline. Other comments suggested that the template should be clearer about the alignment of program learning outcomes and that adding examples of best practice would assist programs as they develop their self-study, thus reducing the likelihood of delays.

It may be helpful for RMC to consider amending its template for the CPR self-study in two important ways. First, RMC should consider making it a fillable template rather than a guidance-based document. The fillable template could also include clear and explicit prompts about which central resources are available to units and when to contact them. Including prompts within the template to connect programs with the units or people who can provide guidance, advice, or data would help the timeliness of CPR completion and facilitate greater utilization of the supports and expert advice offered within the University. The second suggestion is to consider making the template mandatory to use, thus ensuring that all programs adhere to the same outline which should reduce CPR completion time.

Perhaps as a first step to this process, it might be useful to consult with faculty members who have acted as external reviewers at other institutions for suggestions on how to streamline the template based on practices that have worked well, as observed at these institutions.

SUGGESTION 5: Consider ways to ensure continuity of quality assurance processes in the transition to new Chairs and Deans.

Changes in program leadership can often be a source of delay in the CPR process. The Audit Team learned that inexperienced program heads face a significant challenge with an upcoming program review and often feel at a loss about the process itself and the resources available to them as they engage in a CPR. Providing orientation and mentoring for those who hold key roles in quality assurance processes such as curriculum chair, program heads and Deans can contribute to a smooth transition and continuity in quality assurance processes when occupants of the positions change. This could importantly include a status update for incoming Deans on all CPRs in the Faculty, as well as on individual FARs and IPs for new program heads and Deans.

Because the term of the person in the program head or Dean position may end in the middle of a quality assurance cycle, implementing such a practice would ensure continuity and adherence to the IQAP reporting schedule. This approach would also help ensure that progress with Implementation Plan recommendations is achieved.

SUGGESTION 6: Consider ways to engage and properly consult students during the development of the self-study and CPR and ensure they understand the intent and nature of the quality assurance processes, their roles in it, and how they can contribute.

The involvement of students at all levels of the quality assurance process is indispensable. However, in both the desk audits and site visit the Audit Team found that student involvement in the development of the program self-study or the CPR process does not appear to be consistent across programs or particularly purposeful.

This issue was raised in Suggestion 3 of RMC's 2015 Audit Report where the auditors advised the University to consider different ways to "involve current students more directly in the drafting and review of the self-studies." In the current Audit, the Team's desk audits and meeting with student representatives revealed that student engagement in the CPR process remains minimal and that student feedback about the quality of their programs continues to be assessed solely by means of surveys, with low rates of participation as was the case in 2015. Students who took part in meetings with external reviewers during the CPR process noted that providing their own perspective about their programs was somewhat suppressed by the presence and involvement of faculty or military personnel also present at these meetings. The Audit Team would advise RMC to ensure that no faculty or military personnel are present when External Reviewers' meet with students to encourage open exchanges.

One potential barrier to student participation in all aspects of the quality assurance process at RMC is that the many academic and non-academic requirements of their program limit their availability and, hence, are an impediment to student involvement. During the site visit, the Audit Team was informed that all students have a blocked off period on Wednesday mornings and so suggest that this time period be used when student participation in the CPR process is required, either to meet with department members during the development of the Self-Study, to meet with External Reviewers during a CPR site visit, or for focus groups and interviews to assess students' views of a program under review. Doing so could also help increase student participation in this important aspect of the CPR process.

The Audit Team suggests that RMC create a document to assist students who take part in the CPR process. The document could explain the purposes of these activities are in the context of a broader quality assurance scheme, and what to expect when meeting with external reviewers RMC should also consider developing orientation meetings for students who become involved in quality assurance processes. Finally, RMC could consider using an approach already in practice at some universities whereby each program's CPR includes at least one student who is majoring in the program under review.

In addition, RMC is encouraged to consult the following QAF guide for some more ideas on how to involve students in their QA processes ([Involving Students in Quality Assurance Processes — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](https://www.oucqa.ca))

SUGGESTION 7: Consider additional ways to use major modifications to improve programs.

Submissions for major modifications appear to be scarce at RMC. The Audit Team wants to highlight that major modifications can serve two distinct purposes aside from altering the content of a program. Most importantly, for the purpose of quality assurance, major modifications can be a mechanism for continuous program improvement as they allow units to reflect on the content, aim, and learning outcomes of their programs to keep them up to date. A second potential purpose of major modifications is to consider how they can address some of the resource constraints faced by RMC. Using major modifications as a mechanism to revise and improve a program is a suitable practice that the Audit Team suggests should be considered.

SUGGESTION 8: Consider developing a centralized data management solution to support quality assurance processes and activities.

One important challenge mentioned in the ISS, and confirmed during the site visit, is the lack of a University-wide centralized data management solution to support Deans and program heads in their various responsibilities including in those associated with quality assurance. While the Office of Quality Assurance has improved some of RMC's data gathering processes by assuming full responsibility for assembling data for programs undergoing reviews and has consolidated the collection of sub-reports from services providers and non-academic units, the lack of access to a centralized data base limits Deans' and program heads' access to up-to-date and vital information about their programs. A centralized database for University administrators would reduce the complexity and timeline of self-studies and would lessen the work of program heads on all aspects of quality assurance, from data management to the completion of the FAR and follow up on Implementation Plans.

SUGGESTION 9: Consider limiting the role of the internal reviewers to fact checking, advising, and providing context for the External Review Reports, including on matters associated with RMC's non-academic pillars.

Including internal reviewers on a CPR committee can make the visit more effective by providing institutional context, acting as a resource for the external reviewers, and by adapting the schedule or the order of meetings if needed.

However, as noted during the site visit, internal reviewers do not receive any explicit guidance about their roles which can result in divergent assumptions and expectations. The Audit Team suggests that RMC clarify that internal reviewers' roles should not include being directly involved in drafting the External Reviewers' Report. Instead, their input should be limited to providing institutional context, acting as a guide, and potentially assisting reviewers in the assessment of RMC's non-academic pillars.

SUGGESTION 10: Ensure that the Dean’s full response to the CPR is completed after the program’s response, and that the Final Assessment Report and Implementation Plan are developed following both sets of responses.

In the desk audits, auditors observed that the decanal responses to the external reviewers’ report were typically part of the FAR, a practice that is consistent with the requirements of the IQAP although unique among Ontario’s universities. Auditors noted that Deans typically provide a brief note or email to indicate their approval of the program’s response to the external reviewers’ report without much specific detail about their full response to the External Reviewers’ recommendations until completion of the FAR.

The Audit Team also observed that Implementation Plans are often developed at the same time as the unit’s internal response, thus preceding the full decanal response which comes as part of the FAR. Given that the FAR is supposed to ultimately determine the nature of the Implementation Plan, an IP written in advance of the Dean’s full response could potentially result in the need to amend the IP should the decanal response to the CPR recommendations differ from that of the unit. Such a process could add time to the CPR process.

RMC should ensure that the Deans’ full response to the CPR is obtained following the program response and that the Final Assessment Report and Implementation Plan are developed following both set of responses.

Conclusion and Next Steps for Royal Military College of Canada

The audit of quality assurance activities at RMC has revealed several positive elements designed to implement effective quality assurance practices and promote a culture of continuous improvement. Perhaps most noteworthy is the level of commitment and support from the senior leadership of the institution for whom quality assurance is at the core of RMC’s goals. The steadfastness and dedication of the Director of the Office of Quality Assurance has also fostered an institutional culture where quality assurance is both accepted and endorsed.

The Audit Team provided several Recommendations and Suggestions designed to assist the institution in enhancing its quality assurance goals. The Audit Report also noted two Causes for Concern, one for the need to develop Program Learning outcomes for all programs, the other for the lack of substance and details provided in the monitoring reports. In addition, while there have been improvements in the timeline of CPR processes, delays remain a concern for the Audit Team.

Given these findings, the Audit Committee would additionally recommend that a one-year follow-up report on the progress of the Causes for Concern and the Recommendations found in this report, including an update on the success of the measures taken to limit delays experienced in ongoing CPRs.

Appendix A: Overview of the Quality Assurance Audit Process for Royal Military College of Canada

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

Purpose

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

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

Objectives

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

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

Scope

The Cyclical Audit:

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

Audit Process (QAF 6.2)

A. Pre-orientation and briefing

To initiate the audit process, a briefing occurred on February 4, 2024. The Quality Assurance Secretariat and a member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholder(s).

B. Assignment of auditors

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

C. Institutional Self-Study

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

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

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

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

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

Cyclical Program Reviews:

- Physics and Space Science (BSc), 2022/23, Faculty of Science (*requested by the institution*)
- French, Literature and Culture (BA), 2022/23, Faculty of Social Sciences and Humanities

- Physics (MSc/PhD), 2022/23, Faculty of Science
- Master of Business Administration (MBA), 2016/17
- Bachelor of Chemical Engineering (BEng), 2018/19, Faculty of Engineering

Cyclical Program Reviews in progress (if applicable):

- Masters in Defense Studies (MA) (2023/24 CPR)
- BA Psychology/Joint BA Psychology (BA) (2024/25 CPR)
- English, Culture and Communication (BA) (2023/24 CPR)

Findings in Areas of focus Requested by the University (if Applicable):

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

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

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

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

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

Universities may provide additional documents at their discretion (QAF 6.2.5).

¹ Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process applying at the time of the conduct of the review.

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

F. Site visit

The principal purpose of the site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit serves to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

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

G. Audit Report

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

- a) Describes the audit methodology and the verification steps used;
- b) Comments on the Institutional Self-Study submitted for audit;
- c) Describes whether the university's practice is in compliance with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;
- d) Notes any misalignment of its IQAP with the QAF;
- e) Responds to any areas the auditors were asked to pay particular attention to;
- f) Identifies and records any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
- g) Comments on the approach that the University has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The report shall not contain any confidential information. A separate addendum, not subject to publication, provides the University with detailed findings related to the audited programs.

Where appropriate, the report may include:

- **Suggestions**, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.
- **Recommendations**, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations in its response to the auditors' report.
- **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as required per QAF 5.4.1d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as required per QAF 5.4.2). Causes for concern require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.

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

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

H. Disposition of the Audit Report

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

- The Quality Assurance Secretariat provides a copy to the "University's authoritative contact" (QAF 1.3), for fact checking to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report.

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

The Chair of the Audit Committee takes the Audit Committee's recommendation for approval of the report to the Quality Council. The Council either accepts the report or refers it back to the Audit Committee for modification.

I. Transmittal of the Audit Report

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

J. Publication of main audit findings

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

K. Institutional Follow-up Response Report

When a Follow-up Response Report is required (QAF 6.2.7v), the University will submit the report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern. If the Audit Team is satisfied with the University's Follow-up Response Report, it drafts a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration. If the Audit Team is not satisfied with the institutional response, the Audit Team will consult with the institution, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. The Institution will be asked to make any necessary changes to the follow-up response within a specified timeframe. The Audit Committee submits a recommendation to the Quality Council to accept the University's follow-up response and associated auditors' report.

L. Web publication of Follow-up Report

When a Follow-up Report is required, the Quality Assurance Secretariat publishes this Report and the auditors' report on the scope and adequacy of the University's response on the Quality Council website and sends a copy to the University for publication on its website.

M. Additional reporting requirements

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

Appendix B: Auditor Bios

Dr. Serge Desmarais, University Professor Emeritus, University of Guelph

Serge Desmarais is a University Professor Emeritus in the Department of Psychology at the University of Guelph. He joined the University of Guelph in 1995 after holding faculty positions at Saint Mary's University and Wilfrid Laurier University. During his academic career he held positions as Chair of the Psychology department, Associate Dean and Acting Dean in the College of Social and Human Applied Sciences. He also completed a ten-year term as Associate Vice-President (Academic) and served as the University's Interim Provost in 2014-2015. He is a former recipient of a Canada Research Chair in Applied Social Psychology. His research expertise includes the changes and impact of gender norms on perceptions of justice, close relationship, sexuality, and the use social media. He has also researched and published several articles on matters related to teaching and learning. Serge has been on the Quality Council's Audit Committee since 2019.

Dr. Michel Laurier, Past Interim Provost, Adjunct Professor, Faculty of Education, University of Ottawa

Michel Laurier is a full professor in the Faculty of Education at the University of Ottawa and was Dean of the Faculty from 2012 until 2015. He was then appointed Interim Vice-President Academic and Provost till May 2017. Before arriving at the University of Ottawa, he had been at the Faculty of Education of the University of Montreal where he worked as professor in Measurement and Evaluation and served as Dean for two terms. He holds an MA in Applied Linguistics from the University of Ottawa and a PhD in Curriculum from the University of Toronto (OISE). His research focuses on testing and evaluation with a particular interest in the assessment of language competencies and the development of computerized testing instruments. He is also interested in program evaluation. He conducted several program evaluations at the national and the international level. He also has been involved in the development of educational policies about assessment and evaluation. Michel has been on the Quality Council's Audit Committee since 2017.

Dr. Sharon Regan, Professor of Biology, Queen's University

Sharon Regan is a Full Professor in the Faculty of Arts and Science at Queen's University. She joined Queen's in 2004 after 4 years as an Assistant Professor at Carleton University. She has previously been Associate Head and Acting Head of Biology, and Associate Dean of Graduate Studies for the Faculty of Arts and Science and is currently Associate Dean Research. She is a former Canada Research Chair in Fundamental Plant Biology. Her research is focused on Plant Biotechnology where she explores opportunities to understand and improve plant responses to diseases and exposure to abiotic stresses such as heavy metals. She also studies plant development in a wide range of important agricultural and forest crops including potatoes,

poplar trees and hazelnuts. Sharon has been on the Quality Council Audit Committee since 2022.

Appendix C: Site Visit Schedule

Audit Team:

- Dr. Serge Desmarais, Department of Psychology, University of Guelph
- Dr. Michel Laurier (Vice-chair), Faculty of Education, University of Ottawa
- Dr. Sharon Regan, Department of Biology, Queen's University
- Dr. Chris Evans, Quality Council, Executive Director (*Ex-officio*)
- Cindy Robinson, Quality Council, Director of Operations.

Day 1 – Wednesday, February Feb 12, 2025

Time	Participants	Location
08:30 – 9:00am	Greeting with VPA	Security Control Centre
09:00 – 09:30am	Audit Team planning	S4202
09:30 – 11:45am	Audit Team meets with senior QA team: <ul style="list-style-type: none"> ○ Dr. Ribal Georges Sabat, Vice-Principal Academic ○ Kristan Miller, Director of QA 	S4202
11:45 – 12:00pm	Break	S4202
12:00 – 1:00pm	Lunch with Students (contact LCol Lannigan)	S4202
1:00 – 2:00pm	Audit Team meets with representatives from University's QA Support Services <ul style="list-style-type: none"> ○ Sarah Toomey, Chief Librarian ○ Dr. Lucie Moussu, Director of Writing Centre ○ Martine Thivierge-Bournival, Director of Success Centre ○ Dr. Christine Hamelin, Teaching and Learning Group ○ Mark Sokolsky, Teaching and Learning Group ○ Cheryl Chisolm, IT ○ Sandra Gauthier, Language Centre ○ Robert Paquet, Language Centre ○ Kristin Miller, Athletics 	S4202

Time	Participants	Location
2:00 – 2:15pm	Break	S4202
02:15 – 3:15pm	Audit Team meeting – BSc Physics and Space Science <ul style="list-style-type: none"> ○ Luc Levesque 	S4202
03:15 – 04:15pm	Audit Team meeting – MSc/PhD Physics and Space Science <ul style="list-style-type: none"> ○ Ron Vincent 	S4202

Day 2 – Thursday, February 13, 2025

Time	Participants	Location
08:00 – 08:30am	Audit Team planning	S4202
08:30 – 9:30am	Audit Team meeting – Representatives of BA French, Literature and Culture <ul style="list-style-type: none"> ○ Stéphanie Belanger 	S4202
09:30 – 10:30am	Audit Team meets with Representatives of Master of Business Administration <ul style="list-style-type: none"> ○ Samar Garrab ○ Nabil Messabia (member of MBA Committee) ○ Fernando Fachin (Assoc Chair) ○ Maggie Shepherd (Assoc Dean, Grad Studies, past Chair of MBA program) ○ Jean-Marc Noel (Grad Dean, as of 2020: attended for first portion of meeting for history of MBA CPR) 	S4202
10:30 – 10:45am	Break	S4202
10:45 – 11:45am	Audit Team meets with representatives of BEng in Chemical Engineering <ul style="list-style-type: none"> ○ Frank Zeman 	S4202

Time	Participants	Location
12:00 – 1:00pm	Lunch	SSM
1:00 – 2:00pm	<p>Audit Team meets with Deans/Associate Deans</p> <ul style="list-style-type: none"> ○ Dr. Catherine Marsden, Dean of Engineering ○ Maj James Bayes, Military Special Advisor to the Dean ○ Dr. Olivier Lebel, Dean of Science ○ Dr. Pierre Jolicoeur, Dean of Social Sciences and Humanities ○ Dr. Jean-Marc Noel, Dean of Graduate Studies ○ Dr. Sarah Johnson, Interim Assoc Dean, Social Sciences and Humanities 	S4202
2:00 – 2:45pm	Audit Team Working Time	S4202
2:45 – 3:00pm	Break	S4202
03:00 – 3:45pm	<p>Audit Team meets with representatives of in-progress activities – English, Culture and Communication</p> <ul style="list-style-type: none"> ○ Dr. Huw Osbourne 	S4202
03:45 – 04:30pm	<p>Audit Team meets with representatives of in-progress activities – Psychology</p> <ul style="list-style-type: none"> ○ Dr. Allister Macintyre ○ LCol Cindy Suurd Ralph 	S4202

Day 3 – Friday, February 14, 2025

Time	Participants	Location
08:00 – 08:30am	Audit Team planning	S4202
08:30 – 9:30am	<p>Audit Team meeting with internal reviewers</p> <ul style="list-style-type: none"> ○ James McKay 	S4202

Time	Participants	Location
	<ul style="list-style-type: none"> ○ Billy Allan ○ Juan Beltran Engineering 	
09:30 – 10:30am	Audit Team meeting	S4202
10:30 – 10:45am	Break	S4202
10:45 – 12:30pm	Audit Team meets with Senior QA team <ul style="list-style-type: none"> ○ Dr. Ribal Georges Sabat, Vice-Principal Academic (<i>Only available from 10:45 – 11:15 a.m.</i>) ○ Kristan Miller, Director of QA ○ QA Officer (Larry Paziuk) 	S4202
12:30 – 1:30pm	Lunch with Senior Leadership <ul style="list-style-type: none"> ○ CMDT BGen Godbout ○ Principal Dr. Jill Scott 	RMC SSM
1:30 – 2:30pm	Audit Team wrap-up meeting	S4202
2:30 – 3:30pm	Audit Team de-brief – VPA/ QA	S4202

February 21, 2025: Meeting with Masters in Defense Studies (MA) (2023/24 CPR, awaiting external reviewers' report as of time of submission of Phase 1 audit documentation on March 6, 2024) In-progress Program Representatives: 1:30 – 2:00 p.m.

- **Paul Mitchell**

Appendix D: Acronyms

CEAB – Canadian Engineering Accreditation Board

DLE – Degree Level Expectation

ERC – External Review Committee

FAR – Final Assessment Report

IP – Implementation Plan

IQAP – Institutional Quality Assurance Process

ISS – Institutional Self-Study

QA – Quality Assurance

QAF – Quality Assurance Framework

PLO – Program Learning Outcome

ROTP -- Regular Officer Training Program

TLG – Teaching and Learning Group