



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

Self-Study for the 2025-26 Review of the Quality Assurance Framework

March 2026

Introduction

Building on decades of processes for assuring the quality of Ontario's publicly-assisted graduate and undergraduate academic programs, the [Quality Assurance Framework](#) (or QAF) was approved by the Executive Heads in 2010. The QAF situates Ontario within international quality assurance norms having been designed to assure the quality of the academic programs offered by Ontario's publicly-assisted universities through promoting consistency of practice and focus on continuous program improvement. It also emphasizes the need for articulated program-level learning outcomes, independent peer review, transparent reporting, and regular audits. These requirements are detailed in the QAF through a set of related protocols and supported by a [Guide to the QAF](#), which contains practical suggestions and concrete examples in support of the requirements set out in the Quality Assurance Framework. The Guide has been updated and expanded on a regular basis since its creation in 2011.

The QAF also established an arm's-length provincial oversight body – the Ontario Universities Council on Quality Assurance (the Quality Council). The Quality Council, which was first formed in 2010 by the Ontario Council of Academic Vice-Presidents (OCAV), is the provincial body with responsibility for “assuring the quality of all programs leading to degrees and graduate diplomas, including new undergraduate and graduate programs, and for overseeing the regular audit of each university's quality assurance processes,” as detailed on the Council's [website home page](#). The system provides Ontario's universities with 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 meet the requirements of the QAF and are subject to review and approval by the Quality Council.

In the spirit of the quality assurance system's commitment to continuous improvement, the QAF requires that the Quality Council – and the QAF itself – be reviewed at least once every eight-years, leading to comprehensive system review and improvements on a set cycle. The first such review took place in 2017-18, the recommendations from which informed the evolution of the QAF through a significant number of changes, which were ultimately approved in 2021. Eight years on from the first review and five years following the adoption of the revised QAF, the second review is now to occur in 2025-26.

For this second review, the Quality Council has decided to separate the focus of review between one on the Quality Council and the other on the QAF. The International Network for Quality Assurance Agencies in Higher Education (INQAAHE) has been contracted to focus primarily on the degree to which the Quality Council meets the international standards and benchmarks set out for quality assurance agencies, through a process known as the International Standards and Guidelines Review (ISG Review). The Council has completed the required consultation and other reflective processes, and has submitted a self-study and all of the required supporting documents to INQAAHE in preparation for its review. Quite separately, this self-study has been created to support the review that will be completed by two Ontario-based reviewers, who have been tasked with reflecting on opportunities to improve the QAF. Both self-studies have been prepared by the Quality Council's Secretariat on the Council's behalf and focus on the Quality Council's activities and operations since the previous review

occurred. The self-studies have been reviewed by members of the Review Steering Committee and the Quality Council itself. Following the revisions made in response to the feedback received, this self-study was approved by the Council at its March 20, 2026, meeting.

Preparation for the 2025-26 Review

In preparation for the 2025-26 review, the Quality Council, during its biennial retreat in May 2025, discussed in depth which aspects of the Framework would most benefit from external scrutiny and advice to help guide the direction its next iteration should take. Since then, it has become a standing item on the Council's monthly meeting agendas. In addition, key stakeholders were subsequently invited to make submissions for the review. These submissions have been synthesized and play an important part in framing and contextualizing the contents of this self-study, which has primarily been organized with reference to the six guiding questions the 2025-26 Ontario-based reviewers of the QAF have been asked to address. In doing so, the self-study identifies perceived strengths of the current system, as well as areas of ambiguity.

There is little question that quality assurance requires significant work by all involved, and the universities, the Quality Council and its committees agree that identifying ways to further reduce that burden is a primary goal of this review. The self-study provides an update on key actions taken since the 2017-18 review. One purpose of these actions was taken to reduce this burden. Further opportunities to streamline processes and reduce this burden without compromising standards, rigour or transparency have also been identified throughout the document.

The Quality Council looks forward to receiving expert advice from the 2025-26 Review Panel on how it might continue to improve the QAF itself, and the experiences of enacting it by all involved.

Key Recommendations from the 2017-18 Review

The 2017-18 External Review Panel, all three members of which were seasoned senior academics with wide national and / or international experience in quality assurance systems, provided fifteen recommendations in its report. Most of these 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. Additionally, the 2017-18 External Review Panel emphasized the need for the Quality Council to “demonstrate its independence of action and decision, with only broad accountability to the COU through OCAV”.

A number of changes were therefore made to evolve the QAF, both in response to the recommendations from the 2017 / 18 review (which are noted in the Summary of Changes Made section immediately below), and additionally to address more minor “issues” with the document that the Secretariat had been tracking over the years. An example of the latter was to align the wording for the evaluation criteria for new programs with those for the cyclical review of existing programs.

Not surprisingly, the advice to split the QAF into two parts – Principles and Protocols – resulted in a major revision to the QAF, with the reorganization allowing for “...a wider scope for interpretation and application, as well as to provide recognition of the wider diversity in

institutional strategies, special missions and mandates (for example, bilingualism) and student populations that continues to be encouraged by governments, institutions and others”. The universities that made submissions to the 2025-26 review universally agreed that further revisions to this aspect of the QAF did not need to be made.

Finally, it is also worth noting that some significant changes were made in direct response to the identified need to reduce bureaucracy and encourage and facilitate timely innovative curricular design. The Quality Council and its two committees recognize that yet more can be done in this regard and look forward to receiving specific recommendations as part of this review.

Summary of Changes made since 2017-18

The 2021 version of the QAF reflects a wide variety of revisions to, and improvements on, the 2010 version. While not an exhaustive list, a summary of the key changes made to QAF is available in Appendix A of this document. One of the most impactful changes has been in the response to the recommendation to more clearly articulate the independence of the Quality Council. This has resulted in clarifying its decision-making authority and the sanctions that can be applied accordingly when warranted. Further, the capacity for the Council to apply adjusted oversight (increased or decreased) to an individual university when there is sufficient evidence to warrant such a decision has also been introduced into the 2021 version of the QAF. This has been applied in a few different ways by the Council in the intervening years, with a range of adjusted oversight requirements applied accordingly. These include additional reporting requirements when there has been sufficient evidence that a university is struggling with a particular aspect of its quality assurance activities. This type of adjusted oversight remains in place until the Council is satisfied that the issue is resolved. Decisions reducing the degree of oversight have also been made. For example, universities that have been seen to consistently meet or exceed the requirements of the QAF in their FARs and IPs have been placed on the Council’s Consent Agenda, therefore receiving no more than the occasional spot check of their submitted documents. Reports on new programs are also now placed on the Appraisal Committee’s consent agenda and are only discussed if an issue with the report is identified. Finally, there are times when universities seek clarification from the Quality Council about which QA process would be appropriate to use when considering a change to a program where it is not clear whether the change is a major modification or new program. Where appropriate and feasible, the Quality Council is increasingly asking universities to use the Protocol for Expedited Approvals to ensure some degree of external scrutiny without having to go through the more onerous requirements associated with the external review of a new program proposal.

Another shift that has occurred since the previous review is that the Quality Council, the Appraisal Committee and the Audit Committee are now explicitly tasked with the identification and sharing of best practices across the system. On this latter point, the Audit Committee’s submission to the review raises the question of how best to increase opportunities to support the use of innovative and / or good practices without driving homogeneity across the sector.

The QAF was also amended in important ways in further recognition of the maturing system. As a result, a number of changes resulted in automatic reductions to the degree of oversight by the

Quality Council and its committees for *all* universities. While not an exhaustive list, changes to the nature and / or degree of oversight included:

Protocols for New Program and Expedited Approvals

- i. *A narrowed focus for the Appraisal Committee's review of new program submissions:* Historically, the 2010 QAF required the Committee to treat each criterion equally for its evaluation of new program proposals. The 2021 QAF prescribes a much narrower focus for the Committee's review of new program submissions, with its primary focus now on the sufficiency and outcome of the external review and the associated internal responses. In addition, the Committee is asked to pay particular attention to the Teaching and Learning elements of the submissions. In consequence, the number and types of requests for additional information and reports on new programs have significantly reduced.
- ii. *Faculty CVs:* These no longer need to be submitted to the Appraisal Committee as part of a new program submission if the university provided these to the external reviewers in question.
- iii. *A narrower focus for reports on new programs:* The Appraisal Committee now has a well-defined scope for when a report on a new program (that is, additional external oversight of a new program typically following its launch) should be required. Usually, reports are now focused on follow-up when additional resources have been deemed essential by the external reviewers and / or the university in question for the successful and sustainable delivery of a new program.
- iv. *Shifts from Committee to university oversight:* Responsibility for some elements of QA oversight have shifted from the Appraisal Committee to the universities. For example, the creation of one of the three types of graduate diplomas (Type 1) can now be undertaken through the major modification process, a responsibility that lies with the universities.

Protocol for Cyclical Program Reviews

- i. *Reporting on Cyclical Program Reviews (CPRs):* Universities now have more flexibility and choice in how the outcomes of their CPRs are reported to the Quality Council. Instead of the historical requirement to submit to the Quality Council each and every Final Assessment Report (FAR) and Implementation Plan (IP) – the summary document and confirmed action plan that arises from a CPR – universities can now choose to submit an annual report on CPR activity (QAF 5.4.2 b)). Several of the universities noted an appreciation for this change in their submissions to the 2025-26 review.
- ii. *Quality Council review of FARs/IPs:* While some universities now use the annual CPR reporting mechanism noted in point i. above, the Quality Council still receives a significant number of FARs and IPs from other universities. Now, instead of providing feedback on each one of these, the Council reviews these as bundled packages with an eye to identifying trends in process. In addition, given the variation in approaches for developing the internal responses to the external reviews, as well as that some approaches are not immediately evident in the FAR, the universities were asked to provide a summary of this aspect of their QA processes. This information allows members of Council to understand what might otherwise have historically led to a request for clarification or repeated

feedback. Now, only substantive feedback or feedback on areas it deems critical for a university to pay attention to are provided to the university in question. This is in stark contrast to the previous practice where universities typically received detailed comments on each FAR, which was not always consistent in the type of feedback provided to a single university or to the universities collectively. No concerns about this amended process were raised by the universities when they were consulted on their perception of the impact of this change a year after it was put in place.

- iii. *Reviewing programs subject to both accreditation and QA requirements:* The QAF was revised to clarify the degree of flexibility for the review of programs subject to both processes. The Quality Council recognizes that these programs are subject to a significant amount of review but after extensive discussion and careful consideration, it still sees these as serving two distinct purposes. Some new [guidance](#) was therefore also introduced to clarify the key differences in purpose between these two review processes, and to identify some opportunities for alignment.

Audit Protocol

- i. *A reduction in the number and type of QA activities to be sampled for audit:* Under the 2010 QAF, nine QA activities were typically selected for audit. This has been reduced to normally five or six in the 2021 QAF, with the area of scrutiny also being narrowed so that the focus is now on a university's CPR and new program development activities. Examples of major modifications and expedited approvals are no longer normally eligible for selection for audit. One consequence of these changes is a significant reduction in the documentation to be submitted for audit by the universities, although several universities have requested a further reduction within their submissions to this current review.

Increased emphasis on Continuous Improvement

- i. *Efforts to support a culture of continuous improvement:* QAF Principle 13 indicates that continuous program improvement needs to be the driver of quality assurance. To support this statement, the concept of continuous improvement was woven much more explicitly throughout all of the QAFs Protocols. In addition, a new section on Continuous Improvement across the System (Section 1.4) was introduced to the QAF. This latter section resulted in:
 - The creation of a Community of Practice for the QA Key Contacts.
 - The introduction of a series of annual Exchange Forums, with topics for discussion at all meetings being set by the Key Contacts themselves. These forums are in addition to the long-standing tradition of the Annual QA Key Contact meetings, a day-long meeting once per year, bringing together the Key Contacts to discuss topics of mutual interest in more depth.
 - The annual generation of a [Report on Quality Assurance Key Contact Meetings](#), summarizing the key themes and takeaways from the year's meetings. This is a further resource for quality assurance practitioners to work through shared challenges and to explore innovative approaches to their work.

- Finally, a site was created in February 2022 for the QA Key Contacts to access historical presentations and resource documents from the meetings noted above, as well as a dedicated space (the Key Contacts' Forum) to interact with one another. The Forum was set up to be moderated by the community of contacts themselves so that they have an independent platform to ask questions and discuss issues at any time. Accordingly, the Quality Council, its committees and the QA Secretariat are not involved.

Other changes

A number of other changes outside the QAF but arising from the 2017-18 review were also made. These include:

- i. *Responsibility for reviewing revised IQAPs:* Historically, members of the Quality Council would review IQAPs to determine whether these were in compliance with the requirements of the QAF. Since the approval of the 2021 QAF, this work is now undertaken by members of the Audit Committee and QA Secretariat. This change was felt to be important since the role of the Committee members is to measure the degree of compliance between a university's IQAP and its application, as well as whether the IQAP remains in compliance with the requirements of the QAF. This was an onerous and extensive exercise in light of the revisions to the QAF as a result of its previous review, this change in responsibility has thus far resulted in no findings of misalignment between an IQAP and the QAF as part of the second cycle of audits. This is in contrast to at least one recommendation related to such a misalignment in each audit undertaken in the first cycle of audits.
- ii. *New and updated [guidance to the QAF](#):* As noted previously, the Guide is intended to both support and expand on the requirements of the QAF, and a number of new pieces of guidance, as well as significant revisions to existing guidance, have been created to support the amendments to the QAF. For example, brand new guidance was created to support the new concept of [adjusted oversight](#). In addition, the threshold between change that constitutes a major modification to an existing program vis-a-vis change that may constitute a new program has generated a significant amount of discussion over the years. A working group of university QA Key Contacts and Audit Committee representatives was therefore created early in 2024 in the hope of reducing some of the confusion over this complex threshold. The group came together a number of times over the ensuing months to revise and update the [related guidance](#). In spite of appreciation for the updated guidance, there continues to be some concern that ambiguity remains, and also some divergence of opinion at the universities as to whether this is a positive or negative. Additionally, there are differing opinions on who should be the arbiter of what constitutes a major modification – the Quality Council or the universities. This latter tension is addressed in more detail below.
- iii. *Creation of a series of [tipsheets and resource](#) documents:* These are intended to further support the capacity of universities to meet the requirements of the QAF.

Reflections and Questions for the Review

While many of the changes described above have resulted in greater clarity, there are always opportunities for improvement. The remainder of this self-study therefore uses the guiding questions the reviewers have been asked to address to reflect on some of the perceived strengths and challenges, as well as opportunities for further improvement.

When reflecting on the higher-level questions, advice for how the burden on the universities might be further reduced while still maintaining sufficient rigour and transparency would also be welcome.

1. Do the Quality Council, its Committees and the Secretariat appropriately apply the QAF and perform their work efficiently, effectively and to the benefit of Ontario's universities?

Based on the analysis of the submissions to the review made by key stakeholders, including the submissions from 14 of the 23 eligible universities, the consensus was that 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. Appreciation for the ability to consult on quality assurance matters with the Secretariat was explicitly noted in a number of the university submissions, as was the work undertaken to foster a community of practice among the QA Key Contacts. The latter has created a formal mechanism for the members of the QA community to learn from one another, with the ability to share good practices and challenges being expressed as particularly helpful in several of the universities' submissions. The Council's ability to "oversee" such practices – individually and collectively – is an important factor in this being achieved.

This said, concerns about some inconsistencies in application of the QAF by the Appraisal Committee and Quality Council were raised in some of the universities' submissions. Members of Council and its Appraisal Committee share these concerns and have had many discussions about how best the issue might be resolved. One consequence has been the significant effort to enhance the data management system that is used to support the work of the Council and its Committees. This system is known as the Quality Assurance Management System (henceforth QAMS, and the amendments to QAMS have been designed with the intent to improve consistency of approach by building in the capacity to capture within QAMS the key outcomes of the work of the Council and its Committees. This will allow the generation of reports, and reflection on any and all decisions and feedback to the universities, as well as on trends for a particular university or across the system. Unfortunately, this work has not gone as smoothly as hoped, with the revisions taking a number of years to finalize because of complications within the SharePoint environment. As a result, the revamped version was not launched until January 2026. Further improvements to QAMS are also being discussed.

In the meantime, the Appraisal Committee has, at times, found it challenging to be consistent in its determination of whether the [evaluation criteria](#) for a new program proposal that the QAF requires have in fact been appropriately satisfied. More specifically, the Committee relies heavily on the related [teaching and learning guidance](#) to help it determine whether these particularly critical criteria have been met. This reliance can lead to some inconsistencies with

regard to when and why requests for additional information may be asked of the universities. Further reflections on this issue are provided within the submission from the Appraisal Committee. From the universities' perspective, some have pointed out that they are at times being held accountable to what has been identified as guidance as well as the requirements of the QAF.

It is important to acknowledge that members of the Appraisal Committee are incredibly committed to their role of ensuring that the integrity and reputation of Ontario's university degrees are maintained. This is being accomplished by the members' careful review and consideration of each new program submission, ensuring the original design of the program, as well as the plans to monitor it once launched to ensure its continuous improvement, are in line with the expectations of the QAF. This can often result in one or more requests for a university to provide additional information before the Committee is ready to recommend approval of a proposed new program. This said, the Audit Committee has often heard from representatives of a new program during an audit site visit that, while hard at the time, the process improved a new program and the input of the Appraisal Committee was appreciated.

Historically, members of Council did not have any specified requirements or guidelines for their review of FARs/IPs, Annual Reports on CPRs, or Annual Reports on Major Modifications (ARoMMs). It therefore fell to an individual member to decide what they wished to focus on with these types of submissions, with implications for the type of feedback that should be provided to the university. To improve the consistency of approach and feedback, a new survey tool was introduced in 2024 to guide (and constrain) the members' reviews. As noted previously, the universities did not indicate any concerns with the feedback they have now been receiving on their FARs and IPs or Annual Reports on CPRs when consulted. This observation notwithstanding, the submissions for this review make it clear that the Council's review, and its subsequent decision-making about the ARoMMs, remain areas for concern for some. While improvements to process and practice remain a priority for the Council, it is also important to note that analysis of the past several years of Quality Council interactions with universities on their ARoMMs indicated that requests by Council for clarification are infrequent, and result even less frequently in a determination that a major modification in fact amounted to a new program.

Ensuring that the Council and its Committees continue to work to the benefit of the universities is of utmost importance. **Advice on how best to achieve this and to further ensure the consistency of decision-making across the years, both to a single university and across the sector, would be most welcome.** For example, this might include recommended amendments to the QAF and / or suggestions relating to existing (or new) data management systems or other technologies / tools.

2. Are the QAF's principles and associated processes still applicable, or are there recommended changes / revisions that would better facilitate the quality assurance of the academic programs offered by Ontario's universities?

As previously noted, there is consensus among all relevant stakeholders, including the Quality Council itself, that the principles expressed in the QAF are still applicable and appropriate.

While the universities and the Quality Council had, until recently, agreed that a major overhaul of the QAF might not be desirable at this time, the February 26, 2026 submission from COU/OCAV suggests that the review is an opportunity to ask some big questions and provide some strategic clarity. More specifically, the submission identifies some areas the Provosts would particularly welcome some engagement with during the 2025-26 review of the QAF and provides more details on their concerns accordingly. Some of these issues have been deemed by the Quality Council to either be out of scope of its remit or already feasible within the existing QAF. An example of the latter is that universities can already enhance external review teams in the ways suggested in the submission and still meet the requirements of the QAF. In addition, while assurance of the quality of the academic programs includes a consideration of their general sustainability, decisions around the financial sustainability of a program are a responsibility of the universities. This said, a number of the issues raised in the COU/OCAV submission were also identified by the Council and its committees as being important to consider during this review and are therefore explicitly discussed in this self-study. Some potential solutions to these issues have also been identified.

Some university submissions include suggested revisions for the QAF's Protocols that would result in significant changes. For example, there is a suggestion from more than one university that well-established or well-performing programs be subject to streamlined processes or a reduced set of quality assurance requirements. This suggestion would be worth considering, particularly as a potential adjustment to the Council's oversight, where evidence suggests it is warranted. This could help to reduce the burden for the universities and would be to the benefit of all. It is worth noting that implementation of such a change would not be inconsequential. Such a change to the QAF would need careful consideration. For example, what defines "well-performing" and does such a change introduce an inequity to how programs are treated within the Ontario QA system? Once finalized, such a revision to the QAF would then require all IQAPs to be modified and the Audit Committee to then review the changes, prior to the Quality Council's re-ratification process. **Advice on whether this QAF revision is worth exploring as a means to reduce the burden would be appreciated.**

Support for the QAF explicitly emphasizing the need for the student experience and continuous program improvement to be the primary areas of focus is widespread and continues to be appreciated. This said, some submissions expressed concern that the measure of a university's compliance with the QAF and / or its associated guide is in practice still too heavily enforced by the Council and the Appraisal Committee. Further discussion on this topic can be found in section 6 below.

As already indicated, a further area of ongoing debate relates to how best to determine when significant changes to existing programs should be undertaken as major modifications, or when the threshold of a new program has been reached. Relatedly, who should be given the authority to make these decisions continues to be discussed, with several universities suggesting they should be trusted to make appropriate decisions. Implementation of such a change would have implications for Principle 2, which states that "...the universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance".

Some further issues and / or suggested changes related to this question that are flagged for the reviewers' consideration include the following:

- i. *Ways to further promote and / or enable curricular changes / innovation:* University submissions noted that the current language of the QAF and approach to QA can tend to inhibit or discourage programs from making changes. Further, in a changing global and technological context, Ontarians can be expected to pursue multiple learning pathways, increasing demand for stackable learning opportunities and student mobility. It is worth noting that at least in some instances, the universities' have added requirements to their IQAPs that are over and above those stipulated by the QAF. These additions can add additional layers of governance and / or QA requirements that slow processes down. [Section 4.1](#) of the QAF asks that the IQAP describe how the quality of offerings smaller than an academic program is to be assured. This includes the introduction of new laddering/stacking options, new minors, etc. **Advice on additional ways to promote or enable curricular change or innovation would be welcome.** One such possibility is for the Quality Council to consider proposed revisions from the Ontario Council on Graduate Studies (OCGS) that could expedite the creation of graduate diplomas when being designed out of existing programs.
- ii. *Revisit the requirements for FARs:* one university's submission suggested that the requirements for what the FAR must include should be reconsidered while another asked that the Quality Council create a template for the FAR.
- iii. *Impact of AI on quality assurance activities:* The Quality Council has had a number of detailed discussions about this and has agreed that decisions about how best to make use of AI in program delivery and / or QA activities should sit with the universities themselves. This said, the Council is considering an amendment to the QAF to require that the IQAP ensure the university consider how technology can be used as part of its quality assurance activities. For example, such a change could easily be made to [Section 1.1](#) of the QAF. In addition, some new guidance might helpfully be created. This could explore some of the conditions under which AI could helpfully be used. For example, draft program-level learning outcomes could be generated, as could first draft analysis of the voluminous amount of data that is produced for a CPR's self-study.
- iv. *Simplifying, streamlining and / or rethinking the CPR requirements:* The universities, and Committee submissions, included a number of suggestions related to this theme. This includes the COU/OCAV submission suggesting that the current Protocol for Cyclical Program Reviews is oriented more towards compliance than outcomes. **Advice on whether the QAF continues to appropriately support the goal of continuous improvement and if not, how it might better do so would be most welcome.**

Additional CPR-related themes include:

- *That requirements for the QAF's evaluation criteria and expectations for self-studies be reduced:* Currently, the self-studies examined through the audit process are extremely long and often not very focused. It is unclear though whether this is a result of the QAF-requirements, any requirements a university may have added over and above the QAF's requirements, a lack of clarity about what data should be

- collated and how this is best considered in a self-study, or a combination of all of these.
- *That amendments to the process to improve the quality of the external reviewers' recommendations be explored:* As already acknowledged, undertaking quality assurance work requires significant effort. Several submissions from universities pointed out that this work can often culminate in superficial recommendations. While many program representatives are also able to point to the benefits of having gone through a CPR during meetings held within the Cyclical Audits, it would be helpful to explore through this current QAF-review process whether there are changes that can be made to the CPR process that could lead to more meaningful advice to programs. For example, reconsidering the required qualifications of external reviewers was raised in several submissions.
 - *Requests to reduce the scope and frequency of Cyclical Program Reviews (CPRs):* Some universities also suggested that the CPR schedule be shortened. Presumably, this would be achieved through the reduction in requirements for the self-study and evaluation criteria, as noted above. However, this is already allowed by the current wording of the QAF (i.e., that the reviews occur *no more than eight years apart*).
- v. *Are the Degree Level Expectations (DLEs) still fit for purpose?* Generally speaking, there is not significant appetite to review the DLEs at this time and OCAV recently asked that adaptations to the DLEs themselves remain the purview of the universities. As noted in the COU/OCAV submission, the need to integrate Indigenous knowledge systems and principles of equity, diversity, and inclusion into a program's design and decisions on pathways for students is a critical component of the work undertaken by Canadian universities. The Quality Council has also discussed including a preamble to the DLEs that if added, could help to remind universities about the importance of the DLEs when assuring the quality of individual new and existing programs, as well as to set some context under which EDII (or similar) elements might be considered by universities.
 - vi. *Further ways to reduce the burden on universities:* One suggestion from the Appraisal Committee is to consider the wider use of desk reviews for new program proposals. Returning to the requirement for a single external reviewer in some instances is another suggestion, while the Audit Committee's submission also flags the need for a reduction in the burden on universities for a Cyclical Audit. The current review also provides an opportunity to better define the data that should be collected for CPRs and how they might best be used. Similarly, data on the QA outcomes of the work of the Quality Council and its committees, and how this information is used to inform decisions regarding adjusted oversight, should also be considered. Finally, another streamlining option for consideration would be to introduce to the QAF that a longstanding stream or specialization within an undergraduate program would be eligible for expedited approval if it has gone through at least two CPRs. This would align with the equivalent graduate level example that already exists within the QAFs [Protocol for Expedited Approvals](#).
 - vii. *Experiential and work-integrated learning:* The COU/OCAV submission notes that these elements have been "persistent social and political priorities for Ontario, and should be incorporated into academic programs where practicable". Currently, the QAF evaluation

criteria for new program development and existing program reviews ask that the appropriateness of supervision for experiential learning opportunities (if required) be reflected on. An alternative approach would be to strengthen the existing QAF wording to prompt universities to consider this as part of their own internal QA activities.

Given the reflections in this section of the self-study, **the Panel's advice on whether the QAF's Principles and associated Protocols remain applicable would be welcome, as would recommended revisions that would better facilitate the quality assurance of the academic programs of Ontario's universities.**

3. Does the QAF appropriately articulate a) the concept of continuous improvement; and b) the notion of compliance?

While it is clear that all stakeholders support the concept of continuous improvement and recognize that assessing compliance is a necessary component of quality assurance, the universities' submissions also contain some competing requests and suggestions for change. For example, the Quality Council has created a number of templates like those for new program proposals and CPR self-studies that are currently optional to use. Some universities would welcome these becoming mandatory while others embrace the current flexibility. Similarly, some universities have asked for a fixed boundary between what constitutes a major modification versus new program, while the capacity to make case-by-case decisions is appreciated by others. It is hoped that the review can provide some direction on tensions such as these, with guidance on the right level and type of support to universities that the Quality Council, through the QAF, should provide.

To date, the Quality Council and its committees have strived to improve their own processes, seeking to balance between where and how universities must demonstrate compliance with introducing more flexibility in the way continuous improvement – of both the academic programs and the associated quality assurance activities – can be achieved. Members of the Audit Committee have put in a significant amount of work to move the second cycle of audits to be forward looking and outcomes-based. The goal for the audit report is now to make these as helpful as possible for each university, with an increased emphasis on the identification and sharing of good practices whenever found, offering suggestions for where and how improvements might be made, paying significant attention to the tone of the reports, and as much as possible, moving away from a tick box approach. This said, a QA audit by its very nature includes a strong element of measuring compliance, with an assessment of how well a university has adhered to the requirements of its IQAP. Within the Ontario-context, this is an essential accountability component, in place to help assure key stakeholders such as the government that the self-regulating system that exists for Ontario's publicly-assisted universities is operating as it should, i.e., to ensure the integrity of the universities' quality assurance processes. By measuring compliance to ensure that the minimum requirements of the QAF are being met, practices that exceed this threshold can be identified and shared, creating opportunities for continuous improvement. Such an approach ensures that our processes remain in line with international standards and norms for QA.

This self-study has already outlined a number of the efforts of the Council and its Committees to continuously improve their own processes. The Quality Council's revised practices for reviewing the FARs and IPs – now actively seeking trends in a university's CPR practices and aiming to provide formative feedback accordingly – is one. The Audit Committee's efforts to date to advance the audit function from the perception in the first cycle of audits of it being merely a tick-box exercise, and the significant efforts of the Appraisal Committee to ensure the integrity and reputation of the degrees offered by Ontario's universities are two more. The Quality Council and its two Committees firmly believe in the need for continuous improvement of their own processes and practices and **advice on how to advance the QAF while still achieving this delicate balance between supporting and trusting the universities' efforts to continuously improve their academic programs with the need for oversight and accountability is welcomed.**

4. Are there any areas of ambiguity, misunderstanding or disagreement in the QAF?

As already noted, there are ongoing struggles regarding what constitutes a major modification to an existing program versus a new program. **Advice on ways in which to reduce this ambiguity, while still maintaining sufficient flexibility for those universities that welcome it, would be helpful.**

The university submissions also point to a perceived tension between the QAF as a means to appropriately introduce curricular changes / innovations to existing programs (i.e., major modifications) and a sense that the amount of work needed to do so is onerous. This is exacerbated by the perceived risk that it is possible (although rare, in practice) that the Quality Council might find that modifications rise to the level of a new program, after the fact.

Not surprisingly, some universities have also requested further consideration of how best to reduce the burden for programs subject to both accreditation and quality assurance reviews. One possible remedy would be for the Secretariat to contract someone to conduct a mapping exercise of the license-to-practice accrediting body requirements vis-a-vis those of the QAF. Such an approach would eliminate the need for accreditation-to-CPR mapping exercises to be replicated by each and every professional program across the province.

Finally, the Council has begun discussions about the need to define "quality" in the QAF.

Advice on the advisability of these ideas, along with the identification of any other areas of ambiguity, misunderstanding or disagreement and any suggested solutions would be welcome.

5. Are there opportunities to reduce the burden on Ontario's universities by further streamlining the processes?

This is an important question for consideration, especially given that Principle 15 closes by stating that when applying the QAF's standards, required "...documentation should be significantly relevant to decision-making, and not be burdensome". The Audit Committee has raised this in its submission, explicitly asking whether there are ways to reduce further the administrative burden that the audit process currently places on universities. While this question

was raised within the context of the work associated with the Audit Protocol, the universities have also asked that the review seek opportunities for further efficiencies to be introduced more widely into the next iteration of the QAF. Members of the Quality Council are similarly keen to see what might be done in this regard, while ensuring that sufficient rigour in the requirements of the QAF to align with international standards and norms for QA are also maintained.

6. Are the requirements for monitoring, reporting and accountability appropriate?

Adequate monitoring processes ensure institutions are adhering to their own established policies and standards, serving as a critical, ongoing mechanism for continuous improvement. Further, strong monitoring processes ensure that the proposed structure and plans for a new program are being realized in practice. Similarly, it is critical that the agreed upon plans for improvement of an existing program arising from its cyclical review are actually being realized in order to create a "closed-loop" system. The second cycle audits conducted to date have found that a number of universities are struggling with this aspect of their quality assurance practices, with a lack of understanding of, or appropriate attention being paid to, this important QAF requirement. **Advice on how the QAF might better articulate this aspect would be appreciated.**

In terms of reporting requirements, as noted previously there are currently two options for how universities can report on the outcomes of a CPR under QAF [Section 5.4.2](#). Option 5.4.2 a. requests the submission of individual FARs/IPs, while option b. allows universities to submit an annual report on CPR activity, including links to follow-up monitoring reports on progress in achieving the IP's action items. Because the latter include monitoring reports, these submissions result in a different type of review and engagement with a university's CPR processes by the Quality Council. **Given the important role of monitoring already described, the Council is considering amending the QAF to require only annual reports on CPR activity be submitted. This would ensure the monitoring feature can also be observed by the members of Council, as well as that all universities are considered equally. The Council would welcome the reviewers' advice on whether such a change is warranted.**

Summary of Questions for the Review

When reflecting on the following questions and related sub-questions, advice on how we might improve the Quality Assurance Framework within these themes, and more generally, would be welcome. In addition, how the burden on the universities might be further reduced while still maintaining sufficient rigour and transparency is a key goal for the 2025-26 review of the QAF.

1. [Do the Quality Council, its Committees and the Secretariat appropriately apply the QAF and perform their work efficiently, effectively and to the benefit of Ontario's universities?](#)
 - a. How might the Council and its Committees best ensure they continue to work to the benefit of the universities and have adequate tools to ensure consistency of decision-making across the years, both to a single university and across the sector?

2. Are the QAF’s principles and associated processes still applicable, or are there recommended changes / revisions that would better facilitate the quality assurance of the academic programs offered by Ontario’s universities?
 - a. Should the QAF be revised to streamline or reduce the quality assurance requirements for well-established or well-performing programs?
 - b. Are there additional ways for the QAF to promote or enable curricular change or innovation?
 - c. Does the QAF continue to appropriately support the goal of continuous improvement? If not, how might it better do so?

3. Does the QAF appropriately articulate a) the concept of continuous improvement; and b) the notion of compliance?
 - a. How might the QAF best be advanced while still achieving the delicate balance between supporting and trusting the universities’ efforts to continuously improve their academic programs while recognizing the need for oversight and accountability?

4. Are there any areas of ambiguity, misunderstanding or disagreement in the QAF?
 - a. Are there ways in which to further reduce the ambiguity between what constitutes a major modification versus a new program, while still maintaining sufficient flexibility for those universities that welcome it?
 - b. Do either of the proposed solutions to reduce the burden for programs subject to both accreditation and quality assurance requirements seem worthy of pursuit? Are there other suggestions for this identified issue?
 - c. Should “quality” be defined in the QAF?

5. Are there opportunities to reduce the burden on Ontario’s universities by further streamlining the processes?

6. Are the requirements for monitoring, reporting and accountability appropriate?
 - a. How might the QAF better articulate the rationale for the monitoring and reporting requirements?
 - b. Should the QAF be amended to eliminate the options for universities to submit individual FARs and IPs (QAF 5.4.2 a)) and maintain only the requirement for an annual report on CPR-related activity?

Acronyms and Abbreviations

Acronym / abbreviation	Full name
AC	Appraisal Committee
ARoMM	Annual Report on Major Modifications

Acronym / abbreviation	Full name
AuditC	Audit Committee
CPR	Cyclical Program Review
DLE	Degree Level Expectation
EDII	Equity, Diversity, Indigeneity and Inclusion
FAR	Final Assessment Report
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
IP	Implementation Plan
IQAP	Institutional Quality Assurance Processes
ISG Review	International Standards and Guidelines Review
OCAV	Ontario Council of Academic Vice-Presidents
QA	Quality assurance
QAF	Quality Assurance Framework
QAMS	Quality Assurance Management System
Quality Council	Ontario Universities Council on Quality Assurance

Summary of Key Changes Made to the Quality Assurance Framework Arising from the 2017-18 Review

While the 2021 version of the Quality Assurance Framework also includes a number of smaller changes, following is a summary of the key changes that have been made throughout *Part Two: Quality Assurance Protocols for Ontario's Universities and the Quality Council*.

Introduction

- Role of internal versus external quality assurance
- New opening paragraph added, which explicitly links Part One and Part Two

Continuous Improvement

- Role of continuous improvement in quality assurance activities (introduction and throughout QAF)
- Defines a new specific role for key contacts through routine exchange forums

Rationale for Protocols

- A rationale and importance of each protocol outlined in the introduction to each protocol

All Protocols

- Option for universities to add elements to align with institutional strategies, such as equity, diversity and inclusion considerations, special missions and mandates, etc. to their IQAPs has been added to “Section 2.1 Initial Institutional Process” in the Protocol for New Program Approvals, “Section 3.1 Proposal” in the Protocol for Expedited Approvals, in the “Process” section of the Protocol for Major Modifications (Significant Change and Program Renewal), and the “Process” section of the Protocol for Cyclical Program Reviews.
- References / linkages to the Ontario Qualifications Framework added throughout.

Protocol for New Program Approvals

- Distinguishes between program objectives and program-level learning outcomes
- Faculty CVs no longer required to be submitted, as long as the Appraisal Committee is satisfied externals saw these and have provided satisfactory commentary on faculty expertise, supervision, etc. (*adjusted oversight*)
- Evaluation Criteria (Section 2.1.2)
 - Reordered and rephrased throughout to clarify meaning and intent
- Section 2.2.1 External perspective:
 - Two externals for all new program proposals (undergraduate and graduate)
 - Optional third internal reviewer (preferably with teaching and learning expertise)

- Possibility of certain new master's programs being conducted via desk audit / virtual site visit if externals satisfied with that option
- Section 2.3.1 Internal response:
 - Added exception language for the requirement of separate responses from the unit and the Dean for single-department faculties (or equivalent)
- Section 2.5 Submission of Proposal to Secretariat:
 - Brief commentary on qualifications of external reviewers
 - Requirement added to now complete a submission checklist for inclusion with all submissions to the Appraisal Committee
- Section 2.6.2 Appraisal Committee Review:
 - New section to specify what the Appraisal Committee will focus on (sufficiency of externals report; recommendations/suggestions from externals; adequacy of internal response; adequacy of proposed assessment of T&L) (*adjusted oversight* in terms of not all evaluation criteria treated equally anymore)
 - Changes made to clarify the appeal process (Sections 2.6.2 and 2.7.1)
- Section 2.6.3 Quality Council decision: Reports on new programs will now only be required when significant additional action / resources are required to assure the quality of the program (*adjusted oversight*)
- Section 2.7.1 University may consult with/request a reconsideration of the Appraisal Committee and Section 2.7.2 University may appeal to Council
 - For recommendations other than "Approved to Commence", a step has been added so that the Secretariat will now notify the university of the Appraisal Committee's proposed recommendation *before* it goes to the Quality Council for decision and seek the university's acceptance of the recommendation
 - Clarified language in the appeal process
- Section 2.9.2 Monitoring: Expanded clarification of what this process must entail

Expedited Protocol

- Now separated from major modifications into an independent protocol
- GDip (Type 1) now can be handled as a major modification (*adjusted oversight*)
- Added option of the creation of a new standalone degree from an existing field in a graduate program, with associated criteria, to go through the Protocol for Expedited Approval
- Added a footnote for new GDips that are not associated with an existing parent program indicating that best practice would be to have the proposal externally reviewed by desk review (or alternative method)
- (Normally) no longer eligible for audit (*adjusted oversight*)

Protocol for Major Modifications (Program Renewal and Significant Change)

- Now separated from Expedited Protocol into an independent protocol
- Clarified purpose of major modifications (i.e., program renewal/response to CPRs/program closures, etc.)
- Clarified process for introduction of new field(s)
- At the end of the “Scope” section, added language to strongly encourage the inclusion in the IQAP of an identified arbiter to help determine minor modification, major modification, or new program
- Addition of micro-credentials and undergraduate certificates to list of examples for other program changes that do not rise to the level of a major modifications (plus developed draft new definitions)
- (Page 22) Optional (but strongly encouraged) evaluation criteria for programs that are moved to become fully online
- Created a new, standalone “Section 4.2 Program Closure” asking that the IQAP specify the conditions for when a program closure will be considered as a minor or major modification and explicitly asking that all program closures be reported to the Quality Council as part of the Annual Report on Major Modifications
- (Normally) no longer eligible for audit (*adjusted oversight*)

Protocol for Cyclical Program Reviews

- New introduction to emphasize role of FAR/IP/continuous improvement for CPRs
- Protocol reordered and section headings renamed to align with Protocol for New Program Approvals
- Section 5.1.3.1 Evaluation criteria: Ordering and wording amended to now mostly mirror those for new program proposals (as appropriate)
- Section 5.2.1 External perspective:
 - Requirement for two external reviewers for all program reviews
 - Possibility of certain new master’s programs being conducted via desk audit / virtual site visit if externals satisfied with that option
 - Requires at least three recommendations for specific steps that will lead to continuous improvement of the program
 - Revised language regarding the external reviewers’ recommendations related to resources to clarify that these must be directly linked to issues of program quality or sustainability
- Section 5.3.1 Internal response: added exception language for the requirement of separate responses from the unit and the Dean for single-department faculties (or equivalent)

- Section 5.3.2 Internal report:
 - Additional requirements for the FAR/IP: Require provision of a rationale for any rejected recommendation(s)
 - Clarified that the Executive Summary is a required element
 - Clarified that it is the approved FAR and IP that must be provided to the unit
- Section 5.4.2 External reporting requirements: new provision for universities to have option to submit an annual report to QC for completed CPRs (*adjusted oversight*). This will occasionally be reviewed by the Quality Council. If issues found, could lead to a Focused Audit by the Audit Committee
- Section 5.5: Use of Accreditation/other reviews: Section now clarifies extent to which substitutions between reviews are permissible

Audit Protocol

- Expanded introduction to more fully explain the role of the audit
- Reframes the audit to include the “helping” role of the auditors
- QA Secretariat and member of the Audit Committee now to provide the university with a pre-audit orientation / briefing
- When audit report finds high to very high degrees of compliance with IQAP, audit report may recommend reduced oversight in one or more areas of university’s QA practices (*adjusted oversight*)
- One-year response no longer automatically required (*adjusted oversight*)
- When audit report finds deficiencies in several areas and/or systemic challenges, may recommend increased oversight (*adjusted oversight*). This may include:
 - Increased reporting
 - Focused audit
 - Any other action deemed necessary by QC
- Section 6.2.3 Institutional self-study: audit now begins with a self-study from the university to reflect on current policies/practices which demonstrate its focus on continuous improvement
- Section 6.2.4 Selection of sample of QA activities for audit:
 - (Normally) fewer programs selected for desk audit (normally five vs nine)
 - May also include a small sample of programs in progress with their QA activity, but no documentation required for these. Selection of these in progress programs will be done in consultation with the university
 - Added that Audit Team might also audit the record of substitution/addition compiled for a program subject to both accreditation and cyclical program reviews

- Section 6.2.7 Audit report:
 - Added “Cause for Concern” to the Audit Report as a category requiring action on the part of the University to mirror the approach for describing “Suggestions” and “Recommendations”
 - Clarifies what will appear in the report
 - A summary report is no longer required
 - Findings related to audited programs now in an addendum to the report that will not be published
- Section 6.2.8 Disposition of audit report:
 - Reduced fact checking stage from 60 days to 30 days and added wording to allow a university to request an extension should it need longer
 - Clarified process for what occurs if the Audit Committee has concerns with an Audit Report submitted for its consideration
- Section 6.2.11 Institutional follow-up:
 - A summary report will no longer be created by the auditors in addressing the sufficiency of the university’s Follow-up Response Report (where required)
 - Clarified language to remove reference to specific timing for any required follow-ups and renamed the “one-year follow-up response” to “Follow-up Response Report”
- Section 6.3 Focused Audit: New “mini audit” option added to closely examine a specific aspect(s) of the university’s QA processes/practices arising from a Cause for Concern in the Cyclical Audit, or triggered by the Quality Council if it has other QA concerns of a systemic nature
- Section 6.3.1 Focused Audit Report: Describes what this will include, plus publication requirements, etc.