



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

REPORT ON THE QUALITY ASSURANCE AUDIT OF YORK UNIVERSITY

May 2026

Contents

Introduction to the Cyclical Audit for York University	1
The Quality Assurance Context at York University	2
Findings Arising from the Quality Assurance Audit of York University	3
The 2015-2016 Audit	4
Implications of the Institutional Self-Study	4
Commendations and Best Practices (QAF 6.2.7)	8
Commendations	8
Best Practices	8
Recommendations to the Institution	9
Suggestions to the Institution	10
Process Optimizing	10
QA Cultural Strengthening	13
Recommendations to the Quality Council	15
Conclusion and Next Steps for York University	16
Appendix A: Overview of the Quality Assurance Audit Process for York University	17
Appendix B: Auditor Bios	23
Appendix C: Site Visit Schedule	25

Introduction to the Cyclical Audit for York University

York University was founded in 1959 and has grown to one of Canada's largest universities with over 53,100 students. It offers about 250 undergraduate and 60 graduate programs. The University has three locations: the large Keele campus (opened in 1965), a faculty at Glendon College (where York started) with 2,500 students and over 30 programs, and a new campus in Markham, which began admitting students in 2024 and now offers nine undergraduate and five graduate programs. "York's vision is to provide a broad sociodemographic of students with access to a high quality education at a research intensive University that is committed to enhancing the well-being of the communities we serve" (<https://www.yorku.ca/about/mission-and-vision/> accessed 21/1/2026).

The University is organized into 11 Faculties, which range in size from very large to small. In addition to Glendon College, there are faculties of Education, Environmental and Urban Change, Graduate Studies, Health, Lassonde School of Engineering, Liberal Arts & Professional Studies (the largest Faculty), Osgoode Hall Law School, School of Arts, Media, Performance & Design, Schulich School of Business, and Science. York offers a broad array of professional programs (e.g., Business, Education, Engineering, Law, Nursing, Social Work, and a Doctor of Medicine to be launched in 2028).

The audit of York University described in this report was conducted in accordance with the provisions of the 2021 version of the Quality Assurance Framework (QAF), which 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 Institutional Quality Assurance Processes (IQAP) that comply with the QAF and provide the university with an internal policy for the conduct of quality assurance.

The QAF provides Ontario universities with autonomy over their quality assurance (QA) processes. However, the Quality Council has the authority to audit their QA activities periodically. The purpose of the audit is to determine whether each university's QA practices are in compliance with its IQAP and the QAF, and to guide the university on needed remediation in any areas that are out of compliance. The audit process is part of the universities' accountability to stakeholders (prospective students, students, graduates, parents, employers, the provincial government, taxpayers, and the 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. York University was in the fourth group of universities undergoing audit in 2015-16. The second cycle of audits commenced in 2022, and York University is again one of the fourth group being audited in 2025-26.

The auditors followed the Audit Process as described in the QAF (QAF 6.2, please refer to Appendix A). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership (see brief biographical information in Appendix B), and along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset.

Upon receipt of the preliminary documents from York University, the Audit Team selected a sample of six programs for audit from the New Program Approval Protocol and from the Cyclical Program Review (CPR) Protocol. The process involved a desk audit using the University's Institutional self-study and records of the sampled programs, together with associated documents. In addition to the programs that underwent a desk audit, two programs were included in the site visit meetings without any prior documentation: one with an in-progress CPR nearing completion and a new program that had just received Quality Council approval.

The Audit Team conducted a site visit at York University from November 11 – 13, 2025 (see Appendix C for the site visit schedule). During the site visit, the Audit Team met with the University's senior leadership, those with important roles in the quality assurance process, and representatives from those programs selected for audit. Following the audit, the Audit Team prepared a report, with Recommendations and Suggestions, subject to a multi-stage review process and final approval by the Quality Council.

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

Dr. Roelof (Rudy) Eikelboom

Dr. Catherine Nolan

Dr. Bettina (Tina) West

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 staff and students, to faculty and administration. York University provided the auditors with extensive and virtually complete documentation for the audit well in advance of the site visit. Requests for additional information and documentation were handled promptly. The site visit, an intense series of meetings over three days, was very well planned, and the Audit Team 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 York University

At York University, the QA policy is described in the York University Quality Assurance Procedures (YUQAP), which the University's Senate first approved in October 2010, with the Quality Council ultimately ratifying it in April 2011. This document was subsequently revised in 2011, 2012, 2013, and 2020, with each revision ultimately being re-ratified by the Quality Council. After the 2021 revision of the QAF, York revised the YUQAP, which was approved by its Senate in late 2022 and re-ratified by the Quality Council on January 19, 2023. York made minor modifications to the YUQAP in the fall of 2025, which were submitted to the Secretariat in November 2025 and brought to the Quality Council for information in December 2025.

While the Provost and Vice President Academic has ultimate responsibility for the implementation of the YUQAP, the Vice-Provost Academic oversees the administration of QA at York and is the primary contact for the Quality Council. Senate oversight of QA is vested in the Joint Sub-Committee on Quality Assurance (JSQA) established by, and reporting to, the Senate's Academic Policy, Planning

and Research Committee (APPRC) and the Academic Standards, Curriculum and Pedagogy Committee (ASCP).

The JSQA, on behalf of the Senate, ensures compliance with the Quality Council's protocols, responds to Quality Council audits, and oversees the cyclical review of programs.

After going through the external review process and the internal response, New Program Proposals are submitted by the relevant curricular sub-committee to their Faculty Council for approval, and then to the ASCP. Upon ASCP approval, the proposal goes to the APPRC for concurrence, then to the Senate for final internal approval. Following the Senate's approval, the Vice-Provost Academic submits the full proposal to the Quality Council Secretariat for approval by the Quality Council Appraisal Committee. To support this process, the University has recently developed a New Programs LaunchPad to provide stronger early-stage guidance for New Program Proposals.

The Audit Team heard much praise for the team in the Vice-Provost Academic Office, which oversees the day-to-day administration of all QA activities at York University. The Vice-Provost leads this office, and as was noted in the Institutional self-study (p. 9), the focus of the staff in the OVPA was redistributed to allow for more emphasis on its quality assurance related work. At the time of the site visit the team consisted of a Director of Academic Programs and Policy, two Associate Directors (Program Quality and Development), an Academic Integrity Specialist, and the Executive and Quality Coordinator. The Audit Team also noted the active involvement of the Deans in the QA processes.

In 2023-24, the University initiated discussions with student groups to strengthen student involvement in QA, particularly in the CPR process. This has led to the formation of a Student Working Group on Quality Assurance (SWGQA). During the meeting with the students, the Audit Team heard that the students were excited about this opportunity to be involved in QA and that they are currently recruiting members to the SWGQA. This student-led approach seems to be a very promising opportunity to increase student involvement in QA.

Findings Arising from the Quality Assurance Audit of York University

The findings of this 2024-25 Cyclical Audit are based on the following:

- The report of the 2015-2016 Audit and the University's responses;
- The University's 2025 Institutional self-study (ISS);
- Advice from the Quality Council;
- Advice from the Quality Council's Appraisal Committee on areas where it has observed a pattern in the University's application of its IQAP during the development of New Program Proposals;
- A scan of quality assurance-related pages from the University's website;
- The desk audit of documentation provided by the University for four programs that have undergone CPRs and two new programs that have undergone appraisal for approval; and
- Information gathered or further requested from the meetings with groups and individuals during the November 2025 York University site visit.

The findings of this audit led to a series of Commendations, Recommendations, and Suggestions. Further details on these findings are provided in subsequent sections of this Audit Report.

Before commenting on specific aspects of QA at York University, the Audit Team would like to commend the institution for its commitment to continuous improvement of new and existing programs through its quality assurance engagement. The University demonstrates a solid commitment to QA, as evidenced by the robust overarching role played by the VPA office. As already noted, this QA team was highly praised by all throughout the site visit. Faculty from individual programs spoke of the improvements they saw in the QA process over the years. They expressed appreciation for the opportunities to review their programs with an eye toward continuous improvement. The culture of QA was clear to the Audit Team and the corresponding commitment to QA at York University is evident in this Audit Report, which identifies only two Recommendations and a series of Suggestions.

The 2015-2016 Audit

The previous Audit Report made 11 Recommendations and 12 Suggestions. As required in the 2010 QAF, York University submitted a one-year follow-up report in May 2017, detailing both how they had addressed the Recommendations (as required) and how they used the Suggestions to make improvements to the QA processes. In response to some questions from the 2015 Audit Team, they provided further clarifications. In September 2017, the auditors expressed their satisfaction with York's response to this audit. The current auditors note that, in response to Recommendation 4 (confirmation of the completeness of the CPR self-study in meeting all the evaluation criteria) of the follow-up report, a sign-off cover sheet was under development to track the submission date, revisions, and approvals for the self-study. It is not clear that this recommendation has been fully implemented, and Recommendation 2 of the current Audit Report again addresses the University's processes for assuring all the evaluation criteria are met in the self-study.

In the Institutional self-study (ISS), the 11 Recommendations were reviewed again with comments from the University on how they have been addressed over the longer term. While most Recommendations are listed as completed with no further action required, work is still underway to integrate QA processes into the Registrar's Office Curriculum Management System.

Implications of the Institutional Self-Study

The 2021 QAF requires the University to provide the Audit Team with an Institutional self-study that reflects on its quality assurance policies and practices before the site visit. After discussing the impact of the 2015-2016 audit, the ISS highlights other changes made in the intervening years, then discusses the positives and negatives of QA activity at York currently. The ISS is forward-looking, articulating planned improvements that will lead to changes in the YUQAP. For example, due to uneven numbers of CPRs across years, some program reviews are suggested for rescheduling to an earlier date to create a more even distribution across cohorts. Finally, it raises a few issues that the University would like the Audit Team to address. Overall, all the auditors found it a clear reflection of the past, present, and future of QA at York University.

In the last section of the ISS, the University asks the auditors to speak to the following concerns:

- 1. Process Simplification and Workload Reduction*

At York University, the most obvious way to reduce the workload for all is to limit the CPR to what is required in the QAF. Currently, the Dean's/Principal's Statement (now possibly two statements, if the Vice Provost and Dean of Graduate Studies also makes a Statement) is part of the materials sent to the External reviewers, yet at the same time, in the ISS, the University reports that the Dean's input at various stages of the process causes delays. The auditors also noted that the Dean's statement could shift the CPR's focus from program improvement to something else, such as the program in a larger university context. While this falls outside of the requirements of the QAF, Suggestion 1 offers some alternatives with respect to process simplification and workload reduction.

In this section of the Institutional self-study, mention was made of the desire to adjust the rota of reviews to be more balanced across years, to equalize the workload of the VPA office and all other parties involved in the QA system. Adjustment of the schedule suggests that programs that need accreditation might benefit from advancing a CPR to better align with the accreditation process, enabling commonalities, such as data reuse. Note that the QAF [Guide](#) provides several additional suggestions for aligning accreditation reviews and CPRs .

While Suggestion 1 provides the auditors' primary process-simplification advice, several other Suggestions can reduce the workload of QA processes at York University. Suggestions 3, 4, 12, and 13 address the templates and processes used for CPRs and New Program Proposals, as well as other changes related to academic concerns. There are also a number of Suggestions mentioned below that involve bringing people together to see if further optimization in QA processes is possible (Suggestions 19 and 20).

2. Selection and Qualifications of External Reviewers

While the question relates to the recruitment of qualified External Reviewers, the Audit Team was impressed by the rigour of the current method for selecting reviewers. The auditors feel that the manner in which the CPR process is carried out at York University may be at the heart of the concerns about reviewers and their Recommendations. Suggestion 3 addresses the amount of material provided to the Reviewers (especially since many reviews are bundled) and asks whether the material could be more explicit or reduced. It should also be noted that the YUQAP 6.8.5 (and QAF 5.2.1 v) now require at least three specific Recommendations for each program in a bundled review, rather than a few suggestions without specific focus.

3. Explore Approaches to Feasibility of New Program Ideas Early in the Development Process

The auditors appreciate the University's desire to determine when to accelerate, pause, or even cease with particular program ideas in a timely manner. The Office of Institutional Planning and Analysis (OIPA) might be able to provide helpful data to support these early discussions. Currently, there appears to be no requirement to engage with this office early in the process. Suggestion 9 proposes that, when preparing the Notice of Intent (also called the Notice of Intention), the OIPA be asked to provide input on the program proposal. OIPA data may enable a clearer indication of how to develop the proposal more rapidly or pause the process. The discussion about LaunchPad may help frame this concern (see below).

4. Enhancements to the Institutional Culture around QA

Recognizing that the quality assurance culture is already quite robust, some of the Suggestions made in this Report will make these processes more salient to stakeholders.

- The default practice of holding site visits virtually was of concern to a number of the units and Deans undergoing a CPR or New Program Proposal review. An explicit set of criteria to clarify when a virtual site visit is appropriate might make this practice more acceptable to academic units (Recommendation 1).
- While some units hold a retreat during the CPR process, it might be helpful to provide a framework for such retreats early in the process, focusing on the appropriateness of program-level learning outcomes, and emphasizing assessment for continuous improvement and subsequent monitoring of student achievement of PLOs (Suggestion 14).
- Students are key stakeholders in QA activities, and, from the Audit Team's meetings with students, have a desire to engage in these events. Suggestion 15 addresses ways their involvement in QA activities may continue to be enhanced.
- The units' engagement in the External Review Report appears to be limited to addressing the Reviewers' Recommendations. The YUQAP (6.9.3 d, page 38) permits units, Deans/Principal, and the University to add Recommendations to their responses, thereby increasing the relevance of the process (Suggestion 17). Some of the Suggestions in this Report for bringing together key players in QA activities will also increase awareness of and engagement with these activities (Suggestion 19 and 20).
- The Audit Team also noted that the June 2025 Annual meeting of Key Contacts explicitly discussed, in a Plenary Panel, the importance of QA initiatives and approaches in an era of financial constraints and a summary of this panel is available on PDF pp 17-20 of the 2024-25 Annual Report on Key Contact Meetings ([2024-25-Key-Contact-Annual-Report.pdf](#)). (Note also the concurrent session on financial issues for new program sustainability on PDF pp 21-22.)

5. *Continued Development and Updating of SOPs to Document Process and Reflect Team-Based Approaches to the Administration of YUQAP*

The Audit Team heard from multiple programs and individuals that they appreciate the continuous improvements to the templates and Standard Operating Practices (SOPs) for QA processes that have been made over time. The Audit Team heard that the current CPRs were much better supported than was the case in the past. Several of the Suggestions speak directly to potential further template improvements (2, 3, 4, and 17), while Suggestions 14, 19 and 20 address team-building exercises.

6. *More Frequent Opportunities for Engaging in Program Enhancement*

The University has raised the possibility of more frequent program reviews as an opportunity to further support continuous improvement. Units told the Audit Team that they appreciated the opportunity that CPRs provided to pursue continuous improvements of their programs. The Audit Team also heard that York conducts an annual sustainability exercise to assess the viability of all existing programs. At the same time, minor and major program modifications reflect an organic

process for program enhancements. That is, academic units already see value in the current arrangements and value how they support continuous improvement.

The QAF requires that CPRs be conducted *within* an eight-year timeframe. Recognizing that ultimately this is the University's decision, the Audit Team is concerned that seeking more frequent formal review opportunities would overload units' administrative workload capacity and in fact work against the goal of supporting continuous improvement. If the University's wish is to streamline process workload, it is also not clear how more frequent processes will help to achieve that goal. Some universities have created "live" data dashboards to support program enhancement. This is something York might wish to explore, building on the already high-quality data provided for the CPR self-study. Other universities have increased the number of monitoring reports submitted by the unit, to ensure a focus on continuous improvement between CPRs.

7. *Enhancing the Relationship between Quality Assurance and Teaching and Learning*

It was not clear to the auditors how the positions of the Vice Provost Academic and the Vice Provost Teaching and Learning were related, or how their responsibilities were divided. Any enhancement of the relationship between QA and teaching and learning starts at the highest levels.

The Audit Team also heard during the site visit that the Teaching Commons felt it was underutilized in quality assurance support. They appeared unaware of the supports for QA activities within the Faculties. Multiple individuals in the units engaged in QA activities reported turning to Teaching and Learning Offices or Instructional Designers within their own Faculties rather than to the Teaching Commons. It might be beneficial to bring together all those involved in teaching and learning, both from the Teaching Commons and from the various (often larger) Faculties, to optimize QA activities (Suggestion 19).

8. *Further development of the New Program LaunchPad*

Providing extended support for New Program Proposals will help those exploring a new program avoid many potential problems and make the process run more efficiently. It was not clear to the Audit Team if the LaunchPad is intended to be a set of resources, like workshops and mentoring, with contact information to various existing University resources (and perhaps for program enhancement more generally), or a committee reviewing the proposal at this early stage with advice on how to address any weaknesses and strengthen the proposal. Some universities provide extensive feedback at the Notice of Intent stage through a committee with experience in the issues that might arise in starting new programs. While this is an extra step in the program development process, it can make subsequent steps go much more smoothly. In conjunction with data from the OIPA (see above), a committee may help to inform which proposals to accelerate, pause, or even cease (Suggestion 10). The auditors also noted that, while there is a robust and much-appreciated set of orientation exercises for CPRs, there appears to be no formal orientation process to support New Program Proposals. A LaunchPad committee would be the ideal way to bring together all relevant stakeholders to support such orientation sessions.

While not explicitly tied to the LaunchPad development, Suggestion 18 states that the Library be involved earlier in the process for developing new programs and this suggestion raises the question of how broad the LaunchPad should be.

In considering the issues York University was concerned about in their ISS, the auditors identified two overarching themes: Process Optimization, and QA Cultural Strengthening. As a result, the Suggestions for the University have been organized around these two themes.

While specific examples of major modifications and programs approved under the Protocol for Expedited Approvals are no longer audited, the Audit Team was able to explore how these aspects of the QA processes were functioning at the site visit. While a tension exists between minor and major modifications, York has developed a gradient form to help distinguish the two. One program representative remarked that the examples currently on the University website make the distinction much clearer than earlier. The QA team remarked that, with their new improved templates, the major modification process has been working well. The York team expects that issues such as AI in the higher education context will result in more program modifications.

Commendations and Best Practices (QAF 6.2.7)

Commendations

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

The VPA office received universal praise.

During our site visit, the Audit Team heard universal praise for the team in the VPA office. They were seen as responsive to questions and as having made the processes for CPRs, New Program Proposals, and program modifications much smoother and more meaningful. In particular, the Audit Team found that the support and information provided to units starting the CPR process were exemplary. The initial standard PowerPoint presentation used in the CPR orientation for all units was very comprehensive. In addition, the two orientation meetings for each unit that followed strengthened the start of the CPR process. The University community sees the QA process as being in good, capable hands.

The VPA office's QA resourcing team is also continuing to explore ways to improve these processes. For example, while in the very early stages, the Student Working Group on Quality Assurance (SWGQA) shows great promise for encouraging student involvement. In addition, providing comprehensive support for the development of new programs through a central LaunchPad should significantly improve this process.

Best Practices

Best practices are specific systems, processes, structures and actions that enhance the effectiveness of the application of the University's IQAP or contribute to the University's efforts toward a culture of continuous improvement that could be applied more broadly across the University, or at other institutions.

OIPA Data Kits

Accurate data is central to all QA processes, and the Audit Team was impressed by the OIPA's work in this regard. The data kits provided to units in the process of CPRs were well-received and

delivered on time. Data kits are highly customized for each unit and matched directly to the sections of the self-study that require data. There was also appreciation for this office's willingness to provide one-on-one support to units that needed help interpreting their data.

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.

York University must:

RECOMMENDATION 1: Ensure that site visits are normally conducted on-site and use an alternate method only if the External Reviewers are satisfied that an off-site option is acceptable.

While the QAF (2.2.1 & 5.2.1) and the YUQAP (3.2.3 & 6.8.4) now permit virtual site visits for both New Program Proposals and CPRs, the in-person site visit remains the stated default, with virtual visits treated as an exception requiring clear justification by the Provost (or delegate) and acceptance of the alternative mode of review by the External Reviewers. The Audit Team was informed by the VPA that, at York, the default in practice was virtual site visits. Only if the External Reviewers, when asked, requested an in-person visit would it be done in person. This practice is the reverse of the requirements of the QAF and YUQAP, where virtual site visits must be justified as an exception to the normal practice of on-site visits, so it needs to change. In considering when to justify virtual site visits, the nature of the program may prove an important consideration. There are programs where in-person visits are much more important, for example, if space and facilities like labs are essential to the program. York must develop a process that clearly defines the internal situations in which in-person site visits are not necessary and consider these decisions on a case-by-case basis.

RECOMMENDATION 2: Ensure that all QAF Cyclical Program Review and New Program Proposal evaluation criteria and other requirements are addressed in the self-study and program proposal.

While reviewing the documentation submitted for the CPRs selected for audit, the auditors noted that some required evaluation criteria from the QAF and YUQAP were not addressed in the self-studies. For example, there was little evidence that programs were monitoring whether the assessment methods demonstrated that students met the program objectives and had successfully attained the program-level learning outcomes, as required by the YUQAP (6.7.6 b) and QAF (5.1.3.1.4 b). In fact, monitoring of the assessment methods was noted as a concern in the ISS. Sometimes the assessment criteria were not addressed at all, and at other times, the response assumed the assessment was appropriate, with no monitoring and no mention of continuous program improvement. A second example of missing requirements comes from self-studies where multiple programs were reviewed together. Both the QAF (5.1.3) and the YUQAP (6.5.1) require that each program be described and evaluated individually, even when bundled with other programs. In one of the self-studies, the BA and BSc programs were not differentiated (similarly for the MA and MSc programs). The Appraisal Committee noted that about 50% of New Program Proposals resulted in

requests for more information regarding similar evaluation and assessment criteria (QAF 2.1.2.4b) for the new program proposals from the University that it has considered since the previous Cyclical Audit. Yet all the self-studies and program proposals had been approved internally as complete. A similar concern was raised in the previous Audit of York University (Recommendation 4 in the previous audit report). A more robust process to ensure that all required elements of the CPR self-study and New Program Proposal are, in fact, included needs to be developed. See also Suggestions 2 and 3.

Suggestions to the Institution

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

Process Optimizing

York University should:

SUGGESTION 1: Consider removing the Dean's or Principal's Statement for Reviewers from the CPR Process

The CPR is a process designed to support the continuous improvement of academic programs. The Dean's or Principal's Statement is an extra step (not required by the QAF) in the process that increases its complexity when the process is already quite long and complex. The ISS noted that the Dean's Statement step and the requirement for a Dean's response to the External Review often slow the CPR process. The auditors found no description of what might be included in the Statement and consequently saw quite a bit of variation in the content of the statements included in the sampled QA activities selected for audit. The Dean's concerns about the program sometimes extended beyond academic issues.

External Reviewers are subject area specialists and may not be able to address or adjudicate misalignments between the Dean's Statement and self-study. Even in the absence of a Dean's Statement, the CPR process provides Deans/Principal with a number of opportunities to express their views/concerns about a program. If the Deans/Principal have any major concerns with the self-study, they can, and should, be addressed in discussion with the unit before the self-study is approved. The Deans/Principal and Associate Deans can provide input during their meetings with the Reviewers during the site visit. The current requirement for clearly separate responses to the External Review Report by the unit and the Dean/Principal (QAF 5.3.1, YUQAP 6.9.2) is an obvious additional place to address any issues the Deans/Principal may have, especially since they can add recommendations to those expressed by the External Reviewers. There is a further opportunity offered by QAF 5.3.2 a. v and YUQAP 6.9.3 d, page 38 to include recommendations from the Deans (among others) as part of the process for finalizing the FAR (see also Suggestion 17).

If, however, the University decides to keep the Statement, it would be helpful to explore the creation of a template for these Statements. This would help provide some consistency of approach and boundaries for what is – and perhaps is not – in scope for these statements. Finally, it would be

advisable if the statement were restricted to the evaluation criteria described in YUQAP 6.7 and included reflection on the positive aspects of the program (note that in the table of contents for the York CPR guide it is still labeled an 'Agenda of Concerns').

SUGGESTION 2: Consider amending the program proposal and CPR self-study templates to provide clearer guidance for units on how to fully address the evaluation criteria in the YUQAP.

The YUQAP 3.3 and 6.7, and the QAF 2.1.2 and 5.1.3.1, list specific evaluation criteria required for both program proposals and the cyclical review of programs. For some of the self-studies reviewed, auditors noted that a few required criteria were not clearly articulated in the template. Consider whether the templates for the self-study and program proposal can provide more explicit guidance on expectations for the units to address all the Evaluation Criteria and be better aligned with the YUQAP requirements. These amendments might also make it easier to confirm that proposals and self-studies are complete.

SUGGESTION 3: Consider providing guidance in the self-study templates to encourage units to combine programs, or program parts into a single self-study.

In reviewing the sampled self-studies, the auditors noted that several bundles included multiple, often lengthy, individual program-specific self-studies, resulting in redundancies. The Audit Team also found that External Reviewers are often asked to review these multiple long self-studies (e.g., an undergraduate and graduate self-study from the Keele campus combined with a self-study from the Glendon campus). The result of this bundling may be a lack of focus among the reviewers, leading them to mostly attend to the site visit input.

Guidance could be added to the self-study template to encourage units to provide a single discussion on areas common to all bundled programs, such as unit history, approach to University's mission and academic plans, faculty resources and faculty quality. The self-study would only separate programs where specifically required by the QAF 5.1.3.1 and YUQAP 6.7 for items unique to the program. This guidance may, for example, enable combining undergraduate and graduate programs into a single self-study, thereby further reducing current duplication.

SUGGESTION 4: Consider removing the Opportunities sections from the sub-sections of the self-study and put more emphasis on the final Opportunities section.

Having multiple Opportunities across various sections of the self-study template may be complex for the authors and External Reviewers to integrate into meaningful opportunities for the program. A single final Opportunities section may be easier for all to work with and better emphasize how the program may show continuous improvement. It might also be used by the authors of the self-study to explicitly ask the External Reviewers for specific advice on improving the program and on the usefulness of some perceived opportunities.

SUGGESTION 5: For the inaugural review of a program, consider adding a prompt to the CPR self-study template, indicating that the self-study should address any conditions from the Quality Council at the time of the program's approval and/or any concerns identified during program monitoring between launch and its first CPR.

While the CPR self-study template does an admirable job of requiring the unit to address any outcomes from previous reviews, it is silent on what should be considered in the inaugural review of a program. A prompt should be added requiring the addressing of any conditions raised by the Quality Council, as well as any concerns noted during the program's initial monitoring. This would explicitly require addressing these items in the first cyclical review of new programs, as described in YUQAP 3.5.2.

SUGGESTION 6: Consider reviewing the standard operating procedure for External Review Reports to find additional ways to address weaknesses in the report.

The Institutional Self-study noted a concern about the quality of the recommendations in some External Review Reports, as they lack bold, forward-thinking ideas. The Audit Team also found that units were sometimes disappointed by the details and recommendations made by the External Reviewers. These concerns suggest that an evaluation of the process for instructing the external reviewers on their mandate and the University's goals for the review accordingly could be beneficial. Similarly, reflecting on opportunities to further engage with the reviewers when they submit an inadequate or unsatisfactory report may also be of value.

SUGGESTION 7: Consider having the Joint Sub-Committee on Quality Assurance focus specifically on only the latter parts of the CPR, including the Reviewers' Recommendations, the internal responses, and the FAR/IP, so that they can maximize the emphasis on continuous improvement.

When the Audit Team met with the JSQA members, they formed the impression that the committee reviewed the entire CPR process with a focus on compliance. While compliance is important, the CPR is delivered to the JSQA at the very end of the process, making it difficult to address any concerns. If the JSQA were to focus on the approval of FAR/IPs and their constituent elements (for example, the appropriateness of the internal responses and proposed Implementation Plans given the external reviewers' recommendations), it could place greater emphasis on how these documents drive continuous improvement of programs.

SUGGESTION 8: Consider how the FAR/IP reflect administrative program modifications.

Administrative program changes, such as the merging of two programs, a program name change or closure of programs that were initially under review, may occur during or immediately after a CPR. In these cases, it would be helpful to ensure that all related final documentation, such as the FAR/IP, clearly describes any changes or program evolutions that have occurred during the CPR process. This transparency will help to ensure clear linkages between the CPR Schedule (the rota) and communications at the outset of the CPR process with the status of the program(s) towards the end.

SUGGESTION 9: Consider requiring the developers of a New Program Proposal consult with the OIPA at the Notice of Intent stage for their input.

Currently, the Notice of Intent template requires developers to simply describe their plans, without explaining why the program is needed or whether there will be significant student demand. The Office of Institutional Planning and Analysis (OIPA) has the resources and expertise to address this aspect of the Proposal, and it would be beneficial to obtain their input early in the Proposal's development.

SUGGESTION 10: Consider how the LaunchPad can provide an opportunity early on to assess New Program Proposal's potential strengths and weaknesses.

In the institutional self-study, it was noted that the VPA office is handling a large number of New Program Proposals. The office is also developing a LaunchPad to provide all-around support to units developing a New Program Proposal. Rather than having the LaunchPad viewed as a set of resources for developers, consider incorporating a committee that has the experience in its membership to review and provide feedback on the Notice of Intent, by identifying potential weaknesses and opportunities to strengthen the proposal at this early stage. The current annual process for assessing the sustainability of existing programs may offer some guidance on what this feedback might consider.

SUGGESTION 11: Consider as the LaunchPad process is implemented, making it easier for units to find the appropriate contact when advice is needed.

The auditors were told the units appreciated the help available in developing a New Program Proposal but sometimes did not know where to go for specific advice and assistance. A LaunchPad committee could address this gap by creating an FAQ file with specific contacts for each issue.

SUGGESTION 12: Consider reviewing and, if possible, streamlining the steps in new program development and approval.

The QAF (2.1) leaves it to each institution to develop procedures for approving new programs, provided that these procedures ensure compliance with the QAF requirements. During the site visit the auditors heard from a new program, which had just been approved by the Quality Council, that the internal York process involved multiple steps requiring approval by various parties to move the New Program Proposal forward. Partly the multiple steps required were due to the program's multidisciplinary nature, which required approval from many related units. The program wondered if the process could be streamlined. The complexity of the process made it unclear when the program could start. This slow process raised the possibility that the program could miss the optimal start date in September of the academic year and be delayed a year. The process and timing issues should be reviewed to see if there are ways to simplify the process, especially for programs that combine multiple disciplines. It might also be beneficial to review requirements for New Program Proposals to ensure they are limited, as close as possible, to those required by the QAF.

SUGGESTION 13: Consider approving some or all minor modifications at the Faculty level to reduce the workload for the ASCP.

The YUQAP (5.2.2) states that a variety of minor modifications must be approved first at the Faculty level and then brought to the Senate Committee on Academic Standards, Curriculum and Pedagogy for final approval. In the ISS (p. 8), it is mentioned that minor modifications are currently processed in two formats: a standard minor modification and a detailed minor modification. To reduce ASCP workload, it may be appropriate to approve standard minor modifications (or all minor modifications) at the Faculty level, with an annual report of these changes to ASCP for information.

QA Cultural Strengthening

York University should:

SUGGESTION 14: Consider developing resources to support departmental retreats at the start of the CPR to review program-level learning outcomes, their assessment and monitoring.

One of the issues the ISS noted was the need to more effectively monitor whether students are graduating having met the program-level learning outcomes. The auditors also noted the absence of this monitoring in some of their desk audits. While many units hold retreats during the CPR process, perhaps some guidelines or a framework for explicitly monitoring PLOs would be helpful for a focused retreat. At the same time, this would help reinforce the importance of PLOs across all faculties.

SUGGESTION 15: Consider ways to involve students more actively in CPR, rather than simply asking for their feedback.

Students who met with the Audit Team appeared very enthusiastic about the opportunity to engage in the CPR process, but felt they were often asked to only provide feedback on an existing program rather than being seen as stakeholders in the process. While units appreciated the surveys provided by the Institute for Social Research (ISR), students told auditors that emails requesting their participation in surveys were not an effective way to engage them. Students wondered whether social media or in-class engagement could be used to communicate more with students and gather input. The ISR could be asked to develop practical ways or templates for collecting feedback from students and alumni in small programs, going beyond suggestions in the CPR guide. This could be done in consultation with the SWGQA, a group that could provide more input on how to increase student involvement in QA activity. Units undergoing a CPR might also consider adding a student or two to the team that develops the self-study, with an SOP providing guidance clarifying the students' role.

SUGGESTION 16: Consider further specific supports for the Internal Reviewer in New Program Proposals and CPRs.

York University has an evolving understanding of the role of Internal Reviewer in both New Program Proposals and CPRs and sees them as providing guidance on the University's culture and ensuring that the External Review Report meets all required review criteria. During its meeting with the Internal Reviewers, the Audit Team was impressed by the way the Internal Reviewers addressed their task but noticed that their individual views of the role seemed quite variable. It might be helpful to prepare a guide for Internal Reviewers that provides more background and clarifies their role. The [Guide #12](#) to the QAF (2.2.1 and 5.2.1) provides an expanded description of the role and responsibilities of Internal members of the review committee and could be helpful in this regard. It might also be beneficial to seek feedback from past Internal Reviewers on their experience after the New Program Proposal or CPR has been completed.

SUGGESTION 17: Consider modifying the template for the Units' and Deans' responses to the External Review Report so that the possibility of adding additional Recommendations beyond those of the External Reviewers is clear.

When the Audit Team met with the units that had conducted a CPR, it became clear that they were unaware of their ability to add recommendations to those of the External Reviewers. The YUQAP (6.9.3 d page 38) states that additional Recommendations can be made by the unit and the Dean(s)/Principal. In the current response template, it is unclear where or how to add additional recommendations. (Note that, in the VPA's (the University's) review of the External Review Report, they can also add Recommendations.)

SUGGESTION 18: In conjunction with the Library, consider how the library report can add more value to all QA processes.

In the meeting with the support units for the Quality Assurance process, the Librarian mentioned that the library report in the CPR often appears to be simply a passive requirement. She wondered if there were more ways to make the library report more useful. It would be helpful to consult with the Librarians about ways to enhance their involvement, such as providing the report to the program earlier in the process.

The Librarian also told auditors they often don't hear about a New Program Proposal until very late in the process, sometimes just a week before it goes for final institutional approval at the Senate. Consider ways for the Library to participate in the program development process much earlier, perhaps by being asked to serve on the LaunchPad team and respond to the Notice of Intent.

SUGGESTION 19: Consider bringing together the Teaching Commons and individuals from the Faculties who support teaching and learning to discuss optimizing QA work.

Auditors were told that the central Teaching Commons was working with a reduced staff. In meetings with programs that had undergone a recent CPR and with Associate Deans, it became clear that some larger Faculties have individuals or teams who provide advice on things like course- and program-level learning outcomes. This seems like a potential duplication of services and might also be seen as a disadvantage for smaller Faculties. If the Faculty-based teaching and learning supports and the Teaching Commons were better integrated, it might help develop more efficient practices. It would also permit the development of a consistent University-wide approach to PLO training.

SUGGESTION 20: Consider organizing retreats for all units that support the QA process, led by the QA team.

There was universal appreciation among the units for the "one-stop shop" approach that the VPA's office provided to those undergoing CPR or developing a New Program Proposal. However, when the Audit Team met with the units supporting the various QA processes, it was surprising to find that many of the individuals had never met one another. Thus, some of these units were engaged in supporting QA activities in isolation. A retreat to help all units involved see the big QA picture and understand what other support units do in a CPR and a New Program Proposal might enable them to work more closely together and result in greater efficiencies for the departments working on their CPRs or New Program Proposals.

Recommendations to the Quality Council

As is evident from the lack of any Causes for Concern and only two Recommendations, York University has demonstrated well-established, mature QA processes, supported by a strong team and systems to ensure sustainability. In their site visit the auditors were impressed with the strong support for QA across all the groups we met. To recognize the University's efforts in maintaining high expectations in QA processes, the Audit Team recommends that the University be subject to a reduced level of oversight in the following areas:

As the major modification process is working well, the Annual Report on Major Modifications to the Quality Council should be placed in the consent section of the Quality Council Agenda.

Secondly, the Audit Team recommends that the University be exempt from reporting on new programs that might otherwise have been Approved to Commence, with Report. Reports are normally required for resource issues (e.g., new faculty hires or additional physical resources), and given the University's strong QA processes, in particular new program development and monitoring, the University is trusted to ensure that the launch and early years of its new programs is undertaken in such a way as to ensure its sustainability and quality of the student experience. If, in subsequent years, the Appraisal Committee notes a decrease in the quality of New Program Proposals, they may request that the Quality Council reinstate the Reporting requirement.

The Audit Team recommends that these changes in oversight be implemented upon approval of this Audit Report by the Quality Council and applied to any reports currently outstanding for the University as well as New Program Proposals under consideration by the Appraisal Committee.

These adjustments to oversight should be reconsidered at the next Cyclical Audit of York University.

Conclusion and Next Steps for York University

It is evident from the documentation provided and the meeting with individuals during the site visit that York University has a well-established Quality Assurance culture that has been strengthened in recent years. The data provided to groups undergoing CPRs is a model for other institutions. The administrative structure of Senate committees seems to be working well. The University has several QA initiatives that are just getting started but hold the promise of providing significant improvements to the QA processes, particularly the New Program LaunchPad and the Student Working Group on Quality Assurance. It will be interesting to see in the next audit whether these promises are realized.

Given the findings of this audit report, the Audit Committee sees no need for a follow-up report. In addition, given the high degree of compliance with the QA process at York University (QAF 6.1), it recommends the above-noted reduced oversight till the next audit of York University.

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

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

Purpose

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

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

Objectives

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

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

Scope

The Cyclical Audit:

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

Audit Process (QAF 6.2)

A. Pre-orientation and briefing

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

B. Assignment of auditors

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

C. Institutional self-study

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

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

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

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

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

The auditors selected the following York University programs for audit:

New Programs:

- Master of Health Industry Administration (Schulich School of Business)
- Sports Management, BA Hons (Faculty of Liberal Arts & Professional Studies)

Cyclical Program Reviews:

- Biology UG (Glendon)
- Mathematics and Statistics Undergraduate Programs (Faculty of Science)

- Kinesiology and Health Science, UG & G (Faculty of Health)
- Theatre and Performance (BA/BFA), Theatre, Dance and Performance Studies (MA & PhD) (School of Arts, Media, Performance, and Design)

New programs in development (if applicable):

BEng Mechatronics (Lassonde School of Engineering)

Cyclical Program Reviews in progress (if applicable):

BA Educational Studies (Faculty of Education)

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 described 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. Roelof (Rudy) Eikelboom, *Professor Emeritus, Psychology, Wilfrid Laurier University*

Rudy Eikelboom received his BSc from McGill and his MSc and PhD in Experimental Psychology from Concordia, both in Montreal. Before joining the faculty at Wilfrid Laurier University, he taught at Queen's, Concordia, and Algoma. He served as the undergraduate and graduate officer in the Psychology Department and then became its chair for three terms. He was responsible for heading a cyclic review of all the department's undergraduate and graduate programs and completing the follow-up recommendations. Dr. Eikelboom was Secretary of the Laurier Senate for many years, serving on multiple university academic and hiring committees. He has been the external reviewer on cyclic review committees of neuroscience programs and the internal reviewer on many new programs at Laurier. Dr. Eikelboom has served on the Quality Council's Audit Committee since 2019.

Dr. Catherine Nolan, *Professor of Music Theory, Western University*

Catherine Nolan received the BMus and MA in music theory from McGill University and the MPhil and PhD in music theory from Yale University before joining the faculty at Western in 1990. Prior to joining Western, she taught at the University of Alberta and Vanier College in Montreal. Her research interests include the theory and analysis of music, particularly music of the twentieth century, reflections of mathematical models in music, and, more recently, feminist approaches to music theory and analysis. From 2012 to 2021 Dr. Nolan served as Associate Dean, Graduate Studies in Music, during which time her responsibilities included the implementation of the Quality Assurance Framework in all graduate programs in music performance, composition, education, musicology, and music theory. She oversaw the cyclical review of the graduate programs in music and major modifications of several graduate programs, as well as the inauguration of an innovative collaborative specialization in music cognition. As Associate Dean she participated as internal reviewer for many New Program Proposals and cyclical program reviews in virtually all disciplines in the sciences, social sciences, and humanities. In her role as Associate Dean, Dr. Nolan was an advocate for embracing the principles of quality assurance across the disciplines, and she served as Senator representing the School of Graduate and Postdoctoral Studies at Western.

Dr. Bettina West, *Associate Professor Emeritus, Ted Rogers School of Management, Toronto Metropolitan University (TMU)*

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

she ensured continuous improvement and effective implementation of the policies related to TMU's Institutional Quality Assurance Process.

Appendix C: Site Visit Schedule

Day 1 – November 11

No.	Time	Meeting	Participants	Location
1.	8:00 – 8:30 a.m.	Audit Team Planning Meeting	Audit Team	519 KT
2.	8:30 – 9:00 a.m.	Audit Team meets with Provost & Vice-President Academic / Incoming Interim President & Vice-Chancellor and Vice Provost Academic	Audit Team Lisa Philipps , Provost & Vice-President Academic and Incoming Interim President & Vice-Chancellor Marcia Annisette , Vice Provost Academic	519 KT
	9:00 – 11:00a.m.	Audit Team meets with QA team	Audit Team Marcia Annisette , Vice-Provost Academic Emily Rush , Director Academic Programs and Policy Tiffany Pollock , Associate Director, Program Quality & Development Jennifer Bethune , Associate Director Program Quality & Development Angela Clark , Associate Director, Program Development & Academic Integrity Sandra Teti , Executive & Quality Coordinator	
3.	11:00 – 11:15 a.m.	Break		

4.	11:15 a.m. – 12:15 p.m.	Audit Team meets with representatives from University's QA Support Services	Audit Team Mandy Frake , Director, Teaching Development, Teaching Commons Mark Conrad , Director, Strategic Intelligence & Predictive Analysis, OIPA Iris An , Senior Financial Analyst, OIPA Said Zazai , Manager, Institutional Reporting and Analysis, OIPA Sheril Hook , Associate Dean, Teaching & Learning, York University Libraries (Assoc. Librarian)	519 KT
5.	12:15 – 1:00 p.m.	Lunch	Audit Team	519 KT
6.	1:00 – 2:00 p.m.	Audit Team meets with representatives of Program A- Math & Statistics (UG) - Faculty of Science	Audit Team Michael Haslam , Chair Math & Stats Mike Zabroki , Director, Pure Math Iain Moyles , Director, Applied Math Georges Monette , Director, Stats Ed Furman , Director, Actuarial Science Jane Heffernan , Program Director - Mathematical Biology Steven Watson , Former Chair Hyejin Ku , Former UPD, Math & Stats	519 KT

7.	2:00 – 3:00 p.m.	Audit Team meets with representatives of Program B – Kinesiology & Health Science (UG, GR) , Faculty of Health	Audit Team Parissa Safai , Chair Alison MacPherson , Co-Chair Anne Moore , Interim UPD Nicolette Richardson , UPD Olasunkanmi Adegoke , GPD Michael Conner , Former UPD Angelo Belcastro , Former Chair Chris Ardern , Former GPD, currently Associate Dean, Research and Innovation Sharon Pereira , Operations Manager	519 KT See note on page 8
8.	3:00 – 3:15 p.m.	Break		
9.	3:15 – 4:00 p.m.	Audit Team meets with representatives of in- progress QA Activity 1 In-Progress New Program – BEng Mechatronics , Lassonde School of Engineering	Audit Team Michael Jenkin , Professor, Electrical Engineering and Computer Science, Lead Proponent Committee Jinjun Shan , Professor, Space Engineering, Program Development Committee member Marina Freire-Gormaly , Assistant Professor, Mechanical Engineering Pam Sunner , Manager, Special Initiatives and member of Program Development Committee Parag Jain , Manager, Quality Assurance & Accreditation	519 KT

Day 2 – November 12

No.	Time	Meeting	Participants	Location
10.	8:30 – 9:30 a.m.	Audit Team meets with representatives of Program C - Theatre and Performance (UG), Theatre, Dance and Performance Studies (GR) , School of Arts, Media, Performance and Design	Audit Team Marlis Schweitzer , Chair Magdalena Kazubowski Houston , GPD Eric Armstrong – Former Chair Ian Garrett , Former GPD Mary Pecchia , Administrative Coordinator Julia Kenney , Graduate Program Assistant	KT 519
11.	9:30 – 10:30 a.m.	Audit Team meets with representatives from the Senate QA sub-committees	Audit Team Joshua Thienpont , ASCP Chair Monique Herbert , APPRC Chair and Associate Dean Faculty Affairs and Inclusiveness <u>JSQA Members (faculty members):</u> Theo Peridis (Chair) Othon Alexandrakis Mary Goitom Alice MacLachlan, Vice Provost and Dean, Graduate Studies Regina Lee Paul Szeptyki <u>Secretariat:</u> Pam Persaud , Assistant Secretary Cheryl Underhill , Senior Assistant Secretary	KT 519

12.	10:30 – 10:45 a.m.	Break		
13.	10:45 – 11:45 a.m.	Audit Team meets with representatives of Program D – Biology, UG - Glendon	Audit Team Radu Guiasu , UPD Laura McKinnon , Former Chair and currently Associate Principal, Research and Graduate Studies Spencer Mukai , Manager, Biology Lab and PT Instructor	Hybrid: KT519 and Zoom See notes on page 8.
14.	11:45 – 12:30 p.m.	Lunch with students	Audit Team Students: Please see Appendix 1	Hybrid: KT 519 and Zoom
15.	12:30 – 12:45 p.m.	Break		
16.	12:45 – 1:30 p.m.	Audit Team meets with Deans	Audit Team Alice MacLachlan , Vice Provost and Dean, Graduate Studies Robert Tsushima , Interim Dean, Science David Peters , Dean, Health Jane Goodyer , Dean, Lassonde Brandon Vickerd , Dean, AMPD Marco Fiola , Principal, Glendon Kathryn McPherson , Interim Dean, LAPS Robert Savage , Dean, Faculty of Education (Zoom) Alice Hovorka , Dean, EUC Trevor Farrow , Dean, Osgoode	Hybrid: KT 519 and Zoom

17.	1:30 – 2:30 p.m.	Audit Team meets with Associate Deans	Audit Team <u>Faculty of Science</u> Mike Scheid , Associate Dean Students, Faculty of Science <u>Faculty of Health</u> Karin Page-Cutrara , Vice Dean, Learning, Teaching and Academic Programs <u>Lassonde School of Engineering</u> Frank Van Breugel , Vice-Dean, Faculty and Inclusive Excellence Suprakash Datta , Associate Dean, Academic & Students Peter Park , Associate Dean, Research <u>AMPD</u> Sharon Hayashi , Associate Dean, Research Elizabeth Pentland , Associate Dean, Academic <u>Glendon</u> Laura McKinnon , Associate Principal, Research and Graduate Studies <u>Schulich</u> Kevin Tasa , Associate Dean Academic <u>LA&PS</u> Maggie Quirt , Associate Dean Programs Neil Buckley , Associate Dean Teaching & Learning Ravi DeCosta , Associate Dean Research and Graduate Studies <u>Education</u> Sarah Barrett , Associate Dean Academic	KT 519
-----	------------------	---	---	---------------

			Programs	
18.	2:30 – 3:30 p.m.	Audit Team meets with representatives of Program E – New Program Master of Health Industry Administration (MHIA), Schulich School of Business	Audit Team Amin Mawani , Director Joelle Pokrajac , Associate Program Director Katherine Doyle , Director Academic Affairs	KT 519
19.	3:30 – 3:45 p.m.	Break		

20.	3:45 – 4:45 p.m.	Audit Team meets with representatives of Program F – New Program - Bachelor of Sport Management (BSM) , Faculty of Liberal Arts & Professional Studies	Audit Team Sarah Zipp , Assistant Professor, Lead, Sport Management Daniel Wigfield, Assistant Professor Maggie Quirt , Associate Dean, Programs and former LA&PS Curriculum Committee Member (will attend first part of meeting only) Tanzina Tahereen , Associate Director, Faculty Curriculum <i>Tentative:</i> Parbudyal Singh , Program proponent, Professor, Human Resource Management, formerly in Sport Management, (Zoom) <i>Tentative:</i> David Doorey , Professor, School of Human Resource Management, (on sabbatical)	Hybrid: KT 519 and Zoom See notes on page 8.
21.	4:45 – 5:30 p.m.	Audit Team meets with representatives of in-progress QA Activity 2 In-progress CPR – BA Educational Studies , Faculty of Education	Audit Team Darren Hoeg , UPD Laura Crane , Director, Academic Affairs & Operations Lindsay LaMorre , Associate Director, Experiential Education Vanessa Grafi , Manager, Recruitment, Admissions & Student Services	KT 519

Day 3 – November 13

No.	Time	Meeting	Participants	Location
-----	------	---------	--------------	----------

22.	8:45 – 09:45 a.m.	Audit Team meets with Internal Reviewers	Audit Team Chris Caputo (New Program: MEng, Sustainable Energy Systems) Mark Hayward (CPR: Interdisciplinary Social Science and Social and Political Thought) Aparna Mishra Tarc (CPR: Children, Childhood and Youth) Marina Morrow (New Program: Medicine, CPR Psychology) Derek Wilson (CPR, Mechanical Engineering)	KT 519
23.	9:45 – 10:45 a.m.	Audit Team meeting	Audit Team	KT 519
24.	10:45 – 11:00 a.m.	Break		
25.	11:00 a.m. – 12:30 p.m.	Audit Team meets with QA team	Audit Team Marcia Annisette , Vice-Provost Academic Emily Rush , Director Academic Programs and Policy Tiffany Pollock , Associate Director, Program Quality & Development Jennifer Bethune , Associate Director	KT 519
			Program Quality & Development Angela Clark , Associate Director, Program Development & Academic Integrity Sandra Teti , Executive & Quality Coordinator Alice MacLachlan , Vice Provost and Dean Graduate Studies (<i>to join via Zoom as of 12:15pm</i>)	

26.	12:30 – 1:15 p.m.	Lunch	Audit Team	KT 519 See notes on page 9.
27.	1:15 – 2:15 p.m.	Audit Team wrap-up meeting	Audit Team	KT 519
28.	2:15 – 3:15 p.m.	Audit Team de-brief with Provost and Vice-Provost Academic	Audit Team Marcia Annisette , Vice-Provost Academic Lisa Philipps , Provost & Vice-President Academic and Incoming Interim President & Vice-Chancellor	KT 519