



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

**Auditors' Report on the
Requested Institutional Follow-Up
Report to the Phase 1 Cyclical
Audit of Brock University**

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Auditors' Report on the Requested Institutional Follow-Up Report to the Phase 1 Cyclical Audit of Brock University

Preamble

The Ontario Universities Council on Quality Assurance (the Quality Council) undertook a Phase 1 Cyclical Audit of Brock University in February 2023. As with all such audits, the purpose of the audit was to assess the extent to which the University is compliant with its own Institutional Quality Assurance Processes (IQAP) and to affirm that institutional practices are consistent with the 2010 version of the Quality Assurance Framework (QAF) that was previously in place to govern all Ontario Universities. A subsequent Phase 2 Audit will examine the University's compliance with the requirements of the 2021 QAF.

Summary of Audit

A team of three Quality Council auditors, Dr. Michel Laurier, Dr. Douglas McDougall, and Dr. Bruce Tucker, and two members of the Quality Assurance Secretariat, Dr. Christopher Evans and Ms. Cindy Robinson, prepared a report based on a desk audit of documents submitted by Brock University and a three-day site visit to the institution (February 8 – 10, 2023). The Audit Report was approved by the Quality Council on August 18, 2023 and subsequently sent to the University. The Audit Report contained two Causes for Concern, six Recommendations, and 14 Suggestions. Under the Quality Assurance Framework, universities must take satisfactory remediation steps to respond to Causes for Concern and Recommendations, as they identify institutional practices that are not compliant with the Quality Assurance Framework or the University's IQAP. Suggestions are made by the Audit Team in the spirit of encouraging reflection on how practice might be improved; compliance is not mandatory.

Review of the Follow-up Report to the Phase 1 Audit of Brock University

The University was asked to provide a Follow-up Report within one year's time outlining the steps and actions that it has taken to address the Causes for Concern and Recommendations as outlined in the Audit Report (pages 7 – 11). The University submitted a Follow-up Report on July 17, 2024. The Report was reviewed by the Audit Team following which a request for a revision to the Report was sent to the University on July 30, 2024. Brock University submitted its revised Follow-up Report on October 9, 2024, which this Auditors' Report is based on.

The steps and actions taken by the University to address the Recommendations and Causes for Concern are included below. The auditors have concluded that Brock University's Follow-up Report satisfactorily addresses the Audit Report's two Causes for Concern and six Recommendations.

CAUSE FOR CONCERN 1: Ensure that the Quality Assurance Framework requirements for Cyclical Program Reviews of accredited programs are met.

While the University's senior administration was clearly committed to quality assurance, the Audit Team observed a systemic lack of compliance with the requirements of the QAF and IQAP when it came to reviewing programs subject to both quality assurance and accreditation reviews. In its Follow-up Report, the University indicated that it knew it needed to approach accredited programs with care and attention. The University met with three of the Faculties that offer accredited programs and explored potential pathways forward to satisfy the Cause for Concern. The Faculties agreed that they would conduct separate Cyclical Program Reviews within one year of their accreditation. This will allow for the distinct requirements to be met while using data and information, along with Faculty CV's in both reviews with little revision. The Audit Team was satisfied that this change will ensure that the quality assurance processes used by the University will meet the requirements of the Quality Assurance Framework and facilitate continuous improvement of the accredited programs. The Phase 2 Audit of the University's quality assurance processes undertaken under its 2023 IQAP will provide an opportunity for evaluation of the efficacy of the remediation steps.

CAUSE FOR CONCERN 2: Ensure that, for each new program, at least one progress report is produced and submitted to ARC four years after admitting the first students.

At the time of the audit, the University acknowledged that new programs were not being monitored, as required, and was working on plans to address the issue. The University reiterated in its Follow-up Report that it was already focused on the need to ensure that every new program was monitored in its early stages. It has developed a process for the four-year reports by incorporating these into the cyclical academic review schedule. The University has also developed a new four-year monitoring report template to help guide the new programs in reporting on their progress. This template is based on the Quality Council's guidance on monitoring new programs. The Phase 2 Audit of the University's quality assurance processes undertaken under its 2023 IQAP will provide an opportunity for evaluation of the efficacy of the remediation steps.

RECOMMENDATION 1: Ensure that all QAF Cyclical Review Program evaluation criteria are addressed in the self-study.

The Audit Team noticed that, while most of the information required by the QAF/IQAP evaluation criteria was captured in the self-study prefaces, some of the QAF evaluation criteria are not explicitly required in the body of the self-study template. The University was in the process of updating the templates at the time of the site visit. The new templates have since been finalized and were first used in the 2023-2024 Cyclical Program Review. Copies of the updated templates were included with the Follow-up Report. The Audit Team was satisfied with the University's templates.

RECOMMENDATION 2: Ensure that the reviewers' recommendations on resources for existing programs, when also explicitly tied to concerns relating to the quality of the program under review, are also included within the University's Cyclical Program Review processes.

The Phase 1 Audit Report noted that it is problematic when the University's process requires that any recommendations related to resources, regardless of when there are also implications

for the quality of the program, be addressed entirely outside of the QA process. The University explained in its Follow-up Report the role of the Academic Review Committee (ARC), the Senate responsibilities and the Provost's responsibilities to indicate that purview for financial resources sit outside of ARC. However, it also recognized the importance of specifying what action might arise from recommendations related to resources when tied to the quality of a program as part of the Final Assessment Report (FAR), Implementation Plan (IP) and the monitoring report stages, as indicated in the QAF. Starting in 2024-2025, ARC will "acknowledge and advise" on the recommendations while recognizing that resource-related matters are outside of the Committee's mandate. In addition, ARC will require that the program and the Dean comment on the steps they have taken to address concerns about resources in the FAR/IP and subsequent monitoring reports. The Audit Team appreciates that the University has found a solution to ensure that concerns about resources that impact on the quality of a program remain in the quality assurance process.

RECOMMENDATION 3: Ensure that all new programs are included on the schedule for Cyclical Program Review, including those that are subject to accreditation.

The Phase 1 Audit found that some new programs were not included in the Cyclical Program Review schedule. The Follow-up Report clarified that this issue was related to the second Cause for Concern and that the University has now added all programs to the updated cyclical academic review schedule, which includes new programs and notes where a program has an external accreditation. The Audit Team is satisfied that this new system should ensure that all new programs are on the schedule.

RECOMMENDATION 4: Ensure that the Dean provides a timetable in the response to the external reviewers' report.

The audit found that there was a misalignment between what the University's IQAP required for the Dean's response and what was occurring in practice. The University has indicated in its Follow-up Report that it will provide additional guidance to the Deans in their responses to the External Reviewers' Report. This guidance will provide a timetable for the Deans. The Audit Team agreed that this new guidance will assist the Deans in their work and that this Recommendation has been satisfactorily addressed.

RECOMMENDATION 5: Ensure that the external examiners are selected using an at arm's length process.

While the University's IQAP requires that external reviewers be at arm's length, the process for ensuring this was not being documented. The University has updated the external reviewer nomination template, the letter to the external reviewer to confirm they are at arm's-length. The process for soliciting nominations and inviting and confirming external reviewer has also been updated and the University included the templates and samples with the Follow-up Report. The University also confirmed that it sends an email to the program to identify the selected external reviewer and the site visit date. The University uploads these documents to its SharePoint site to indicate that the steps have been undertaken. The Audit Team was satisfied that the templates were gathering the information necessary to make the process fair and inclusive and that steps have been taken to document the processes used.

RECOMMENDATION 6: Ensure that it complies with its IQAP regarding the involvement of faculty, staff and students in the preparation of a self-study.

It was not clear from some of the documentation that was reviewed by the Audit Team during the audit how the views of faculty, staff and students were obtained and considered for self-studies. The University has now updated the template for the self-study to include specific language asking programs for details on staff, student, and alumni engagement. The Follow-up Report also indicated that the lead author of a self-study works with a committee comprised of faculty, staff and students and consults with all faculty, staff and students in the program. The auditors were therefore in agreement that this Recommendation has been satisfied.

Suggestions

While not required to be addressed in the Follow-up Report, the University provided additional information regarding their approach to some of the Suggestions identified in the Audit Report. The Audit Team supports the University in their consideration of the Suggestions.

Concluding Remarks / Next Steps

After careful review of Brock University's Follow-Up Report, the auditors are of the view that the University's Follow-up Report demonstrates its commitment to ensuring strong quality assurance processes and practices. The actions described in the Follow-up Report have satisfied the two Causes for Concern and the six Recommendations. All the Suggestions are in place except for four of them that are still being considered by the University to see how to implement them within the quality assurance process. The Audit Team recommends that as part of the Phase 2 Audit of Brock University, outcomes of actions taken to address the Causes for Concern and the Recommendations be evaluated.

Quality Assurance Audit of Brock University

One-Year Progress Report

Causes for Concern

Cause for Concern 1: Ensure that the Quality Assurance Framework requirements for Cyclical Program Reviews of accredited programs are met.

Brock was aware that this would be an area of concern, and of the need to approach external accreditation with a greater degree of due care and attention. As noted in the audit, and in Brock's updated 2023 IQAP, while an external accreditation can sometimes replace some parts of a CPR, it is important to ensure that all the same evaluation criteria are addressed and that a FAR and IP is produced and approved for all programs (2023 IQAP 5.3).

In addressing this cause for concern, Brock has engaged with the three Faculties offering externally accredited programs. They are: (1) the Goodman School of Business, (2) the Faculty of Education, and (3) the Nursing program within the Faculty of Applied Health Sciences. Each of the Faculties have since provided detailed information about their external accreditation processes, including all materials and documentation relating to their most recent reviews. The Goodman School of Business receives an external accreditation for all their programs through the Association to Advance Collegiate Schools of Business (AACSB). For the Faculty of Education, the Ontario College of Teachers (OCT) accredits all of the teacher education programs.¹ Lastly, the Nursing program within the Faculty of Applied Health Sciences is accredited by both the College of Nurses of Ontario (CNO) and the Canadian Association of Schools of Nursing (CASN).

As detailed in the IQAP, the Vice-Chair of the Academic Review Committee (ARC), in consultation with the Provost and the relevant Dean(s), has the ability to review these accreditation processes and conduct a gap analysis to determine the degree to which they meet the QAF requirements. The Vice-Chair is responsible for ensuring appropriate alignment with the IQAP and requesting any additional materials or processes that will be required to achieve compliance. While this has been the approach in the past, as the audit team noted, there was a lack of clarity around the process and concerns that the external accreditations did not meet all the requirements of the QAF.

To remedy this—and at the recommendation of the audit team—the Vice-Chair of ARC engaged in a series of consultations with the three Faculties identified above to determine the feasibility of conducting separate CPRs within one year of their accreditation reviews. As noted by the audit team, this will enable the distinct requirements of each to be met, while also allowing for data and information, as well as faculty CVs, to be used in both reviews with little revision. Each of the three Faculties have agreed to this approach, and cyclical program reviews have since been scheduled accordingly for all of Brock's accredited programs.

¹ Programs at the Faculty of Education leading to a Bachelor of Education (BEd) degree.

For the Goodman School of Business, the next AACSB review has been scheduled for 2026-27, and a CPR has been scheduled for the following year in 2027-28. In keeping with how Brock handles CPRs in other units, this will be an integrated CPR covering both undergraduate and graduate offerings at the Goodman School of Business. For the Faculty of Education, the current general accreditation from the OCT for all BEd programs is until 2026, with the review occurring the year prior, and a CPR scheduled for the following year in 2026-27. For the Nursing program, it recently received its accreditations from both the CNO and CASN, with the next scheduled reviews occurring in 2028-29. As a result, the CPR for Nursing has been scheduled for 2029-30, and will include both the BScN as well as the BN/MN program. These reviews have been included on the revised scheduled for Cyclical Program Reviews (see recommendation #3).

Cause for Concern 2: Ensure that, for each new program, at least one progress report is produced and submitted to ARC four years after admitting the first students.

This too is a timely matter, as Brock was already focusing on the need to ensure that new programs are monitored effectively in their early stages. The Quality Assurance Office has put in place a process for mapping out 4-year reports for new programs by incorporating them into the cyclical academic review schedule (an initiative related also to recommendation # 3). A copy of the revised review schedule, which includes new program progress reports, has been appended to this report and will be posted publicly on the Quality Assurance website.

New programs that had not been captured in this approach have been rolled into the next cyclical academic review for their area, with a note that their 4-year progress report was missed. With the monitoring and revised schedule in place, the next 4-year progress reports due will be for the Bachelor of Nursing/Master of Nursing (BN/MN), the Bachelor of Arts in Forensic Psychology and Criminal Justice (BA), and the Bachelor of Applied Health (BAH). These programs admitted their first cohorts of students in 2021-22 and will be doing 4-year progress in 2025-26.

The Quality Assurance Office has also developed a new 4-year monitoring report template to help guide new programs reporting on their progress, based on the Quality Council's guidance on monitoring reports for new programs and after reviewing similar templates and resources at other universities. The monitoring report template asks programs to carefully evaluate their success in realizing their objectives, requirements, and outcomes as originally proposed and approved in the Program Proposal Brief (PPB). A copy of the template has been appended to this report.

Recommendations

Recommendation 1: Ensure that all QAF Cyclical Review Program evaluation criteria are addressed in the self-study.

As noted in the audit report's introduction, in 2021 Brock began the process to update its IQAP to reflect the requirements of the revised the Quality Assurance Framework (QAF). These revisions to the IQAP were finalized and re-ratified by the Quality Council until June 21, 2023. Following this, the Quality Assurance Office at Brock updated its program review templates, including the self-study template, to reflect the changes. Due the timing, these updated templates were not ready to be

shared while the audit was underway. The updates and revisions have since been finalized and the templates now include all QAF Cyclical Review Program evaluation criteria.

The new templates were put into use for the 2023-24 review cycle. Copies of the updated templates have been appended to this report.

Recommendation 2: Ensure that the reviewers’ recommendations on resources for existing programs, when also explicitly tied to concerns relating to the quality of the program under review, are also included within the University’s Cyclical Program Review processes.

The University recognizes the importance of this recommendation, and the need to find a way to ensure reviewers’ recommendations on resource-related matters are handled in an appropriate manner. In considering this recommendation, it is important to clarify that, within the governance structures at Brock, resource-related matters fall outside the purview of the Academic Review Committee (ARC). As a committee of Senate, ARC has responsibility and oversight for all aspects of the IQAP, but does not authorize faculty appointments or spending. Resource questions are considered elsewhere, such as at the Planning, Priorities and Budget Advisory Committee of Senate (PPBAC), while academic resource decisions rest outside of Senate (principally with the Provost). The challenge—and what the University understands to be at the core of this recommendation—is in finding a balanced approach to recommendations relating to resources so that they are not addressed entirely outside the quality assurance process, while also being mindful that when these recommendations are being discussed at ARC, the Committee does not have the authority to approve new resources. While ARC can accept recommendations, it cannot approve related resources. It is important to note here that the Provost also serves as the Chair of ARC, and the need to address this recommendation carefully in order to avoid any potential or perceived conflict for the Provost, who will be weighing resource-related questions in two different capacities (i.e., as a quality assurance matter at ARC, and as a fiscal matter in the administration of the budget).

There is also a historical aspect to recommendations about new resources being officially “not accepted” at ARC to consider. In the past, there has been confusion between recommendations being accepted and resources being approved. Some programs understood ARC’s acceptance of a recommendation to be tacit approval for the related resource as well. In order to remedy this, a decision was made at the time to have ARC officially reject recommendations about new resources and provide a brief explanation (i.e., they are outside the Committee’s mandate).

With this context in mind, the Vice-Chair and Secretary of ARC have revised this and drafted new language for the ARC to use beginning in the 2024-25 cycle. Rather than officially not accepting recommendations about new resources, ARC will now “acknowledge and advise” on the recommendation. ARC will then provide a brief explanation that acknowledgement is different from approval, as resource-related matters are outside of the Committee’s mandate, and advise on the appropriate channels of advocacy for recommended resources. ARC will then require that the program and the relevant Dean comment on the steps they have taken regarding the resource(s) in question in the final assessment report, implementation plan, and subsequent updates.

This revised process will ensure that resource-related recommendations remain within the quality assurance process, while also addressing the need to balance resource questions at Senate and ARC appropriately within the governance structures at Brock.

Recommendation 3: Ensure that all new programs are included on the schedule for Cyclical Program Review, including those that are subject to accreditation.

This recommendation is related to the second cause for concern and has been addressed in the updated cyclical academic review schedule, which now includes new programs and notes where a program has an external accreditation. The Quality Assurance Office is also looking into adding additional years to the schedule as well, to ensure new programs are slotted in appropriately.

Recommendation 4: Ensure that the Dean provides a timetable in the response to the external reviewers' report.

As a part of the changes being made at ARC detailed in the second recommendation, the Vice-Chair and Secretary of ARC have revised this and will provide additional guidance for Deans to use in their responses to external reviewers' reports. Starting in the 2024-25 cycle, Deans will be asked to provide timelines (e.g., short, medium, and long-term) for each recommendation.

Recommendation 5: Ensure that the external examiners are selected using an arm's length process.

Following the re-ratification of the IQAP in June 2023, the Quality Assurance Office made updates to many of its templates (e.g., self-study materials) as well as to the process for soliciting, inviting, and confirming external examiners to ensure they are arm's length from the program.

The revised process ensures examiners are selected using an arm's length process in several ways. When the request is made to the unit for external examiner nominations, their instructions, and template provided, explicitly states how to avoid even the appearance of a conflict of interest and outlines how to ensure that examiners are at arm's length. The list of nominations is then reviewed and vetted further by the Dean(s) and Vice-Chair of ARC. Additionally, when an invitation to serve is extended to a potential external examiner, the correspondence requests that they disclose any affiliations and includes a hyperlink to the section of the IQAP regarding conflicts of interest. Finally, once the external examiners have been confirmed, the unit is sent an email confirming the names of the reviewers and the dates of the site visit.

A copy of the guidelines for nominating reviewers that is sent to the units has been appended to this report. An example of the email invitation sent to external reviewer (which requests they confirm they are arm's length), and a copy of the final email confirmation to the unit with the reviewers' details, have also both been appended to this report. Collectively, these documents serve as a record for the process being completed and are saved in SharePoint accordingly.

Recommendation 6: Ensure that it complies with its IQAP regarding the involvement of faculty, staff and students in the preparation of a self-study.

The self-study process has changed significantly at the University following the re-ratification of the IQAP in June 2023. The updated template materials now include specific language asking programs

to provide details on staff, student, and alumni engagement. The revised 2023 IQAP language also continues to include the requirement that the self-study be drafted under the leadership of a Lead Author, with a committee comprised of faculty, staff and students, in consultation with all faculty, staff, and students associated with the program. The self-study template materials have been revised to clarify this by adding a section to identify the committee members—in addition to the Chair/Director and Lead Author—with a note that the requirement in the IQAP is for the committee to include representation from faculty, staff, and students.

In 2023, the Quality Assurance Office also revised its core self-study surveys. This was done in collaboration with the Faculty of Graduate Studies & Postdoctoral Affairs and the Centre for Pedagogical Innovation to review the surveys to get better information from program graduates. Copies of the updated surveys have been appended this report. The results of these surveys, including analysis and commentary, are sections in the revised self-study template. In addition, the distribution of surveys at Brock is managed centrally through the Institutional Planning, Analysis & Performance (IPAP) Office. The IPAP Office coordinates the timing and distribution all surveys at Brock to avoid survey fatigue and increase response rates. The IPAP Office also offers analytical support, which programs can leverage in working through the survey results for the self-study.

Finally, as it was noted in this recommendation—and further clarified in suggestion 2—improving alumni engagement more broadly at Brock is an institutional priority. The Alumni Relations Office is currently investigating different systems for managing alumni data, which will provide an additional avenue for gathering information and feedback about program and quality enhancement.

Suggestions

The University is grateful for the suggestions made by the audit team. For many of the suggestions, changes and improvements are already in place. For example, the Quality Assurance Office has transitioned entirely to using SharePoint for documentation (suggestion 4) and there is now a standing item at the Council of Academic Deans (CAD) to discuss new programs being developed and encourage collaboration (suggestions 8 and 9). The 2023 revised self-study template materials also now include clear prompts about the availability of central resources (suggestion 7).

For other suggestions, plans are in place to address these in the next review cycle. For example, a series of presentations to CAD is being planned to clarify and provide information to units about the various quality assurance resources available (suggestion 12) and to discuss the possibility of posting materials on Department and Faculty websites (suggestion 5). Feedback has also been provided to the Secretariat's Office on synchronizing Senate committee meeting schedules (suggestion 3) and to clarify the roles of the Senate Undergraduate Program Committee and Senate Graduate Studies Committee as a part of the Senator onboarding process (suggestion 11).

For the remaining suggestions (6, 10, 13, 14)—these are being reviewed by the Quality Assurance Office, and discussions are underway for how best to implement them at Brock in the interests of further strengthening the University's quality assurance process.

Appendix

- Cyclical Academic Review Schedule
- New Program 4-Year Monitoring Report Template
- Updated 2023 IQAP Templates
 - o Self-Study Volume I
 - o Core Self-Study Surveys
- External Reviewers (Examiners)
 - o CPR Reviewer Nomination Guidelines
 - o Sample External Reviewer Invitation Email
 - o Sample External Reviewer Confirmation and Site Visit Email