ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

REPORT ON THE
QUALITY ASSURANCE AUDIT OF
BROCK UNIVERSITY

AUGUST 2023

Contents

Introduction to the Cyclical Audit for Brock University

Brock University was founded in 1964 and is home to seven Faculties. In 2023, Brock University reported approximately 19,000 students, 600 faculty members and over 100,000 alumni. There are 49 graduate programs including nine PhD programs. Brock University also maintains a campus in Hamilton hosting the Faculty of Education and Graduate Studies in Education and Continuing Education. The University also offers a small number of professional programs, such as Education, Nursing and Business, that are subject to formal accreditation, and other programs that are professional but not subject to accreditation, such as Earth Sciences.

Quality assurance (QA) policy, practice and procedures at Brock University are governed by the University's Institutional Quality Assurance Processes (IQAP), which consists of a policy that was approved by the institution and ratified by the Quality Council in 2011 and re-ratified in 2016 with some changes. In 2021, the University undertook a process to update its IQAP to reflect the requirements of the revised Quality Assurance Framework (QAF). These revisions were submitted to the Quality Council prior to the Audit Team site visit. The Quality Council has requested further revisions to the IQAP to bring it in line with the requirements of the QAF, which were being considered by the University at the time of the Audit site visit. The revisions were made and the new IQAP was re-ratified by the Quality Council on June 21, 2023.

Brock University was one of two universities to be audited at the outset of the Second Cycle and one of five universities in a Two-Phase Audit. Because the University is not yet using its still to be re-ratified IQAP, the Audit Team reviewed the quality assurance processes used under the 2016 IQAP as Phase 1 of the Second Cycle Audit. Phase 2 will be based on the 2021 QAF and the 2023 Brock IQAP.

The University has three main committees dealing with quality assurance processes: the Academic Review Committee (ARC), Senate Undergraduate Program Committee (UPC), and Senate Graduate Studies Committee (SGSC). ARC is responsible for all aspects of the IQAP. ARC is directly accountable and responsible to Senate through the Provost and Vice-President, Academic, an ex officio member of Senate. This responsibility extends to oversight of a set of detailed templates in support of the processes described in the IQAP. ARC oversees, monitors and reports on all aspects of Cyclical Program Reviews, new programs, major modifications, program closures, Final Assessment Reports, and Annual Reports at the undergraduate and graduate levels. The UPC focuses on policy initiatives and other matters on undergraduate academic programs while the SGSC oversees and makes recommendations on all matters directly related to graduate academic programs.

The following comprised the Audit Team for the Brock University Audit (see brief biographical information for the auditors in Appendix B).

Dr. Michel Laurier, University of Ottawa
Dr. Douglas McDougall, University of Toronto

Dr. Bruce Tucker, University of Windsor
Dr. Christopher Evans, Executive Director, Quality Council Secretariat
Ms. Cindy Robinson, Director Operations, Quality Council Secretariat

The Audit Team conducted an on-site visit with Brock University from February 8-10, 2023. The site visit schedule is included in Appendix C.

The audit process is both complex and time-consuming for all sectors of the University, from staff and students to faculty and administration. As part of the preparation for the audit, Brock submitted a detailed Institutional Self-study (see page 4, below), outlining some of the University's key accomplishments and challenges with respect to its quality assurance work. The Audit Team was impressed with the degree of open and honest reflection provided in this document, and the identification of some significant challenges that were also observed by the Audit Team throughout the audit. While its frank, transparent description of the University's quality assurance practices served as early evidence of the strong commitment to quality assurance exists at Brock University, it also contributed to the Audit Team's overall sense that the University will continue to take this responsibility very seriously. In particular, the Audit Team noted strong leadership and support from the Office of the Associate Vice-President Academic (OAVPA) throughout the course of the audit. The Audit Team also heard many positive comments about the AVPA's team and was very encouraged to see the changes happening over the past few years to support the attention given to oversight of quality assurance at Brock. The Audit Team's meetings for the preparation of this report helped the Audit Team to better understand this evolving commitment to QA and how the University has been reshaping its approach to QA processes augmenting the documentary evidence.

Brock University provided the Audit Team with extensive and virtually complete documentation for the Audit well in advance of the site visit. The Audit Team was well informed at the outset by the very helpful and honest self-reflection and insights provided in the institutional self-study. The site visit, an intense series of meetings over a three-day period, was very well planned, and the Audit Team commends those responsible for organizing the meetings and offer their thanks for the hospitality and assistance throughout their stay.

The Audit Team followed the audit process as described in the QAF (QAF 6.2). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership, and all three auditors participated in the virtual orientation to the University's Key Contact and other relevant stakeholders at the outset of the audit process.

The Audit Team selected and reviewed a sample of six quality assurance activities conducted under the IQAP's New Program Approval Protocol and from the Cyclical Program Review Protocol for audit. Brock submitted the institutional self-study about four months prior to the site visit. The Audit Team then conducted a desk audit using the University's institutional self-study and records of the sampled programs, together with associated documents. The requested program documentation was received on time. During the site visit, the Audit Team met with the University's senior leadership, including the President, those with important roles in supporting the quality assurance processes, and representatives from those programs selected for audit.

Following the Audit, the Audit Team prepared this report, with recommendations, subject to a multi-stage review process and final approval by the Quality Council. For a more detailed account of the audit process, please refer to Appendix A.

Findings Arising from the Quality Assurance Audit of Brock University

The findings of this Audit are based on the following:

- the report of the 2012/13 Audit and the University's responses;
- the University's 2022 institutional self-study;
- a scan of quality assurance-related pages on the University's website;
- the desk audit of documentation provided by the University for six programs that have either undergone Cyclical Program Review or were new programs that have undergone appraisal for approval; and,
- information gathered at meetings with groups and individuals during a site visit at Brock University.

The Audit Team also reviewed the Recommendations from the University's first Audit, which occurred in 2012/13. The 2012/13 Audit found no Causes for Concern, but the Report resulted in eight Recommendations and 17 Suggestions from the Quality Council. The 2022/23 Audit Team found that, for the most part, the University has appropriately responded to the outcomes of the previous Cyclical Audit.

However, a few items were unresolved. There are two recommendations in this Audit Report that were in the 2012/13 Audit Report and two Suggestions that are related to previous Recommendations:

- Recommendation 1 of the Cycle 1 Audit Report asked the University to make sure that each sub-criterion be dealt in the self-study. This request echoes the first Recommendation of this Audit Report.

- Recommendation 4 of the Cycle 1 Audit Report asked the University to increase the involvement of faculty, staff and students in the preparation of the self-studies. Suggestion 2 indicates that students should be more involved in the QA process.

- Recommendation 7 of the Cycle 1 Audit Report asked the University to elaborate the process for developing joint programs. Suggestion 10 targets a joint doctoral program, which could become the basis for programs offered with other institutions.

- Recommendation 8 of the Cycle 1 Audit Report asked the University to make sure that all programs, including the accredited ones, be included in the CPR schedule. The same request appears in this report under Recommendation 3.

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

Implications of the Institutional Self-study

As already indicated, Brock University submitted a very helpful institutional self-study that provided a lens for the Audit Team to view quality assurance at the University. Within this document, the University asked that the Audit pay particular attention to and advise on the following aspects of its quality assurance-related work:

1. Organizational structure of quality assurance administration and staffing resources.

   One request for advice related to the work of the OAVPA and how it can be enhanced to further support the QA activities at the University. Some of the Audit Team's Suggestions relate to using tools to manage processes (see Suggestion 4), clarifying roles of UPC and SGSC (see Suggestion 11), and assisting units on accessing available supports for CPR (see Suggestions 1, 3, 7 and 12).

   While it is not the role of the Audit Team to make Suggestions about the structure of QA supports at a university, it would be helpful for the OAVPA to consider a review specifically of its QA structure as has been undertaken by at least one other Ontario university, and/or to reach out to Key Contacts at other universities to see how QA is structured elsewhere.

2. Digital tools for managing quality assurance processes and activities.

   The University recognized that there was a lack of digital tools for managing quality assurance processes. With an accessible system for documentation and management of processes, the University will be able to maintain accurate records, keep a historical record of all QA processes, documents, and governance steps, and provide timely support to the quality assurance staff (see Suggestion 4).

3. How better to ensure the requirements of both the accreditation and quality assurance review processes are met while minimizing the burden on the units having to undergo both processes.

   The University stated that the external accreditations of some programs in Business, Nursing and Education have not been meeting the requirements of the IQAP since the 2012/13 Audit. Brock noted that the knowledge about how well the external accreditation processes might align with the requirements for a Cyclical Program Review was lacking in the quality assurance team at the University (see Suggestion 1). The University was not sure about the requirements for the FAR and follow-up reporting for these types of programs if a hybrid approach is followed. The Audit Team provides some insights and guidance about the FAR/IP (see Cause for Concern 1).

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4. The review of interdisciplinary programs

    The University has received proposals for new internal programs that are interdisciplinary and do not fit into established processes. The ISS mentions that the institution was not always sure if the recent proposals they received for interdisciplinary programs should be considered as major modifications or wholly new programs. The Audit Team encourages the University to revisit their definition of major modifications to assist in distinguishing new programs from major modifications. The University is encouraged to schedule a meeting with the Secretariat to explore this issue further.

5. The review of joint programs with other partner institutions

    The University was looking for guidance on the process for joint programs. The joint PhD. in Education program is one example where the FAR produced by Lakehead University is used but the follow-up process is different from the one used at Brock. The Audit Team suggests that a joint program agreement for the PhD in Education be created (see Suggestion 10). Further, additional work on defining and reviewing joint programs is underway by the Quality Council and will be shared with all Key Contacts, once finalized.

Commendations and Best Practices (QAF 6.2.7)

Commendations

While this Audit Report has identified some critical areas of the University's quality assurance work that it must improve on, the Audit Team still wished to recognize that much has been done since the last Cyclical Audit to reshape the University's approach to quality assurance and its associated processes and practices. A strong commitment to QA and its principle of continuous improvement was clearly evident through the documentation submitted for audit, as well as through the comments made during the site visit. In large part, this is due to the strong leadership and support now provided by the Office of the AVPA, and the Audit Team heard many positive comments about the work of this team. One of the clearest examples of the institution's commitment to continuous improvement was through the monitoring process in place for outcomes of the Cyclical Program Reviews. These reporting requirements ensure accountability and timely implementation for the majority of Brock's academic programming.

The Audit Team found that the Deans were very involved in QA work at Brock. For example, the Deans' response and engagement with the external reviewers' recommendations was thorough. ARC encourages the Deans to draft their responses with context and with consideration of where the response will go and who will read it. This approach engages the Deans with the program leaders and provides a meaningful commentary on next steps. During the site visit, the Deans emphasized that they are involved at a very granular level for all review aspects and ensure that everything goes through the Dean and at least one Associate Dean before moving to ARC. The Deans provide support in the development of a New Program Proposal by helping

the programs to navigate the relationships between the Faculties and where there are opportunities to collaborate and/or draw on existing resources. The Deans said that the amount of detail required for New Program Proposals and self-studies has "evolved in the right direction."

The Audit Team commends the training for members on governance committees. For example, the members of the UPC receive training each year on the major modification process. The Audit Team was impressed by the amount of authority given to the ARC for holding the rest of the University accountable to act on QA-related recommendations and to focus on continuous improvement. The Audit Team was also impressed by the practice of units being informed that ARC will not consider their material until they can demonstrate adequate engagement with the Centre for Pedagogical Innovation (CPI) and have developed a suitable curriculum map. This step ensures that CPI is included in all CPR and New Program Proposals. In addition, units are encouraged to submit an early draft of the curriculum map to the Office of the AVPA for preliminary feedback. One member of ARC is assigned to each program to act as a "First Reader" for early drafts of the self-study before it is formally submitted. The Audit Team identified this support as a particularly good practice. A related practice of note is how units are very willing to share their program proposals with other units.

The Audit Team heard from several interviewees that the process for completing a Cyclical Program Review is still onerous. However, the Audit Team was told that the amount of detail required for New Program Proposals and self-studies has "evolved in the right direction" to focus more on the critical elements rather than unnecessary requirements. This shift may also help increase buy-in for these processes.

The AVPA explains each section of the external review template and what the University is looking for as part of the initial meeting with the external reviewers. This detailed overview provides opportunities for the University to ensure that the external reviewers have a framework for their review and final report.

Overall, there is a strong commitment to quality assurance and to making improvements to the processes along the way.

Best Practices

The Audit Team noted that the Cyclical Program Review monitoring process was a best practice. The four years of monitoring reports hold programs accountable and can be helpful in ensuring continuity of quality assurance when there is turnover in leadership. For example, the Audit Team heard this explicitly from a new Dean who commented on how helpful these reports are in initiating a discussion. The monitoring report provided this Dean with an easy mechanism to understand what the program's needs are: what needs are to be addressed in the short term versus those actions that can be taken in the longer term. The reports are also given to the ARC each year for a response, and ARC has the authority to hold units accountable if actions are still outstanding at the four-year reporting stage. Despite the frequency of the monitoring reports, the

Audit Team did not hear that this was a burden for units or Faculties. On the contrary, the frequent monitoring reports were found to be helpful for accountability and for providing context for new leadership.

The University provides resources to support the writing of the self-study for a Cyclical Program Review and New Program Proposals. The units are also supported by the Office of the AVPA and the CPI during these processes.

While recognizing the strength of the QA process, the Audit Team also has developed some Recommendations and Suggestions, as well as Causes for Concern, in the following pages designed to align policy and practice and to enhance the current processes.

Causes for Concern

Causes for Concern 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.

Brock University must:

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

The 2010 Quality Assurance Framework states that "The IQAP may allow for and specify the substitution or addition of documentation or processes associated with the accreditation of a program, for components of the institutional program review process, when it is fully consistent with the requirements established in this Framework (see Guide). A record of substitution or addition, and the grounds on which it was made, will be eligible for audit by the Quality Council (Section 4.2.7)". Brock's ratified IQAP explicitly stated (p. 11 of the 2016 version) that a possible outcome of the Office of the AVPA's comparison of process requirements could be that "The accreditation review will be accepted as meeting all the criteria for a Cyclical Program Review."

However, all possible outcomes that follow the University's review of the applicable accreditation guidelines with those of the IQAP either explicitly state or imply that a FAR/IP must be produced. While the University's senior administration is clearly committed to quality assurance, the Audit Team observed a systemic lack of compliance with the requirements of the QAF and IQAP when it comes to reviewing programs subject to both quality assurance and accreditation reviews.

In its institutional self-study, Brock University recognized that the QAF and IQAP requirements for CPRs of accredited programs were not being met. In addition, it was determined by the University that, for several of its accredited programs, it was found that there were no measurable differences between an accreditation review and a Cyclical Program Review.

However, the Audit Team was unsure about who was making this determination or if it was automatically assumed that the completion of the gap analysis was sufficient to indicate that there were no significant differences between an accreditation review and a CPR, thus rendering the accreditation review as being sufficient to satisfy the IQAP requirements.

The Audit Team found over the course of the Audit that, in allowing accreditation reviews to fully replace CPRs, many of the QAF/IQAP requirements for a CPR were missed. For example, gap analyses and accreditation reports are not being submitted to ARC, as required by the IQAP, the FARs/IPs are not being produced and are therefore not being submitted to the Quality Council nor posted on the University's website in the same place as all of the other QA materials, and consequently monitoring reports are not produced or posted. Finally, the Audit Team was also advised that a further consequence of undertaking only accreditation reviews for some programs is that the library is not typically invited to submit a Library Report as part of this form of review. This means that the input of a key stakeholder required by the Quality Assurance Framework as part of a CPR is not being sought nor subsequently provided.

While the University is well aware of the issue, concrete steps to resolve it were not yet evident at the time of the Audit. Further, the Audit Team was advised that there was another accreditation review being planned to wholly replace the CPR. The University must therefore take immediate action to ensure that there is an approval process in place for programs eligible for both review processes and that documentation for the replacement of any steps or elements of the CPR with those specified by an accreditation process is carefully maintained. Further, Brock must ensure that, going forward, it meets all of the QAF requirements for a CPR, including, at a minimum, producing a self-study that involves the key stakeholders that considers each of the evaluation criteria, including an external review with reviewers who are selected in accordance with the IQAP, producing and submitting to the Quality Council a FAR and IP, and finally, monitoring the implementation, or lack thereof, of the actions identified in the IP.

Conducting accreditation reviews concurrently with Cyclical Program Reviews needs to be approached with caution and due attention given to the differing review requirements. The University must ensure the requirements of the QAF and IQAP are met.

It is these findings that led the Audit Team to identify this issue as a Cause for Concern, thereby allowing for sufficient oversight to ensure the situation is remedied.

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.

As required by the Quality Assurance Framework, the IQAP appropriately makes it very clear that new programs should be monitored: "for each new program, at least one progress report is produced and submitted to ARC four years after admitting the first students" (2016 IQAP 3,17). Brock University acknowledged in the institutional self-study (Section 3.c)), as well as

throughout the course of the site visit, that new programs are not currently being monitored, as required.

The requirement for annual reporting in each of the four years following a CPR has been recognized by the Audit Team as a Best Practice and has provided academic units with an opportunity to have continuous evaluation and improvement. This practice is also important during leadership changes and preparation for the next CPR. The University has good practices for CPR and these practices should be instituted for new programs. The administration has indicated that they are working on templates and will increase oversight to monitor these reports. While the University described its plans to address this issue, the fact that these were not yet in place led the Audit Team to consider this issue to be a Cause for Concern, thereby allowing for sufficient oversight to ensure the situation is remedied.

Recommendations

Recommendations are recorded in the Audit Report when the Audit Team has 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 Audit Report when required.

Brock University must:

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. This could lead to the omission of some evaluation criteria. For example, the Audit Team observed that "initiatives taken to enhance the quality of the program and the associated learning and teaching environment" (2010 QAF 4.3.7), and "Quality and availability of graduate supervision" (2010 QAF 4.3.8 b)) are not considered as criteria in the self-study. These criteria are still important in the revised QAF and should be added to the self-study template to ensure that units will comment on and provide evidence of these criteria. The Audit Team also noted that the University needs to track assessment results by cohort and consider new approaches to how assessment data will be used to inform continuous improvement (2010 QAF 4.3.4 b)).

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.

For CPRs, the 2016 IQAP (Fifth bullet of Section 2.12 (p. 20 of 2016 IQAP)) states that the FAR/IP will identify and explain the circumstances relating to any recommendations that will not

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be implemented. The Audit Team noticed that recommendations about new resources are officially not accepted by the ARC because the University considers resource-related recommendations to be outside the review committee's mandate. The text of the recommendation is included in the FAR/IP and the units can comment on them in their annual monitoring reports. The ARC provides a brief explanation for any recommendation that is not accepted.

The Audit Team 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 (i.e., exclusively at the purview of the Provost). In addition to being out-of-compliance with the University's 2016 IQAP, this practice does not fit with the intent of the QAF (QAF 4.2.5 c)) and will not align with the requirements of the 2021 Framework.

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

The Audit Team noted there are some new programs that are still not on the CPR schedule. For example, the Audit Team did not find the MA in Game Studies or the Critical Criminology program in the Academic Reviews Schedule ([16-Year-Cyclical-Academic-Reviews-Schedule-Jun-2-2021.pdf at brocku.ca](#)). The academic review schedule should provide details on all of the programs to be reviewed, even when bundled, to ensure nothing is left off. The Audit Team also noted that it may be helpful to add a few more years to the schedule to ensure that new programs are included in the list.

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

The 2016 IQAP (2.11.3, p. 20) stipulates that the Deans' response must describe organizational changes and resources that would be required for the implementation and propose a timeline. The responses provide separate and relevant comments for each recommendation but do not include explicit timeline. The 2016 IQAP (2.12) also says that the IP must identify the timelines for addressing these. The Audit Team noted that there were instances where the Dean did not prepare a timetable.

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

The QAF and the Brock IQAP indicate that the external examiners are vetted so that they are at arm's length to the program. There should also be a record of this process being completed to ensure that the University has confidence in the selection of external examiners.

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 how the views of faculty, staff and students were obtained and considered for self-studies. While the Audit Team noted that some self-studies indicated that there was a student survey, it did not include any analysis of the survey results. There was also no documented staff input. The Audit Team noted the lack of alumni input in the self-study process (see Suggestion 2). The QAF (4.2.3 b) 9) does indicate that the faculty, staff and students are engaged in the drafting of all self-studies, that this consultation be documented, and the self-study clearly identify how the views of these stakeholders are taken into account.

In the Cycle 1 Audit Report, Recommendation 4 asked the University to increase the involvement of faculty, staff and students in the preparation of the self-studies. The University's response appears to have been to require, in its 2016 IQAP, that a committee be established to assist in the development of the self-study comprised of faculty, staff and students. As it does not appear that such a committee has routinely been formed, nor that faculty, staff and students are routinely being consulted and/or their input being considered in other ways, the University must ensure that this step routinely occurs going forward.

Suggestions

Suggestions, which are forward-looking, are made by the Audit Team 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 Audit Team's province-wide experience in identifying good, and even on occasion, Best Practices. Universities are under no obligation to implement or otherwise respond to the Audit Teams' Suggestions, though they are encouraged to do so.

Brock University should:

SUGGESTION 1: Consider inviting an Emeritus Professor to provide insights to ARC members during the discussion about accreditation.

It would be helpful to clarify for accredited programs at the institutional level which review to prioritize for accredited programs and how it might be done in programs undergoing accreditation. Some accreditations of programs do not allow for internal reviewers and so it would be helpful to provide ARC with some assistance. The University could invite an Emeritus Professor who is familiar with that particular accreditation process to provide helpful insights to the ARC members when the accreditation reports go forward.

SUGGESTION 2: Consider the implementation of a system to further involve alumni in the QA process.

The Audit Team noted the lack of alumni involvement in the CPR process. University representatives indicated that there does not seem to be a process to access alumni and to get

data from alumni. The University should consider implementing a process to regularly gather input from alumni about program and quality enhancement.

The institutional self-study acknowledged that there was more work to do to involve students and the Audit Team suggests that the University should extend that involvement to alumni.

SUGGESTION 3: Consider developing a set of timelines or timeline guidelines to support quality assurance in the event of delays.

The Audit Team heard from some members of UPC and SGSC that the IQAP deadlines do not take into account the committees' meeting date schedules and so some processes take much longer than anticipated due to missing a meeting cycle. Revising the timelines to ensure that the Senate committees' meeting schedules be better synchronized could help reduce delays in process.

SUGGESTION 4: Consider developing a better tracking system for written documentation related to its quality assurance processes, including signoffs on each step of the process.

The Audit Team suggests that having an effective and appropriate tracking system for documentation is one key to successful quality assurance. Brock University recognizes that it needs a better tracking system that uses effective digital tools. In the institutional self-study, Brock University stated that it needs a tracking system and better digital tools to improve communication, prevent loss of information due to turn-over, avoid redundancy and digitize paper documents. This also means creating a repository of QA documents, including previous review reports.

The Audit Team heard from a number of people that the documentation is on spreadsheets or thumb drives and that only a very few people had the knowledge of the system and how to access the documentation. This makes it difficult to manage workflow and the reliance on a small number of staff to manage and maintain a complicated record system can introduce risks. This could have a detrimental impact on other administrative units such as the CPI, Institutional Planning, Analysis and Performance (IPAP), the Registrar's Office and Co-op, Career and Experiential Education (CCEE). Some people suggested that SharePoint folders could be used for CV and course outlines instead of single PDF files. Some of the SGSC members want more information about the process of documentation.

Additional Suggestions for digital tools and resources being used by other universities can be found in the [Quality Council's 2021-22 Omnibus Report](#) (see page 13 onwards).

SUGGESTION 5: Consider posting the FAR/IP on the program website.

The Brock University IQAP appropriately indicates that the FAR/IP should be posted on the University Quality Assurance website. So that students, faculty and staff have an increased

chance of finding these documents, the University should consider encouraging its units to also post the FAR/IP and monitoring reports on the program/department website(s).

SUGGESTION 6: Consider reviewing the process for engaging with students to ensure that they understand the intent and nature of the quality assurance process and their roles in it.

The involvement of students in the quality assurance process is very important. Some students that the Audit Team interviewed were aware of the Quality Assurance processes and spoke very well about their involvement in committees, while others were less aware of the processes and wanted to know more. The Audit Team suggests that the University create guidance for students to explain the purpose of CPRs, how they can become involved in providing input into a self-study, and what to expect when meeting with external reviewers. The University should take great care in helping the student voices to emerge as fully as possible. Brock could consult the QAF guide for some more ideas on how to involve students in their QA processes (Involving Students in Quality Assurance Processes — Ontario Universities Council on Quality Assurance (oucqa.ca)

The Cycle 1 Audit had a similar Suggestion: Suggestion 2 indicates that students should be more involved in the QA process. In making this Suggestion, the Audit Team encourages Brock University to improve the impact of students' contribution to the quality assurance process.

SUGGESTION 7: Consider amending the template for self-studies for Cyclical Program Reviews to include clear guidance about which central supports are available to units.

The self-study in a Cyclical Program Review involves several processes and people to be effective. It would be helpful for Brock University to update its template for self-studies to include clear and explicit prompts about which central resources to contact and when. For example, including prompts within the template to connect with the CPI as part of the unit's overall CPR preparation and subsequent discussions relating to the mapping of the program's learning outcomes could facilitate greater utilization of the supports and expert advice that office offers.

SUGGESTION 8: Consider asking the Deans to inform the Office of the AVPA of any new programs being prepared in the departments.

Most new programs begin at the program or department level. Many new programs are well along in their development before people outside of the department or faculty are aware of it. Because there are many considerations for new programs such as human and financial resources, library support, technology support, and governance support, the University should consider developing a process that would encourage Deans to inform the University of new programs being considered. This could occur as part of the Council of Academic Deans (CAD) meetings.

The institutional self-study discussed the need for consultation, thus recognizing the need for early involvement of the Office of the AVPA in the preparation of New Program Proposals.

SUGGESTION 9: Consider involving the library and IPAP earlier in the new program process so that they can ensure the timely preparation of reports.

As mentioned in **Suggestion 8**, there are many participants in the development of a new program. The University should consider amending its processes and/or prompts in the templates and guidelines for developing new programs so that the library and IPAP become involved earlier in a new program's development. This will allow these offices to have the appropriate time to engage with proponents and prepare appropriate reports and data accordingly.

The University should also consider formalizing a process for the library and IPAP to make recommendations in the quality assurance process more broadly. One suggestion is to add a member of the library and from IPAP to ARC.

SUGGESTION 10: Consider creating a joint program agreement with the PhD (Educational Studies) partners.

The Audit Team suggests that meetings be held with the Brock community involved in offering a joint program to prepare a joint program agreement that can be used between the universities to clarify the roles and responsibilities of each university in the existing joint PhD and future joint programs. The University might also consider creating an overarching document to cover any future joint programs. Both documents might take into account instances where the IQAP requirements from the partner institutions differ.

SUGGESTION 11: Clarify the roles of the Senate Undergraduate Program Committee and Senate Graduate Studies Committee.

The Audit Team met with members of the UPC and the SGSC. In the meeting with the members of the two committees, it became apparent that, while the respective Committee members have a clear understanding of their primary roles and responsibilities, they did not know where and how their work fits into the University's wider quality assurance processes. The Audit Team suggests that there be greater clarity on the roles of the UPC and SGSC committees to ensure that members are aware of their responsibilities and duties in Quality Assurance.

SUGGESTION 12: Clarify and inform units about the resources available to prepare the self-study/New Program Proposal or other components of the CPR and new programs.

The institutional self-study noted that faculty are not always aware of the supports available through ARC to assist them in developing or improving their submissions for CPR and new programs. A recent Key Contact Exchange Forum identified several tools being used by other institutions. The University is encouraged to review the summary of this session, available on

the password protected forums.oucqa.ca website for additional ideas on how units might be supported through the CPR and new program process.

SUGGESTION 13: **Consider reviewing the process for engaging with students to ensure that they understand each program's learning outcomes.**

The University could also helpfully explore ways to improve transparency and communication about each program's learning outcomes. Some students that participated in the site visit meeting were not able to discuss the program learning outcomes, although they could talk about course learning outcomes. Finding ways to ensure that students are aware of their program's learning outcomes will help them to better understand what the expectations are for success in the program and how this will be measured and assessed. One possible means of achieving this is to indicate on each course description which program learning outcome(s) the course aims to achieve. Similarly, indicating which Degree Level Expectation(s) (DLEs) the course contributes to is additionally important information for the student to be aware of.

SUGGESTION 14: **Consider how best to ensure that, when multiple programs are reviewed at once, the quality of each academic program is still expertly and explicitly addressed.**

It is understandable that several programs may be reviewed at once during a Cyclical Program Review. The QAF section 4.2.4 a) 2 states "Provide for an external evaluation. Normally the evaluation will be conducted by a Review Committee composed of at least: […] Two such reviewers for a graduate program qualified by discipline and experience to review the program(s)." However, the review of multiple programs may compromise the thoroughness of the discussion of each individual program. The compromise can occur at various levels: the self-study, the sufficiency of disciplinary expertise of the External Reviewers, the depth and breadth of coverage of the External Reviewers' Report, and the Final Assessment Report and Implementation Plan. In the first instance, the University is encouraged to consider how it might best ensure sufficient disciplinary expertise for such bundled reviews, as well as that self-studies and External Reviewers' Reports appropriately address all evaluation criteria, with equal thoroughness for each separate program under review. The Audit Team noted that the review of many programs simultaneously, by one set of external reviewers, has the potential for a review to be less thorough and program-specific than is required by the Quality Assurance Framework.

Conclusion and Next Steps for Brock University

The Audit of quality assurance at Brock University has revealed a significant and on-going engagement with the goals and practices of the Quality Council. Reviews have been undertaken with rigour and attention to detail. Commitment, support, and resources from the senior administration and from the Office of the AVPA have provided strong and helpful leadership for the campus community – support that is widely acknowledged and appreciated. The result is that there is a culture of understanding of and concern for quality across the institution.

The Audit Team supports Brock's planned retreat to bring people together to talk about Quality Assurance. This should further strengthen the understanding of the value of QA, and commitment to it, at Brock University.

While the Audit Team provided several Recommendations and Suggestions, it noted that the preparation and review of accredited programs and the lack of monitoring reports for new programs led to two Causes for Concern. For the accredited programs, Brock is out of compliance with the IQAP as follows: the mapping exercise is not consistently undertaken; documenting the mapping exercise is not consistently undertaken; consulting with ARC and the Dean(s) to verify the degree of alignment is not consistently undertaken; there is no library involvement for accreditation reviews; and no FARs/IPs are being produced when solely undertaking accreditation reviews. The Audit Team also noted a Cause for Concern for the lack of monitoring reports for new programs.

Given these findings, the Audit Committee additionally recommends a one-year follow-up report on the progress of the Causes of Concern and the Recommendations found in this Report.

Appendix A: Overview of the Quality Assurance Audit Process for Brock 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 Brock 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 February 17, 2022. The Quality Assurance Secretariat and all members of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholders.

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 quality assurance activities 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.

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 Audit Team may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

The Audit Team selected the following Brock University programs for audit:

New Programs
- Concurrent Nursing, BN / MN, approved by the Quality Council in 2019 (Faculty of Applied Health Sciences)
- Critical Criminology, BA (Hons), approved by the Quality Council in 2018 (Faculty of Social Sciences)

Cyclical Program Reviews (CPR)**:**

- Accounting, BAcc / MAcc / IMAcc / GDAcc, 2017/18 (Goodman School of Business)
- Applied Linguistics, BA / TESL / MA / MA ISP, 2019/20 (Faculty of Social Sciences)
- Biological Sciences, BSc / MSc / PhD, 2017/18 (Faculty of Mathematics and Science)
- Interdisciplinary Humanities, PhD, 2018/19 (Faculty of Humanities)

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

In their Institutional Self-Study, the university requested review of the following areas about which it has particular concerns:

- Accredited programs
- Joint programs
- Student involvement
- Improving templates
- Lack of familiarity of consulting with other units
- New program monitoring
- Lack of use of digital tools

F. 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 IQAP, as ratified by the Quality Council, as well as any misalignments of the IQAP with the QAF. 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.

It is essential that the Audit Team 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).

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).

G. Site visit

The principal purpose of the site visit is for the Audit Team 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, the Audit Team 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).

H. Audit Report

Following the conduct of the audit, the Audit Team 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 Audit Team 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:

- **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.

- **Recommendations**, which are recorded in the Audit Team' 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 Audit report.

- **Suggestions**, which are forward-looking, are made by Audit Team 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 Audit Team's province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the Audit Team's Suggestions, though they are encouraged to do so.

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 Audit Team to the issue(s) within the subsequent audit, as provided for 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.

I. 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.

J. 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.

K. 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.

L. 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 Audit 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 Audit Report.

M. Web publication of Follow-up Report

When a Follow-up Report is required, the Quality Assurance Secretariat publishes this Report and the Audit 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.

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

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

Dr. Douglas McDougall, *Professor, Department of Curriculum, Teaching and Learning, University of Toronto*

Doug McDougall is a Professor of Mathematics Education and Chair of the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education at the University of Toronto. He is a member of the Governing Council of the University of Toronto and serves as chair of the Academic Board. Dr. McDougall was the Associate Dean, Programs from 2015-2019 and Chair of the department from 2010-2015. Dr. McDougall has supervised to completion over 55 doctoral students and 21 MA students over the past 20 years. He is the Editor-in-Chief of the *Canadian Journal of Science, Mathematics and Technology Education* and the Director of the Centre for Science, Mathematics and Technology Education. Dr. McDougall has been involved with conducting research in schools for over 25 years focusing on school improvement, professional learning groups, student and teacher needs around students at risk, and peer coaching at both the elementary and secondary level.

Dr. Bruce Tucker, University of Windsor

Dr. Tucker is an Emeritus Professor of History and the former Associate Vice-President, Academic, at the University of Windsor (2006-2015) with responsibility for quality assurance, labour relations, and the renewal, tenure and promotion review process. He held several administrative positions at the University of Windsor, including Coordinator of Interfaculty Programs, Head of the Department of History, Philosophy and Political Science, and Coordinator of Undergraduate Program Review under the UPRAC system. He designed the university's original protocols and policy for undergraduate program review in 1998. He served as a member of the Ontario Universities Quality Council, 2010-2015, and he is currently a

member of the Audit Committee. Dr. Tucker has published widely in the area of American cultural and intellectual history, and is currently Associate Editor of the *Canadian Review of American Studies*, and a member of the editorial board of the *Journal of Appalachian Studies*.

Appendix C: Site Visit Schedule

Final Site Visit Schedule
Quality Council Audit
Brock University
February 8-10, 2023

Wednesday, February 8		
9:00 – 10:00	Audit Team Planning Meeting	PL 600F
10:00 – 12:00	<u>Senior Quality Assurance Team</u>	PL 600F
	Lynn Wells, Provost and Vice-President, Academic	
	Brian Power, Vice-Provost and Associate Vice-President, Academic	
	Suzanne Curtin, Vice-Provost, Graduate Studies and Dean, Faculty of Graduate Studies	
	Christina Phillips, Manager, Quality Assurance	
	Trish Greydanus, Quality Assurance Coordinator	
12:00 – 12:30	Lunch	PL 600F
12:30 – 1:30	<u>Applied Linguistics</u>	PL 600F
	Lynn Dempsey, Chair, Department of Applied Linguistics and Interim GPD	
	and Department representatives	
1:30 – 2:30	<u>Biological Sciences</u>	PL 600F
	Fiona Hunter, Chair, Department of Biological Sciences	
	and Department representatives	

2:30 – 3:00	Break	
3:00 – 4:00	<u>Centre for Pedagogical Innovation (CPI) and Library</u> Giulia Forsythe, Director, CPI Mark Robertson, University Librarian Andrew Colgoni, Associate University Librarian	PL 600F

Thursday, February 9

9:00 – 10:00	<u>Concurrent Bachelors/Masters of Nursing</u> Karyn Taplay, Chair, Department of Nursing and program representatives	PL 600F
10:00 – 11:00	<u>PhD in Interdisciplinary Humanities</u> Lissa Paul, Graduate Program Director and program representatives	PL 600F
11:00 – 12:00	<u>Deans</u> Suzanne Curtin, Dean, Faculty of Graduate Studies Peter Tiidus, Dean, Faculty of Applied Health Sciences Mary-Louise Vanderlee, Interim Dean, Faculty of Education Barry Wright, Dean, Goodman School of Business (virtual only) Jennifer Li, Associate Dean, Goodman School of Business (standing in for Barry) Carol Merriam, Dean, Faculty of Humanities Peter Berg, Dean, Faculty of Mathematics and Science Ingrid Makus, Dean, Faculty of Social Sciences	PL 600F
12:00 – 1:00	Lunch with Lesley Rigg, President and Vice-Chancellor	PL 600F
1:00 - 1:30	Break	
1:30 – 2:30	<u>BA in Critical Criminology</u>	PL 600F

	Mary-Beth Raddon, Chair, Department of Sociology	
	and program representatives	
2:30 – 3:30	<u>Accounting</u>	PL 600F
	Fayez Elayan, Chair, Department of Accounting	
	and Department representatives	
3:30 – 4:15	<u>Senate Academic Review Committee (ARC)</u>	PL 600F
	Brian Power, Chair	
	Maureen Connolly, Faculty of Applied Health Sciences	
	Shannon Welbourn, Faculty of Education	
	Samir Trabelsi, Goodman School of Business	
	Aleksandar Necakov, Faculty of Mathematics and Science	
	Rebecca Van Massenhoven, Graduate Student Representative (outgoing)	
	Eric O'Neill, Graduate Student Representative (incoming)	
	Carleigh Charlton, Undergraduate Student Representative	
	Christina Phillips, Secretary	
4:15 – 4:45	<u>Senate Graduate Studies Committee (SGSC)</u>	PL 600F
	Rosemary Condillac, Chair	
	Francine McCarthy, Vice-Chair	
	Simon Burke, Secretary to Committee and University Secretary	
	Jasmine Stasiuk Riddell, Graduate Calendar, Policy Systems Analyst	
	Katie Jane Millington, Graduate Academic Specialist	
	<u>Undergraduate Program Committee (UPC)</u>	
	Tim Murphy, Chair	
	Kelli-an Lawrance, Vice-Chair	
	Tricia MacDonald, Secretary	
	Amelia McIntyre, Administrative Support	

Friday, February 10

8:45 – 9:15	<u>Internal Reviewers</u>	PL 600F
	Rob Alexander, BA Social Sciences (cyclical, in-person)	
	Angela Book, Medieval and Renaissance Studies (cyclical, virtual)	
	Jan Frijters, Neuroscience (cyclical, in-person)	
	Madelyn Law, PhD in Sustainability (new program, in-person)	
	Michelle McGinn, Bachelors/Masters of Nursing (new program, in-person)	
	Rebecca Raby, BA in Educational Studies (new program, virtual)	
	Elizabeth Vlossak, BASc in Earth and Planetary Science Communication (new program, virtual)	
9:15 – 9:45	<u>Institutional Planning, Analysis and Performance (IPAP)</u>	PL 600F
	Kyle Paul, Executive Director	
9:45 – 10:30	Audit Team Meeting	PL 600F
10:30 – 10:45	Break	
10:45 – 12:15	<u>Senior Quality Assurance Team</u>	PL 600F
	Lynn Wells, Provost and Vice-President, Academic	
	Brian Power, Vice-Provost and Associate Vice-President, Academic	
	Christina Phillips, Manager, Quality Assurance	
	Trish Greydanus, Quality Assurance Coordinator	
12:15 – 1:00	Lunch with Students	PL 600F
1:00 – 2:00	Audit Team Wrap-Up Meeting	PL 600F
2:00 – 3:00	<u>Audit Team De-brief with Provost/QA Leader</u>	PL 600F
	Lynn Wells, Provost and Vice-President, Academic	

Brian Power, Vice-Provost and Associate Vice-President, Academic	

Audit Team	
Michel Laurier	Emeritus Professor of Education University of Ottawa
Douglas McDougall	Chair and Professor of Mathematics Education Department of Curriculum, Teaching and Learning Ontario Institute for Studies in Education (OISE) University of Toronto
Bruce Tucker	Emeritus Professor of History University of Windsor

Observers	
Rudy Eikelboom	Emeritus Professor of Psychology Wilfrid Laurier University
Tina West	Associate Professor Marketing Management School of Business Management Toronto Metropolitan University

Quality Council Representatives	
Chris Evans	Executive Director Ontario Universities Council on Quality Assurance
Cindy Robinson	Director Operations Ontario Universities Council on Quality Assurance

Appendix D: Acronyms

ARC – Senate Academic Review Committee

CCEE – Co-op, Career and Experiential Education

CPI – Centre for Pedagogical Innovations

CPR – Cyclical Program Reviews

DLEs – Degree Level Expectations

FAR – Final Assessment Report

FIPPA – Freedom of Information and Protection Privacy Act

IPAP – Institutional Planning, Analysis and Performance

IQAP – Institutional Quality Assurance Processes

IP – Implementation Plan

OAVPA – Office of the Associate Vice-President Academic

QA – Quality assurance

QAF – Quality Assurance Framework

Quality Council – Ontario Universities Council on Quality Assurance

SGSC – Senate Graduate Studies Committee

UPC – Senate Undergraduate Program Committee