



IQAP

Institutional Quality Assurance Processes

(FINAL May 10, 2023)

Pending Quality Council Ratification

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History of the IQAP

In 2010 the Executive Heads of Ontario universities and the Council of Ontario Universities (COU) approved a new Quality Assurance Framework (QAF) for the province's publicly-assisted universities. The Ontario Universities Council on Quality Assurance (Quality Council) was set up by COU as an arm's length body to administer the QAF and provide oversight of quality assurance in the province. The Quality Council was charged with the approval of new program proposals prior to their submission to the provincial Ministry responsible for funding.

Every university in Ontario was asked to develop a set of quality assurance processes at the institutional level based on those in the QAF. The resulting Brock Institutional Quality Assurance Processes (IQAP) document was approved by the Quality Council on April 27, 2011. The IQAP is subject to the approval of the Quality Council when it is initiated and thereafter, when it is revised. The Brock University Senate approved the IQAP on June 2, 2011 (Senate Meeting #590-Continued).

Once every eight years the Quality Council conducts an audit of the University to determine compliance with its IQAP and to evaluate institutional commitment to quality assurance practices. Brock was audited in 2012/13 and received an Audit Report in October 2013. The University took measures to implement the audit's recommendations and suggestions and revised the IQAP in consultation with institutional stakeholders and the Quality Council. The revised IQAP was approved by the Quality Council on March 24, 2016 and then by Senate on May 25, 2016 (Senate Meeting #641).

In 2018 the Quality Assurance Framework and its administration by the Quality Council were subjected to an external review. As a result of the review, revisions were made to the QAF which were approved by COU and the Ontario Council of Academic Vice-Presidents (OCAV) in February 2021. The QAF now includes an explicit set of principles which underpin quality assurance protocols. There have been revisions to the protocols for new programs, cyclical reviews, major modifications (including program discontinuations) and audits. As a result of the audit, a new guiding principle of the QAF is that the Quality Council recognizes past performance of institutions and adjusts oversight accordingly. Adjusted oversight refers to the practice of decreasing or increasing the degree of oversight by the Quality Council depending upon the University's compliance across the spectrum of its quality assurance practices

Following the ratification of the 2021 QAF, universities were asked to revise their IQAPs to conform to the new Framework. As a transitional measure, Senate approved a Codicil to the Brock IQAP on December 15, 2021, which serves until the revised IQAP is fully approved by the Quality Council and Senate.

The next scheduled audit of Brock by the Quality Council was postponed from 2021/22 to 2022/23, in large part due to the process associated with the review of the QAF

upon which the audit would be based, but also as a result of the effects of COVID-19. It is expected that the audit will result in recommendations for revisions to the IQAP.

Quality Assurance at Brock University

Quality assurance is a shared responsibility between the Quality Council and Ontario's publicly-assisted universities. The collaboration ensures a culture of continuous improvement and support for a vision of a student-centred education based on clearly articulated program learning outcomes. Explicit quality assurance processes result in an educational system that is open, accountable and transparent for all stakeholders.

As quality assurance practices evolve in the province, the collaboration is expected to shift from a model of ensuring compliance with an external standard to one of supporting an internal commitment to continuous self-evaluation and improvement. Part One of the 2021 QAF contains fifteen quality assurance principles which serve as the foundation for the protocols contained in Part Two. This principled approach allows for a wider scope for interpretation and application, which is able to accommodate a diversity of institutional strategic priorities, student populations and special mandates or missions. The Quality Council recognizes that academic standards, quality assurance and program improvement are, in the first instance, the responsibility of universities themselves.

Brock is committed to the fifteen quality assurance principles in the QAF and they are included in Appendix I of the IQAP. These principles serve to place the focus of quality assurance activities on the best interest of the students and their experience of post-secondary education at Brock. They are about student achievement in programs that lead to a degree or diploma; about securing the value of a Brock University degree, and of ensuring that the University's highly qualified graduates continue to be strong and innovative contributors to the well-being of Ontario's economy and society.

Brock's commitment to high standards of academic quality is a key component of its strategic vision, mission and guiding values. Strategic planning documents support these goals and affirm that the academic mission is "to nurture and support students and faculty in the discovery of knowledge through exemplary scholarship, teaching and service." (Brock Institutional Strategic Plan 2018-25). Brock's vision is that of "a dynamic, comprehensive university that makes a positive difference in the lives of individuals in our Brock community, the Niagara Region, Canada and the world through leadership, innovation and excellence in learning, teaching, research, scholarship and creativity across disciplines."

The University's procedures and guidelines governing quality assurance as outlined in the IQAP are subject to the authority of Senate through its Academic Review Committee (ARC). As a special Committee of Senate, ARC is directly accountable and responsible to Senate through the Provost and Vice-President, Academic who is the

Chair of ARC (per the [Faculty Handbook](#) [FHB] 2.9.13). ARC is responsible for the coordination, monitoring and implementation of all aspects of the IQAP. The Chair of ARC submits reports containing information, updates and recommendations to Senate for consideration. As the chief academic decision-making body, Senate determines the educational policy of the institution and monitors the academic quality of all programs. In addition, Senate has a major role in ensuring the operating budget's consistency with educational policy. Upon Senate approval, the Chair of ARC submits new program proposals, program discontinuations, cyclical program reviews and major modifications of existing programs to the Quality Council.

Institutional responsibility for the administration of quality assurance processes lies with the Provost. The Provost has been designated as the “authoritative contact” between Brock University and the Quality Council. The Provost has delegated day-to-day quality assurance operations to the Vice-Provost and Associate Vice-President, Academic (AVPA). As the Vice-Chair of ARC, it is expected that the AVPA will consult regularly with the Provost on issues related to academic quality assurance.

The Provost will report annually to the Board of Trustees on all quality assurance activities undertaken by ARC, approved by Senate and the Quality Council, and reported to the provincial Ministry during the preceding year.

1. Elements of Quality Assurance

1.1 Scope of the IQAP

Every publicly assisted Ontario university that grants degrees and diplomas is responsible for ensuring the quality of its programs of study, including modes of delivering programs and those academic student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding. Institutional quality assurance processes, as codified in the IQAP document, ensure that Brock meets those responsibilities for quality assurance.

For the purposes of the IQAP the following definition of Program will apply:

A complete set and sequence of courses, combinations of courses and/or other units of study, research and practice that fulfill the degree requirements.

Institutional responsibility for quality assurance extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the University. This responsibility also extends to programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, or institutes. Quality assurance processes will apply to the consideration of all graduate and undergraduate academic programs delivered in either a face-to-face, hybrid or online setting.

For joint and collaborative programs in which some partners are institutions outside of Ontario, the elements of the programs contributed by the out-of-province partner will be subject to the quality assurance processes in their respective jurisdictions. For institutions outside of Ontario, the Quality Council maintains a directory of such bodies whose post-secondary quality assurance processes are recognized and accepted as being comparable to those of the QAF. The Quality Council is available to provide support regarding the comparability and sufficiency of such processes with respect to the QAF. In cases where such recognition is not available, the Quality Council will determine, on a case-by-case basis, the appropriate action to be taken on quality assurance if the collaboration is to be permitted to proceed.

The IQAP does not apply to minors, certificates (both for-credit and not-for-credit), micro-credentials, concentrations and options as these do not require Quality Council approval. They should be submitted directly to the Senate Undergraduate Program Committee (UPC) or Senate Graduate Studies Committee (SGSC).

The approval or renewal of collaborative agreements with other institutions are out of scope of the IQAP, with responsibility falling to UPC or SGSC. It should be noted that any Brock programs which are included in the agreements are subject to normal IQAP protocols.

Appendix I of the IQAP contains the 15 Principles of Quality Assurance from the QAF. Appendix II provides a reference with definitions of terms and specialized vocabulary. A List of Acronyms used throughout this document is available in Appendix III. Brock graduate and undergraduate Degree Level Expectations are provided in Appendix IV.

Information on Brock quality assurance processes and corresponding templates are available at: <https://brocku.ca/vp-academic/quality-assurance/>.

1.2 Scope and Application of IQAP Protocols

1.2.1 Protocol for New Program Approvals

The Protocol for New Program Approvals applies to all proposals for new graduate and undergraduate programs, including joint and inter-institutional programs, and is used to secure academic standards and assure their ongoing improvement. New program proposals are subject to the approval of the Provost, ARC, Senate, the Quality Council and the provincial government Ministry with responsibility for post-secondary education.

The process for approving a new Joint or Conjoint program (see Definitions section in Appendix II) will be through the Protocol for New Program Approvals. The process for approving a new Dual Credential program will depend on whether there is an existing Brock program. If it involves an existing Brock program, the proposal would go through the Protocol for Major Modifications. If it involves a new Brock program, the proposal would follow the Protocol for New Program Approvals. The Vice-Chair of ARC, in consultation with the Provost, will determine the pathway to approval.

1.2.2 Protocol for Expedited Approvals

Proposals for new for-credit graduate diplomas (Type 2 and 3) are to be submitted for approval through the Protocol for Expedited Approvals. External review is not necessary for expedited approvals, and the appraisal and approval processes are significantly reduced in comparison to the Protocol for New Program Approvals. It should be noted that a proposal for a for-credit graduate diploma (Type 1) or a new field in a graduate program may be submitted through the Protocol for Major Modifications. Definitions of the three types of graduate diplomas can be found in Appendix II.

The Protocol for Expedited Approvals applies to new stand-alone graduate degree programs arising from a long-standing field in a master's or doctoral program that has undergone at least two Cyclical Program Reviews and has at least two graduating cohorts.

The Protocol for Expedited Approvals may optionally apply if the Vice-Chair of ARC, in consultation with the Provost, decides to request the Quality Council's explicit approval of a new field in a graduate program, a new combined program or any other

proposed major modification to an existing program. If a graduate program wishes to advertise that a field has been approved by the Quality Council, it must be submitted for an Expedited Review.

1.2.3 Protocol for Major Modifications (Program Renewal and Significant Change)

The fundamental purpose for the Protocol for Major Modifications (Program Renewal and Significant Change) is the identification of major modifications to existing programs, and their approval through a robust quality assurance process. This process does not require but may include Quality Council approval. The University provides a report annually to the Quality Council on all Major Modifications approved by the institution during the preceding year.

The determination of the degree of modification that is being proposed can, at times, be difficult to determine. The institutional arbiter in deciding what constitutes a major vs minor modification will be the Provost, in consultation with ARC. Minor modifications will be re-directed to the appropriate Senate Committee (SGSC and UPC) responsible for graduate and undergraduate calendars and policies.

Submissions for substantial major modifications, which taken together amount to a brand new program, will be re-directed to follow the Protocol for New Program Approvals. The Vice-Chair of ARC, in consultation with the Provost, will determine the pathway forward. If necessary, the Provost will consult with the Quality Council Secretariat and request their assessment of the protocol which should be applied. Proponents who are uncertain about a proposed major modification should consult with the Vice-Chair of ARC early in the development stage for clarification on the approval protocol required.

Program discontinuations are considered to be major modifications by the Quality Council and would fall under the Protocol for Major Modifications. Requests for Program Discontinuation are posted for public comment for 21 days as part of their approval process.

1.2.4 Protocol for Cyclical Program Reviews

The Protocol for Cyclical Program Reviews is used to secure the academic standards of existing undergraduate and graduate degree programs and for-credit graduate diploma programs. Undergraduate and graduate program reviews may be conducted concurrently as “integrated” reviews. The key outcome from a Cyclical Program Review is the Final Assessment Report which contains an associated Implementation Plan. The protocol also functions to assure the ongoing improvement of existing programs through the requirement for Annual Implementation Reports for four years following the review.

1.2.5 Protocol for Quality Council Audit

The Audit Protocol is conducted through a panel of Quality Council auditors, collectively known as “the Audit Committee”. Each cycle of audits spans an eight-year period and all member universities are audited at least once within each cycle. The first cycle of audits (2012- 13 to 2019-20) examined each university’s compliance with its own IQAP, as ratified by the Quality Council. The Quality Council has the authority to approve or not approve the recommendations and reports of the Audit Committee.

2. Protocol for New Program Approvals

2.1 New Program Review Objectives

Brock is committed to delivering high quality programs at all levels - undergraduate and graduate - and therefore, it has committed to a process to ensure their quality and continuous improvement, from inception. The degree of rigour established throughout the Protocol for New Program Approvals plays an essential role in ensuring that new programs are developed using internationally accepted practices and that the academic quality of new programs is sustained.

The Protocol for New Program Approvals is designed to ensure that in developing new programs, the University ensures that the educational experiences offered to students are engaging and rigorous, and that the approved programs through which those experiences are provided are routinely monitored and, if necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experience of Brock students is fundamental to quality assurance and, thus, an important objective of this Protocol is to require sufficient monitoring plans for new programs to ensure continuous improvement.

2.2 Definition of a New Program

Any degree credential (e.g., BMus, Bachelor of Integrated Studies) or degree program (within an existing degree credential), currently approved by Senate or equivalent governing body, which has not been previously approved for that institution by the Quality Council, its predecessors, or any intra-institutional approval processes that previously applied. A change of name, only, does not constitute a new program; nor does the inclusion of a new program of specialization where another with the same designation already exists (e.g., a new honours program where a major with the same designation already exists). To clarify, for the purposes of this IQAP, a ‘new program’ is brand-new: that is to say, the program has substantially different program objectives, program requirements and program-level learning outcomes from those of any existing approved programs offered by the institution.

2.3 Scope of Protocol for New Program Approvals

The Protocol for New Program Approvals applies to both new undergraduate and new graduate programs, whether offered by one institution or jointly with another institution.

In developing a new inter-institutional program, the IQAPs of all the participating universities granting the degree should be followed. For joint and collaborative programs in which some partners are institutions outside of Ontario, the elements of the programs contributed by the out-of-province partner will be subject to the quality assurance processes in their respective jurisdictions.

2.4 New Program Oversight and Reporting

When preparing a new Program Proposal, proponents are responsible for the development of program objectives and curriculum design, the creation and clear articulation of program-level learning outcomes and the design of their assessment, and generally for the assembly of human, instructional and physical resources needed to achieve those program-level learning outcomes. Independent expert review is foundational to this process.

The institutional appraisal of new programs is carried out under the general supervision of the Provost and the relevant Dean(s). The final decision to begin admitting students to a new program which has passed all levels of approval lies with the Provost.

The proposal submitted for new program approval is confidential to the proponents/academic unit, Provost, Dean(s) and ARC/Senate.

The Provost communicates the results of the institutional assessment process to the Quality Council upon Senate's approval of the new program. New program proposals approved by the Quality Council are then forwarded to the provincial Ministry by the Provost and reported to the Board of Trustees at the end of each academic year.

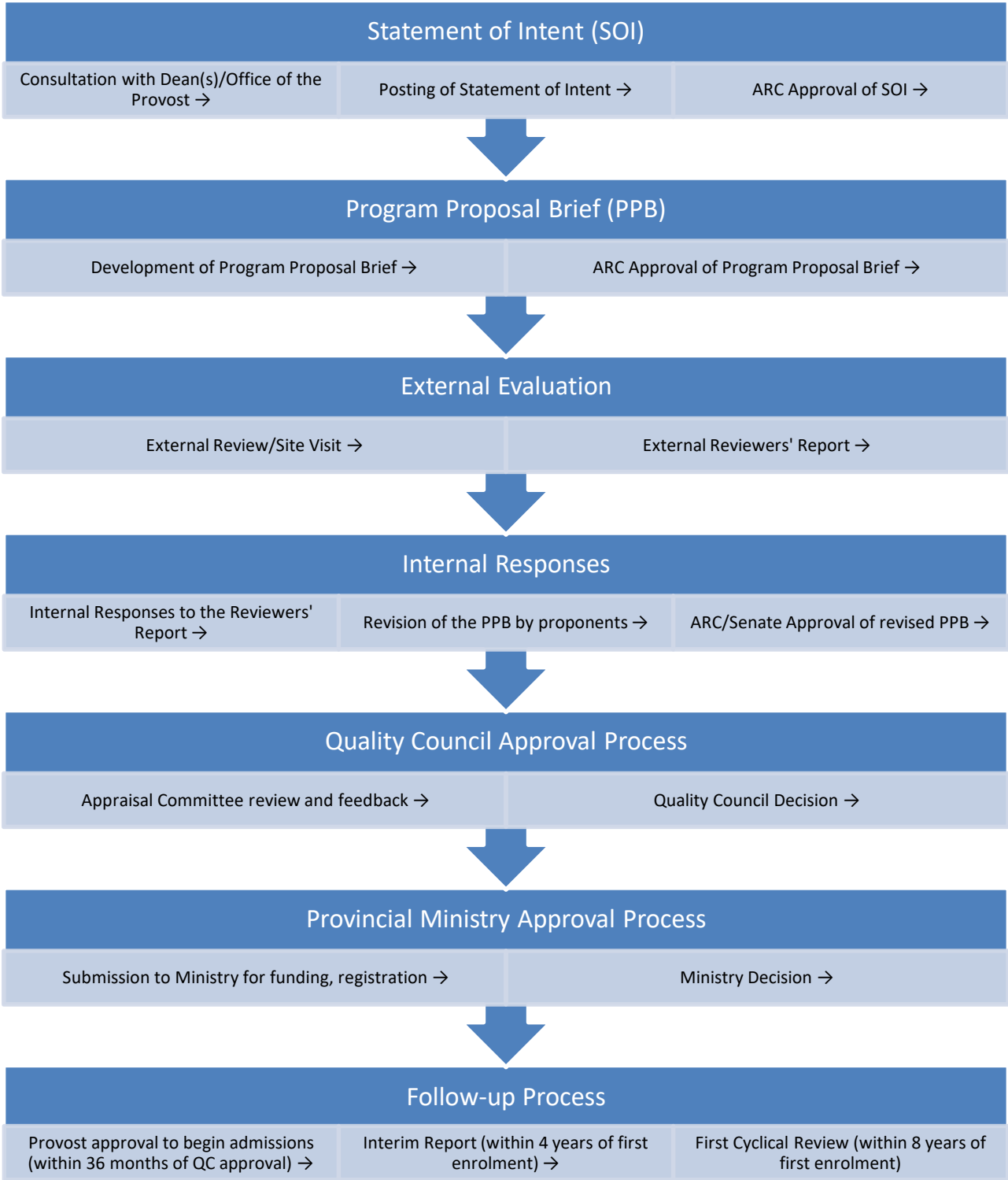
2.5 New Program Approval Process Overview

The approval process for a new program involves the following broad steps:

- a) Program proponents consult with the Dean(s) regarding proposed program;
- b) Decanal consultation with the Office of the Provost, including Provost's sign-off of any required documentation regarding resources;
- c) Submission of the Statement of Intent (SOI) to the Vice-Chair of ARC;
- d) Posting of SOI for 21 days;
- e) Approval of the SOI by ARC;
- f) Submission of the Program Proposal Brief (PPB) by the proponents;
- g) Approval of the PPB by ARC, and permission to move forward to external review;

- h) External evaluation, including Reviewers' Report;
- i) Institutional/internal evaluation of the Reviewers' Report;
- j) Submission of revised PPB by the proponents;
- k) Approval of the PPB by ARC and Senate;
- l) Approval of the PPB by the Quality Council; and,
- m) Approval of the Program by the provincial Ministry.

Flow Chart 1: Protocol for New Program Approvals



2.6 Timeframe for New Program Approvals

The timeframe from submission of the Statement of Intent by the proponents to final Quality Council approval of the new program is generally 18-24 months. The approval process is designed to ensure that ARC and Quality Council decisions are provided as quickly as possible. Most of the 18-24 months is counted toward the development of the Program Proposal Brief by the proponents. The amount of time taken by the provincial Ministry to approve a new program is entirely outside of the control of Brock. Proponents considering the introduction of a new program may wish to consult with the Vice-Chair of ARC early in the development stage for clarification on expectations for the process timeframe and possible admission of the first cohort of students to the program.

Decisions by the Quality Council will normally be made within 45 days of receipt of the University's submission, provided that the submission is complete and in good order, and that no further information or external expert advice is required. Where additional information is required by the Appraisal Committee, a decision will be made within a further 30 days of receipt of a satisfactory response. The Quality Assurance Secretariat will convey the decision of the Quality Council to the University's designated contact (the Provost).

2.7 New Program Approval Process in Detail

Statement of Intent (SOI)

A Statement of Intent may be submitted to the Vice-Chair of ARC at any time by the proponents, after due consultation with the respective Dean(s) associated with the proposed program. A Template for the SOI is available on the University's Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/>).

On receipt of a SOI for a New Program, the Vice-Chair of ARC will review and verify that the document is properly prepared. The SOI will be posted for a 21-day consultation phase to the University community. Normally, within four weeks of the close of the consultation phase, the SOI will be added to an ARC agenda. The program proponents and respective Dean(s) will be invited to attend the meeting to present the SOI and address comments received as a result of the consultation phase.

On the basis of its evaluation of the SOI, ARC will make a motion to:

- a) request that proponents revise and resubmit the SOI; or
- b) approve the SOI and direct the proponents to move to the next stage of the process which is to develop a Program Proposal Brief; or
- c) reject the SOI.

If the SOI is rejected by ARC, the proponents must wait 24 months before re-submitting the SOI. The new SOI must address any concerns raised by the Committee in their rejection of the previous submission.

After approval of the SOI, a Program Proposal Brief must be submitted to the Vice-Chair of ARC within 24 months or the SOI will expire.

Program Proposal Brief (PPB)

A Program Proposal Brief may be submitted to the Vice-Chair of ARC within 24 months of the approval of an SOI, and after due consultation with the respective Dean(s) associated with the proposed program. A Template for the PPB is available on the University's Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/>). The PPB will be treated as confidential to the academic unit, relevant Dean(s), ARC, the Office of the Provost, AVPA and others as appropriate.

Proponents will be directed and encouraged to contact the Centre for Pedagogical Innovation to seek assistance for the completion of the required curriculum map.

On receipt of the Program Proposal Brief, the Vice-Chair of ARC will review and verify that the document is properly prepared and ready to be included on an upcoming ARC agenda. The proponents and respective Dean(s) will be invited to attend the meeting to answer any questions from the Committee.

On the basis of its evaluation of the PPB, ARC will make a motion to:

- a) request that proponents revise and resubmit the PPB; or
- b) approve the PPB and move to the next stage of the process which is to conduct an external review of the proposed program; or
- c) reject the PPB.

The Office of the AVPA will organize all of the logistics associated with the external review of the proposed program. The Reviewers' Report is due four weeks after the review, and the Vice-Chair of ARC will distribute the Report and request internal responses from the proponents, Dean(s) and respective Senate Committees (UPC or SGSC).

The Program Proposal Brief must be revised in response to the external reviewers' recommendations and/or the internal responses to the Reviewers' Report. A Summary of Changes must be prepared, providing a list of any key changes made to the proposal with page references for the location in the proposal where each of these changes can be found.

Once it has been revised, the PPB and Summary of Changes may be submitted to the Vice-Chair of ARC, who will review and verify that the documents are properly prepared. The PPB may then be added to an upcoming ARC agenda and the proponents and respective Dean(s) will be invited to attend the meeting to answer any questions from the Committee.

On the basis of its evaluation of the PPB, ARC will make a motion to:

- a) request that proponents revise and resubmit the PPB; or

- b) approve the PPB and move to the next stage of the process which is to submit the PPB to Senate; or,
- c) reject the PPB.

Upon approval by the Committee, the Vice-Chair of ARC will submit the PPB to Senate. If approved by Senate, the proponents may announce the intention to offer the program, provided that clear indication is given that approval by the Quality Council is still pending. When such announcements are made at this stage, they must contain the following statement: “Prospective students are advised that the program is still subject to formal approval.”

Upon approval by Senate the Provost communicates the results of the internal assessment process to the Quality Council. The Council has the final authority to approve (with or without conditions) or decline new Program Proposals. Upon Quality Council approval, the program may begin to advertise the program (e.g., for recruitment purposes) with the caveat “pending approval from the Ministry.” A program must commence within 36 months of Quality Council approval, otherwise the approval will lapse.

Following Quality Council approval, the Provost submits the Program Proposal to the provincial Ministry. The Ministry must approve the program for funding before the University can begin to admit students, unless the Provost approves the program to move forward without funding. Even if the program is non-funded, it must be registered by the Ministry for other purposes such as OSAP eligibility. If a program is expected to be a cost-recovery, non-funded, non-OSAP program it would not need Ministry approval.

Upon approval by the Ministry, the Provost will approve the program to commence. At this time the Proponents should submit the calendar entry for the new program to UPC or SGSC for approval.

The Provost will report annually to the Board of Trustees on all new programs approved by Senate and the Quality Council and forwarded to the Ministry during the preceding year. The Provost will ask for a motion that the Board concur with the establishment of the new program(s) and certify that the program(s) can be financed by institutional resources.

Four years after admitting its first students, ARC will require a progress report on the launch and implementation of the program, and whether it is meeting its objectives, requirements and outcomes as stipulated in the final PPB.

The first cyclical review for any new program will occur no later than eight years after the date of the program’s initial enrolment in accordance with the University’s academic review schedule.

2.8 New Program Evaluation Criteria

2.8.1 Statement of Intent Criteria

The Statement of Intent will include the following criteria:

- a) A description of the program, clearly stating the purpose, structure and pedagogical rationale, including an explanation for the degree nomenclature;
- b) An explanation as to how the program fits with the University's strategic plans;
- c) Details of the existing and new resources, especially space needs, required to mount the program;
- d) Evidence of consultation with all academic units affected;
- e) Evidence of consultation regarding space needs for the proposed program;
- f) Evidence of student demand including projected enrollments;
- g) Evidence of societal need;
- h) Evidence that any duplicative similarities to existing programs, internally, provincially or nationally are justifiable for reasons of public funding;
- i) Letter of support from the relevant Dean(s) certifying that the new program is an appropriate and desirable addition to the academic programs of the University, verifying prior consultation with the Office of the Provost and including the Provost's sign-off of any required documentation regarding resources; and,
- j) Evidence of the extent to which any participating departments/centres are prepared to contribute.

2.8.2 Program Evaluation Criteria

Any proposed new graduate or undergraduate program will be evaluated against the following criteria:

2.8.2.1 Program Objectives

- a) Clarity of the program's objectives;
- b) Appropriateness of degree nomenclature given the program's objectives; and,
- c) Consistency of the program's objectives with the institution's mission and academic plans.

2.8.2.2 Program Requirements

- a) Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes;
- b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations;
- c) Appropriateness of the proposed mode(s) of delivery to facilitate students' successful completion of the program-level learning outcomes; and,
- d) Ways in which the curriculum addresses the current state of the discipline or area of study.

2.8.2.3 Program Requirements for Graduate Programs only

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;
- b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses; and,
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

2.8.2.4 Assessment of Teaching and Learning

- a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and,
- b) Appropriateness of the plans to monitor and assess:
 - i. The overall quality of the program;
 - ii. Whether the program is achieving in practice its proposed objectives;
 - iii. Whether its students are achieving the program-level learning outcomes; and,
 - iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

2.8.2.5 Admission Requirements

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and,
- b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

2.8.2.6 Resources

A Decanal letter of support is required for the PPB which must verify consultation with the Office of the Provost and include the Provost's sign-off of any required documentation regarding resources. The allocation of human, physical and financial resources is subject to institutional budget/resource approval processes. The Provost retains autonomy to determine priorities for funding, space and faculty allocation in ensuring the quality of academic programs.

Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;

- c) If required, provision and supervision of experiential learning opportunities;
- d) Adequacy of the academic unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the University;
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and,
- f) If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

2.8.2.7 Resources for Graduate Programs only

Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation, and foster an appropriate intellectual climate;
- b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and,
- c) Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

2.8.2.8 Quality and Other Indicators

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring);
- b) Identification of any unique curriculum or program innovations, creative components or significant high impact practices; and,
- c) Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

The following criteria are required when submitting a new program for approval to the provincial Ministry and must be included in the PPB.

2.8.2.9 Student Demand

Evidence that there is a demand for the new degree/program on the part of potential students. This will include projected enrolment levels (and the bases for those projections), application statistics, projected origins of student demand (e.g., domestic or international), and the duration of the projected demand.

2.8.2.10 Societal Need

Evidence that there is a need for graduates of the proposed program on the part of society. This may include the availability of positions upon graduation (e.g., by letters from potential employers or governmental agencies). In the case of professional

programs, their congruence with the regulatory requirements of the profession must be assessed.

2.8.2.11 Program Duplication

The Proponents must provide convincing evidence that any duplicative similarities to existing programs in Ontario/Canada are justifiable for reasons of public funding.

2.9 External Review of New Program Proposals

2.9.1 Requirement for Site Visit

External review of a new undergraduate Program Proposal will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives.

External review of a new doctoral Program Proposal must incorporate an on-site visit. The review of certain new master's programs (e.g., professional master's programs, fully online) may be conducted by desk review, virtual site visit or an equivalent method if both the Provost (or delegate) and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other proposed master's programs.

2.9.2 Constitution of Review Committee

For each review a Review Committee shall be established which shall consist of:

- two external reviewers for a new graduate or undergraduate program
- at least one reviewer from outside of Ontario for a new graduate program;
- one internal reviewer who is a Brock faculty member
- additional discretionary members may be assigned to the Review Committee where the Vice-Chair of ARC so decides. Such additional members might be appropriately qualified and experienced people selected from industry or the professions

2.9.3 Review Committee Qualifications

Review Committee members shall be at the rank of Associate, Full Professor, Professor Emeritus, or the equivalent.

The external members of the Committee shall have suitable disciplinary competence, experience with program delivery and management, expertise in teaching and learning and an appreciation of pedagogy and learning outcomes. If appropriate, connections to industry should be considered. When graduate programs are being

proposed, the reviewers must be actively involved in graduate studies in a supervisory capacity.

The internal reviewer shall be from outside the Faculty (discipline or interdisciplinary group) engaged in the program proposal and is not required to have knowledge of the discipline. Experience in program delivery and management is beneficial to the role.

Reviewers shall be at “arm’s length” from the participants in the proposed program. To avoid the appearance of a conflict of interest, the reviewers should not:

- be a close friend or relative of a participant in the proposed program
- have been a research supervisor of a participant in the proposed program, within the past six years
- have been a graduate student of a participant in the proposed program within the past six years
- have collaborated with a participant of the proposed program within the past six years or have plans to collaborate with them in the immediate future
- have been a visiting scholar/teacher in the unit in the past six years

Full disclosure of all past affiliations is required to assist in the selection and to ensure an “arm’s length” relationship.

2.9.4 Review Committee Selection

Upon submission of a PPB, the Proponents will provide the Vice-Chair of ARC with a list of six potential external reviewers and six potential internal reviewers to undertake the appraisal. For each external nominee, a brief commentary is required on their degree of expertise in content and program delivery, teaching and learning, and appropriate connections to industry (where applicable).

The relevant Dean(s) will be asked to rank the proposed list of reviewers. Following the decanal ranking, the Vice-Chair of ARC, in consultation with the Provost, will determine a final ranking. The Vice-Chair of ARC will contact reviewers in their final ranked order, taking into account the nature of the programs under review (e.g., reviewers inside/outside Ontario, multiple areas of specialty). The Vice-Chair of ARC will verify the arm’s length status of nominated reviewers and determine final eligibility.

Once confirmed, the membership of the Review Committee will be communicated by the Office of the AVPA to the proponents and the relevant Dean(s).

2.9.5 Review Committee Preparation

All materials related to the review will be provided to the Review Committee by the Office of the AVPA, approximately four weeks before the start of the review. These materials will include the Program Proposal Brief, Reviewer Report Template, IQAP,

Degree Level Expectations and institutional strategic planning documents. All relevant faculty CVs will be provided to the external reviewers as part of the PPB.

The Office of the AVPA will host an orientation session for the internal reviewer in advance of the site visit. The orientation will provide information on the role and responsibilities of the internal reviewer during the review.

The AVPA will provide an orientation session for the full Review Committee at the beginning of the site visit (or equivalent), to which the relevant Dean(s) will be invited. The Committee will be presented with an overview of the review process, templates and instructions on their role and obligations as reviewers. The purpose of this orientation is to ensure that the reviewers:

- a) Understand their role and obligations;
- b) Identify and commend the programs notably strong and creative attributes;
- c) Describe the program's respective strengths as well as opportunities for improvement;
- d) Recommend specific steps to be taken to improve the program proposal;
- e) Determine whether the resources being proposed are adequate; and,
- f) Respect the confidentiality required for all aspects of the review process.

2.9.6 Site Visit (or Equivalent)

2.9.6.1 In-Person Site Visit

The Office of the AVPA, in consultation with the proponents and the relevant Dean(s), shall establish a time frame for the review.

The length of the site (or virtual) visit normally will be two to three days.

Upon submission of the PPB, the Proponents shall submit to the Office of the AVPA a list of names of those individuals to meet with the reviewers. The Office of the AVPA will manage the scheduling of meetings for the review.

Interviewees shall include:

- Chair/Director of the academic unit (or equivalent)
- all faculty to be associated with the proposed program (including cross-appointed and limited term faculty, if appropriate)
- administrative staff to be associated with the program
- If possible, a representative sample of students who might be associated with the program (with no faculty present)
- representatives of the Library
- faculty from cognate disciplines
- the Provost and Vice-Provost, Academic and AVPA

- the relevant Dean(s)
- others as deemed appropriate

If possible, the site visit will include a tour of the physical facilities. Some time will be allocated during the visit for the reviewers to discuss and begin preliminary preparation of their report.

2.9.6.2 Desk Audit

If the Provost (or delegate), has deemed a desk audit to be appropriate, the program review will be based upon an evaluation of documentation only and will not include a site visit.

The process for the selection, vetting and preparation of reviewers will largely follow the same protocol as described in Section 2.9. The Review Team will normally consist of one external reviewer.

The Office of the AVPA, in consultation with the academic unit and the relevant Dean(s), shall establish a time frame for the desk audit.

In the case of professional programs, the views of employers and professional associations will be made available to the external reviewer through virtual meetings or written submissions.

2.9.6.3 Virtual Site Visit (or Equivalent)

Existing and future guidance from the Quality Council shall be obtained regarding virtual or equivalent site visits.

If the Provost, in consultation with ARC has deemed a virtual site visit (or equivalent) to be appropriate, the program review will follow the protocol described in Section 2.9 above but will not include an in-person site visit.

Meetings may take place over a longer period of non-consecutive days to allow for the different format. All efforts will be made to mirror the in-person experience.

2.9.7 Reviewers' Report

A Template for the Reviewers' Report will be provided to the Review Committee approximately four weeks in advance of the site visit, along with the other requisite materials.

The Reviewers' Report will be written by the external reviewers. The internal reviewer is expected to participate actively during the site visit (or equivalent), but will have no responsibilities with respect to the actual writing of the Report. The internal reviewer may provide Brock context, insight and information if required for

the Report. As the internal is one of the signatories on the Report, they may provide final edits or suggestions prior to submission.

In accordance with the evaluation criteria outlined above, the Reviewers will be asked to:

- a) address the substance of the New Program Proposal;
- b) respond to the evaluation criteria set out in Section 2.8.2;
- c) comment on the adequacy of existing physical, human and financial resources; and,
- d) acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it.

The reviewers will be instructed to submit the Reviewers' Report to the Vice-Chair of ARC normally four weeks following the site visit.

The Vice-Chair of ARC will review and determine if the Reviewers' Report is adequate and ready for internal distribution. If clarification or revision is required the Vice-Chair will communicate the request to the Review Committee.

The Reviewers' Report will not be treated as a public document, however any and all recommendations shall be treated as public information. The final Reviewers' Report will be distributed by the Vice-Chair of ARC in confidentiality to:

- the proponents/proposing academic unit
- The relevant Senate Committees (UPC, SGSC)
- the relevant Dean(s)

2.10 Internal Response to Reviewers' Report

All internal responses to the Reviewers' Report will be treated as confidential to the proponents/academic unit, relevant Dean(s), ARC, the Office of the AVPA and others as appropriate.

2.10.1 Proponents/Academic Unit

The proponents/proposing academic unit will be asked to provide a response to each of the specific recommendations contained in the Reviewers' Report, and may also respond to the reviewers' comments and observations. The response shall be submitted to the Vice-Chair of ARC within four weeks following circulation of the Report.

It is essential that the proponents of the new program and the relevant Dean(s), or designate, each provide clearly separate responses to the Reviewers' Report and its recommendations. In the case of proposed programs which are not based within an

academic unit, the proponent will be the de facto director/administrator of the proposed program (e.g., the Associate Dean or Graduate Program Director).

2.10.2 Senate Committees (UPC, SGSC)

The relevant graduate (SGSC) and undergraduate (UPC) Senate Committees will be asked to provide a response to the Reviewers' Report. The response will normally be submitted to the Vice-Chair of ARC within four weeks following circulation of the Report.

In formulating their response to the Report, UPC and SGSC shall address the reviewers' comments, observations and recommendations for the proposed program, and how they align with respect to current policies, procedures and guidelines of the University which are within the mandates of their respective Committees (see FHB 2.9.6 and 2.9.9).

UPC and SGSC are not asked to comment on those aspects of the proposed new program which fall within the mandate of ARC, which is the Senate Committee accountable and responsible to Senate for the evaluation of the program against IQAP criteria (FHB 2.9.13). However, as Senate Committees both UPC and SGSC may provide perspective on broader implications that the reviewer comments and recommendations for the program might have on the institution as a whole.

2.10.3 Decanal Responses

The Vice-Chair of ARC will send copies of the Reviewers' Report, the proponent response and Senate Committee responses to the relevant Dean(s). The Dean(s) will be asked to address the Reviewers' Report, taking into consideration the other internal responses. The Decanal Response will normally be submitted to the Vice-Chair of ARC within two weeks following circulation of the Report.

In formulating their response to the Report, the Dean(s) shall address:

- a) each of the specific recommendations separately;
- b) the comments and observations of the reviewers;
- c) the proponent response to the Report and its recommendations;
- d) any changes in organization, policy or governance that would be necessary to meet the recommendations;
- e) any resources, financial and otherwise, that would be required in supporting the implementation of selected recommendations; and,
- f) a proposed timeline for the implementation of any of those recommendations.

2.11 Program Proposal Brief Revision

The proponents, in consultation with the relevant Dean(s), shall revise the Program Proposal Brief in response to the external reviewers' recommendations and/or the

internal responses to these recommendations, as appropriate. A Summary of Changes must be submitted to the Vice-Chair of ARC along with the revised PPB. The Summary will provide a list of any key changes made to the proposal, including page references for the location where each of these changes can be found.

Once revised, the PPB will be submitted to the Vice-Chair of ARC, who will review and verify that the document is ready for submission to ARC.

The revised PPB may then be added to an upcoming ARC agenda and the Chair/Director of the academic unit and respective Dean(s) will be invited to attend the meeting to answer any questions from the Committee. The Committee will receive all of the background review documentation in preparation for the meeting, including the revised PPB, Reviewers' Report, Internal Responses and Summary of Changes. ARC will discuss the revised PPB, with particular attention to the changes necessitated in responding to the reviewers' recommendations.

On the basis of its evaluation of the PPB, ARC will make a motion to:

- a) request that the PPB be revised and re-submitted to the Committee; or
- b) approve the PPB and move to the next stage of the process which is to submit the PPB to Senate; or,
- c) reject the PPB.

Upon approval by the Committee, the Vice-Chair of ARC will recommend to Senate that the program be approved. All background documents related to the review of the program will be made available to Senate, but will not be made accessible publicly. If approved by Senate the PPB will be submitted to the Quality Council.

2.12 External Approval of New Programs

2.12.1 Quality Council Approval

Please refer to sections 2.6-2.8 of the Quality Assurance Framework for further reference on the processes associated with Quality Council approval of new programs.

After completion of all preceding new program proposal requirements, the Vice-Chair of ARC will submit the Program Proposal Brief, Summary of Changes and any additional required reports and documents to the Quality Council. The Council does not require faculty CVs to be submitted, as the Reviewers' Report is expected to provide sufficient commentary on the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record, appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring) identified to deliver the program.

The submission to the Quality Council will include a brief commentary on the qualifications of the external reviewers selected to review the proposed program in regard to the following areas:

- a) sufficient expertise in content and program delivery;
- b) appropriate connections to industry (where appropriate); and,
- c) expertise in teaching and learning.

The Quality Council Appraisal Committee will review the PPB, and associated reports and documents. Based on this review, the Committee may seek further information from the University, in which case it will provide a rationale for the requested information. If no further information is required, the Appraisal Committee will make a recommendation to the Quality Council.

After considering the recommendation of the Appraisal Committee, the Quality Council will make one of the following decisions:

- a) Approved to commence;
- b) Approved to commence, with report;
- c) Deferred for up to one year during which time the University may address identified issues and report back;
- d) Not approved; or,
- e) Such other action as the Quality Council considers reasonable and appropriate in the circumstances.

The Quality Assurance Secretariat will convey the decision of the Quality Council to the University's designated contact (the Provost).

When the recommendation is one of b), c), or d) the University may, within 30 days, submit an appeal to the Quality Council. After consideration of the Appeal, the Quality Council will make one of the following decisions:

- a) Approved to commence;
- b) Approved to commence, with report;
- c) Deferred for up to one year, affording the university an opportunity to amend and re-submit its proposal; or;
- d) Not approved.

Decisions of the Quality Council are final and binding.

When a program is "Approved to commence, with report" the Quality Council will require a follow-up report within a certain number of years after commencement. Reports on new programs are only required when significant additional action, identified as part of the review, such as a large number of new hires and/or other new resources, are required to assure the quality of the program. The Vice-Chair of ARC will request a draft report from the Dean(s) and program proponents ahead of the submission deadline and will review and approve the report before submission to the Quality Council.

After considering the Report, the Appraisal Committee will make one of the following recommendations to the Quality Council:

- a) Approved to continue without condition;
- b) Approved to continue, but the Council requires additional follow-up and report within a specified period, prior to the initial cyclical review; or
- c) Required to suspend admissions for a minimum of two years. The Quality Council will then specify the conditions to be met in the interim in order for admissions to the program to resume.

Subject to approval by the Provost, the University may publicly announce its intention to offer a new undergraduate or graduate program in advance of receiving approval by the Quality Council. Such announcements must contain the following statement: “Prospective students are advised that the program is still subject to formal approval.”

Upon Quality Council approval, the program may begin to advertise the program (e.g., for recruitment purposes) with the caveat “pending approval from the provincial Ministry.”

A program must commence within 36 months of Quality Council approval, otherwise the approval will lapse.

2.12.2 Provincial Ministry Approval

Following Quality Council approval, the Provost submits the Program Proposal to the provincial Ministry. The Ministry must approve the program for funding before the University can begin to admit students, unless the Provost approves the program to move forward without funding. Even if the program is non-funded, it must be approved by the Ministry for other purposes such as OSAP eligibility.

Upon approval by the Ministry, the Provost will approve the program to commence. At this time the Proponents should submit the calendar entry for the new program to UPC or SGSC for approval.

2.13 New Program Monitoring

Four years after admitting its first students, ARC will require a progress report on the launch and implementation of the program. If a cyclical review occurs within the first four years, the program will provide available information on its progress for the Self Study, addressing the criteria for the Report as much as possible. A fully-completed Report will still be due at the four-year mark. If a cyclical review occurs after four years have passed, the Report will be included in the next Self Study.

The interim report will carefully evaluate the program’s success in realizing its objectives, requirements and outcomes, as originally proposed and approved in the

PPB. The report will include an assessment of student achievement of the program learning outcomes. Any changes to the program that have occurred since initial approval, including those in response to reports or notes from the Quality Council must be addressed. During the first scheduled cyclical review of the new program, the outcomes of the monitoring process and changes to the program must be taken into consideration.

Upon approval, ARC will provide the Four-Year Monitoring Reports for information to Senate, submit them to the Quality Council and post them on the University Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/>).

2.14 Selection for Audit by the Quality Council

New graduate and/or undergraduate programs that were approved within the period since the conduct of the previous Audit by the Quality Council are eligible for selection for the University's next Audit. It should be noted that the audit cannot reverse the approval of a program to commence.

3. Protocol for Expedited Approvals

3.1 Expedited Approval Objectives

The Protocol for Expedited Approvals is intended to secure Quality Council approval more efficiently for new program proposals that do not rise to the level of requiring external peer review. This Protocol ensures that the integrity of a degree or diploma awarded by the University is sustained, while enabling the evolution of programming in a timelier manner.

In addition, this Protocol allows for optional external oversight and individual Quality Council approval of a major modification. Generally, major modifications are submitted to the Quality Council via an omnibus report from the University at the end of each academic year.

3.2 Definition of Expedited Approval

The approval of submissions made through this Protocol is considered to be expedited because proposals are not required to go through the external review process. In terms of Quality Council approval, final authority rests with their Appraisal Committee instead of the Quality Council as a whole, and therefore the process and any consultations with the University are expected to be more brief.

3.3 Scope of Protocol for Expedited Approvals

New graduate diploma programs (Types 2 and 3) are subject to this Protocol. In the absence of an existing "parent" master's or doctoral degree program, best practice

would be to have the proposed graduate diploma externally reviewed through a desk review or equivalent method (see Section 2.9.6.2).

The Protocol applies to new stand-alone degree programs arising from a long-standing field in a master's or doctoral program that has undergone at least two cyclical program reviews and has at least two graduating cohorts.

A Request for Major Modification to a graduate program, which proposes the creation of more than one field, or for multiple fields over a series of years, may be required to go through the Protocol for Expedited Approvals. The Vice-Chair of ARC, in consultation with the Provost will decide the pathway to approval.

The Protocol may also optionally apply if the Provost, in consultation with ARC, decides to request the Quality Council's explicit approval of a major modification. This option might be helpful should the University wish to promote the fact that it has received the Quality Council's endorsement for the proposal, and/or the University wishes to utilize the external oversight this Protocol provides.

3.4 Expedited Approval Oversight and Reporting

The institutional appraisal of proposals for expedited approval is carried out under the general supervision of the Provost and the relevant Dean(s).

The proposal submitted for expedited approval is confidential to the proponents/academic unit, Provost, Dean(s) and ARC/Senate.

The Provost communicates the results of the institutional assessment process to the Quality Council upon Senate's approval. In addition, the Provost forwards information, as appropriate, to the provincial Ministry.

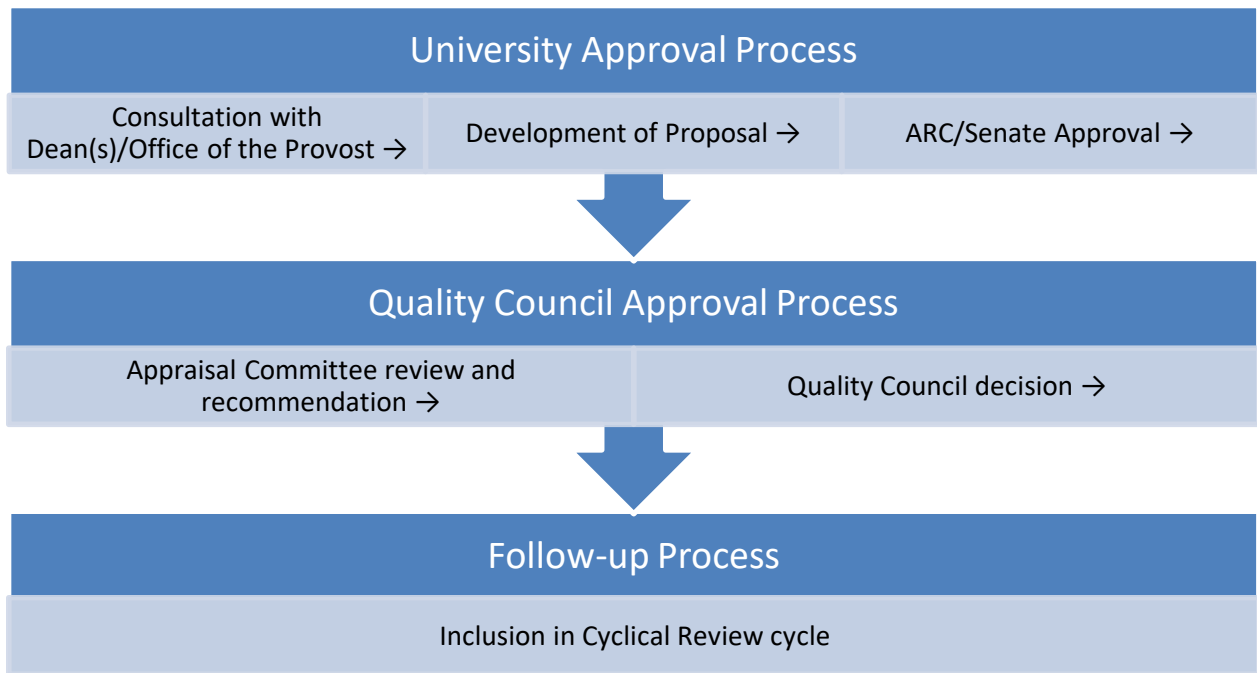
The Provost reports annually to the Board of Trustees on all new programs and program changes approved by Senate and submitted to the Ministry during the preceding year.

3.5 Expedited Approval Process Overview

The protocol for the conduct of expedited reviews involves the following broad steps:

- a) Proponents consult with the Dean(s) regarding proposal;
- b) Decanal consultation with the Office of the Provost, including the Provost's sign-off of any required documentation regarding resources;
- c) Consultation with the Vice-Chair of ARC;
- d) Submission of proposal for ARC approval;
- e) Approval of the proposal by ARC and Senate;
- f) Approval of the proposal by the Quality Council; and,
- g) Approval of the proposal by the provincial Ministry, as appropriate.

Flow Chart 2: Protocol for Expedited Approvals



3.6 Timeframe for Expedited Approvals

The approval process is designed to ensure that ARC and Quality Council decisions are provided quickly. While it is an essential that decisions are made carefully, the processes are expected to ensure that new graduate diploma programs, or smaller programmatic changes, can be launched to meet upcoming term application deadlines. More generally, the protocol is expected to support innovation by reducing the complexity of the approval process.

3.7 Expedited Approval Process in Detail

Proponents considering a submission for expedited approval should consult with the Vice-Chair of ARC early in the development stage for clarification on the applicable approval protocol and proposal template. The Vice-Chair of ARC, in consultation with the Provost, will determine the pathway to approval. If necessary, the Provost will consult with the Quality Council and request their assessment of the protocol which should be applied.

A Program Proposal Brief or Request for Major Modification submitted for expedited review may be submitted to the Vice-Chair of ARC at any time by the proponents, after due consultation with the respective Dean(s) associated with the proposal.

Templates are available on the Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/>).

On receipt of the proposal or request, the Vice-Chair of ARC will review and verify that the document is properly prepared and ready for submission to the Committee. The proposal may then be added to an upcoming ARC agenda and the proponents and respective Dean(s) will be invited to attend the meeting to answer any questions from the Committee.

On the basis of its evaluation of the proposal, ARC will make a motion to:

- a) request that proponents revise and resubmit the proposal; or
- b) approve the proposal and move to the next stage of the process which is to submit the proposal to Senate; or,
- c) reject the proposal.

Upon approval by the Committee, the Vice-Chair of ARC will submit the proposal to Senate.

Upon approval by Senate the Provost communicates the results of the internal assessment process to the Council. The Appraisal Committee of the Quality Council has the final authority to approve (with or without conditions) or decline the proposal.

As appropriate, the Provost will forward information to the provincial Ministry.

3.8 Expedited Review Evaluation Criteria

New Program Proposals and Requests for Major Modification submitted for expedited approval must address the criteria listed below.

A Decanal letter of support is required which must verify consultation with the Office of the Provost and include the Provost's sign-off of any required documentation regarding resources.

It should be noted that additional relevant criteria may be deemed applicable, based upon institutional strategies such as those for academic programming, student populations, or other special missions or mandates. The Provost, in consultation with ARC, will make this determination.

3.8.1 New Program Criteria for Expedited Review

A Program Proposal Brief for a new graduate diploma (Type 2 or 3) or graduate program arising from a long-standing field will address the applicable criteria for a new program from Section 2.8.2. The PPB will be largely identical to the proposal submitted for a new program that will be externally reviewed. The Vice-Chair of ARC, in consultation with the Provost, will determine the applicable criteria and pathway

to approval for individual proposals. Non-applicable criteria/sections may be left blank on the PPB template.

3.8.2 Major Modification Criteria for Expedited Review

A Request for Major Modification which is being submitted for expedited review will address the applicable criteria listed in 4.8.1. The Vice-Chair of ARC, in consultation with the Provost, will determine the applicable criteria and pathway to approval for individual requests.

3.9 Quality Council Approval

After reviewing a submission for expedited approval, conferring with the University, and receiving further information as needed, the Quality Council's Appraisal Committee will come to a decision. It is anticipated that any consultations with the University will be brief and result in one of the following decisions:

- a) Approved to commence;
- b) Approved to commence, with report; or,
- c) Not approved.

The "with report" condition implies no lack of quality in the program at this point. It does not hold up the implementation of the new program, and is not subject to public reference on the Quality Council's website. The requirement for a report is typically the result of a provision or facility not currently in place but considered essential for a successful program and planned for later implementation.

When the recommendation is one of b) or c), the University may, within 30 days, submit an appeal to the Quality Council. After consideration of the Appeal, the Quality Council will make one of the following decisions:

- a) Approved to commence;
- b) Approved to commence, with report;
- c) Deferred for up to one year, affording the university an opportunity to amend and re-submit its proposal; or;
- d) Not approved.

Decisions of the Quality Council are final and binding.

The Provost forwards information, as appropriate, to the provincial Ministry.

3.10 Selection for Quality Council Audit

Programs created or modified through the Protocol for Expedited Approvals are not normally selected for the University's cyclical audit by the Quality Council.

4. Protocol for Major Modifications (Program Renewal and Significant Change)

4.1 Major Modification Objectives

The fundamental objective of the Protocol for Major Modifications (Program Renewal and Significant Change) is the identification of major modifications to existing programs and their approval through a robust quality assurance process. This process does not require but may include Quality Council approval.

The necessity for the Protocol for Major Modifications is an indication that quality assurance is never static and should be considered an ongoing process of continuous improvement. Over time disciplines evolve, measures of quality change and innovations arise. To remain current, programs must be regularly evaluated against these developments and revised accordingly. In addition, programs must be routinely monitored and revised to ensure an engaging and rigorous academic experience for students.

Major modifications are made by programs in order to:

- Implement the outcomes of a cyclical program review
- Reflect the ongoing evolution of the discipline
- Accommodate new developments in a particular field
- Facilitate improvements in teaching and learning strategies
- Respond to the changing needs of students, society, and industry
- Respond to improvements in technology

4.2 Definition of Major Modification/Significant Change

For the purposes of the IQAP, significant change is defined as any modification that would have implications in relation to the criteria listed for the Self Study Program Evaluation (Section 5.8.2). Major modifications are at the program level and constitute a material change to the nature of the program.

The determination of the degree of modification that is being proposed can, at times, be difficult to determine. The institutional arbiter in deciding what constitutes a major vs minor modification or major modification vs new program proposal will be the Provost, in consultation with ARC. Minor modifications will be re-directed to the respective Senate Committees with responsibilities for graduate and undergraduate calendars (SGSC and UPC).

The Quality Council has the final authority to decide if a major modification constitutes a new program, and therefore must follow the Protocol for New Program Approvals.

4.3 Scope of Protocol for Major Modifications

The Protocol for Major Modifications applies to changes to program objectives, structure, requirements, learning outcomes, admissions, assessments, options, partners, name, delivery, faculty and resources. The deletion or merging of programs falls within this protocol.

A proposal to change the mode of delivery from in-person to on-line, for all or a significant portion of the program, must address the additional major modification criteria in Section 4.8.2.

A proposal for a new graduate diploma (Type 1) or the addition of a new field to an existing graduate program would be covered by this protocol. However, if a proposal is received for the creation of more than one field, or for multiple fields over a series of years, it may be required to go through the Protocol for Expedited Approvals as a program proposal brief.

If a major modification, or series of major modifications, are significant enough to amount to a proposal for an entirely new program, the proposal will be subject to the Protocol for New Program Approvals. The Provost, in consultation with ARC, will determine the pathway to approval.

The Protocol for Expedited Approval may optionally apply to a major modification if the Provost, in consultation with ARC, decides to request the Quality Council's explicit approval. A proponent may request that the Provost consider expedited approval of a major modification. This option might be helpful should the University wish to promote the fact that it has received the Quality Council's endorsement for the proposal, and/or the University wishes to utilize the external oversight this Protocol provides.

Proposed modifications to the courses within a program which do not affect the program-level learning outcomes would not be covered by this protocol. Proposals for new or changes to an existing Minor, Concentration, Emphasis, Micro-credential or Certificate, including laddering, stacking or similar options, would be considered a minor modification and are not required to follow this protocol. Any such proposal should be submitted to the appropriate Senate Committee (UPC or SGSC).

Major modifications include, but are not limited to:

- a) Discontinuation of a program;
- b) Merge two or more programs;
- c) Significant change in mode of delivery from in-person to online (See 4.8.2);
- d) Change to program objectives;
- e) Change to admission requirements;
- f) Change to program requirements that differ significantly from those existing at the time of the previous cyclical program review;

- g) Significant changes to the program-level learning outcomes that do not, however, meet the threshold of a new program;
- h) Significant changes related to the program's delivery, including faculty or other physical resources (e.g., different campus, online/hybrid delivery, part-time);
- i) Addition of a domestic or international partner to an existing program;
- j) New combined, joint, dual credential, conjoint program;
- k) Change in program name and/or degree nomenclature, that results in a change in learning outcomes;
- l) Change to methods of assessment;
- m) Addition, closure or significant change to a single new field of an existing graduate program. (Note that universities are not required to declare fields for either master's or doctoral programs);
- n) Addition or closure of a work-integrated learning option such as a co-op, practicum or internship; and,
- o) Addition or closure of a program option such as a "4-Year BA with Major", part-time study, MRP or Course-based option.

If it is determined that a proposal for major modification is required to go through the Protocol for New Program Approvals or Expedited Approvals please refer to the appropriate sections of this IQAP.

4.4. Major Modification Oversight and Reporting

The institutional appraisal of Requests for Major Modification is carried out under the general supervision of the Provost and the relevant Dean(s).

As the institutional arbiter, the Provost, in consultation with ARC, will decide the nature and level of the proposed modification. If necessary, the Provost will consult with the Quality Council and request their assessment regarding the appropriate protocol to be applied.

The major modification proposal submitted for approval is confidential to the proponents/academic unit, Provost, Dean(s) and ARC/Senate.

The Provost communicates the results of the institutional assessment process to the Quality Council upon Senate's approval. In addition, the Provost forwards information, as appropriate, to the provincial Ministry.

The University will submit an Annual Report to the Quality Council, containing a summary of all major modifications (including program discontinuations) approved by the institution during the academic year.

The Provost reports annually to the Board of Trustees on all program changes approved by Senate and submitted to the Ministry during the preceding year.

4.5 Major Modification Process Overview

It should be noted that program discontinuations are considered a major modification by the Quality Council.

4.5.1 Request for Major Modification

Generally, the process associated with the approval of a major modification includes the following broad steps:

- a) Consultation with the Dean(s);
- b) Decanal consultation with the Office of the Provost, including the Provost's sign-off of any required documentation regarding resources;
- c) Submission of a Request for Major Modification form to the Vice-Chair of ARC;
- d) Approval of the Request for Major Modification by ARC and Senate; and,
- e) Implementation of the major modification.

4.5.2 Request for Program Discontinuation

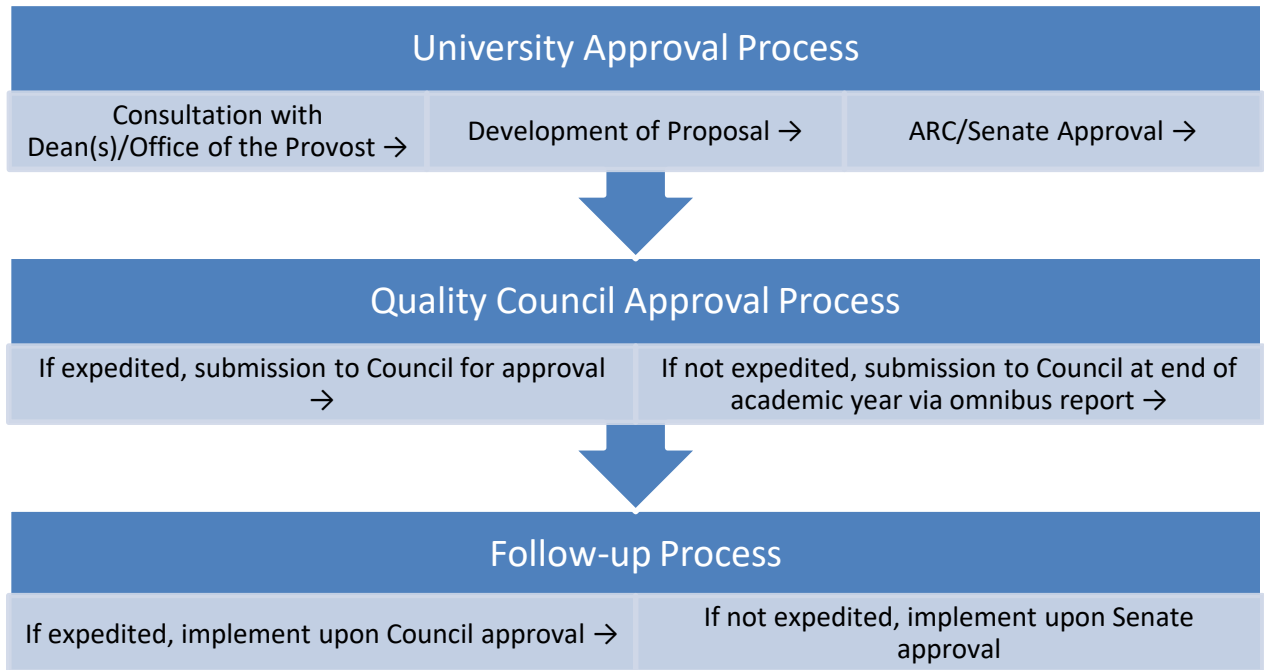
If a Program Discontinuation is being requested, the process includes posting for public consultation for 21 days:

- a) Consultation with the Dean(s);
- b) Submission of a Request for Program Discontinuation form to the Vice-Chair of ARC;
- c) Posting of the Request for Program Discontinuation for 21 days;
- d) Approval of the Request for Program Discontinuation by ARC and Senate; and,
- e) Implementation of the program discontinuation.

4.5.3 Request for Expedited Approval of a Major Modification (if applicable)

If optional Quality Council approval of a Request for Major Modification is requested, the proposal would go through the Expedited Review process (see Section 3.5). The proposal will include a description of, and rationale for, the proposed change.

Flow Chart 3: Protocol for Major Modifications



4.6 Timeframe for Major Modifications

The approval process is designed to ensure that decisions are provided quickly, supporting program change and renewal on a timely basis. Generally, a major modification may be implemented as stipulated upon approval by Senate. If expedited approval is requested, the implementation must await Quality Council approval.

4.7 Major Modification Process in Detail

Proponents considering the submission of a major modification should consult with the Vice-Chair of ARC, early in the development stage for clarification on the approval protocol and proposal template to be applied. If it is determined that the proposal should go through the Protocol for New Program Approvals or Expedited Approvals please refer to those sections in this IQAP. The Provost will determine the pathway to approval. If necessary, the Provost will consult with the Quality Council and request their assessment of the appropriate protocol to be applied.

The major modification may be submitted to the Vice-Chair of ARC at any time by the proponents, after due consultation with the respective Dean(s) associated with the proposal. Templates are available on the Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/>).

On receipt of the proposal, the Vice-Chair of ARC will review and verify that the document is properly prepared. If the proposal is for a program discontinuation, the Request for Program Discontinuation will be posted publicly for 21 days. Once the proposal is ready for the Committee, it may then be added to an upcoming ARC agenda. The proponents and respective Dean(s) will be invited to attend the meeting to answer any questions from the Committee.

On the basis of its evaluation of the proposal, ARC will make a motion to:

- a) request that proponents revise and resubmit the proposal; or
- b) approve the proposal and move to the next stage of the process which is to submit the proposal to Senate; or,
- c) reject the proposal.

Upon approval by the Committee, the Vice-Chair of ARC will submit the proposal to Senate. Upon approval by Senate the major modification may be implemented by the program. If it is submitted through the Protocol for Expedited Approvals, the major modification may be implemented upon approval by the Quality Council.

The Provost submits an Annual Report to the Quality Council that provides a summary of major program modifications and program discontinuations that were approved in the past year. The Quality Council reviews these reports to ensure compliance with the QAF and may request additional information or ask questions about major modifications included in the Report at this time.

4.8 Major Modification Evaluation Criteria

4.8.1 Request for Major Modification Criteria

A Request for Major Modification must include the following criteria:

- a) Name of the program which will be modified;
- b) Brief explanation of impetus that led to the program change decision;
- c) Detailed description of the proposed changes;
- d) Pedagogical rationale for the proposed changes;
- e) Evaluation of how the proposed modification is in alignment with the relevant program-level learning outcomes;
- f) Assessment of the impact of the proposed modification on the program's students;
- g) Show how input from current students and recent graduates of the program was considered as part of the development of the proposed major modification, including a statement on the way the proposed major modification will improve the student experience;
- h) Details of resource implications;
- i) Explanation of how the proposed changes will fit with University strategic plans;
- j) Evidence of consultation with affected academic unit(s); and,

- k) Letter of support from the appropriate Dean(s) certifying that the proposed major modification is appropriate and in line with the strategic direction of the Faculty, verifying Decanal consultation with the Office of the Provost, and including the Provost's sign-off of any required documentation regarding resources.

4.8.2 Major Modification of Program Mode of Delivery to/from Online

A proposal to change the mode of delivery (e.g., from in-person to on-line or vice versa), for all or a significant portion of the program, must address the following criteria (in addition to 4.8.1.):

- a) Maintenance of and/or changes to the program objectives and program-level learning objectives;
- b) Adequacy of the technological platform and tools;
- c) Sufficiency of support services and training for teaching staff;
- d) Sufficiency and type of support for students in the new learning environment; and,
- e) Access.

4.8.3 Request for Program Discontinuation Criteria

A proposal to discontinue a program must include the following criteria:

- a) Name of the program;
- b) Name of the academic unit;
- c) Date of submission;
- d) Rationale for the proposed discontinuation;
- e) Details of the resource implications;
- f) Termination Plan and timing for discontinuation;
- g) A phased closure plan and timeline for the program discontinuation, taking into account the requirements of those students currently enrolled in the program to allow them to meet requirements for graduation and how resources of the program (human, physical and fiscal) will be redistributed;
- h) Evidence and documentation of consultation with all affected academic units; and,
- l) Letter of support from the relevant Dean(s) certifying that the proposed discontinuation is appropriate and in line with the strategic direction of the Faculty.

4.8.4 Major Modification Criteria for Expedited Review

A Request for Major Modification which is being submitted for expedited review will address the applicable criteria listed in 4.8.1 and follow the Protocol for Expedited Approvals (Section 3). The Vice-Chair of ARC, in consultation with the Provost, will determine the applicable criteria and pathway to approval for individual requests.

4.9 Selection for Audit by the Quality Council

Major Modifications are not normally selected for the University's cyclical audit by the Quality Council.

5. Protocol for Cyclical Program Reviews

5.1 Cyclical Program Review Objectives

Cyclical program review is the quality assurance process which governs the assessment of existing academic programs, identifying areas for improvement and ensuring continuing relevance of the program to stakeholders. The process is designed to encourage continuous improvement throughout the eight-year cycle between formal external reviews.

The cyclical review process provides an opportunity for an academic unit to conduct an in-depth examination and critical analysis of the program(s) that it offers. The resulting Self Study is meant to be broad-based, reflective and forward-looking. The external review provides an expert assessment by peers in the discipline with experience in program management and delivery.

The key outcome of the cyclical review process is the Final Assessment Report (FAR) and associated Implementation Plan, as they form the basis for the monitoring of key performance indicators after the external review is completed. Primary responsibility to execute the Implementation Plan lies with the leadership of the program (at the program or departmental level) with clear timelines and communication requirements identified in the FAR.

For three years following Senate approval of the Final Assessment Report, the Dean is responsible for providing an Annual Report to ARC documenting progress made toward implementing reviewer recommendations. The objective of the annual reports is to ensure follow-up and sustained attention to the findings of the review.

On the fourth year following Senate approval of the Final Assessment Report a final "Four-Year Report" is required from the academic unit, which provides a synopsis of the review, a record of actions taken to implement reviewer recommendations and a reflection by the academic unit on the overall impact the review.

5.2 Definition of Program

For the purposes of the IQAP the following definition of Program will apply:

A complete set and sequence of courses, combinations of courses and/or other units of study, research and practice that fulfill the degree requirements.

5.3 Scope of Protocol for Cyclical Program Reviews

The University is responsible for ensuring that all academic programs are evaluated on a cycle not to exceed eight years. An eight-year schedule is posted on the Brock Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/cyclical-academic-reviews/>).

The cyclical review process is organized in such a way as to conduct a review all of the programs delivered by an academic unit at the same time where possible. If graduate and undergraduate programs reside in one academic unit, they will be considered part of an “integrated” review. The quality of each academic program and the learning environment of the students in each program must be explicitly addressed in the Self Study.

A cyclical review extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the University. It includes programs which are multi-disciplinary, interdisciplinary or at multiple sites. Programs offered through all modes of delivery, including face-to-face, hybrid or fully online methods are covered by the process.

In reviewing a joint program and other inter-institutional programs, the IQAPs of the participating Ontario universities granting the degree should be considered. For joint and collaborative programs in which some partners are institutions outside of Ontario, the elements of the programs contributed by the out-of-province partner will be subject to the quality assurance processes in their respective jurisdictions.

The first cyclical review of any new program shall be scheduled to take place no more than eight years after the date of the program’s first enrolment.

Programs which have been closed or for which admission has been suspended are out of scope for a Cyclical Program Review.

The protocol will not apply to minors, certificates (both for-credit and not-for-credit), concentrations and options as these do not require Quality Council approval.

Programs not based in an Academic Unit or Discipline

Some programs are Faculty-based and not homed in an academic unit, such as the BA in General Humanities or PhD in Interdisciplinary Humanities. These programs will generally follow the same process and standards applicable to those that are discipline-based and homed in an academic unit, with a few modifications.

When the review is first confirmed with the relevant Dean(s), the Vice-Chair of ARC will discuss a plan for the review.

Reviewers for a Faculty-based program may not be easily identified in terms of their discipline. Therefore, the composition of the review team for this type of program will consist of two external reviewers and one internal reviewer with knowledge of interdisciplinary programs.

Mapping the curriculum to the 'standard' used for a discipline-based program may not be feasible. However, the identification of program-level learning outcomes which are linked to degree level expectations is required. Program-level outcomes should reflect a range of possible pathways of study and how they might be adapted to the needs of the individual learner. An example of a representative pathway of study and associated course learning outcomes should be included in the Self Study, with an explanation of how the program learning outcomes are met.

Programs with External Accreditation

An accreditation review can usefully replace some of the requirements of a Cyclical Program Review. The substitution or addition of some documentation or specific processes associated with the accreditation of a program will be allowed. Adaptations may be made for certain components of the program review process, but only when these elements are fully consistent with the requirements established in the Quality Assurance Framework. The Provost (or delegate) will determine the applicable elements, generally based on a gap analysis of the evaluation criteria of the accreditation process and those of the IQAP.

The question of whether to combine, coordinate or completely segregate the reviews depends on a number of factors, including:

- a) Levels and complexity of programs offered (undergraduate, graduate, professional);
- b) Review cycle;
- c) Qualifications required for reviewers;
- d) Evaluation criteria; and,
- e) Issues currently faced by program and/or University.

One common characteristic of both accreditation and quality assurance cyclical program review is the development of a Self Study by the program undergoing review. However, combining a cyclical program review and accreditation review can be challenging given the different purposes and evaluation criteria that apply. Ultimately, while some stages of the review process may be substituted or augmented by an accreditation review, the evaluation criteria detailed in Section 5.8.2 must be addressed in the Self Study and by the external reviewers. A Final Assessment Report (including Executive Summary and Implementation Plan) and subsequent monitoring reports must be produced and approved for all programs.

Well in advance of the accreditation review, the Vice-Chair of ARC will be provided with a copy of the accreditation review template to compare with the Brock IQAP.

The Vice-Chair of ARC, in consultation with the Provost and the relevant Dean(s), will review the guidelines for the accreditation process. A determination will be made regarding the degree of alignment with the IQAP and any additional materials or processes which may be necessary to ensure compliance with the IQAP.

The outcome of the comparison and discussion may be that:

- a) The accreditation review will be accepted as meeting all the criteria for a cyclical program review. The final report of the accrediting body will be submitted to ARC and a FAR drafted for Senate's consideration; or,
- b) The accreditation review will be accepted as meeting most of the criteria for a cyclical program review. The program will be required to submit some supplementary information directly to ARC along with the final report of the accrediting body, to aid in drafting a FAR for Senate's consideration; or,
- c) The accreditation review will not sufficiently meet the requirements of the cyclical program review and the IQAP process will proceed as scheduled.

A Record of Substitution or Addition, and the grounds on which decisions were made, will be kept on record and is eligible for Quality Council Audit.

5.4 Cyclical Program Review Oversight and Reporting

The primary responsibility for the quality assurance of existing programs lies internally, within the University and its governing bodies. Upon examination, external accreditation may replace some internal quality assurance elements.

When preparing a Self Study, the academic unit is responsible for the review of program objectives and curriculum design, the clear articulation of program-level learning outcomes and their on-going assessment, and evaluation of the human, instructional and physical resources needed to achieve those program-level learning outcomes. Independent expert review is foundational to this process.

The cyclical review of existing programs is carried out under the general supervision of the Provost and the relevant Dean(s). The Provost initiates the scheduled review, identifying the specific program or programs that will be reviewed. In cases where there is more than one mode or site involved in delivering a specific program, the Provost will identify the distinct versions of the program that are to be reviewed. The Provost ensures that reviews are conducted in a timely manner.

The Self Study (including information made available to develop the Self Study) and the Reviewers' Report are confidential to the proponents/academic unit, Provost, Dean(s) and ARC/Senate.

The Provost communicates the results of the institutional assessment process (the Final Assessment Report) to the Quality Council upon Senate's approval.

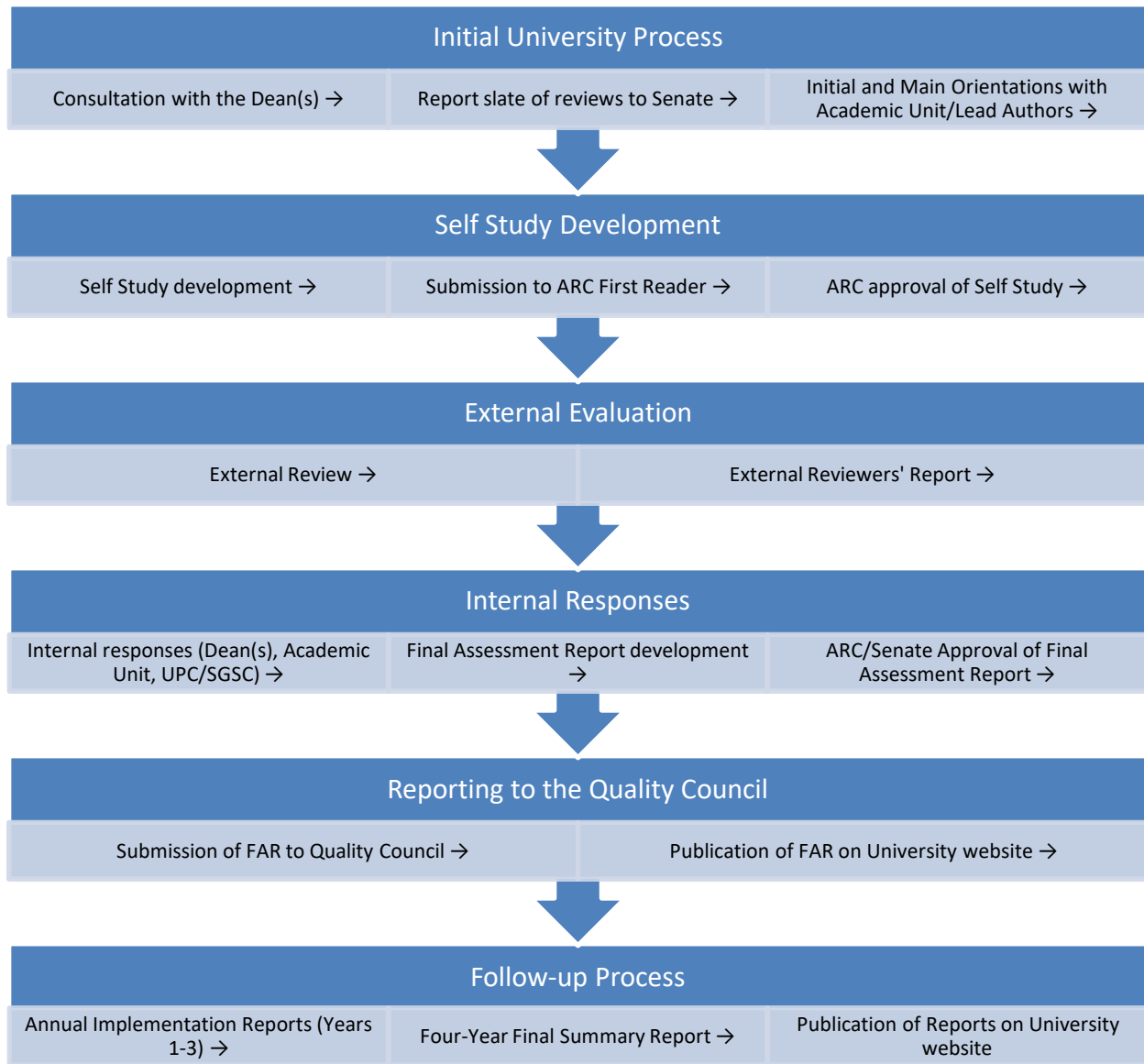
The Provost reports annually to the Board of Trustees on all cyclical reviews approved by Senate during the preceding year.

5.5 Cyclical Program Review Process Overview

The protocol for the conduct of cyclical program reviews involves the following broad steps:

- a) Provost confirms with the Dean(s) the next slate of programs coming up for review;
- b) Provost reports to Senate on the next slate of programs to undergo a cyclical review;
- c) Initial Orientation for the Chair/Director of the academic unit;
- d) Main Orientation on writing the Self-Study for the Lead Author/Coordinator;
- e) Submission of draft Self Study to an ARC first-reader, if requested;
- f) Submission of the Self Study and approval by ARC to go out for external review;
- g) External evaluation followed by Reviewers' Report;
- h) Institutional/internal evaluation of the Reviewers' Report;
- i) Development of the Final Assessment Report by ARC;
- j) Submission of Annual Implementation Reports by the Dean's Office for three years; and,
- k) Submission of a final Four-Year Report summarizing the review and results of changes made by the academic unit.

Flow Chart 4: Protocol for Cyclical Program Reviews



5.6 Timeframe for Cyclical Program Reviews

The Provost, in consultation with the Dean(s), shall determine an eight-year schedule for the review of all programs within the institution.

The Provost will identify the specific program or slate of programs that will be reviewed within each academic unit. In cases where there is more than one mode or site involved in delivering a specific program, the Provost will identify the distinct versions of each program that are to be reviewed.

The Provost, in consultation with the Dean(s), shall confirm by January 31st, two years in advance of the site visit, the programs to be reviewed and shall report this information to the February meeting of Senate.

5.7 Cyclical Program Review Process in Detail

The Office of the AVPA will hold an Initial Orientation in March/April for the Chair/Director of the academic unit undergoing external review in two years. If already determined, the lead author/coordinator and others who may be involved in the development of the Self Study will be invited to attend. The Orientation will provide an overview of the review process and discuss the development and distribution of student surveys by the Office of Institutional Planning, Analysis and Performance.

The Office of the AVPA will conduct a Main Orientation in October, one year in advance of the October 15 deadline for submission of the Self Study. Members of the academic unit who have been identified as responsible for the development of the Self Study will be invited. This session will include an in-depth look at the review process and discuss the requirements of the Self Study document. A Template for the Self Study is available on the Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/>).

Academic units will be directed and encouraged to contact the Centre for Pedagogical Innovation to seek assistance for the completion of the required curriculum map. Evidence of this consultation must be clearly indicated in the Self Study.

Institutional Planning, Analysis and Performance will provide the academic unit with student and alumni survey results. Following the November 1 headcount report, Institutional Planning will begin to provide each academic unit with enrolment and other data for inclusion and analysis in the academic unit's Self Study.

In May a member of ARC will be identified as an optional first reader of the Self Study to assist the academic unit as it works toward the October due-date. The first reader serves as a conduit to ARC and works with the lead author to ensure that the Self Study addresses all of the evaluation criteria contained in Section 5.8.2 of the IQAP.

The Self Study shall be submitted to the Vice-Chair of ARC on October 15 of the year of review, after due consultation with the respective Dean(s) associated with the academic unit. The Self Study, and information made available to develop the Self Study, will be treated as confidential to the academic unit, relevant Dean(s), ARC, the Office of the AVPA and others as appropriate.

On receipt of the Self Study, the Vice-Chair of ARC will review and verify that the document is properly prepared and ready for submission to the Committee. The Self Study may then be added to an upcoming ARC agenda and the Chair/Director, Lead

Author and respective Dean(s) will be invited to attend the meeting to answer any questions from the Committee.

On the basis of its evaluation of the Self-study, ARC will make a motion to:

- a) request that the academic unit revise and resubmit the Self-study; or
- b) approve the Self-study and move to the next stage of the process which is to conduct an external review; or,
- c) reject the Self-study.

The Office of the AVPA will organize all of the logistics associated with the external review of the program. The Reviewers' Report is due four weeks after the review, after which the Vice-Chair of ARC will distribute the Report and request internal responses from the proponents, Dean(s) and respective Senate Committees (UPC or SGSC).

The development of the FAR and Implementation Reports is detailed below in Section 5.11 and 5.12.

5.8 Self Study Development

5.8.1 Self Study Components

All programs designated to be within an academic unit (graduate and undergraduate) shall be included in a single omnibus Self Study.

The Self Study prepared by the Unit provides the foundational document by which the reviewers will undertake their evaluation of the academic quality of the programs offered. As such, the Self Study should be broad-based, reflective, forward-looking and will include a critical analysis of the academic programs offered by the academic unit. Under the leadership of a Lead Author a committee comprised of faculty, staff and students, in consultation with all faculty, staff and students associated with the program, prepares an effective Self Study that meets the above goal. The input of others deemed to be relevant and useful, such as graduates of the program, representatives of industry, the professions, practical training programs and employers must also be included.

The following elements are required and must be addressed in the Self Study:

- a) Description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered;
- b) Requirement for inclusion of the evaluation criteria and quality indicators identified in Section 5.8.2 for each discrete program being reviewed;
- c) Program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources;
- d) Description of how concerns and recommendations raised in previous reviews

have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program;

- e) For the first Cyclical Review of a new program, the steps taken to address any issues or items flagged in the monitoring report for follow-up, and/or items identified for follow-up by the Quality Council (for example, in the form of a note and/or report for the first Cyclical Program Review in the Quality Council's approval letter;
- f) Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;
- g) Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change; and,
- h) Assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review.

5.8.2 Program Evaluation Criteria

Programs within an academic unit which are included in the Self Study will be evaluated against the following criteria:

5.8.2.1 Program Objectives

- a) Consistency of the program's objectives with the institution's mission and academic plans.

5.8.2.2 Program Requirements

- a) Appropriateness of the program's structure and the requirements to meet its objectives and the program-level learning outcomes;
- b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's own undergraduate or graduate Degree Level Expectations;
- c) Appropriateness and effectiveness of the mode(s) of delivery to facilitate students' successful completion of the program-level learning outcomes; and,
- d) Ways in which the curriculum addresses the current state of the discipline or area of study.

5.8.2.3 Program Requirements for Graduate Programs only

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required;
- b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses; and,
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

5.8.2.4 Assessment of Teaching and Learning

- a) Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and,
- b) Appropriateness and effectiveness of the plans to monitor and assess:
 - i. The overall quality of the program;
 - ii. Whether the program continues to achieve its objectives;
 - iii. Whether its students are achieving the program-level learning outcomes; and,
 - iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

5.8.2.5 Admission Requirements

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and,
- b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

5.8.2.6 Resources

Given the program's class sizes and cohorts as well as its program-level learning outcomes,

- a) Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's utilization of existing human, physical and financial resources; and,
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including, but not limited to, library support, information technology support, and laboratory access.

The allocation of human, physical and financial resources is subject to institutional budget/resource approval processes. The University retains autonomy to determine priorities for funding, space and faculty allocation in ensuring the quality of academic programs.

5.8.2.7 Resources for Graduate Programs only

Given the program's class sizes and cohorts, as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation;
- b) Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students; and,
- c) Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

5.8.2.8 Quality and Other Indicators

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring);
- b) Evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs;
- c) Commentary on areas that faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change;
- d) Any other evidence that the program and faculty ensure the intellectual quality of the student experience; and,
- e) Regarding students, evidence of grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

5.9 External Review of Existing Programs

5.9.1 Requirement for Site Visit

External review of undergraduate programs will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives.

The external review of a doctoral program must incorporate an on-site visit. The review of certain master's programs (e.g., professional master's programs, fully online, etc.) may be conducted by desk review, virtual site visit or an equivalent method if both the Provost (or delegate) and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other master's programs.

5.9.2 Constitution of Review Committee

For each review a Review Committee shall be established which shall consist of:

- two external reviewers for the review of graduate and undergraduate programs
- at least one reviewer from outside of Ontario for a review including graduate programs (i.e., an “integrated” review)
- one internal reviewer who is a Brock faculty member
- additional discretionary members may be assigned to the Review Committee where the Vice-Chair of ARC so decides. Such additional members might be appropriately qualified and experienced people selected from industry or the professions

5.9.3 Review Committee Qualifications

Review Committee members shall be at the rank of Associate, Full Professor, Professor Emeritus or the equivalent.

The external members of the Committee shall have suitable disciplinary competence, experience with program delivery and management, expertise in teaching and learning and an appreciation of pedagogy and learning outcomes. If appropriate, connections to industry should be considered. When graduate programs are being reviewed, the reviewers must be actively involved in graduate studies in a supervisory capacity.

The internal reviewer shall be from outside the Faculty (discipline or interdisciplinary group) engaged in the program(s) and is not required to have knowledge of the discipline. Experience in program development and delivery is beneficial to the role.

Reviewers shall be at “arm’s length” from participants in the programs under review. To avoid the appearance of a conflict of interest, the reviewers should not:

- be a close friend or relative of a participant in the programs
- have been a research supervisor of a participant in the programs, within the past six years
- have been a graduate student of a participant in the programs within the past six years
- have collaborated with a participant of the programs within the past six years or have plans to collaborate with them in the immediate future
- have been a visiting scholar/teacher in the unit in the past six years

Full disclosure of all past affiliations is required to assist in the selection and to ensure an “arm’s length” relationship.

5.9.4 Review Committee Selection

By September 30, the academic unit (or equivalent) will provide the Vice-Chair of ARC with a list of six potential external reviewers and six potential internal reviewers to undertake the review. For each external nominee, a brief commentary is required on

the degree of their expertise in content and program delivery, expertise in teaching and learning, and appropriate connections to industry should be indicated (where applicable).

The relevant Dean(s) will be asked to rank the proposed list of reviewers. Following the decanal ranking, the Vice-Chair of ARC, in consultation with the Provost, will determine a final ranking. The Vice-Chair of ARC will contact reviewers in their final ranked order, taking into account the nature of the programs under review (e.g., reviewers outside/inside Ontario, multiple areas of specialty). The Vice-Chair of ARC will verify the arm's length status of nominated reviewers and determine final eligibility.

Once confirmed the membership of the Review Committee will be communicated to the academic unit and the relevant Dean(s).

5.9.5 Review Committee Preparation

All materials related to the review will be provided to the Review Committee by the Office of the AVPA, approximately four weeks before the start of the review. These materials will include the Self Study, Reviewer Report Templates, IQAP, Degree Level Expectations and institutional strategic planning documents. All relevant faculty CVs will be provided to the external reviewers as part of the Self Study.

The Office of the AVPA will host an orientation session for the internal reviewer in advance of the site visit. The orientation will provide information on the role and responsibilities of the internal reviewer during the review.

The AVPA will provide an orientation session for the full Review Committee at the beginning of the site visit (or equivalent), to which the relevant Dean(s) will be invited. The Committee will be presented with an overview of the review process, templates and instructions on their role and obligations as reviewers. The purpose of this orientation is to ensure that the reviewers:

- a) Understand their role and obligations;
- b) Identify and commend the programs notably strong and creative attributes;
- c) Describe the program's respective strengths, areas for improvement and opportunities for enhancement;
- d) Recommend specific steps to be taken to improve the program, distinguishing between those the program can itself take and those that require external action;
- e) Recognize the University's autonomy to determine priorities for funding, space and faculty allocation; and,
- f) Respect the confidentiality required for all aspects of the review process.

5.9.6 Site Visit (or Equivalent)

5.9.6.1 In-Person Site Visit

The Office of the AVPA, in consultation with the academic unit and the relevant Dean(s), shall establish a time frame for the site visit.

The length of the site visit normally will be two days. In some circumstances, an integrated review (including both graduate and undergraduate programs) may require more time.

By September 30, the academic unit shall submit to the Office of the AVPA a list of names of those individuals to meet with the reviewers. The Office of the AVPA will manage the scheduling of meetings for the review.

Interviewees shall include:

- Chair/Director of the academic unit (or equivalent)
- All faculty associated with the academic unit (including cross-appointed and limited term faculty, if appropriate)
- administrative staff associated with the academic unit
- a representative sample of students associated with the program (with no faculty present)
- representatives of the Library
- faculty from cognate disciplines
- the Provost and Vice-Provost, Academic and AVPA
- the relevant Dean(s)
- others as deemed appropriate

In the case of professional programs, the views of employers and professional associations will be made available to the Review Committee through in-person or virtual meetings or through written submissions.

If possible, the site visit will include a tour of the physical facilities. Some time will be allocated during the visit for the reviewers to discuss and begin preliminary preparation of their report.

5.9.6.2 Desk Audit

If the Provost, in consultation with ARC, has deemed a desk audit to be appropriate, the program review will be based upon an evaluation of documentation only and will not include a site visit.

The process for the selection, vetting and preparation of reviewers will largely follow the same protocol as described in Section 5.9. The Review Team will normally consist of one external reviewer.

The Office of the AVPA, in consultation with the academic unit and the relevant Dean(s), shall establish a time frame for the desk audit.

5.9.6.3 Virtual Site Visit (or Equivalent)

Existing and future guidance from the Quality Council shall be obtained regarding virtual or equivalent site visits.

If the Provost, in consultation with ARC has deemed a virtual site visit (or equivalent) to be appropriate (see 5.9.1), the review will follow the protocol described in Section 5.9 above but will not include an in-person site visit.

Meetings may take place over a longer period of non-consecutive days to allow for the different format. All efforts will be made to mirror the in-person experience.

5.9.7 Reviewers' Report

A Template for the Reviewers' Report and Confidential Addendum will be provided to the Review Committee approximately four weeks in advance of the site visit, along with the other requisite materials.

The Reviewers' Report will be written by the external reviewers and submitted as one joint document. The internal reviewer is expected to participate actively during the site visit (or equivalent), but have no responsibilities with respect to the actual writing of the Report. The internal reviewer may provide Brock context, insight and information if required for the Report. As the internal is one of the signatories on the Report, they may provide final edits or suggestions prior to submission.

In accordance with the evaluation criteria outlined above, the reviewers will be asked to:

- a) Address the substance of the self-study, with particular focus on responding to the evaluation criteria detailed therein;
- b) Identify and commend the program's notably strong and creative attributes;
- c) Describe the program's respective strengths, areas for improvement, and opportunities for enhancement;
- d) Provide evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs;
- e) Make at least three recommendations for specific steps to be taken that will lead to the continuous improvement of the program, distinguishing between those the program can itself take and those that require external action; and
- f) Identify the distinctive attributes of each discrete program documented in the self-study in those cases where a University chooses to simultaneously review more than one program/program level (for example, graduate and undergraduate), program modes, and/or programs offered at different locations;

- and,
- g) Provide an outcome category for each individual program from one of the following categories:

Excellent Quality	The program is of excellent quality with strong student demand and a national or international reputation for producing high quality graduates. Few changes are required. There will be a commitment to maintain the leadership role of the program and perhaps enhance program strength.
Good Quality	The program shows academic rigour and continuing student demand. The program is progressive and produces good quality graduates. With attention to minor weaknesses, it will maintain its place as a standard program of the University.
Good Quality With Concerns	The program shows continuing vitality. The review has identified weaknesses that must be addressed. There is confidence that implementation of the action plan will address the reviewers' concerns and move the program to Good Quality status. There will be a commitment to maintain program strength.
Non-Viable	The program has shown fundamental deficiencies and little academic vitality over an extended period. No realistic plan is available to improve the program to Good Quality. The program will be recommended for closure.

It is important to note that, while the external reviewers' report may include commentary on issues such as faculty complement and/or space requirements when related to the quality of the program under review, recommendations on these or any other elements that are within the purview of the University's internal budgetary decision-making processes must be tied directly to issues of program quality or sustainability.

The reviewers may submit recommendations and/or comments relating to personnel issues or other matters specifically involving individuals in an optional and separate Confidential Addendum to the Report.

The reviewers will be instructed to submit the Reviewers' Report and optional Confidential Addendum to the Vice-Chair of ARC within four weeks of the end of the site visit.

The Vice-Chair of ARC will review and determine if the main Reviewers' Report is adequate and ready for internal distribution. If clarification or revision is required the AVPA will communicate the request to the Review Committee. The Confidential Addendum will be communicated and/or distributed as determined by the Provost.

The Reviewers' Report will not be treated as a public document, however any and all recommendations shall be treated as public information. The final Reviewers' Report

will be distributed by the Vice-Chair of ARC in confidentiality to:

- the proponents/proposing academic unit
- The relevant Senate Committees (UPC, SGSC)
- the relevant Dean(s)

5.10 Internal Response to Reviewers' Report

All internal responses to the Reviewers' Report will be treated as confidential to the academic unit, relevant Dean(s), ARC, the Office of the AVPA, and others as appropriate.

5.10.1 Academic Unit (or equivalent)

The academic unit will be asked to provide a response to each of the specific recommendations contained in the Reviewers' Report, and may also respond to the Reviewers' comments and observations. The response shall be submitted to the Vice-Chair of ARC within four weeks following circulation of the Report.

It is essential that the academic unit and the relevant Dean(s), or designate, provide clearly separate responses to the External Reviewers' Report and its recommendations. In the case of programs which are not based within an academic unit, the proponent will be the de facto director/administrator of the proposed program (e.g., the Associate Dean or Graduate Program Director).

5.10.2 Senate Committees (UPC, SGSC)

The relevant graduate (SGSC) and undergraduate (UPC) Senate Committees will be asked to provide a response to the Reviewers' Report. The response will be submitted to the Vice-Chair of ARC within four weeks following circulation of the Report.

In formulating their response to the Report, UPC and SGSC shall address the reviewers' comments, observations and recommendations for the programs under review, and how they align with respect to current policies, procedures and guidelines of the University which are within the mandates of their respective Committees (see FHB 2.9.6 and 2.9.9).

UPC and SGSC are not asked to comment on those aspects of the program review which fall within the mandate of ARC, which is the Senate Committee accountable and responsible to Senate for the evaluation of programs against IQAP criteria (FHB 2.9.13). However, as Senate Committees both UPC and SGSC may provide perspective on broader implications that the reviewer comments and recommendations for the programs might have on the institution as a whole.

5.10.3 Decanal Responses

The Vice-Chair of ARC will send copies of the Reviewers' Report, academic unit response and Senate Committee responses to the relevant Dean(s). The Dean(s) will be asked to address the Reviewers' Report, taking into consideration the other internal responses. The Decanal Response will normally be submitted to the Vice-Chair of ARC within two weeks following receipt of the Report and associated internal responses.

In formulating their response to the Report, the Dean(s) shall address:

- a) each of the specific recommendations separately;
- b) the comments and observations of the reviewers;
- c) the academic unit's response to the Report and its recommendations;
- d) any changes in organization, policy or governance that would be necessary to meet the recommendations;
- e) any resources, financial and otherwise, that would be required in supporting the implementation of selected recommendations; and,
- f) a proposed timeline for the implementation of any of those recommendations.

5.11 Final Assessment Report (FAR)

5.11.1 FAR Objectives

The Final Assessment Report documents the institutional synthesis of the external evaluation with institutional strategies for the continuous improvement of existing programs. It records the findings of the reviewers, the institutional responses, and the plan moving forward. The FAR concentrates particular attention on the reviewer recommendations and how the program or academic unit will implement those recommendations. Progress made on implementing reviewer recommendations is monitored in the years following the site visit to ensure the continuing relevance of the review on program improvement.

ARC, in consultation with the academic unit and relevant Dean(s), will be responsible for developing the FAR. Representatives of the academic unit and relevant Dean(s) will attend ARC meetings when the FAR is discussed.

ARC will provide a disposition for each reviewer recommendation and decide whether it is accepted or not. For those recommendations which are accepted, the Committee will approve an associated Implementation Plan, which will determine priority, responsibility and a timeframe. ARC will provide oversight of progress made by the academic unit through Annual Implementation Reports for four years following Senate approval of the FAR. Primary responsibility for the implementation of changes will lie with the leadership of the program (either at the program or Department level).

5.11.2 FAR Criteria

After examining all materials submitted by the academic unit, the Dean(s), and the appropriate Senate Committee(s) (UPC and/or SCGS), ARC shall prepare a draft Final Assessment Report which will meet the following criteria:

- a. Provide a record of key dates and details of the review;
- b. Indicate the Reviewers' Outcome Category and briefly outline concerns if "Good Quality with Concerns" is selected;
- c. Provide an Executive Summary;
- d. Identify significant strengths of the program;
- e. Identify opportunities for further program improvement and enhancement with a view towards continuous improvement, including:
 1. A list all recommendations of the external reviewers and the associated separate internal responses and assessments from the unit and from the Dean(s);
 2. The ARC disposition for each reviewer recommendation, including the determination of whether or not it is considered to be accepted;
 3. An explanation for why any external reviewers' recommendations are not accepted and therefore not prioritized;
 4. Any additional recommendations that the academic unit, the Dean(s) and/or the University may have identified as requiring action as a result of the review.
- f. Include an Implementation Plan for each recommendation which will:
 1. Set out and prioritize those recommendations that are selected for implementation;
 2. Identify the group or individual responsible for providing resources needed to address recommendations from the external reviewers or action items identified by the University;
 3. Identify who will be responsible for acting on those recommendations; and,
 4. Provide specific timelines for acting on and monitoring the implementation of those recommendations.
- g. Provide a Summary of the Recommendations which lists their priority; and,
- h. May include recommendations submitted as confidential. The contents of the Confidential Addendum to the Reviewers' Report will be communicated and/or distributed as determined by the Provost.

5.11.3 FAR Development and Approval Process

The Office of the AVPA and Vice-Chair of ARC will draft the first version of the Final Assessment Report. The draft FAR may then be added to an upcoming ARC agenda and representatives of the academic unit and respective Dean(s) will be invited to attend the meeting to discuss the FAR and answer any questions from the Committee. The Committee will receive all of the background documentation associated with the review in preparation for the meeting, including the Self Study, Reviewers' Report and Internal Responses. ARC will discuss the draft FAR, paying particular attention to

the disposition and implementation plan for each of the recommendations provided by the reviewers.

Following revision based on the initial discussion at ARC, the FAR will be added once again to an upcoming ARC agenda and the proponents and respective Dean(s) will be invited to attend the meeting to answer any final questions from the Committee.

On the basis of its evaluation of the FAR, ARC will make a motion to:

- a) request that the FAR be revised and re-submitted to the Committee; or
- b) approve the FAR, with or without amendments; or,
- c) reject the FAR.

Upon approval by the Committee, the Vice-Chair of ARC will submit the FAR to Senate. All background documents associated with the review of the programs will be made available to Senate, but will not be made accessible publicly. If approved by Senate the FAR will be posted to the University Quality Assurance website (<https://brocku.ca/vp-academic/quality-assurance/>). The FAR will be distributed to the academic unit for their information and to act upon as appropriate.

For programs offered by an affiliated institution, the Executive Summary and Implementation Plan will be posted to the University website.

As they are approved by Senate, the Vice-Chair will submit copies of the Final Assessment Reports (which include associated Implementation Plans) to the Quality Council.

5.12 Monitoring the Results of the Review

The primary responsibility for the execution of the Implementation Plan associated with each recommendation lies internally, within the leadership of the program.

For three years following Senate approval of the FAR, each Dean shall provide to ARC an Annual Implementation Report from each academic unit in their Faculty which has undergone recent review. The Report will describe progress made on implementing the reviewers' recommendations for the programs in the academic unit.

Upon approval, ARC will provide the Annual Implementation Reports for information to Senate, and post them on the University Quality Assurance website.

Four years following Senate approval of the FAR, the academic unit will submit to ARC a final report summarizing the impact of the cyclical review on its programs. The Four-Year Report will serve as a record of the actions taken to implement the reviewers' recommendations, and will be included in the next Self Study to serve as the official record of the previous review.

Upon approval, ARC will provide the Four-Year Reports for information to Senate, and post them on the University Quality Assurance website.

5.13 Selection for Audit by the Quality Council

Cyclical program reviews that were undertaken within the period since the conduct of the previous Audit by the Quality Council are eligible for selection for the University's next Audit.

6. Protocol for Quality Council Audit

6.1 Audit Objectives

The objectives of the Quality Council Audit are to ensure transparency and accountability in the development and review of academic programs, and to assure students, citizens, and the government that international standards of quality assurance processes are being followed.

6.2 Scope of Protocol for Quality Council Audit

The Audit assesses the degree to which a university's quality assurance processes, as defined in the IQAP, align with and satisfy internationally agreed upon standards, as set out in the Quality Assurance Framework. It will review progress made toward improving and enhancing quality assurance policy, processes and practices since the previous Audit. It will evaluate institutional commitment to quality assurance and examine its approach to continuous improvement. Finally, it will assess the degree to which the institution has developed a culture that supports program-level learning outcomes and student-centered learning.

6.3 Audit Oversight and Reporting

An Audit Protocol was included in the QAF as a key element of quality assurance accountability for post-secondary education's principal stakeholders. Quality assurance is a function of and balance between internal and external processes and procedures. Internal quality assurance is undertaken by the Quality Council's member universities themselves and thereby reflects their autonomy as they continue to improve the quality of their programs. External quality assurance involves the processes and procedures defined by the Quality Assurance Framework, which serves as the comparative basis for the audit.

Institutional participation in the audit is carried out under the general supervision of the Provost. The Provost will inform and report to Senate and the Board of Trustees on the audit process.

The institutional Self Study, prepared for the Audit, will be considered confidential to the University and Quality Council.

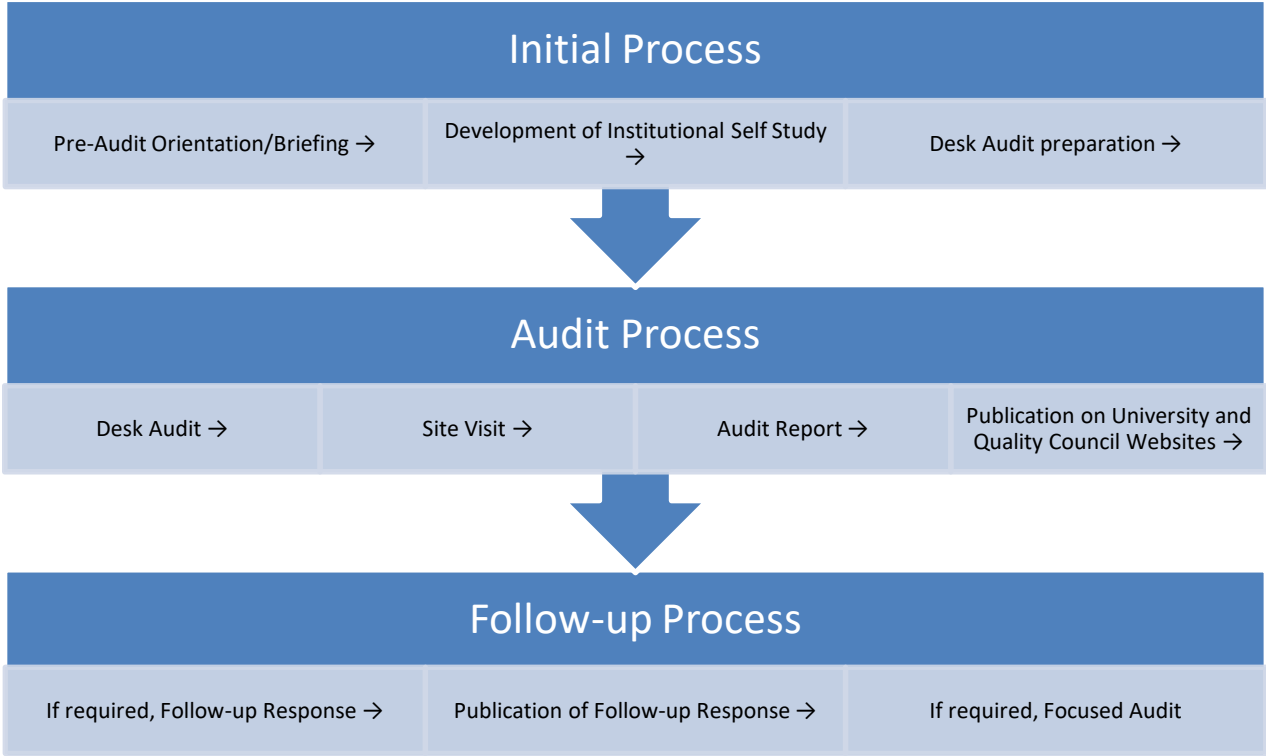
The Quality Council will report on all audit-related activity to OCAV, COU and provincial Ministry through the Quality Council’s Annual Report.

6.4 Audit Process Overview

The audit process involves the following broad steps:

- a) Pre-audit orientation/briefing;
- b) Institutional Self Study;
- c) Desk audit;
- d) Site visit;
- e) Audit Report and Summary;
- f) Responses by the University, as required;
- g) Auditors’ report on the University’s response(s), as required; and,
- h) Possible changes to Quality Council oversight going forward.

Flow Chart 5: Protocol for Quality Council Audit



6.5 Timeframe for Quality Council Audit

The Quality Council has established the schedule of institutional participation in the audit process within an eight-year cycle and publishes the agreed schedule on its website. The University may be asked to participate in follow-up activities (for example, Focused Audits) as described below in 6.11.

6.6 Audit Process in Detail

For each cyclical audit, an Audit Team is established, comprised of members of the Audit Committee plus the Quality Assurance Secretariat. The Audit Team reviews the University's Self Study, conducts a desk audit of documentation associated with the development and review of a selection of the University's programs, and conducts a site visit. The Audit Team will prepare a final Audit Report commenting on the institution's commitment to quality assurance and continuous improvement, which will include suggestions and recommendations for improvement.

The process begins with a half-day Orientation and briefing by the Audit Team approximately one year prior to a University's scheduled site visit. The Orientation will provide information on what to expect from the audit for relevant stakeholders at the University, such as key staff members, Dean(s) and Committees responsible for quality assurance.

The University will prepare a Self Study, which enables key stakeholders in quality assurance at the institution to reflect on current policies and practices. The document is expected to be a self-assessment of the extent to which the University can demonstrate a focus on continuous improvement in the development of new programs and the cyclical review of existing programs. The Self Study is a cornerstone for the independent review conducted by the Quality Council through its Audit Committee.

In preparation for a scheduled on-site visit, the auditors undertake 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, the audit tests whether the University's practice is in compliance with its IQAP, as ratified by the Quality Council. In addition, the audit will note any misalignment of its IQAP with the QAF. The auditors will provide an Addendum to the main Audit Report on the detailed findings related to the programs that were selected for desk audit, but the Addendum is not published by either the University or the Quality Council.

After the desk audit, auditors normally visit the University over two or three days. The principal purpose of the on-site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit will serve 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.

In the course of the site visit, the auditors speak with the University's senior academic leadership including those who the IQAP identifies as having important roles in the quality assurance process, including the Provost, Office of the AVPA, Dean(s) and ARC. The auditors also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. These include, but are not limited to: the Library, Centre for Pedagogical Innovation, Institutional Planning, Analysis and Performance, Co-op, Career and Experiential Education, Office of Research Services, and other technical support service representatives. The University, in consultation with the auditors, establishes the program and schedule for these interviews prior to the site visit.

At the time of a cyclical audit, the Quality Council or the University itself may refer specific matters for more in-depth consideration to the Audit Committee. This would normally occur where best practices have been observed or where areas needing improvement have been identified in the course of the approval of new programs or the review of Final Assessment Reports and Implementation Plans from the institution.

6.7 Development of the Self Study

The University will develop a Self Study, which will present and assess its quality assurance processes, including challenges and opportunities, within its own institutional context. The Self Study is prepared and submitted to the Quality Assurance Secretariat in advance of the desk audit and forms the foundation of the Cyclical Audit. The Self Study will pay particular attention to any issues flagged in the previous audit.

The Self Study will be developed in the Office of the AVPA, in consultation with the Provost, and will be submitted to ARC for review and approval. Upon approval by the Committee, the Vice-Chair of ARC will submit the proposal to Senate for information.

6.8 Audit Report

Following the conduct of the site visit, the auditors will prepare an Audit Report which will provide an assessment of the overall performance of the University in terms of quality assurance. The Report will be sent to the "authoritative contact" (Provost) of the University and will contain suggestions and recommendations based on its assessment. If follow-up reporting is required, the Provost will be provided with an indication of the timing. The Report will be made public on the Quality Council and Brock accountability websites.

The Audit Report may include findings in the form of:

- a) **Suggestions**, which identify opportunities for the University to strengthen its quality assurance practices. These are not mandatory obligations but are a means for conveying good and best practices. Universities are encouraged to respond to auditors' suggestions;
- b) **Recommendations**, which are the result of identified failures to comply with the IQAP, or misalignment between the IQAP and QAF. The University must address these recommendations in its response to the Report; and,
- c) **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practice. Causes for concern require the University to take steps specified in the Report and/or by the Quality Council to remedy the situation.

The Audit Report shall not contain any confidential information. A separate Addendum provides the University with detailed findings related to the programs that were selected for desk audit, but the Addendum is not published by either the University or the Quality Council.

6.9 Follow-up Response to Audit Report

Recommendations and causes for concern will generally require a follow-up response from the University within a timeframe specified by the Quality Council. The Follow-up Response Report will detail the steps the University has taken to address issues that were raised.

The Audit Team will review the University's Follow-up Response and draft a report on the sufficiency of the response for consideration by the Quality Council. Both the Follow-up Response and the Audit Team's report on the sufficiency of the response will be posted on the Quality Council website and Brock website.

If the Audit Team is not satisfied with the University's response, it 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. In so doing, the institution will be asked to make any necessary changes to the follow-up response within a specified timeframe.

Upon approval by the Quality Council, the Quality Assurance Secretariat will publish the Follow-up Response Report and Audit Team's report on the scope and adequacy of the University's response on the Quality Council website and will send a copy to the University for publication on its website.

6.10 Adjusted Oversight as a Result of the Audit

Based on the findings in the Audit Report, the Audit Committee will make recommendations about future oversight of the University by the Quality Council.

When the Audit Report finds relatively high to very high degrees of compliance with institutional quality assurance policies and good or best practices, the Audit Committee may recommend reduced oversight in one or more areas of the institution's quality assurance practices going forward.

Alternatively, when the Audit Report identifies deficiencies in several areas of an institution's quality assurance practices and/or systemic challenges, the Audit Committee may recommend increased oversight by the Quality Council. The nature of this oversight will be determined by the Quality Council and may include one or more of the following outcomes, which are less formal than the Cyclical Audit and, thus, will not replace it:

- a) Increased reporting requirements;
- b) A Focused Audit; and/or,
- c) Any other action deemed appropriate by the Quality Council.

6.11 Focused Audit

When an Audit Report has identified at least one cause for concern, it will describe the deficiencies related to the aspects of the University's quality assurance processes in question. The Audit Committee will then recommend to the Quality Council that the specific areas of concern may require closer scrutiny and further support through a Focused Audit.

The University is committed to working with the Quality Council if a Focused Audit is required. It is expected that the Quality Council will clearly define the parameters of the concerns and that the process will be collaborative and supportive.

A Focused Audit may take the form of a desk audit and/or an additional site visit. The Audit Committee will recommend to the Quality Council a proposed timeframe within which the Focused Audit should take place. A Focused Audit does not replace the Cyclical Audit.

Following the Focused Audit the auditors will prepare a Focused Audit Report which will include suggestions, recommendations and causes for concern. The report will be published on the Quality Council and University websites.

It must be noted that the Quality Council may request a Focused Audit whenever issues of concern are identified (i.e., outside of the Audit process). For instance, the Appraisal Committee may identify concerns during its normal review of University submissions for new programs, cyclical reviews or major modifications.

Appendix I - Quality Assurance Principles

Experience of the Student

Principle 1: The best interest of students is at the core of quality assurance activities. Quality assurance is ultimately about the centrality of the student experience in Ontario. It is about student achievement in programs that lead to a degree or diploma; about ensuring the value of the university degree in Ontario, and of ensuring that our highly qualified graduates continue to be strong and innovative contributors to the well-being of Ontario's economy and society.

Oversight by an Independent Body

Principle 2: While primary responsibility for quality assurance in all undergraduate and graduate programs offered by Ontario Universities rests with the institutions themselves, the universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance.

Principle 3: The Quality Council operates at arm's length from both the institutions and the government to ensure its independence of action and decision.

Principle 4: With this responsibility to grant and withhold approval comes the Quality Council's recourse to substantial sanctions and remediation for use when necessary and as a last resort.

Principle 5: The Quality Council will have due and iterative processes in consultations with institutions, and have robust appeal processes.

Principle 6: The Quality Council itself will undergo a regular periodic quality assessment review by a review committee that includes, equally, reviewers who are external to the system and to the province, and reviewers who are internal to the system and to the province. This review will take place at least every eight years.

Autonomy of Universities

Principle 7: The Quality Council acknowledges and respects the autonomy of the institutions and the role of senates and other internal bodies in ensuring the quality of academic programs as well as determining priorities for funding, space, and faculty allocation.

Principle 8: The institutions have vested in the Quality Council the final authority for decisions concerning ratification of Institutional Quality Assurance Processes (IQAP), approval of new Quality Assurance Framework programs and compliance with the Audit Protocols. As the primary agents for quality assurance, all institutions have designed and implemented their own IQAP that is consistent not just with their own mission statements and their university Degree Level Expectations, but also

demonstrably embodies the principles and procedures articulated in this Quality Assurance Framework.

Transparency

Principle 9: The Quality Council operates in accordance with publicly communicated principles, policies and procedures. Both the Quality Council's assessment process and the internal quality assurance process of individual institutions is open, transparent, and accountable, except as limited by constraints of laws and regulations for the protection of individuals.

Increased Responsibility for Quality Assurance

Principle 10: The Quality Council facilitates efficient institutional procedures, appreciating that processes for ensuring quality will be different from one institution to another, but requiring that all must comply with the broad processes identified in the Quality Assurance Framework.

Principle 11: The over-riding approach of the Quality Council is education, guidance, persuasion and negotiation. In this regard, the Council recognizes that institutional capacity for quality assurance differs between institutions and so resources of the system will be directed to those institutions that continue to face challenges.

Principle 12: The Quality Council recognizes past performance of institutions and adjusts oversight accordingly.

Continuous Monitoring and Quality Improvement

Principle 13: Quality is not static, and continuous program improvement should be a driver of quality assurance and be measurable. An important goal for quality assurance is to reach beyond merely demonstrating quality at a moment in time and to demonstrate ongoing and continuous quality improvement. The Quality Council is committed to sharing effective best practices in quality assurance to assist institutions in their quality improvement work.

Expert Independent Peer Review

Principle 14: Whether for new programs or cyclical review of existing programs, expert independent peer review is foundational to quality assurance.

Appropriate Standards

Principle 15: The Quality Council's standards are appropriate to the nature and level of degree programs, are flexible and respectful of institutions and international standards, and encourage innovation and creativity in degree programming. In

applying these standards, documentation should be significantly relevant to decision-making, and not be burdensome.

Appendix II - Definitions

Academic Services

Those services integral to a student's ability to achieve the program-level learning outcomes. Such services would typically include, but are not limited to, academic advising and counselling appropriate to the program; information technology, library and laboratory resources directed towards the program; and internship, co-operative education and practicum placement services, where these experiential components are a required part of a program. Excluded from academic services are items such as intramural and extramural activities, residence services, food services, health and wellness services, psychological services, and financial aid services and career services, except where any of these services are specifically identified to be an integral part of the academic program.

Adjusted Oversight

A guiding principle of the Quality Assurance Framework is that the "Quality Council recognizes past performance of institutions and adjusts oversight accordingly." Adjusted oversight refers to the practice of decreasing or increasing the degree of oversight by the Quality Council depending upon the university's compliance across the spectrum of its quality assurance practices. Oversight may also be increased in one area and decreased in another. Examples of adjusted oversight include: a reduction or increase in the number of programs selected for a Cyclical Audit, a Focused Audit, adjusted requirements for documentation, and adjusted reporting requirements. See Guidance for detailed examples.

Degree Level Expectations

Academic standards that identify the knowledge and skill outcome competencies and reflect progressive levels of intellectual and creative development, as established by OCAV. (The Degree Level Expectations are included in Appendix IV). Degree Level Expectations may be expressed in subject-specific or in generic terms. Graduates at specified degree levels (e.g., bachelors, masters, doctoral) are expected to demonstrate these competencies. Each university has undertaken to adapt and describe the degree level expectations that will apply within its own institution. Likewise, academic units will describe their university's expectations in terms appropriate to their academic programs.

Desk Review

A review of a New Program Proposal or Self Study conducted by external reviewers that is conducted independently of the university (*i.e.*, does not typically include interviews or in-person or virtual site visits). Such a review may, with the agreement of both the external reviewers and the Provost, replace the external reviewers' in-person or virtual site visit in the New Program Approval process and Cyclical Program Review process for certain undergraduate and master's program reviews.

Diploma Programs

The complete set and sequence of courses, combinations of courses and/or other units of study prescribed by a university for the fulfillment of the requirements for each particular for-credit or not-for-credit undergraduate and graduate diploma. Not-for-credit and for-credit undergraduate or post-graduate diploma programs are not subject to approval or audit by the Quality Council.

The Quality Council recognizes only three types or categories of Graduate Diploma (GDip), with specific appraisal conditions applying to each. In each case, when proposing a new graduate diploma, a university may request an Expedited Approval process. All such programs, once approved, will be subject to the normal cycle of program reviews, typically in conjunction with the related degree program.

Type 1: Awarded when a candidate admitted to a master's program leaves the program after completing a prescribed proportion of the requirements. Students are not admitted directly to these programs. When new, these programs require approval through the university's Protocol for Major Modification (Program Renewal and Significant Change) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

Type 2: Offered in conjunction with a master's or doctoral degree, the admission to which requires that the candidate be already admitted to the master's or doctoral program. This represents an additional, usually interdisciplinary, qualification. When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

Type 3: A stand-alone, direct-entry program, generally developed by a unit already offering a related master's or doctoral degree, and designed to meet the needs of a particular clientele or market. Where the program has been conceived and developed as a distinct and original entity, the university will use the Expedited Approval Protocol. Although the Expedited Approval protocol does not involve external reviewers, new Type 3 GDips are to be included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

Emphasis, Option, Minor Program (or similar)

An identified set and sequence of courses and/or other units of study, as well as research and practice within an area of disciplinary or interdisciplinary study, which are completed on an optional basis in partial fulfillment of the requirements for the awarding of a degree, and which may be recorded on the graduate's academic record. Proposals for their introduction or modification do not require submission to the Quality Council unless they are part of a New Program.

Field

In graduate programs, an area of specialization or concentration (in multi or interdisciplinary programs a clustered area of specialization) that is related to the demonstrable and collective strengths of the program's faculty and to a new or existing program. Universities are not required to declare fields at either the master's or doctoral level. Universities may wish, through an Expedited Protocol, to seek the endorsement of the Quality Council.

Graduate Level Course

A course offered by a graduate program and taught by institutionally-approved graduate faculty, where the learning outcomes are aligned with the Graduate Degree Level Expectations and the majority of students are registered as graduate students.

Joint and Inter-Institutional Degrees

For the purposes of the IQAP the following categories of Joint and Inter-Institutional degrees will apply:

Joint degree program: A program of study offered by two or more universities or by a university and a college or institute, including an Institute of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a single degree document.

Dual credential/degree program: A program of study offered by two or more universities or by a university and a college or institute, including Institutes of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a separate and different degree/diploma document being awarded by each of the participating institutions.

Conjoint degree program: A program of study, offered by a postsecondary institution that is affiliated, federated or collaborating with a university, which is approved by the university's Senate or equivalent body, and for which a single degree document signed by both institutions is awarded.

Micro-credentials

A designation of achievement of a coherent set of skills and knowledge, specified by a statement of purpose, learning outcomes, and strong evidence of need by industry, employers, and/or the community. They have fewer requirements and are of shorter duration than a qualification and focus on learning outcomes that are distinct from diploma/degree programs. While requiring recognition in the IQAP, proposals for the introduction or modification of a micro-credential do not require submission to the Quality Council unless they are part of a New Program.

Ministry

The Ministry of the provincial government with responsibility for post-secondary education.

Professional Master's Program

Typically, a professional master's degree is a terminal degree that does not lead to entry into a doctoral program. Such programs are designed to help students to prepare for a career in specific fields, such as occupational therapy, physical therapy, finance or business, among others. A professional master's degree often puts a great deal of focus on real-world application, with many requiring students to complete internships or projects in their field of study before graduation. In contrast, a research master's degree provides experience in research and scholarship, and may be either the final degree or a step toward entry into a doctoral program.

Program-Level Student Learning Outcomes

Clear and concise statements that describe what successful students should have achieved and the knowledge, skills, and abilities that they should have acquired by the end of the program, however an institution defines 'program' in its IQAP. Program-level student learning outcomes emphasize the application and integration of knowledge - both in the context of the program and more broadly - rather than coverage of material; make explicit the expectations for student success; are measurable and thus form the criteria for assessment/evaluation; and are written in greater detail than the program objectives. Clear and concise program-level learning outcomes also help to create shared expectations between students and instructors.

Program Objectives

Clear and concise statements that describe the goals of the program, in accordance with the institutional definition of a 'program' in the IQAP. Program objectives explain the potential applications of the knowledge and skills acquired in the program; seek to help students connect learning across various contexts; situate the particular program in the context of the discipline as a whole; and are often broader in scope than the program-level learning outcomes that they help to generate.

Program of Specialization (e.g., a major, honours program, concentration or similar designation)

An identified set and sequence of courses and/or other units of study, research and practice within an area of disciplinary or interdisciplinary study, completed in full or partial fulfillment of the requirements for the awarding of a degree, and which is recorded on the graduate's academic record.

It should be noted that:

- a) Complete fulfillment of the requirements for the awarding of a degree when the program and degree program are one and the same constitutes a program;
- b) Partial fulfillment of the requirements for the awarding of a degree when the program is a subset of the degree program also constitutes a program. Typically, a bachelor's degree requires the completion of a program of specialization, often referred to as a major, an honours program, a concentration or similar designation.

Undergraduate Certificate

A short form credential that forms a coherent program of study organized around a clear set of learning outcomes. Undergraduate certificates are comprised of undergraduate level academic content normally equivalent to a minimum of half a year of full-time study. While requiring recognition in the IQAP, proposals for the introduction or modification to an undergraduate certificate do not require reference to the Quality Council unless they are part of a New Program.

Appendix III - Acronyms

ARC - Senate Academic Review Committee
AVPA - Vice-Provost and Associate Vice President, Academic
COU - Council of Ontario Universities
FAR - Final Assessment Report
FHB - [Faculty Handbook](#)
IQAP - Internal Quality Assurance Processes
OCAV - Ontario Council of Academic Vice Presidents
PPB - Program Proposal Brief
QAF - Quality Assurance Framework
SGSC - Senate Graduate Studies Committee
SOI - Statement of Intent
UPC - Senate Undergraduate Program Committee

Appendix IV - Brock Degree Level Expectations

Brock University

Undergraduate Degree-Level Expectations

	Baccalaureate/Bachelor's degree	Baccalaureate/Bachelor's degree: honours
	This degree is awarded to students who have demonstrated the following:	This degree is awarded to students who have demonstrated the following:
1. Depth and breadth of knowledge	<p>a) General knowledge and understanding of many key concepts, methodologies, theoretical approaches and assumptions in a discipline</p> <p>b) Broad understanding of some of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</p> <p>c) Ability to gather, review, evaluate and interpret information relevant to one or more of the major fields in a discipline</p> <p>d) Some detailed knowledge in an area of the discipline</p> <p>e) Critical thinking and analytical skills inside and outside the discipline</p> <p>f) Ability to apply learning from one or more areas outside the discipline</p>	<p>a) Developed knowledge and critical understanding of the key concepts, methodologies, current advances, theoretical approaches and assumptions in a discipline overall, as well as in a specialized area of a discipline</p> <p>b) Developed understanding of many of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</p> <p>c) Developed ability to: i) gather, review, evaluate and interpret information; and ii) compare the merits of alternate hypotheses or creative options, relevant to one or more of the major fields in a discipline</p> <p>d) Developed, detailed knowledge of and experience in research in an area of the discipline</p> <p>e) Developed critical thinking and analytical skills inside and outside the discipline</p> <p>f) Ability to apply learning from one or more areas outside the discipline</p>
2. Knowledge of methodologies	<p>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</p> <p>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; and</p> <p>b) devise and sustain arguments or solve problems using these methods.</p>	<p>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</p> <p>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques;</p> <p>b) devise and sustain arguments or solve problems using these methods; and</p> <p>c) describe and comment upon particular aspects of current research or equivalent advanced scholarship.</p>

	Baccalaureate/Bachelor's degree This degree is awarded to students who have demonstrated the following:	Baccalaureate/Bachelor's degree: honours This degree is awarded to students who have demonstrated the following:
3. Application of knowledge	<p>The ability to review, present, and interpret quantitative and qualitative information to:</p> <ul style="list-style-type: none"> a) develop lines of argument; b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and <p>The ability to use a basic range of established techniques to:</p> <ul style="list-style-type: none"> a) analyze information; b) evaluate the appropriateness of different approaches to solving problems related to their area(s) of study; c) propose solutions; and d) make use of scholarly reviews and primary sources. 	<p>The ability to review, present and critically evaluate qualitative and quantitative information to:</p> <ul style="list-style-type: none"> a) develop lines of argument; b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; c) apply underlying concepts, principles, and techniques of analysis, both within and outside the discipline; d) where appropriate use this knowledge in the creative process; and <p>The ability to use a range of established techniques to:</p> <ul style="list-style-type: none"> a) initiate and undertake critical evaluation of arguments, assumptions, abstract concepts and information; b) propose solutions; c) frame appropriate questions for the purpose of solving a problem; d) solve a problem or create a new work; and e) to make critical use of scholarly reviews and primary sources.
4. Communication skills	The ability to communicate accurately and reliably, orally and in writing to a range of audiences.	The ability to communicate information, arguments, and analyses accurately and reliably, orally and in writing to a range of audiences.
5. Awareness of limits of knowledge	An understanding of the limits to their own knowledge and how this might influence their analyses and interpretations.	An understanding of the limits to their own knowledge and ability, and an appreciation of the uncertainty, ambiguity and limits to knowledge and how this might influence analyses and interpretations.

	Baccalaureate/Bachelor's degree This degree is awarded to students who have demonstrated the following:	Baccalaureate/Bachelor's degree: honours This degree is awarded to students who have demonstrated the following:
6. Autonomy and professional capacity	Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring: <ul style="list-style-type: none"> a) the exercise of personal responsibility and decision-making; b) working effectively with others; c) the ability to identify and address their own learning needs in changing circumstances and to select an appropriate program of further study; and d) behaviour consistent with academic integrity and social responsibility. 	Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring: <ul style="list-style-type: none"> a) the exercise of initiative, personal responsibility and accountability in both personal and group contexts; b) working effectively with others; c) decision-making in complex contexts; d) the ability to manage their own learning in changing circumstances, both within and outside the discipline and to select an appropriate program of further study; and e) behaviour consistent with academic integrity and social responsibility.

Brock University

Graduate Degree-Level Expectations

	Master's degree This degree is awarded to students who have demonstrated the following:	Doctoral degree This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated the following:
1. Depth and breadth of knowledge	A systematic understanding of knowledge, including, where appropriate, relevant knowledge outside the field and/or discipline, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice.	A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice including, where appropriate, relevant knowledge outside the field and/or discipline.
2. Research and scholarship	<p>A conceptual understanding and methodological competence that</p> <p>a) enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline;</p> <p>b) enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and</p> <p>c) enables a treatment of complex issues and judgments based on established principles and techniques; and,</p> <p>On the basis of that competence, has shown at least one of the following:</p> <p>a) the development and support of a sustained argument in written form; or</p> <p>b) originality in the application of knowledge.</p>	<p>a) The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems;</p> <p>b) The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and</p> <p>c) The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.</p>

	Master's degree This degree is awarded to students who have demonstrated the following:	Doctoral degree This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated the following:
3. Level of application of knowledge	Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.	The capacity to a) undertake pure and/or applied research at an advanced level; and b) contribute to the development of academic or professional skills, techniques, tools, practices, ideas, theories, approaches, and/or materials.
4. Professional capacity/autonomy	a) The qualities and transferable skills necessary for employment requiring: i) the exercise of initiative and of personal responsibility and accountability; and ii) decision-making in complex situations; and b) The intellectual independence required for continuing professional development; c) The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d) The ability to appreciate the broader implications of applying knowledge to particular contexts.	a) The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex situations; b) The intellectual independence to be academically and professionally engaged and current; c) The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d) The ability to evaluate the broader implications of applying knowledge to particular contexts.
5. Level of communications skills	The ability to communicate ideas, issues and conclusions clearly.	The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively.
6. Awareness of limits of knowledge	Cognizance of the complexity of knowledge and of the potential contributions of other interpretations, methods, and disciplines.	An appreciation of the limitations of one's own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines.