

## ACADEMIC COUNCIL REPORT

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**SESSION:**

Public

**ACTION REQUESTED:**

Decision   
 Discussion/Direction   
 Information

**DATE:** 23 June 2020

**FROM:** Lori Livingston, Provost and Vice-President, Academic

**SUBJECT:** Institutional Quality Assurance Process (IQAP) Policy and Procedures Quality Council Updates

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**MOTION FOR CONSIDERATION:**

**That Academic Council approve the revised IQAP Policy and Procedures, as presented.**

**MANDATES:**

- In accordance with its mandate, the Center for Institutional Quality Enhancement (CIQE) is responsible for quality enhancement and continuous program improvement
- As part of this responsibility, CIQE proposed changes to the Institutional Quality Assurance Process (IQAP)
- The the Ontario Universities Council on Quality Assurance (Quality Council), established by the Council of Ontario Universities in July 2010, is responsible for oversight of the Quality Assurance Framework processes for Ontario Universities, including ratification of Institutional Quality Assurance Processes (IQAPs)
- In accordance with Article 1.1(f) of By-law No. 2, Academic Council has the delegated authority to establish and implement academic policies, which is also reflected in the university’s Policy Framework

**BACKGROUND/CONTEXT & RATIONALE:**

- The University’s IQAP was originally designed as a Quality Assurance Handbook, incorporating all policy, procedure, and process items into one comprehensive volume
- CIQE proposed changes to align the IQAP with the University Policy Framework, By-law No. 2, revised USC and GSC Terms of Reference, and current institutional and provincial practice
- The changes aligned with the three main areas of the original Handbook (Curriculum Change, New Program, and Cyclical Program Review) and included the closure of an academic program
- The proposed changes were approved by Academic Council in October 2019 and submitted to the Quality Council for ratification
- Subsequent to its review, the Quality Council presented a series of required and recommended changes that must be completed prior to ratification
- Once the IQAP is fully approved and ratified, user-friendly handbooks specific to each Procedure will be developed to assist the Faculties in these areas. Having one overarching policy, individual procedural documents, and process-specific handbooks instead of using

one comprehensive IQAP document will allow the University to make changes to processes as required

**CONSULTATION:**

In conjunction with the Policy Office, the following consultation and approval path was determined for substantive changes required by Quality Council:

- Approval Authority: Academic Council
- Ratification: Quality Council

Editorial changes are being reported to Academic Council for information.

**SUMMARY OF CHANGES:**

Attached below is a categorized outline of the changes made more generally and in each area of the IQAP since it was approved by Academic Council in October 2019.

**IMPLICATIONS:**

The IQAP had not undergone substantive review since the original Handbook was approved in 2011. These changes are required to bring the IQAP in line with current requirements under the Ontario Tech Policy Framework and the provincial Quality Assurance Framework (QA Framework).

**ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:**

The new IQAP policy and procedures are in line with the University's dedication to quality and intellectual rigour and the University's mission to provide superior undergraduate and graduate programs. The policy and procedures strive to inform and guide undergraduate and graduate program development and continuous improvement at the University.

**COMPLIANCE WITH POLICY/LEGISLATION:**

The Quality Council establishes a mandatory approval process for a university's IQAP. This process includes approval by Academic Council, followed by a review and ratification by the Quality Council. Ratification is an oversight step where an independent body makes a determination as to whether the proposed IQAP meets the requirements of the provincial Quality Assurance Framework.

The proposed changes respond to the comments of the Quality Council, and are necessary to allow Ontario Tech to implement the innovative quality enhancement practices that Academic Council has previously approved. Failure to respond to the requirements of the Quality Council will mean reverting back to the previous IQAP, which is not in compliance with the provincial Quality Assurance Framework.

**NEXT STEPS:**

- Following approval by Academic Council the IQAP is subject to final ratification by the Quality Council.
- Pending the ratification of the Quality Council, the new Policy Instruments will be added to the Policy Library.

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**SUPPORTING REFERENCE MATERIALS:**

- Summary of Changes (attached)
- Draft Policy: ACD 1501 Institutional Quality Assurance Process
- Draft Procedures: ACD 1501.01 Curriculum Change  
ACD 1501.02 Cyclical Program Review  
ACD 1501.03 New Program  
ACD 1501.04 Program Closure

## **Summary of Changes**

### **Editorial Changes**

#### **General Changes (all documents)**

- *Inclusion of definitions pulled from the Quality Assurance Framework, the Program Nomenclature Directives, or other Ontario Tech policy instruments, that provide clarity and consistency within the University and with other universities across the province; inclusion of terms used for clarity*
- *Editorial changes to ensure consistency across all documents; edits to reflect the University's new brand that were not made previously (e.g. URL changes)*
- *Formatting and proofreading edits*

#### **New Program**

- *Single sections that applied to both Diploma and Degree pulled apart into multiple sections to provide clarity in process for external readers*

#### **Other Procedures**

- *There were no other editorial changes made to the other Procedures*

### **Substantive Changes to the Documents without a Change in Process**

The below items represent substantive changes to the policy instruments made based on the recommendations of the Quality Council. The changes, however, do not constitute changes to the existing Quality Assurance practices, or the process approved by Academic Council.

#### **Policy Changes**

- Major Program Modification definition: The reference to expedited approval was removed at the recommendation of Quality Council. Expedited approval for addition of field has never been part of our process
- Section 15.5 the addition of new programs being subject to review "and approval" by the Quality Council. This approval has always been a requirement, we were asked to provide clarity that the process is not a simple review

#### **Curriculum Changes**

- 6.1 inserted an item "for clarity" that does not reflect a change in process
- 7.1 The reference to expedited approval was removed at the recommendation of Quality Council. Expedited approval for addition of field has never been part of our process

#### **Cyclical Program Reviews**

- 7.1 g) change the word "may" to "will" and the addition of statements from the templates; these have always been expectations for the self-study briefs
- 8.1 added "at least 5 individuals" to specify the number of recommended external reviewer names; this requirement has existed for a number of years and is included on the templates

- 8.1d) added “administrative experience”; this requirement has existed for a number of years and is included on the templates
- 8.2b) added for clarity that the external reviewer(s) meet with the Provost on the first day of the site visit; this has always been the practice
- 9.1 further clarification of the role of the response by the chair of the internal review team and the role of the Dean in preparing the Plan of Action
- 10.1 clarification that where the review cycle includes both graduate and undergraduate programs in the same discipline, separate reviews will be conducted
- 11.5 the summary reports have always been posted to the Ontario Tech website as required under the QA Framework
- 12 Joint Programs added as a stand-alone section rather than referenced in a statement; Quality Council requested more detail on the discussions and process we use for joint programs

### **New Programs**

- 5.3.2 added “at least 5 individuals” to specify the number of recommended external reviewer names; this requirement has existed for a number of years and is included on the templates
- 5.3.3 added for clarity that the external reviewer(s) meet with the Provost on the first day of the site visit; this has always been the practice
- 7 Joint Programs added as a stand-alone section rather than referenced in a statement; Quality Council requested more detail on the discussions and process we use for joint programs

### **Program Closure**

- No substantive changes were made to this Procedure

### **Substantive Changes to the Documents with a Change in Process**

The below items represent substantive changes to the policy instruments, as well as the Quality Assurance practices and processes approved by Academic Council.

#### **General Changes (all documents)**

- Addition of the Definition of Resource Committee; while a “process to consider resource implications as a result of reviews before the creation of the Final Assessment Report” was referenced in the Cyclical Program Reviews Procedures during the previous approval process, the role of the Committee had not yet been defined

#### **Policy Changes**

- 15.7 the Resource Committee's role in the monitoring of new programs was added. Additionally, a review one year after the program launch has been included

#### **Curriculum Changes**

- No substantive changes that reflect a change in process

#### **Cyclical Program Reviews**

- 8.3d), 11: further clarification was added regarding the Resource Committee's role in

reviewing the External Reviewer's Report; there was also a need to clarify the process for subsequent monitoring and review

- 9.1c): further clarification was added regarding the Resource Committee's role in considering the resource implications as a result of reviews before the creation of the Final Assessment Report (FAR) (process previously reported in October 2019)

### **New Programs**

- 5.3.1, 5.3.4, 8: added the Resource Committee to the process for review of the External Reviewer's Report and Recommendations, and provided clarity on the process for monitoring and review of new programs
- 5.3.5 Clarification that the program committee and the Dean both prepare a response to the External Report

### **Program Closure**

- No substantive changes were made to this Procedure



Classification Number	ACD 1501
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	October 2019
Review Date	October 2022
Supersedes	ACD 1501 (June 2010); LCG 1127 Section 1 (August 2005); Quality Assurance Handbook (June 2011)

## Institutional Quality Assurance

### PURPOSE

1. The purpose of this policy is to inform and guide undergraduate and graduate program development and improvement at the University with regard to the review and approval of new programs, program modifications, program closures, and the cyclical review of existing programs.
2. The statements in this policy as approved by Academic Council, define the University's commitment to the different aspects of quality assurance and the broad level responsibilities for carrying out this commitment.

### DEFINITIONS

3. For the purposes of this policy the following definitions apply:

**Academic Council:** the most senior academic governance body of the institution

**Accreditation Review:** to evaluate and measure a program against a set of principles and standards set by an external professional accreditation body

**Cyclical Program Review:** to critically examine the components of a program with the assistance of outside reviewers with the goal of continuous improvement. A program review's purpose is not solely to demonstrate the positive aspects of the program, but also to outline opportunities that will lead to improvements for the future.

**Degree:** An academic credential awarded upon successful completion of a prescribed set and sequence of courses, combination of courses, and/or other units of study, research, and practice as specified by a Degree Program and that meet a standard of performance consistent with University and provincial degree level expectations.

**Diploma:** An academic credential awarded upon the successful completion of a prescribed set and sequence of courses, combination of courses, and/or other units of study and practice as specified by a Diploma Program. Diplomas are classified as concurrent and/or direct-entry

**Faculty Council:** refers to a body established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level

**Graduate Diploma:** A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement a graduate degree program, and to provide specialization, sub-specialization or inter- or multi- disciplinary qualification. A graduate diploma is comprised of at least 12 credit hours of graduate level study. There are three types of Graduate Diplomas as set out by the Council of Ontario Universities:

**a) Type 1:** Awarded when a candidate admitted to a master's program leaves the program after completing a certain proportion of the requirements. Students are not admitted directly to these programs. 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 institution's schedule for cyclical reviews as part of the parent program.

**b) Type 2:** A concurrent graduate diploma is offered in conjunction with a specified master's or doctoral degree, the admission to which requires that the candidate be already admitted to the master's or doctoral degree. It requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree.

**c) Type 3:** A direct-entry graduate diploma is a stand-alone, direct-entry program, developed by a unit already offering a related masters (and sometimes doctoral) degree, and designed to meet the needs of a particular clientele or market. Ontario Tech type 3 graduate diplomas may include non-degree credit courses to a maximum of 30% of the total program credit hours.

**Graduate Studies Committee (GSC):** a standing committee of Academic Council responsible for reviewing graduate curriculum proposals.

**Major Program Modifications:** modifications that constitute a significant change to the design and delivery of an existing program. The Quality Council defines major modifications to include the following program changes:

- a) Requirements that differ significantly from those existing at the time of the previous cyclical program review;
- b) Significant changes to the learning outcomes;
- c) Significant changes to the faculty engaged in delivering the program and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (e.g., different campus, online delivery, inter-institutional collaboration);

- d) The addition of a new field to an existing graduate program. ~~This modification is subject to an Expedited Approval.~~ Note that institutions are not required to declare fields for either master's or doctoral programs.

For greater clarity, the Quality Council has provided examples to illustrate changes that normally constitute a significant change. These examples are outlined in the **Curriculum Change Procedure** document.

**Ministry:** the Ontario Ministry governing the affairs of Colleges and Universities of Training, Colleges and Universities or equivalent thereof.

**Minor Curricular Changes:** generally, those changes to individual courses and curricular offerings that do not affect the overall program requirements. Examples are outlined in the **Curriculum Change Procedures** document.

**Minor Program Adjustments:** changes to degree requirements and/or learning outcomes that may require a plan for transitioning cohorts of students to meet different requirements over time, but that do not constitute a significant change to the design and delivery of an existing program. Examples are outlined in the **Curriculum Change Procedures** document.

**New Program:** ~~any new offering that has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by the university.~~ any degree, degree program, or major, currently approved by Academic Council and the Board of Governors, which has not been previously approved 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 Policy, a "new program" is brand new: that is to say, the program has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by Ontario Tech University. The final determination of whether a proposed offering constitutes a new program will rest with the Provost.

**Program:** A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma).

**Quality Council:** the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.

**Resource Committee:** the university Academic Resource Committee or equivalent university body

**Undergraduate Diploma:** A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement an undergraduate degree program. An undergraduate diploma is comprised of 18-30 credit hours of undergraduate level study



- a) A concurrent undergraduate diploma is offered in conjunction with an undergraduate degree, which requires that the candidate be already admitted to an undergraduate degree
- b) A direct-entry undergraduate diploma is a stand-alone, direct-entry program, developed by a unit already offering a related undergraduate or graduate

**Undergraduate Studies Committee (USC)** – a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals.

## SCOPE AND AUTHORITY

4. This policy applies to the full range of for credit curricular and programmatic endeavours at both the graduate and undergraduate levels. It extends to new and continuing undergraduate and graduate degree programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.
5. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of this Policy as well as ensuring that Quality Assurance policies and procedures be established and are carried out. The Provost will be the authoritative contact between the University and the Quality Council.
6. Faculty Deans ensure that established policies and procedures are carried out at the Faculty level. Under the leadership of the Dean, programs and Faculties are responsible for initiating and maintaining program development, planning for the compilation and analysis of information, improvement and review of programs, designing curricular changes, and readying them for consideration through the various levels of collegial review.
7. The Provost or designate, through the Center for Institutional Quality Enhancement (CIQE) coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and assessing academic programs, including coordinating internal and external appraisals and pulling together key institutional data and other indicators of program quality. The Provost, or designate will also maintain all documentation associated with curricular changes, program modifications, new program proposals, accreditation reports, and program reviews, for a period of ten years. The documentation will then be entered into the university archives, per the Records Retention Policy, exclusive of any personal or confidential information.
8. Academic Council holds delegated authority from the Board to establish and regulate the curricular policies and procedures of the University, and the contents and curricula of all courses of study. All proposals put forward by Faculty Councils are considered by the appropriate standing committee of Academic Council, such as the GSC or the USC, which in turn presents them to Academic Council for approval or for information as appropriate. The establishment and oversight of both the policy and procedural aspects relating to the approval

of new programs, program revisions, and program review are the responsibility of the Academic Council.

9. The Board of Governors is responsible for planning, determining policies for and providing for the overall development of the university, including approving strategic plans, budgets and expenditure plans. In this context, all proposals that lead to the establishment or termination of degree programs, the establishment or de-establishment of Faculties, institutes and chairs and councils within those Faculties, and university strategic plans are subject to approval by the Board.
10. The Quality Council ratifies institutional quality assurance procedures, and any substantive change to these procedures, and undertakes regular audits of these processes for compliance with the Provincial Framework on an eight year cycle. In addition, the Quality Council reviews and approves all proposals for new degree programs and reviews Final Assessment Reports Summaries of Program Reviews. It also receives an annual report of major modifications to existing programs.
11. The Ministry reviews new programs and provides external funding approval following approval by the Quality Council.
12. The Office of the Registrar is responsible for the implementation of records relating to new programs and curricular changes once approved or reported to Academic Council, ensuring that students meet the admission requirements, and that requirements for the degree or diploma have been fulfilled upon graduation. This responsibility is shared with the School of Graduate and Postdoctoral Studies for graduate programs.

## POLICY

The University is committed to ensuring the highest quality learning experience for students while maintaining the highest integrity of its academic programs.

The University will ensure that all academic programs:

- Align with University's mission, values and strategic plans
- Remain coherent, rigorous and relevant
- Make the best use of resources available to them
- Are subject to continuous quality improvement based on empirical evidence and collegial judgment
- Draw upon and enhance existing strengths at the university

The University will ensure ongoing academic integrity in its curricula while remaining rigorous and consistent in the expansion and refinement of program offerings.

The University will promote quality assurance in the ongoing review and improvement of curriculum and courses, the periodic review of program offerings, and the development of new programs.

In the planning for the ongoing review and improvement of curriculum, proposers must take into consideration the impact the changes may have on the human, instructional, physical and financial resources of the University and provide a plan to address them.

In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation. Consultation is particularly critical in cases where the changes involve offerings that are shared among programs and/or which may affect different groups of students (e.g. changes to courses that are core courses in other programs, cross-listed courses, changes to pre-requisites, co-requisites, and degree credit exclusions). Staff and faculty wishing to develop projects and initiatives related to Indigenization and reconciliation must consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

Where there are possibilities for efficiencies to be achieved in the design and delivery of programs by collaboration among units, it is expected that these opportunities will be fully explored prior to their review by Faculty Council and that all possible avenues of cooperation will be fully considered in the initial stages. The nature and outcomes of these discussions will be included within program proposals.

The University will develop and continue to improve quality assurance policies, procedures and processes that incorporate provincial degree level expectations, and that are consistent with the Ontario Quality Assurance Framework and with the institution's own mission and mandate. [CIQE will provide access to an electronic workflow tracking system for curriculum changes, and a repository for curriculum changes, program development, and cyclical program review.](#) [Individuals may use the templates and information provided at \[www.ontariotechu.ca/ciqe\]\(http://www.ontariotechu.ca/ciqe\) as a guide to the implementation of the quality assurance policies and procedures.](#)

### **13. Curriculum Changes**

- 13.1.** Deans and Faculties must plan for the ongoing refinement and improvement of new and continuing programs and for making major and minor modifications to them when it is considered appropriate to do so. These changes may be prompted by feedback from students, faculty and staff participating in the program, by matters arising through the course of its delivery, or as a result of a full examination of the curriculum through accreditation or the cyclical program review process.
- 13.2.** All modifications to existing degree programs will be subject to approval by the unit's Faculty Council(s) and subsequent review and approval by the appropriate Academic Council standing committee (USC or GSC) or approval by Academic Council where appropriate, in accordance with prescribed procedures. In addition, major modifications to programs will also be subject to review by the provincial Quality Council.
- 13.3.** Program review and improvement takes place on an ongoing basis and can result in curricular changes at three different levels: Minor Curricular Changes, Minor Program Adjustments and Major Modifications.

Minor ~~C~~urricular ~~C~~hanges fall under the Faculty Council purview, normally through its curriculum committee, and must be reported to USC or GSC for information. Changes to courses that are core in other programs must be reviewed by each Faculty Council responsible for the affected programs.

Minor ~~P~~rogram ~~A~~adjustments are reported to Academic Council through its appropriate standing committee (USC/GSC). These changes must be presented to the committees for quality review and approval following their approval by Faculty Council. The committee will conduct a quality review of the program proposal using the University's Program Quality Review Criteria. Changes must receive this committee's approval prior to their implementation and inclusion in the academic calendars.

Major modifications to existing programs are subject to full review and approval by Academic Council upon the recommendation of USC/GSC and following approval by Faculty Council. Changes must receive Academic Council approval prior to their implementation and inclusion in the academic calendars. These changes are also reported annually to the Quality Council under the provincial quality assurance framework.

Reporting of curricular changes must follow the procedures outlined in the **Curriculum Changes Procedures** document.

- 13.4. Program modifications that will result in a more substantial change to its nature and content will require review and approval in accordance with this policy and the **New Programs Procedures**. The final determination of whether a program modification constitutes a significant change or a new program will rest with the Provost.

#### 14. Review of Degree and Diploma Programs

- 14.1. All existing undergraduate degree programs, graduate degree programs, and for-credit ~~graduate~~-diploma programs will be subject to periodic cyclical review conducted at a minimum once every eight years that is consistent with the requirements set by the Quality Council. Deans and Faculties must plan for the review of their academic programs, including the preparation of a self-study, and will follow the processes ~~set out~~outlined in the **Cyclical Program Review Procedures document**.
- 14.2. The Provost, or designate, in consultation with the Deans, will maintain a university-wide schedule to ensure that each academic program is subject to review once every eight years. ~~To the extent possible, the schedule of reviews should take into account other review processes, including professional accreditation appraisals. When this process occurs in parallel with other reviews, the Dean will ensure that the objectives of all review processes are met through the course of the review.~~ Accreditation Reviews Each review will normally be completed separately and involve separate processes and reviewers to ensure that all criteria are met.
- 14.3. In the planning for the review, the process must provide for input from members of the academic community associated with the program, including faculty, staff,

students and graduates. Where appropriate, comment from the broader community, such as representatives from industry, the professions or employers may also be sought.

- 14.4. Where a program involves faculty and courses from more than one unit, the deans involved must confirm to the Provost the unit that will hold the locus of responsibility for the review. In addition, for those programs that are offered in more than one mode, at different locations, or having complementary components (e.g., bridging options, experiential education options, etc.), the distinct versions of the program will be identified and reviewed.
- 14.5. Joint programs, and other programs offered in collaboration with other post-secondary institutions will ensure that both the quality assurance requirements set out in this policy are met, as well as that of partner institutions.
- 14.6. Program reviews are subject to quality review by reviewers external and at arm's length to the program under review, in accordance with prescribed procedures and documentation requirements set in **Cyclical Program Review Procedures**.
- 14.7. Final Assessment Reports and Implementation Plans are prepared by the appropriate standing committee of Academic Council (USC/GSC), following a review of resource implications, and sent to Academic Council and the Board of Governors for information. The Quality Council then receives the final assessment report and associated implementation plan. Summary reports are posted on the University website.

## 15. **New Academic Programs**

- 15.1. Deans and Faculties must plan for ongoing development of new program initiatives, including the design and delivery of the curriculum, the refinement of program requirements, the determination of learning outcomes consistent with the provincial degree level expectations, and the assessment of student achievement of the learning outcomes
- 15.2. In the planning for any new program, the Dean, in consultation with the Provost in the initial stages, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the new program on existing programs must also be examined, and consideration must be given to possible collaborations with other units and the possibility of obtaining additional funds from internal or external sources. Proposals must also address the alignment with the University and Faculty strategic plans.
- 15.3. Joint programs, and other programs offered in collaboration with other post-secondary institutions will ensure that both the quality assurance requirements set out in this policy are met, as well as that of partner institutions, as outlined in the New Program Procedures.

**15.3-15.4.** A Notice of Intent (NOI) must be submitted for all potential new programs, as described in the **New Program Procedures**. NOIs will be reviewed and posted for comment from the university community. Once approved, the Faculty can proceed to develop the full proposal.

**15.4-15.5.** New degree program proposals are subject to quality review by external appraisers under the provincial quality assurance framework, and in accordance with prescribed procedures and documentation requirements set out in the **New Program Procedures**. Upon the completion of the external appraisal, the proposal will be approved by the Faculty Council of the sponsoring unit. These proposals are subsequently reviewed by the appropriate Academic Council standing committee (USC or GSC), and must be approved by Academic Council upon the recommendation of USC/GSC. Proposals leading to the establishment of new degree programs must also be approved by the Board of Governors (BOG) of the University. In addition, new degree programs are subject to review and approval by the provincial Quality Council under the quality assurance framework. Programs seeking provincial funding are also subject to review by the Ministry.

**15.5-15.6.** New for credit diploma program proposals are subject to quality review in accordance with prescribed procedures and documentation requirements set out in the **New Program Procedures**. Proposals are subject to presentation and approval by Faculty Council. These proposals are then subject to approval by Academic Council upon the full review and recommendation of USC/GSC. Proposals must also be approved by the BOG. In addition, new graduate diploma program proposals are also appraised by the Quality Council under the provincial quality assurance framework through the Expedited Approval Process as described in the **New Program Procedures**. New undergraduate and graduate diploma programs may also require review by the Ministry for funding purposes.

**15.6-15.7.** All new academic programs will be subject to periodic reviews subsequent to their implementation. An initial assessment will occur at first intake into the program, with an additional assessment one year after the launch of the at the time of first intake into the Program. ~~Additional monitoring may be required,~~ in accordance with the University's **New Program Procedures**. The program will then be entered into the schedule of academic program reviews and the first review will take place no more than eight years after the start Program, in accordance with the University's **Cyclical Program Review Procedures**.

## 16. Closure of a Program

**16.1.** Program Closures can be initiated by the Dean of a Faculty. ~~In this instance the closure of the program will proceed in accordance with the **Program Closure Procedure** document.~~

**16.2.** Program closures can also be initiated by the Provost due to issues related to substandard academic quality as determined through a number of different assessments such as Cyclical Program Review, Key Performance Indicators, self-

examination, financial exigency, admission pause for over two years, and/or a Program has not been reviewed in accordance with the Institutional Quality Assurance Policy.

**16.2.1.** The Provost will consult with the Faculty Dean(s) of the affected program(s) to outline the reasons for closure.

**16.3.** In the case of Graduate Programs, the Dean of Graduate Studies will also be consulted.

**16.4.** In this case of programs that contain Indigenous content, consultation in accordance with the current procedures for Indigenous consultation, is required.

**16.5.** After all required consultation is completed, a proposal to close the Program will then proceed in accordance with the **Program Closure Procedure** document.

**16.6. Students in a Closed Program**

**16.6.1.** Program closure proposals must include a detailed plan for students who are enrolled in, or who may have reasonably expected to enroll in, the closed Program, as outlined in the **Program Closure Procedure** document.

**16.6.2.** Students in a closed program will be informed of the program closure according to the requirements outlined in the **Program Closure Procedure**.

**16.6.3.** Closure should not result in students being unable to complete, if they so wish, the program they are registered in within the standard time to completion for that program.

**16.6.4.** In the specific case of students enrolled in Graduate Programs, the closure must not prevent them from completing their courses, examinations, training, and research necessary to graduate, or interfere with their commitments of financial support.

**16.6.5.** Students wishing to graduate from a closed program must apply to do so within four years of the program closure.

**16.7. Faculty in a Closed Program**

**16.7.1.** Procedures for Tenured, Tenure Track, and Teaching Faculty who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

**16.7.2.** Procedures for Associate Deans or Teaching Staff Governors who are temporarily outside of the bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

**16.7.3.** Procedures for sessional instructors and other contract faculty who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure. Should no relevant Article exist, sessional instructors and other contract faculty will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

**16.7.4.** Teaching staff not part of a bargaining unit will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

**16.8. Staff in a Closed Program**

**16.8.1.** Procedures for staff who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

**16.8.2.** Staff who are not part of a bargaining unit will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

**MONITORING AND REVIEW**

**17.** This policy will be reviewed as necessary and at least every three years. The Provost or successor thereof, is responsible to monitor and review this Policy.

**RELEVANT LEGISLATION**

**18.** ~~Ontario Universities Council on Quality Assurance – Quality Assurance Framework~~

**RELATED POLICIES, PROCEDURES & DOCUMENTS**

Ontario Universities Council on Quality Assurance - Quality Assurance Framework

Curriculum Change Procedures

Program Closure Procedures

Cyclical Program Review Procedures

Program Nomenclature Directives

New Degree Program Procedures

Faculty and Staff Collective Agreements

Protocols associated with consultation/  
development of Indigenous curriculum





Classification Number	ACD 1501.XX
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	October 2019
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Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011)

## CURRICULUM CHANGE PROCEDURES

### PURPOSE

1. The purpose of these Procedures is to establish a consistent process for defining and documenting changes to courses and programs that will facilitate their review and approval under the provincial quality assurance framework.

### DEFINITIONS

2. For the purposes of these procedures the following definitions apply:

**Academic Council:** the most senior academic governance body of the institution

~~**Degree Program:** a complete set and sequence of courses, combination of courses, and/or other units of study, research, and practice prescribed by the university to fulfill the requirements for a particular degree as defined in the program nomenclature directives~~

~~**Diploma Program:** a complete set and sequence of courses, combination of courses, and/or other units of study and practice prescribed by the university to fulfill the requirements for a particular diploma as defined in the program nomenclature directives~~

**Faculty Council:** established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level

**Graduate Studies Committee (GSC):** a standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents.

**Major Program Modifications:** those modifications that constitute a significant change to the design and delivery of an existing program

**Minor Curricular Changes:** those changes to individual courses and curricular offerings that do not affect the overall program requirements

**Minor Program Adjustments:** changes to ~~Degree Program program~~ requirements and/or learning outcomes that may require a plan for transitioning cohorts of students to meet different requirements over time

**Program:** A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma).

**Quality Council:** the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.

**Undergraduate Studies Committee (USC)** – a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents.

## SCOPE AND AUTHORITY

3. These procedures apply to undergraduate and graduate ~~Degree and Diploma~~ Programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to ~~Degree or Diploma~~ Programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.
4. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of these Procedures.

## PROCEDURES

Modifications to existing ~~Degree~~ Programs range from changes to individual courses and curricular offerings, through minor adjustments to programs and regulations, to major ~~program~~ modifications, such as the introduction of new specializations and fields. The Centre for Institutional Quality Enhancement will provide access to an electronic workflow tracking system and repository for curricular changes. Individuals may use the templates provided at [www.ontariotechu.ca/cige](http://www.ontariotechu.ca/cige) as a guide to assist in the planning of the changes prior to creating formal electronic proposals for approval in the [electronic system](#).

### 5. Minor Curricular Changes

- 5.1. Minor Curricular Changes fall under the purview of the Faculty Council(s), normally through its curriculum committee or similar body, and include:
  - New elective courses and the deletion of elective courses
  - Changes to course titles and course descriptions

- Changes to course numbers, credit weighting of elective courses, and contact hours in lecture, lab, tutorial or other components
- Changes to prerequisites, co-requisites, cross-listed courses, credit restrictions and/or credit exclusions
- Changes in the design, mode of delivery, course learning outcomes, teaching and assessment methods of an individual course
- Changes to, or the addition of, experiential learning components, which are part of the course delivery
- Other minor changes to individual course offerings that do not affect the overall program requirements

**5.2.** Minor Curricular Changes will be approved at the Faculty Council. Minor Curricular Changes must be reported to the appropriate standing committee of Academic Council (USC or GSC) using the appropriate electronic proposal by the end of January each year for implementation in the upcoming Academic Calendar.

**5.3.** Consultation with other Faculty Councils is required if the course being modified is core to another program. Consultation, in accordance with the current procedures for Indigenous consultation, is required if the new elective course or course being modified will contain Indigenous content.

## **6. Minor Program Adjustments**

**6.1.** Minor Program Adjustments will include a full electronic proposal brief and are submitted to the appropriate standing committee of Academic Council for approval. Minor Program Adjustments include:

- The introduction of new required courses
- The deletion of required courses
- ~~Other-Editorial~~ changes to degree requirements or program learning outcomes
- New academic requirements or changes to existing requirements

For clarity, changes will be defined as Minor Program Adjustments when:

- The introduction, deletion, or modification of courses or requirements equals no more than one-third of the total course credit hours of the Program

**6.2.** Minor Program Adjustments must be presented directly to the USC or GSC for consideration and approval following their recommendation by Faculty Council. Any changes must receive this committee's approval prior to their implementation and inclusion in the academic calendars. The outcome is subsequently reported to Academic Council for information.

**6.2.1.** To be included in the academic calendars for the subsequent academic year, proposals must be received by the Committees no later than the end of January.

**6.3.** Minor Program Adjustment proposal briefs must minimally include the following information:

- a) A summary of the proposed change, setting out the rationale and context for it.
- b) A description of the ways in which the proposed change will enhance the academic opportunities for students, or the issues or challenges that the proposed change are intended to address.
- c) An account of the process of consultation with other units and measures taken to minimize the impact of the change on students if the proposed change involves students/faculty from other programs or courses. An account of the process of consultation related to Indigenous content is required if the proposed change has or will contain Indigenous content.
- d) A timeline for the implementation of the proposed change and transition plan for current students if applicable.
- e) An analysis of the financial and enrolment implications.
- f) Calendar copy and program maps for the proposed change that clearly highlight the revisions to be made to the existing curriculum.
- g) Completed proposals for all new courses and changes to existing courses that result from the change.

## **7. Major Program Modifications**

**7.1.** The Quality Council defines Major Program Modifications to include the following **Program** changes:

- Requirements that differ significantly from those existing at the time of the previous cyclical program review;
- Significant changes to the learning outcomes;
- Significant changes to the faculty engaged in delivering the **Program** and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (e.g., different campus, online delivery, inter-institutional collaboration);

- The addition of a new field to an existing graduate  $\rho P$ Program. ~~This modification is subject to an Expedited Approval.~~—Note that institutions are not required to declare fields for either master’s or doctoral  $P\rho$ programs.

For greater clarity, the following examples illustrate changes that normally constitute a significant change and would therefore be considered a Major Program Modification:

- The merger of two or more  $P\rho$ programs
- New bridging options for college diploma graduates
- Significant change in the laboratory time of an undergraduate  $P\rho$ program
- The introduction or deletion of an undergraduate thesis or capstone project
- The introduction or deletion of a work experience, cooperative education, internship or practicum, or portfolio
- At the master’s level, the introduction or deletion of a research project, research essay or thesis, course-only, co-op, internship, or practicum option
- The creation, deletion, or re-naming of a field in a graduate  $P\rho$ program
- The creation, deletion, or re-naming of a specialization or minor
- Changes to the requirements for graduate program candidacy examinations, field studies, or residency requirements
- Changes to courses comprising a significant (i.e., one-third) proportion of the  $P\rho$ program
- Other changes to program content that affect the learning outcomes, but do not meet the threshold of a ‘new  $P\rho$ program’
- Substantive changes to the Program learning outcomes, including those completed as a result of a cyclical Program review
- Changes to the Faculty delivering the  $\rho P$ Program that alter the areas of research and teaching interests (e.g. a large proportion of the faculty retires; new hires)
- A change in the language of  $P\rho$ program delivery
- The establishment of an existing ~~degree- $\rho P$~~ program at another institution or location
- The offering of an existing  $\rho P$ program substantially online where it had previously been offered in face-to-face mode, or vice versa
- Change to full- or part-time program options, or vice versa
- Changes to the essential resources, where these changes impair the delivery of the approved  $P\rho$ program

Program modifications that will result in a more substantial change to its nature and content will require review and approval in accordance with the New Program Procedure. The final determination of whether a  $\rho P$ Program modification constitutes a significant change or a new  $\rho P$ Program will rest with the Provost.

- 7.2.** Major Program Modifications will include full electronic proposals and must include evidence that appropriate consultation has taken place. Once proposals are

approved by Faculty Council, they will be subject to review by the appropriate standing committee of Academic Council (USC or GSC). The standing committee will submit its recommendation for approval to the Executive Committee of Academic Council, and subsequently to the Academic Council for final review and approval. Major Program Modifications are reported annually to the Quality Council.

**7.2.1.** To be included in the academic calendars for the subsequent academic year, Major Program Modifications must be received by USC/GSC no later than the end of November.

**7.3.** Major Program Modification electronic proposals must minimally include the following:

- a)** A brief background on the existing program and rationale for new program component.
- b)** Overview of the new program component, indicating the opportunities for graduates and evidence of fit with the mission, mandate and strategic plans of the University and the Faculty Description of how the new program component fits into the broader array of **PP** program offerings, particularly areas of teaching and research strengths and complementary areas of study.
- c)** A fully developed section outlining: the program component learning outcomes and alignment with the provincial degree level expectations; admission requirements; program structure Calendar copy and program maps for the new program component showing courses and/or research components offered each semester and indicating courses currently offered, new courses, and required courses provided by other units; any experiential or other applied learning opportunities that are part of the new program component; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes.
- d)** A list of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the new program component; physical resource requirements, with how current facilities will be used and what, if any, new resources may be required; and for graduate **PP** programs, any student support (funding) requirements.
- e)** An outline of areas consulted, including an account of the process of consultation regarding Indigenous content, where appropriate.

- f) A summary statement of funding required to support the ~~p~~Program and a statement of current resource availability.

## 8. Admissions Changes

- 8.1. Changes to admission requirements will proceed through the governance structure to various levels of approval based on the nature and impact of the change.
  - 8.1.1. Changes to admission requirements at the University level require final approval by Academic Council following recommendation by the USC/GSC.
  - 8.1.2. Changes to admission requirements at the Faculty level require approval by the USC/GSC and are reported for information to Academic Council.
  - 8.1.3. Changes to admission requirements at the individual program level are reported to the USC/GSC for information following approval by Faculty Council(s).

All decisions concerning admissions made within the scope of existing requirements are considered administrative decisions and can be approved by the Registrar or designate.

## MONITORING AND REVIEW

- 9. This procedure will be reviewed as necessary and at least every three years. The Provost's Office, through the Center for Institutional Quality Enhancement coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

## RELEVANT LEGISLATION

~~[Ontario Universities Council on Quality Assurance – Quality Assurance Framework](#)~~

## RELATED POLICIES, PROCEDURES & DOCUMENTS

[Ontario Universities Council on Quality Assurance - Quality Assurance Framework](#)  
Institutional Quality Assurance Policy  
Program Nomenclature Directives  
Protocols associated with consultation/development of Indigenous curriculum

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**NB: Entries a)b)c) adjusted in final version to x.x.x format**

## CYCLICAL PROGRAM REVIEW PROCEDURES

### PURPOSE

1. The purpose of these Procedures is to set out the process for conducting a cyclical review of existing degree and diploma programs to ensure that they continue to meet provincial quality assurance requirements and to support their ongoing rigour and coherence. All programs are reviewed at least once every 8 years.

### DEFINITIONS

2. For the purposes of these Procedures the following definitions apply:

**Academic Council:** the most senior academic governance body of the institution

**Program:** A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma)

**Degree:** An academic credential awarded upon successful completion of a prescribed set and sequence of requirements as specified by a program and that meet a standard of performance consistent with University and provincial degree level expectations

**Diploma:** An academic credential awarded upon the successful completion of a prescribed set of degree credit courses as specified by a program. Diplomas are classified as concurrent and/or direct-entry

**Faculty Council:** established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level

**Graduate Studies Committee (GSC):** A standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents.

**Ministry:** the Ontario Ministry governing the affairs of Colleges and Universities.

~~**Ministry:** the Ontario Ministry of Training, Colleges and Universities or equivalent thereof.~~



**Quality Council:** the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.

**Resource Committee:** the university Academic Resource Committee or equivalent university body

**Undergraduate Studies Committee (USC):** A standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents.

## SCOPE AND AUTHORITY

3. These Procedures apply to existing undergraduate and graduate degree and diploma programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to new degree programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities or other institutes.
4. For those programs that are offered in more than one mode, at different locations, or having complementary components (e.g., bridging options, experiential education options, etc.), the distinct versions of the program will be identified and reviewed.
5. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

## PROCEDURES

Procedures for program reviews involve six components: the review and enhancement of program learning outcomes; the development a self-study brief by the program under review; external evaluation to provide recommendations on program quality improvement; internal response to review and recommendations; preparation and approval of a final assessment report and implementation plan; and subsequent reporting on the implementation of recommendations. Individuals may use the templates provided at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe) as a guide to assist in the planning and implementation of the components of the cyclical review.

### 6. Review and Enhancement of Program Learning Outcomes

6.1. The IAT chair, in consultation with the IAT, will review and enhance the program learning outcomes, and map them to the degree level expectations (either undergraduate or graduate) set out by the Ministry.

a) The IAT will be required to participate in program learning outcome enhancement sessions where they will review and revise their program learning

outcomes. These revisions will lay the groundwork for the program for the upcoming seven years.

- b) With assistance from CIQE staff, the IAT will map these revised program-learning outcomes to the appropriate degree level expectations (DLEs).
- c) After the map to the degree level expectations is complete, the IAT will map their current course offerings to the revised program learning outcomes and analyze the results.
- d) The revised program learning outcomes and DLE map, once approved by the IAT, will be an appendix to the self-study document.

## **6.7. Self-Study Briefs**

**6.1.7.1.** The self-study brief will form the basis of the program review and must clearly set out the indicators of program quality, as outlined in the Evaluation Criteria, against which the program is to be assessed. The brief may also identify specific aspects of the program on which feedback is sought. A template for the proposal will be provided through the Centre for Institutional Quality Enhancement via the website at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe).

- a) Self-study briefs for each program under review must be prepared and reviewed by a Program Review Internal Assessment Team (IAT).
- b) The IAT is comprised of faculty, staff and students (current or recent graduate of the program) and appointed by the Faculty Dean.
- c) The IAT will work in collaboration with the Centre for Institutional Quality Enhancement (CIQE) to pull together key institutional data and other indicators of program quality that will inform the self-study.
- d) The brief should be broad-based, reflective and forward-looking and should demonstrate how the program advances the University's mission.
- e) The brief must also present evidence to support an assessment of the program requirements, program learning outcomes and degree level expectations, along with the human and physical resources involved.
- f) The brief should address any concerns and recommendations raised in previous reviews.
- g) The brief ~~may will~~ also identify specific aspects of the program on which feedback is sought, areas requiring improvement and those that hold

promise for enhancement, as well as academic services that directly contribute to the academic quality of the program.

- h) Upon its completion, the Faculty, and the Dean, will review the self-study brief to ensure that it presents the full range of evidence to support an assessment of program quality. The Dean may also highlight any areas of opportunity or institutional constraints that may need to be taken into account as part of the review.

## ~~7.1. Review and Enhancement of Program Learning Outcomes~~

~~7.1.1.1. The IAT chair, in consultation with the IAT, will review and enhance the program learning outcomes, and map them to the degree level expectations (either undergraduate or graduate) set out by the Ministry.~~

~~a) The IAT will be required to participate in program learning outcome enhancement sessions where they will review and revise their program learning outcomes. These revisions will lay the groundwork for the program for the upcoming seven years.~~

~~b)a) With assistance from CIQE staff, the IAT will map these revised program learning outcomes to the appropriate degree level expectations (DLEs).~~

~~c)a) After the map to the degree level expectations is complete, the IAT will map their current course offerings to the revised program learning outcomes and analyze the results.~~

~~d)a) The revised program learning outcomes and DLE map, once approved by the IAT, will be an appendix to the self-study document.~~

## 8. External Review and Reporting

8.1. The Dean, in consultation with the IAT, will recommend to the Provost, at least 5 faculty members to serve as external reviewers of the program.

- a) Reviewers must be tenured or equivalent, be active and respected in their field, have program management experience, and be at arm's length from the program under review.
- b) For undergraduate programs, two reviewers are required, with both being external to the university. At least one of the reviewers must currently be at a Canadian post-secondary institution.

- c) For graduate programs, three reviewers are required, with all three being external to the university. At least one of the reviewers must currently be at a Canadian post-secondary institution.
- d) For each External reviewer candidate, the recommendation must be accompanied by a rationale for the selection and a detailed biographical statement that outlines their academic expertise, administrative experience, accomplishments, and research.
- e) External reviewer forms are sent to CIQE to be reviewed and approved by the Provost. CIQE will contact approved reviewers to maintain arms-length process.

**8.2.** CIQE, in consultation with the Faculty, will organize a site visit to provide an opportunity for the reviewers to assess the standards and quality of the program and to prepare a report that addresses the University's Program quality review Evaluation Criteria.

- a) In advance of the visit, CIQE will send to the reviewers the unit's self-study brief, a cover letter by the Dean, along with any additional material or information that may be needed to inform the assessment.

b) On the first morning of the site visit, reviewers will have an opportunity to meet with the Provost, or designate, who will brief them on their roles and obligations as a reviewer.

b)c) During the site visit, reviewers will have an opportunity to meet with the IAT, and with other faculty, students, staff, senior academic administrators, and any others who can most appropriately provide informed comment, to discuss aspects of the self-study in the context of the program quality review criteria.

c)d) Reviewers will be required to respect the confidentiality of all aspects of the process and recognize the institution's autonomy to determine priorities for funding, space and faculty allocation.

**8.3.** Reviewers will submit a report to the Dean, which addresses the substance of the self-study and the program quality review Evaluation Criteria. A template for the report will be provided by CIQE through the Centre for Institutional Quality Enhancement.

- a) Normally, the report will be prepared jointly by the reviewers.
- b) Reviewers will be invited to acknowledge any clearly innovative aspects of the program together with recommendations on specific steps to be taken to improve the program, distinguishing between those the program can itself take, and those that require external action.

- c) Normally, the report will be completed within 30 days of the site visit.
- d) The Office of the Provost, through the Resource Committee, will review the report to ensure it meets the requirements stated in Article 8.3. Upon submission of the report, if additional details or clarification are needed from the reviewers, CIQE will reach out to the reviewers to request this in a revised report.

## 9. Response to Report

- 9.1. Upon receipt of the reviewers' report(s), the Dean and the IAT will consider its recommendations, including consideration of any financial or other resource implications.
  - a) The Program Chair, in consultation with the IAT, will prepare and send to the Dean a response to the report that will include a summary of the program strengths, opportunities for improvement and a response to the recommendations put forward by the reviewers. A template for the response will be provided through the Centre for Institutional Quality Enhancement.
  - b) Using the Program Chair/IAT's response report as a guideline, the Dean, working with the Office of the Provost, will prepare a plan of action for implementation that will include a separate response to the recommendations, a detailed description of the proposed action, timeline for acting on and monitoring the implementation of the recommendations, persons/area responsible for acting on the recommendations.
  - c) This report will be reviewed by the Provost, through the Resource Committee, to examine resource implications and allocations before review by USC/GSC. The Resource Committee will create a summary report of its review.

## 10. Approval Process

- 10.1. The Provost will then present the self-study brief, together with the reviewers' report(s), the Dean's and IAT's response, and the Office of the Provost Resource Committee's summary report to the appropriate standing committee of Academic Council (USC or GSC).
  - a) In those cases where the program review cycle includes both undergraduate and graduate programs, separate reviews will be conducted and reports will be submitted to the USC and GSC concerning the components-reviews relevant to the mandate of each committee.

- b) It is expected that these reports and recommendations will be afforded an appropriate level of confidentiality.
- 10.2. The ~~appropriate standing reviewing~~ committee of Academic Council (USC or GSC) will examine the outcomes of the review and prepare a Final Assessment Report (FAR).
- a) The FAR will synthesise the reports and recommendations resulting from the review, identifies the strengths of the program as well as the opportunities for program improvement and enhancement, and outlines the agreed-upon implementation plans for this improvement.
  - b) The FAR must also be accompanied by an Executive Summary of the outcomes of the review and associated implementation plan, exclusive of confidential information, that is suitable for publication.
  - ~~b)c)~~ Upon review, the Office of the Provost will approve the recommendations set out in the FAR's implementation plan.
- 10.3. The ~~Final Assessment r~~Reports will be sent to Academic Council, and the Board of Governors for information, and sent to the Quality Council as required under the Quality Assurance Framework. The summary reports are then posted on the Ontario Tech corporate website, ~~and sent to the Quality Council as required under the provincial quality assurance framework.~~

## **11. Subsequent Reporting and Monitoring of the Implementation of Recommendations**

- ~~10.4.~~11.1. Eighteen months following the completion of the review, the Office of the Provost will request from the Dean a brief follow up report that outlines the progress that has been made in implementing the agreed upon plans for improvement. The report will be sent to the Resource Committee for review.
- ~~10.5.~~11.2. If outstanding items remain from the implementation plan at the time of the eighteen-month report, the Resource CommitteeProvost will review these outstanding items with the Dean. The ProvostCommittee may recommend further monitoring of these items on a case-by-case basis.
- ~~10.6.~~11.3. A summary of the progress report will be approved by the appropriate standing committee of Academic Council (USC or GSC).
- 11.4. A summary of the progress report will be included in the reporting to Academic Council on program reviews.
- 11.5. The summary report is then posted on the Ontario Tech corporate website.

## **12. Review of Joint or Collaborative Programs**

- 12.1.** Joint programs, and other programs offered in collaboration with other post-secondary institutions, will ensure that the required quality assurance requirements of both institutions are met.
- 12.2.** When the program is held jointly with an institution that does not have an IQAP that has been ratified by the Quality Council, the Ontario Tech IQAP Policy and associated Procedures will apply with Ontario Tech as the leading institution.
- 12.3.** In cases where the program is held jointly with an institution that does have an IQAP ratified by the Quality Council, the Office of the Provost, through CIQE, will collaborate with the partner institution to develop a process and associated templates that will address all aspects requirements of each institution's IQAP. Specifically, the collaboration will address:
- a) The selection of external reviewers
  - b) Templates to be used for the single self-study and required reports from the external reviewers, program team, and Dean(s)
  - c) The location(s) or the site visit(s), timing for program review, and subsequent reporting
  - d) The development of a joint committee to review the program
  - e) The process for monitoring and reporting on the implementation of recommendations after the review
  - f) The lead institution for the purposes of submission to the Quality Council

## **MONITORING AND REVIEW**

**11.13.** These procedures will be reviewed as necessary and at least every three years. The Office of the Provost, through the Center for Institutional Quality Enhancement, coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

## **RELEVANT LEGISLATION**

**12.14.** ~~Ontario Universities Council on Quality Assurance – Quality Assurance Framework~~

## **RELATED POLICIES, PROCEDURES & DOCUMENTS**

| [Ontario Universities Council on Quality Assurance - Quality Assurance Framework](#)

| Institutional Quality Assurance Policy

| [Academic Resource Committee Terms of Reference](#)

Program Nomenclature Directives

Protocols associated with consultation/development of Indigenous curriculum





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## NEW PROGRAM PROCEDURES

### PURPOSE

1. The purpose of these Procedures is to establish a consistent process for the planning and establishment for any new degree or diploma program at the University.

### DEFINITIONS

2. For the purposes of these procedures the following definitions apply:

**Academic Council:** the most senior academic governance body of the institution

**Academic Unit:** a Faculty or combination of Faculties offering a Program

**Cyclical Program Review:** to critically examine the components of a program with the assistance of outside reviewers with the goal of improving the quality of the program for students. A program review's purpose is not solely to demonstrate the positive aspects of the program, but also to outline the challenges and concerns that will lead to improvements for the future

**Degree Program:** a complete set and sequence of courses, combination of courses and/or other units of study, research and practice prescribed by the university to fulfill the requirements for a particular degree

**Diploma Program:** a complete set and sequence of courses, combination of courses and/or other units of study and practice prescribed by the university to fulfill the requirements for a particular diploma

**Faculty Council:** established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level

**Graduate Diploma:** A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement a graduate degree program, and to provide specialization, sub-specialization or inter- or multi-disciplinary qualification. A graduate diploma is comprised of at least 12 credit hours of graduate level

study. Graduate diplomas are classified as concurrent graduate diplomas (type 2) and direct-entry (type 3) graduate diplomas, consistent with the requirements as set out by the Council of Ontario Universities:

- a) **A concurrent graduate diploma** is offered in conjunction with a specified master's or doctoral degree, the admission to which requires that the candidate be already admitted to the master's or doctoral degree. It requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree
- b) **A direct-entry graduate diploma** is a stand-alone, direct-entry program, developed by a unit already offering a related masters (and sometimes doctoral) degree, and designed to meet the needs of a particular clientele or market. Ontario Tech type 3 graduate diplomas may include non-degree credit courses to a maximum of 30% of the total program credit hours

**Graduate Studies Committee (GSC):** a standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents

**Ministry:** the Ontario Ministry governing the affairs of Colleges and Universities

~~**Ministry:** the Ontario Ministry of Training, Colleges and Universities or equivalent thereof~~

**New Program:** ~~any new offering that has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by the university. any degree, degree program, or major, currently approved by Academic Council and the Board of Governors, which has not been previously approved 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 Procedure, a "new program" is brand new: that is to say, the program has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by Ontario Tech University.~~ The final determination of whether a proposed offering constitutes a new program will rest with the Provost.

**Program:** A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma)

**Quality Council:** the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government

Resource Committee: the university Academic Resource Committee or equivalent university body

Undergraduate Diploma: A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement an undergraduate degree program. An undergraduate diploma is comprised of 18-30 credit hours of undergraduate level study

- a) A concurrent undergraduate diploma is offered in conjunction with an undergraduate degree, which requires that the candidate be already admitted to an undergraduate degree
- b) A direct-entry undergraduate diploma is a stand-alone, direct-entry program, developed by a unit already offering a related undergraduate or graduate

**Undergraduate Studies Committee (USC)** – a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents

#### SCOPE AND AUTHORITY

3. These procedures apply to new cost-recovery or government funded undergraduate and graduate Degree or Diploma ~~programs~~ whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to new Degree ~~programs~~ offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.
4. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

#### PROCEDURES

Procedures for new Degree ~~Programs~~ involve seven components which will be undertaken in order: submission of a Notice of Intent to be approved by the Provost that demonstrates the program's fit with the Strategic Mandate Agreement of the university and the Academic Plan of the Faculty(ies) offering the program; development a proposal brief by the initiating program; external evaluation to provide an assessment of program quality; internal response to assessment; internal approval of proposal; submission of proposal to the Quality Council and Ministry as appropriate; and subsequent review of the program as part of the university's program review process.

New Diploma Programs are not subject to external review. Procedures for new Diploma Programs involve five components which will be undertaken in order: submission of a Notice of Intent to be approved by the Provost that demonstrates the program's fit with the Strategic Mandate Agreement of the university and the Academic Plan of the Faculty(ies) offering the program; development a proposal brief by the initiating program; internal approval of proposal; submission of proposal to the Quality

Council and Ministry as appropriate; and subsequent review of the program as part of the university's program review process.

Individuals may use the templates provided at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe) to assist in the planning and implementation of the components of New Program development.

## **5. New Degree Programs**

### **5.1. Notice of Intent and Consultation**

Faculties that wish to propose new Degree Programs will first complete a Notice of Intent form available through the Centre for Institutional Quality Enhancement (CIQE) website at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe). The Notice of Intent will facilitate the necessary consultation at the beginning of the planning stages, but will not replace ongoing communication and consultation throughout the process.

- 5.1.1.** All New Programs, must be approved by the Provost through the NOI to ensure that any resource requirements are appropriately addressed before work on the proposal proceeds.
- 5.1.2.** In the planning for any New Program, the Dean, in consultation with the Provost, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the New Program on existing Programs must also be examined, and consideration must be given to possible collaborations with other units ~~and the possibility of obtaining additional funds from internal or external sources.~~
- 5.1.3.** In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation, including the Provost, the Registrar or the Dean of Graduate Studies, and the Chief Librarian. Staff and faculty wishing to develop New Programs related to Indigenization and reconciliation, or that contain Indigenous content, must also consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

### **5.2. Proposal Briefs**

Detailed proposals for all new Degree Programs must be prepared by the proponents and feedback provided by ~~the Faculty curriculum committee and~~ Faculty Council. The proposal brief must clearly set out the rationale for the Program, including the ways in which the program advances the university's mission and mandate, and addresses the need and demand for graduates of the Program. The proposal must also detail how the Program fits within the strategic vision of the University and the Faculty(ies), the requirements of the Program, along with details of the human, physical and financial resources required. A template for the

proposal will be provided through CIQE via the website at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe). Proposal briefs for new Degree Programs must address the Evaluation Criteria as outlined in the Quality Assurance Framework, and also minimally include the following:

- a) The rationale for the Program, fit with the University's and Faculty's strategic direction, background on the Program's development, a Program abstract, and evidence of student demand and societal need. It will also note any duplication with existing post-secondary programs at other institutions.
- b) A fully developed section outlining the Program learning outcomes and alignment with the provincial degree level expectations; admission requirements; program structure; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes. The program and course learning outcomes will be developed and aligned to the provincial degree level expectations through faculty participation in learning outcome development sessions hosted by ~~the Centre for Institutional Quality Enhancement CIQE~~. Should the curriculum contain any Indigenous content, evidence of consultation and approval in accordance with the current procedures for Indigenous consultation will be provided.
- c) A list will be provided of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the Program; physical resource requirements, with how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements.
- d) A summary statement of funding required to support the Program and a statement of current resource availability will be included.

### 5.3. External Review and Report

5.3.1. Prior to external review, the Office of the Provost, through the Resource Committee, will review the draft proposal to ensure that all operational and financial issues and Evaluation Criteria have been adequately considered and addressed.

#### 5.3.2. External Reviewers

For new Degree Programs, the Dean, in consultation with the Faculty curriculum committee, will recommend to the Provost the names of at least 5 individuals ~~those~~ who may serve as reviewers of the Program. One reviewer will be engaged to review undergraduate programs, and two reviewers will be engaged to review graduate programs. All reviewers must be external to the University, tenured or equivalent, have program management experience at another university, and be at arm's length to the

program under review. CIQE will provide guidance on meeting the arm's length requirement. Recommendations for external reviewers must be accompanied by a rationale for the selection and a brief biographical statement and/or *curriculum vitae* for each candidate.

### 5.3.3. Site Visit

The Office of the Provost, through the CIQE, will organize a two-day site visit to provide an opportunity for the reviewers to assess the standards and quality of the proposed Program. For undergraduate programs, the review may also be conducted by video conference or equivalent method if the reviewer is satisfied that the off-site option is acceptable. At the beginning of the site visit, or prior to the desk audit, the Provost or their designate will meet with the reviewer(s) to outline the process for review and the roles and responsibilities of the reviewer.

### 5.3.4. External Reviewers' Report

5.3.4.1. The reviewer(s) will submit to the Dean, using a template provided, a report that appraises the standards and quality of the proposed program and addresses ~~the University's Program Quality Review Criteria as set out in the Institutional Quality Assurance Policy~~ the Evaluation Criteria. Reviewers will be invited to acknowledge any clearly innovative aspects of the proposed program together with recommendations ~~on any essential or otherwise desirable modifications to the program~~. Normally, the report will be prepared within 30 days of the site visit.

~~5.3.4.1.~~5.3.4.2. The Office of the Provost, through the Resource Committee, will review the report to ensure it meets the requirements stated in Article 7.4. Upon submission of the report, if additional details or clarification are needed from the reviewers, CIQE will reach out to the reviewers to request this in a revised report.

~~5.4. New for credit Diploma Programs are not subject to the external review and reporting processes described in Articles 7 and 8.~~

~~— Specifically, Faculties that wish to propose new for credit diploma programs must submit a NOI as described in Article 5 and complete a proposal that addresses the Evaluation Criteria as outlined in the Quality Assurance Framework, and minimally include the requirements outlined in Article 6.~~

~~a) Proposals are exempt from the External Review and Report (Article 7) and the Response to Report (Article 8).~~

### ~~5.4.1.~~5.3.5. Response to Report

~~5.4.1.1-5.3.5.1.~~ Upon receipt of the reviewers' assessment, the Dean ~~with and~~ the ~~Faculty curriculum program~~ committee will consider the recommendations of the report. ~~and prepare a response.~~

~~5.4.1.2-5.3.5.2.~~ The program committee will send to the Dean a response to the external reviewer(s)' report that will include a list of changes that can be made to the proposal based on the reviewer(s)' recommendations.

~~5.4.1.3-5.3.5.3.~~ Using the program committee's report as a guideline, the Dean will prepare a response.

~~5.4.1.4-5.3.5.4.~~ The program committee, working with the Dean, will amend the proposal and append to it a final list of changes made based on the recommendations and the program committee's and Dean's responses to the external report.

#### **5.5.5.4. Internal Approval Process**

~~5.5.1-5.4.1.~~ The proposal brief, together with the reviewers' report and the Dean's and ~~Faculty program curriculum~~ committee's responses, where required, will be reviewed and approved by the Faculty Council(s).

~~5.5.2-5.4.2.~~ The proposal will then be presented to the appropriate standing committee of Academic Council (GSC or USC) who will prepare a recommendation to Academic Council. The proposal will then be sent to Academic Council for review and approval, through the Executive Committee. Proposals are also subject to final approval by the University Board of Governors.

#### **5.6.5.5. Submission of New Degree Programs to the Quality Council and the Ministry**

~~5.6.1-5.5.1.~~ Once internal approvals for new ~~Degree Pp~~ programs have been obtained, the program proposal must be submitted to the Quality Council for review.

~~5.6.2-5.5.2.~~ Following a new Degree Program's submission to the Quality Council, the University may announce its intent to offer the Program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until approval is received.

~~5.6.3-5.5.3.~~ Once submitted to the Quality Council, the proposal will be subject to the Initial Appraisal Process and may require further development or revision prior to approval.

~~5.6.4-5.5.4.~~ After a Degree Program is approved to commence by the Quality Council, ~~or a Diploma is submitted to the Quality Council,~~ the Program will begin within thirty-six months of that date of approval, otherwise the approval will lapse.

~~5.6.5.5.5.5.~~ If a review is required for funding purposes, the ~~proposal~~ proposed Degree Program will also be submitted to the Ministry.

## 6. New Diploma Programs

### 6.1. Notice of Intent and Consultation

Faculties that wish to propose new Diploma Programs will first complete a Notice of Intent form available through the Centre for Institutional Quality Enhancement (CIQE) website at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe). The Notice of Intent will facilitate the necessary consultation at the beginning of the planning stages, but will not replace ongoing communication and consultation throughout the process.

**6.1.1.** All New Programs, must be approved by the Provost through the NOI to ensure that any resource requirements are appropriately addressed before work on the proposal proceeds.

**6.1.2.** In the planning for any New Program, the Dean, in consultation with the Provost, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the New Program on existing Programs must also be examined, and consideration must be given to possible collaborations with other units ~~and the possibility of obtaining additional funds from internal or external sources.~~

**6.1.3.** In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation, including the Provost, the Registrar or the Dean of Graduate Studies, and the Chief Librarian. Staff and faculty wishing to develop New Programs related to Indigenization and reconciliation, or that contain Indigenous content, must also consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

### 6.2. Proposal Briefs

Detailed proposals for all new Diploma Programs must be prepared by the proponents and feedback provided by ~~the Faculty curriculum committee and~~ Faculty Council. The proposal brief must clearly set out the rationale for the Program, including the ways in which the program advances the university's mission and mandate, and addresses the need and demand for graduates of the Program. The proposal must also detail how the Program fits within the strategic vision of the University and the Faculty(ies), the requirements of the Program, along with details of the human, physical and financial resources required. A template for the proposal will be provided through CIQE via the website at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe). Proposal briefs for new Degree Programs must address the Evaluation Criteria as outlined in the Quality Assurance Framework, and also minimally include the following:



- e) The rationale for the Program, fit with the University's and Faculty's strategic direction, background on the Program's development, a Program abstract, and evidence of student demand and societal need. It will also note any duplication with existing post-secondary programs at other institutions.
- f) A fully developed section outlining the Program learning outcomes and alignment with the provincial degree level expectations; admission requirements; program structure; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes. The program and course learning outcomes will be developed and aligned to the provincial degree level expectations through faculty participation in learning outcome development sessions hosted by ~~the Centre for Institutional Quality Enhancement CIQE~~. Should the curriculum contain any Indigenous content, evidence of consultation and approval in accordance with the current procedures for Indigenous consultation will be provided.
- g) A list will be provided of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the Program; physical resource requirements, with how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements.
- h) A summary statement of funding required to support the Program and a statement of current resource availability will be included.

### **6.3. Internal Approval Process**

- 6.3.1. The proposal brief will be reviewed and approved by the Faculty Council(s).
- 6.3.2. The proposal will then be presented to the appropriate standing committee of Academic Council (GSC or USC) who will prepare a recommendation to Academic Council. The proposal will then be sent to Academic Council for review and approval, through the Executive Committee. Proposals are also subject to final approval by the University Board of Governors.

### **6.4. Submission of New Diploma Programs to the Quality Council and the Ministry**

- 6.4.1. Once internal approvals for new Graduate Diploma Programs have been obtained, the program proposal must be submitted to the Quality Council for review.
- 6.4.1.1. Graduate Diploma Programs are subject to Expedited Review at the Quality Council. Only the applicable Evaluation Criteria will be applied to the proposal.

Furthermore, the Council's appraisal and approval processes are reduced, as outlined in the Quality Assurance Framework Section 3.2.

6.4.1.2. Following a new Graduate Diploma Program's submission to the Quality Council, the University may announce its intent to offer the Program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until approval is received.

6.4.1.3. Once submitted to the Quality Council, the proposal may require further development or revision prior to approval.

6.4.1.4. After a Graduate Diploma Program is approved to commence by the Quality Council, the Program will begin within thirty-six months of that date of approval, otherwise the approval will lapse.

6.4.2. Undergraduate Diploma Programs are not subject to approval or audit by the Quality Council. The University may elect to submit the proposal to the Quality Council for review, in which case the Program will be subject to Expedited Review. Only the applicable Evaluation Criteria will be applied to the proposal. Furthermore, the Council's appraisal and approval processes are reduced, as outlined in the Quality Assurance Framework Section 3.2.

6.4.3. If a review is required for funding purposes, the proposed Degree or Diploma Program will also be submitted to the Ministry.

## **7. Development of Joint or Collaborative Programs**

6.4.7.1. Joint Programs, and other Programs offered in collaboration with other post-secondary institutions, will ensure that the required quality assurance requirements of both institutions are met.

7.2. When the program will be held jointly with an institution that does not have an IQAP that has been ratified by the Quality Council, the Ontario Tech IQAP Policy and associated Procedures will apply with Ontario Tech as the leading institution.

7.3. In cases where the program is held jointly with an institution that does have an IQAP ratified by the Quality Council, the Office of the Provost, through CIQE, will collaborate with the partner institution to develop a process and associated templates that will address all requirements of each institution's IQAP. Specifically, the collaboration will address:

6.4.1.7.3.1. The selection of external reviewers

7.3.2. Templates to be used for a single proposal brief and required reports from the external reviewers, program team, and Dean(s)

7.3.3. The location(s) of the site-visit(s), timing for Program development and approval pathway

7.3.4. The development of a joint committee to develop the Program

6.4.2-7.3.5. The process for monitoring and reviewing the Program after approval

7.3.6. The lead institution for the purposes of submission to the Quality Council and the Ministry

## **7.8. Subsequent Monitoring and Review of Academic Programs**

7.1-8.1. At the time of first intake into the Program, CIQE, working with the Office of Institutional Research and Analysis, will prepare an initial report that will review new course requirements and enrolment data. This report will be reviewed by the Office of the Provost, through the Resource Committee, to assess any issues that may arise and determine if alternate plans are required to ensure the overall success of the Program.

8.2. One year after the launch of the Program, CIQE, working with the Academic Unit, will prepare a report that will review enrolment and admissions data, learning outcomes, and other key metrics to assess New Program effectiveness. This report will be reviewed by the Office of the Provost, through the Resource Committee, to assess any issues and determine if alternate plans are required to ensure the overall success of the Program.

8.3. Should any recommendations arise from the one-year report, Additional monitoring and review may be required at the request of the Office of the Provost or the Resource Committee. An 18-month report monitoring report, if required, will analyze key curricular and student data (e.g. student evaluations, GPA, retention data, etc.) as well as address the recommendations from the initial report. Pending review, further documentation may be required for ongoing monitoring.

7.2-8.4. New Programs will then be reviewed and refined on an ongoing basis in accordance with the Institutional Quality Assurance Policy. Specifically, Approved Programs will be entered into the schedule of academic program reviews and the first review will take place no more than eight years after the start of the Program, and every eight years hence, in accordance with the University's Cyclical Program Review Procedures.

## **MONITORING AND REVIEW**

8.9. These Procedures will be reviewed as necessary and at least every three years. The Office of the Provost, through the Center for Institutional Quality Enhancement CIQE, coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

**RELEVANT LEGISLATION**

**9.10.** ~~[Ontario Universities Council on Quality Assurance – Quality Assurance Framework](#)~~

**RELATED POLICIES, PROCEDURES & DOCUMENTS**

~~[Ontario Universities Council on Quality Assurance - Quality Assurance Framework](#)~~

Institutional Quality Assurance Policy

[Academic Resource Committee Terms of Reference](#)

Cyclical Program Review Procedures

Program Nomenclature Directives

Protocols associated with consultation/development of Indigenous curriculum



Classification Number	ACD 1501.XX
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
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## PROGRAM CLOSURE PROCEDURES

### PURPOSE

1. The purpose of these Procedures is to establish a consistent process for defining and documenting the closure of a Program as outlined in the Institutional Quality Assurance Process (IQAP).

### DEFINITIONS

2. For the purposes of these procedures the following definitions apply:

**Faculty Council:** established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level

**Graduate Studies Committee (GSC):** a standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents.

**Program:** A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma).

**Major Program Modifications:** those modifications that constitute a significant change to the design and delivery of an existing program.

**Ministry:** the Ontario Ministry governing the affairs of Colleges and Universities.

~~**Ministry:** the Ontario Ministry of Training, Colleges and Universities or equivalent thereof.~~

**Quality Council:** the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.

**Undergraduate Studies Committee (USC)** – a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents.

### **SCOPE AND AUTHORITY**

3. These procedures apply to undergraduate and graduate degree and diploma programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to degree or diploma programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.
4. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

### **PROCEDURES**

The Centre for Institutional Quality Enhancement will provide access to an electronic workflow tracking system and electronic repository of required proposals. Individuals may use the templates and information provided at [www.ontariotechu.ca/ciqe](http://www.ontariotechu.ca/ciqe) as a guide to assist in the planning of the changes prior to implementing proposals in the electronic system.

#### **5. Program Closure**

- 5.1. When, in accordance with the Institutional Quality Assurance Policy, it has been determined that a Program should be closed, the Dean will consult with the Faculty Council.
- 5.2. Once the Dean has received feedback from Faculty Council, a Major Program Modification – Program Closure electronic proposal is required to be completed in its entirety by the Dean or designate within the Faculty.
- 5.3. The Major Program Modification – Program Closure will include evidence that appropriate consultation has taken place and electronic proposals must minimally include the following:
  - a) A brief summary of rationale for the program removal.
  - b) A brief description of the program being removed and the current Calendar copy.

- c) A brief background on the existing program and detailed rationale for its removal; the proposed implementation date and detailed internal transition plan including impact on faculty members, other academic and non-academic human resources, or external agencies; and planned administrative steps and communication.
- d) Detailed transition plan for current and potential students; planned communication; maximum number of semesters for current students to complete the program; alternative programs and process for student transfer.
- e) A complete list of any courses being closed and the transition plan for each; a list of courses which will undergo required changes but are not being removed, a transition plan for each, and attached Course Change proposals.
- f) An outline of areas consulted, including an account of the process of consultation related to Indigenous content, where appropriate.

**5.3.1.** To be removed from the academic calendars for the subsequent academic year, the Major Program Modification – Program Closure must be received by the Centre for Institutional Quality Enhancement (CIQE) no later than the end of November.

- 5.4.** Completed proposals must be presented to the Faculty Council for information and then submitted to CIQE. CIQE will prepare a detailed report of the impacts of the Program closure for presentation to the appropriate standing committee of Academic Council (USC or GSC) for discussion as part of the consultation process.
- 5.5.** CIQE will record any concerns raised by the standing committee and prepare a report of impacts and concerns for the Provost. The Provost will also receive a copy of the Major Program Modification – Program Closure proposal.
- 5.6.** The Provost will then submit their recommendation for Program closure, detailing the process and transition recommendations, to the Executive Committee of Academic Council, and subsequently to the Academic Council for final review and approval.
- 5.7.** When the Program closure has been approved by the Academic Council, the President will then inform the Board of Governors of the decision and the reasons for it. Major Program Modifications – Program Closure are reported annually to the Quality Council and the Ministry.

## **6. If Academic Council Does not Approve the Program Closure**

- 6.1.** When, in accordance with the Institutional Quality Assurance Policy, Academic Council does not approve the program closure, Academic Council will strike a three-person Committee of its members to be chaired by the President or designate.
- 6.2.** The Committee will seek the views of the Faculty Council, the Dean of the Faculty or School, the Dean of any related Faculty or School, the Provost, the Registrar, and at least one external assessor. The Committee will also invite all faculty members who teach in the program to comment if they wish to do so.
- 6.3.** The Committee will, within 60 days, issue a report to the Board of Governors that presents the results of the investigations and makes one or more recommendations.  
  
The Committee will discuss its conclusions with the Provost and the appropriate Dean(s) before forwarding its report to the Board of Governors.
- 6.4.** The decision of the Board on the closure of the program is final.

## **7. Procedures for the Phase-Out of Closed Programs**

- 7.1.** In consultation with the Dean of the Faculty in which the program resides, the Registrar, or designate, will prepare an official list of all students currently enrolled in the program.
- 7.2.** The Dean will prepare correspondence to notify all enrolled students of the closure and provide information on the following:
  - a)** The date by which the program must be completed in order to receive the specified degree from the University;
  - b)** A brief description of the program being removed and the current Calendar copy. The last semester and year in which each course required for the program will be offered;
  - c)** The availability of closely related programs offered by the University to which the student may transfer;
  - d)** The extent to which transfer work, substitutions, etc., may be considered in meeting the requirements of the program.
- 7.3.** Once the decision to close the program has been made, the program will no longer accept applicants and it will be removed from the website and academic calendar.



## MONITORING AND REVIEW

8. This procedure will be reviewed as necessary and at least every three years. The Provost's Office, through the Center for Institutional Quality Enhancement, coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost, or successor thereof, is responsible to monitor and review this Policy.

## RELEVANT LEGISLATION

~~9.1. [Ontario Universities Council on Quality Assurance - Quality Assurance Framework](#)~~

## RELATED POLICIES, PROCEDURES & DOCUMENTS

[Ontario Universities Council on Quality Assurance - Quality Assurance Framework](#)  
Institutional Quality Assurance Policy  
Program Nomenclature Directives  
Faculty and Staff Collective Agreements  
Protocols associated with consultation/development of Indigenous curriculum