

ACADEMIC COUNCIL REPORT

SESSION:

Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

DATE: 28 July 2020

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

SUBJECT: Ontario Tech Quality Assurance Audit

MANDATES:

- Under the direction of the Provost, the Center for Institutional Quality Enhancement (CIQE) is responsible for coordinating quality enhancement and continuous program improvement.
- 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) and auditing all universities in Ontario on their QA processes once every 8 years.

BACKGROUND/CONTEXT & RATIONALE:

- All universities in Ontario are audited once every eight years as outlined by the Quality Assurance Framework (QAF). The objective of the audit is to determine whether or not the institution has complied with the provisions of the Institutional Quality Assurance Process (IQAP). The auditors are at arms-length.
- A representative sample of new programs, major modifications and cyclical program reviews is chosen for the audit. A desk audit of all documentation associated with the program process is conducted as well as an on-site visit to meet with representatives from the programs to determine compliance with the required processes.

IMPLICATIONS:

- The auditors found no “causes for concern” with our quality assurance processes.
- The auditors noted that “Ontario Tech University has firmly embraced the quality assurance process and seeks to make improvements on an ongoing basis” and “the auditors left the site visit confident that Ontario Tech University’s commitment to quality assurance—as it relates to teaching, learning, and research—is both deep and genuine.”
- Those involved in the audit are thanked for their participation. The auditors appreciated the open and collegial conversations they were able to have with all those involved.

NEXT STEPS:

- The [Summary Report](#) will be posted on the Ontario Tech and Quality Council websites, and a copy of the link will be provided to OCAV, COU, and MCU. Members of these groups may request the Final Report from the Secretariat

- Within one year the University is required to provide to the Quality Council a one-year follow-up report that notes the steps it has taken to address the recommendations. This report will be sent to Academic Council. Further action may be required at that time, at the request of the Quality Council.
- Many of the recommendations have already been implemented through the changes to the IQAP approved by Academic Council in June.

SUPPORTING REFERENCE MATERIALS:

- Audit Report



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

**REPORT ON THE
QUALITY ASSURANCE AUDIT OF
ONTARIO TECH UNIVERSITY**

JUNE 2020

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Introduction to Ontario Tech University's

Quality Assurance Audit

Originally called University of Ontario Institute of Technology when it was established by an act of the Ontario Legislature on June 27, 2002 and opened in 2003, Ontario Tech University was rebranded in 2019. Today it has approximately 10,000 students (9,300+ undergraduate and 700+ graduate) enrolled on two locations in Oshawa (North and Downtown). It is a small but growing institution focusing on a technology-enriched learning environment and on research in technology, science and professional practice. It is particularly known for its innovative use of technology in teaching and learning, and for its mission of “technology with a conscience.”

Quality assurance policy, practice and procedures at Ontario Tech University are governed by the University's Institutional Quality Assurance Process (IQAP), which consists of a policy that was ratified by the institution and approved by the Quality Council in 2011. The IQAP outlines procedures for New Program Proposals, Cyclical Program Reviews and curricular changes, including Modifications. At Ontario Tech University, Academic Program areas develop these Quality Assurance documents with the assistance of Deans and Faculty Curriculum Committees on their way to approval by Faculty Councils, and then to the Undergraduate Studies or Graduate Studies Committees, as appropriate. A new body, the Academic Resource Committee, also comments on resource implications in the early stages. Finally major proposals and reviews are thus approved for transmission to the Academic Council for approval and to the Board of Governors for information. The original Quality Assurance Office then reported to the Associate Provost, Academic. It was renamed in 2016 as the Center for Institutional Quality Enhancement (CIQE), and it has since grown in staff and taken on responsibilities of academic quality reviews, administrative reviews, and overall institutional enhancement. In 2018-19, CIQE also became responsible for coordinating academic calendars and centralized secretariat support to committees reporting to Academic Council. The office then moved to reporting to the Assistant Vice-President, Planning and Analysis, who reports to the Provost. Currently, CIQE manages New Program Proposals, Cyclical Program Reviews and curriculum changes. This includes responsibility for sets of detailed templates in support of the processes described in the IQAP.

In 2018, the University undertook a year-long consultation process to revise its IQAP and some enhancements were made. These revisions were approved by Academic Council and recently submitted to the Quality Council for re-ratification. The Quality Council subsequently requested further revisions to the IQAP to bring it in line with the requirements of the Quality Assurance Framework (QAF), which were being considered by the University as of the time of the audit site visit.

AUDIT PROCESS

The QAF specifies that each university in Ontario will be audited once every eight years, with the objective of determining whether or not the institution, since the last audit, has complied with the provisions of its Institutional Quality Assurance Process (IQAP) for Cyclical Program

Reviews (CPRs) as ratified by the Ontario Universities Council on Quality Assurance (Quality Council).

The Quality Council establishes a panel of auditors in collaboration with the Ontario Council of Academic Vice-Presidents (OCAV) (QAF 5.1).

Assignment of no fewer than three auditors

The first step in the audit process is the assignment of no fewer than three auditors, by the Senior Academic Director of the Quality Council, to conduct the institutional audit (QAF 5.2.1). The auditors selected are at arm's length from the institution that is undergoing the audit. They are accompanied on the audit visit by member(s) of the Quality Assurance Secretariat. The following comprised the audit team for the Ontario Tech University audit (see brief biographical information in Appendix A).

- Dr. Douglas McDougall, University of Toronto
- Dr. Sarah McKinnon, OCAD University
- Dr. Bruce Tucker, University of Windsor
- Ms. Cindy Robinson, Quality Council Secretariat support
- Ms. Hillary Barron, Quality Council Secretariat support

Auditors' independent selection of programs for audit

The next step in the audit process (QAF 5.2.2) involves the auditors independently selecting programs for audit, typically four undergraduate and four graduate programs. At least one of the undergraduate programs and one of the graduate programs will be a New Program or Major Modification to an Existing Program approved within the period since the previous audit.

The Senior Academic Director of the Quality Council authorizes the proposed selection, assuring, for example, a reasonable program mix. Specific programs may be added to the sample when an immediately previous audit has documented causes for concern, and when so directed in accordance with QAF 5.2.5 b. When the institution itself so requests, specific programs may also be audited. The auditors may consider, in addition to the required documentation, any other elements and related documentation stipulated by the institution in its IQAP.

The auditors selected the following Ontario Tech University programs for audit:

New Programs:

- Forensic Psychology, MSc, PhD
- Liberal Studies, BA

Cyclical Program Reviews:

- Communication and Digital Media Studies, BA
- Education, MA
- Mechanical Engineering, BEng
- Nursing, BSc

Expedited Approval of New Program:

- Accounting, GDip (Type 3)

Major Modifications:

- Applied and Industrial Mathematics, BSc
- Operations, BComm

Desk Audit of Institutional Practices

Step 3 involves a desk audit of the institutional quality assurance practices (QAF 5.2.3). Using the institution's records of the sampled cyclical program reviews and associated documents, this audit tests whether the institution's practice conforms to its own IQAP, as ratified by the Quality Council.¹ It is essential that the auditors have access to all relevant documents and information to ensure a clear understanding of the institution's practices. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate the conduct of an effective and efficient on-site visit. The documentation to be submitted for the programs selected for audit includes all documents and other information associated with each step of the institution's IQAP, as ratified by the Quality Council, and the record of any revisions of the institution's IQAP, as ratified by the Quality Council. Institutions may provide any additional documents at their discretion.

During the desk audit, the auditors will also determine if the institution's web-based publication of the executive summaries of the Final Assessment Reports, and subsequent reports on the implementation of the review recommendations for the programs included in the current audit, meet the requirements of QAF 4.2.6. The auditors undertake to preserve the confidentiality required for all documentation and communications and meet all applicable requirements of the *Freedom of Information and Protection of Privacy Act (FIPPA)*. All documents reviewed by the audit team are available on the Quality Assurance Management System (QAMS).

On-Site Visit at Institution

¹ Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process that applies at the time the review is conducted.

The auditors conducted an on-site visit with Ontario Tech University from February 24 – 26, 2020. The site visit schedule is included in Appendix B. The purpose of the on-site visit is for the university to answer the auditors' questions and to address information gaps that may have arisen during the desk audit. The visit allows the auditors to get "a sufficiently complete and accurate understanding of the institution's application of its IQAP so that they can meet their audit responsibilities" (QAF 5.2.4).

Preparation of Audit Report

The audit report is produced following the site visit. As per QAF 5.2.5, the audit report provides a status report on the programs selected for audit. The status report will note the degree of compliance with the institution's IQAP as well as any notably effective policies or practices revealed in the course of the audit. Where appropriate, the report will make suggestions and recommendations and identify any causes for concern, as defined in QAF 5.2.5:

- **Suggestions** will be forward-looking and are made by auditors when they identify opportunities for the institution to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good and, even on occasion, best practices. Institutions are under no obligation to implement or otherwise respond to the auditors' suggestions, although they are encouraged to do so.
- **Recommendations** are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the Quality Assurance Framework. The institution must address these recommendations.
- **Causes for concern** are potential structural weaknesses in quality assurance practices that auditors may identify (for example, when, in two or more instances, the auditors identify inadequate follow-up monitoring; a failure to make the relevant implementation reports to the appropriate statutory authorities; or the absence of the Manual).

The auditors prepare a draft report and a summary of the principal findings suitable for publication. The Quality Council Secretariat forwards a copy of both to the institution for comment. This consultation is intended to ensure that the report and associated summary do not contain errors or omissions of fact. The institution submits a response to the draft report and associated summary within 60 days. The auditors may use this response to revise their report and/or associated summary before submitting them to the Senior Academic Director of the Quality Council who presents them to the Audit Committee. The Audit Committee reviews the report and associated summary and recommends approval to the Quality Council (QAF 5.2.6).

The Quality Council Secretariat forwards the approved report and associated summary to the institution, to the OCAV, the Council of Ontario Universities (COU), and the Ministry of Colleges and Universities (MCU) for information (QAF 5.2.7). The approved summary of the overall findings, together with a record of the recommendations, are posted on the website of the Quality Council. These are also forwarded to the institution for them to post on their website

(QAF 5.2.8).

Within a year of the publication of the final audit report, the institution will inform the auditors, through the Secretariat, of the steps it has taken to address the recommendations. The auditors will draft a response commenting on the scope and adequacy of the institution's response, together with a draft summary of their commentary, suitable for publication. The auditors' response and summary are then submitted to the Audit Committee, which considers them and makes a recommendation to the Quality Council regarding the acceptability of the institutional one-year follow-up response (QAF 5.2.9). The auditors' summary of the scope and adequacy of the institution's response is posted on the Quality Council website and a copy is sent to the institution for publication on its website; copies are also sent to OCAV, COU and MCU for information (QAF 5.2.10).

Introduction

The auditors recognize that the audit process is both complex and time-consuming for all sectors of the University, from staff and students to faculty and administration. Ontario Tech University provided auditors with extensive and virtually complete documentation for the audit well in advance of the site visit. Requests for additional information and documentation were handled in a timely manner. The site visit, always an intense constellation of meetings over a three-day period, was very well planned, and auditors commend those responsible for organizing the meetings and offer their thanks for the hospitality and assistance they received throughout their stay.

It was clear to the auditors from the outset that Ontario Tech University has firmly embraced the quality assurance process and seeks to make improvements on an ongoing basis. Transitioning into the implementation of an institution's IQAP is itself a complex process and Ontario Tech University has navigated that task very well. Those responsible for making that transition work are to be commended. The auditors left the site visit confident that Ontario Tech University's commitment to quality assurance—as it relates to teaching, learning, and research—is both deep and genuine.

In what follows, the report is broken up into five sections: Commendations and Best Practices (observations the auditors have, based on their Ontario Tech University audit and their QA system knowledge about how to do an even better job); Recommendations; Suggestions; Conclusion; and Status Reports on the Programs Reviewed.

Commendations and Best Practices

Commendations: Commendations recognize institution-wide instances of substantial support for the quality assurance agenda.

During the site visit, the auditors heard fulsome praise for the CIQE Office and the central direction and consistent support services it provides. In particular, the Audit team appreciated the hard work of the Director, and those who were interviewed by the auditors commended the support they had received. The oversight function of the office and its consistent flow of communication to others were clear and timely during review processes. Auditors were impressed by the improvements made by the office with systems such as Monday.com (project management system), Curriculog (curriculum management system) and WISC (inventory management system) to monitor and track the processes and documentation associated with quality assurance activities and to make resources available centrally and electronically. Also worthy of note are the training functions CIQE provides such as revisiting and enhancing a program's learning outcomes in the first year of a CPR; provision for orientation workshops and improved supporting material, including guidelines for QA activities; and ongoing mentoring of faculty and programs to assist in the first CPR. In addition, the creation of the Academic Planning Specialist position in some Faculties as a resource link to CIQE is an interesting model. Overall, there is a strong commitment to quality assurance and to making improvements to the processes along the way.

Best Practices: Best practices identify specific quality assurance procedures that are done particularly well – procedures that could be held up as models of practice and procedure for other institutions.

Several best practices at Ontario Tech University were noted during the desk audit and site visit. One example is the ongoing internal assessment process conducted by Communication and Digital Media Studies of their newly launched program, in order to monitor it as it was developing, before the first formal CPR. By continuously referring to the program proposal and the recommendations of the original external reviewer as these related to the realtime development of the program, the faculty were able to make improvements to the program as it was becoming established. In so doing, they were well-prepared to write the formal self-study and assess their progress when the CPR was undertaken.

In addition, another best practice was noted in which some programs treated FARs and IPs as living documents that could be modified to record successful completion of goals and to adjust their objectives accordingly. They sometimes added additional objectives, building on what had been already achieved.

These are both excellent examples of continuous improvement.

While recognizing the strength of the quality assurance process, the auditors also have developed some recommendations and suggestions in the following pages designed to align policy and practice and to enhance the current processes.

Feedback on the University's Questions

Ontario Tech University also asked the Auditors for advice in three specific areas: how to move them further forward in their work on continuous improvement; how it can ensure that all of the relevant evaluation criteria are appropriately addressed in new program proposals to improve the new program development process; and how to further improve the consistency of its quality assurance practices across the institution to bring Ontario Tech University into alignment with best practices elsewhere. Advice on these matters has been woven into the report's general commentary, as well as into specific recommendations and suggestions (see Recommendations 3, 7 and 10; and Suggestions 1, 3 and 5).

Recommendations

Ontario Tech University must:

Recommendations on New Program Proposals and Cyclical Program Reviews

RECOMMENDATION 1: Revise the IQAP to indicate that distinct internal responses to external reviews are required from both the academic unit and the relevant Dean in New Program Proposals and Cyclical Program Reviews (QAF 2.2.8, 4.2.4f and 4.2.4g).

In the case of external reviews for new program proposals and cyclical program reviews, the QAF requires “responses from both the proposing academic unit and the relevant deans or their delegates” (QAF 2.2.8) and “those who produced the self-study” and “the relevant dean(s)” (QAF 4.2.4f and g). The wording in the IQAP does not specify that separate responses are required from both the unit and Dean. In doing their review, the auditors noted the lack of separate reports from the unit and the Dean(s) in the documentation. Accordingly, the auditors could not readily determine the specific contributions of the academic unit versus the dean. It became evident, during the site visit, that there was consultation between the academic unit and the Dean(s) when the responses to external reviews were prepared (See status reports for Liberal Studies, Mechanical Engineering, Education, Nursing, Communications and Digital Media Studies, and Forensic Psychology).

RECOMMENDATION 2: Develop a sign-off procedure to ensure the preparation and completeness of self-studies for Cyclical Program Reviews, of New Program Proposals, and the report from the Review Committee for Cyclical Program Reviews and New Program Proposals.

The QAF states that the IQAP should “...identify the authority or authorities who will review and approve the self-study report ... to ensure that it meets” the required evaluation criteria and pertinent information to be included in the self-study (QAF 4.2.3c). The IQAP states “...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” (IQAP 4.B.1). In the audits of Nursing, Education, and Communications and Digital Media Studies, there was no documentation indicating that the Dean(s) had signaled to the members of the unit or to senior administration that the self-study was complete or that it was ready to be sent to the external review team. To meet this recommendation, Ontario Tech University must introduce a documentation protocol for indicating that the self-study has been reviewed and that it is complete and ensure that these sign-offs are maintained for future reference.

RECOMMENDATION 3: Ensure that students and staff are explicitly engaged in specific ways in the process of New Program Proposals and Cyclical Program Reviews.

For the preparation of self-studies, the QAF requires “Participation of program faculty, staff and students in the self-study, and how their views will be taken into account” (QAF 4.2.3.9). While the views of faculty were evident in the documentation submitted for audit, those of staff and

students were less so. The IQAP requires for Cyclical Program Reviews, "... a self-study prepared and reviewed by a Program Assessment Team, comprised of faculty, staff and students..." (IQAP 4.B.1) and for New Program Proposals, "...there must be broad consultation with members of the academic community, including faculty, staff and students..." (IQAP 5 A. "Policy"). While neither the QAF nor the IQAP is specific about how these groups are to be included, they should be regularly consulted in the processes in some way (e.g. survey, program retreats, focus groups, committee membership, etc.) in all reviews. The auditors' meetings with program representatives and students indicated that this important consultation was not always occurring. (See the section on "[Engaging Stakeholders](#)" in the Guide to Quality Assurance Framework). Ontario Tech University must make more transparent and consistent the participation of students and staff in QA activities, ideally in the self-study itself (see, for example, the Communication and Digital Media Studies CPR).

RECOMMENDATION 4: The University must either amend its current practice to align with the IQAP and involve students in all aspects of the Assessment Team work (including the selection of reviewers and preparing a response to the reviewers' reports) OR amend the IQAP to indicate that students are involved only in the preparation of the self-study phase of the Cyclical Program Review.

As is regular practice, the Auditors met with a group of Ontario Tech students during the site visit. Further, representatives of the programs selected for review of their CPRs were asked about the role of students. It appears to the Auditors that, in practice, students on Program Review Assessment Teams are involved in only the preparation of the self-study, which is the first stage of the process, and not in all the multiple steps of the Cyclical Review Process, as is required by the IQAP (Section 4.B. Procedures).

RECOMMENDATION 5: Create a process for ensuring the completeness of external reviewer reports that do not cover all of the evaluation criteria in the IQAP.

The QAF (4.2.4c) and IQAP (4.B.2 and 5.B.2) state that the Review Committee's report "should address the substance of both the self-study report and the evaluation criteria." While reviewers' reports do address some areas of the self-study and some areas of the evaluation criteria, they do not consistently or completely address all the evaluation criteria. In the Mechanical Engineering CPR, for example, the external report failed to address all of the evaluation criteria, though some were considered. Complete external reviewer reports are key to forming a consistent basis for evaluating quality across all Ontario universities, and the connection of admissions, curriculum design, modes of delivery, and assessment with learning outcomes form the foundation for demonstrating the coherence of academic program quality. The IQAP and the QAF are silent on exactly how to ensure all the evaluation criteria are addressed, but the University must introduce a review and approval process, perhaps at a senior administrative level, to certify that all evaluation criteria are addressed.

Recommendations Specific to New Degree Program Approvals

RECOMMENDATION 6: Ensure that the Dean and Faculty curriculum committee propose to the Provost the names of potential external reviewers.

The current IQAP states that, "The Dean in consultation with the Faculty curriculum committee will recommend to the Provost the names of those who may serve as reviewers of the program." (IQAP 5.B.2) However, in the material for Forensic Psychology, the Auditors noted that there was no documentation to indicate that this step took place.

RECOMMENDATION 7: Revise the IQAP and institutional practice to indicate clearly a formal monitoring process for new programs.

The QAF states that "The IQAP will ensure monitoring of new programs" (QAF 2.4.3). Although the IQAP indicates that "New Programs will be reviewed and refined on an ongoing basis in accordance with Section 4 [Review of Degree Programs]", there is no clear process that describes how new programs will be monitored after their approval, and before the first Cyclical Program Review. During the site visit, the auditors were told that up until now, the monitoring responsibility was being left up to the individual programs. As cited above as Best Practice, Communication and Digital Media Studies developed an excellent process that might serve as a model for the University. However, representatives of the Forensic Psychology program did not have a good sense about monitoring and refining programs on an ongoing basis and were not aware of what they should be doing. The auditors were told of plans for a monitoring process for new programs, which included the Academic Resource Committee (ARC) and the Deans taking on explicit responsibility for this aspect of quality assurance.

Recommendations Specific to Cyclical Program Reviews

RECOMMENDATION 8: Ensure that Cyclical Program Reviews take place every eight years, as required by the IQAP.

The IQAP states that "...each academic program is subject to review once every eight years" (IQAP 4.a.1). The auditors encountered instances in which reviews were delayed beyond the eight-year requirement. For example, the Education CPR was extended by one year with permission from the Provost. The Provost must ensure that reviews are undertaken within the eight-year window, as set out in the IQAP. There are also delays with a number of 2016-17, 2017-18 and 2017-19 Cyclical Program Reviews, according to the status report submitted for audit. These are not following the eight-year requirement, and there was no documentation to explain why these delays are occurring. Should there be any deviation from this Schedule of Reviews, the reasons must be clearly documented and reported for reference. In the absence of maintaining such documentation, it is also hard for the University to get a sense of where the bottlenecks are and therefore how best to remedy them.

RECOMMENDATION 9: Revise the IQAP and institutional practice to indicate that after their approval, Final Assessment Reports and the Implementation Plans must be distributed to the programs where the Cyclical Program Reviews originated.

The QAF requires that the appropriate authorities in the University should "Provide for the distribution of the Final Assessment Report (excluding all confidential information) and the associated Implementation Plan, to the program, Senate (or equivalent authority, as identified in

Section 4.2.1) and the Quality Council” (4.2.6 a)). While there was documentation to show that the FAR and IP were distributed to Academic Council, the Board of Governors, and the Quality Council, there was no documented evidence that these documents were distributed to any of the programs, and there is no mention of this requirement in the IQAP. In the Education CPR, for example, the unit representatives did not receive them. In the absence of receiving the approved documents, it is unclear to the auditors how the units are to know which recommendations they are to act on and by when.

RECOMMENDATION 10: Revise the IQAP to ensure that any action items that remain in progress from Cyclical Program Review FARs and IPs are formally monitored if not completed by the 18-month Report.

The QAF states that the University must “Provide for the timely monitoring of the implementation of the recommendations...” (QAF 4.2.6c). As the IQAP is silent on what happens to outstanding items not completed in the first 18 months after the approval of the FARs and IPs, it was not clear to auditors how this process continued, if at all. It is recommended that the University identify the process that is followed in continuous monitoring of CPR implementation items.

RECOMMENDATION 11: Revise the IQAP to include a clear process for the development and review of joint programs.

The IQAP contains the Approval and Review of Joint Programs document from the Quality Council in 2010 as Appendix 7-H. However, there are no specific guidelines for joint New Programs or for joint Cyclical Program Reviews elsewhere. Thus, the IQAP is silent on the role of each partner in these processes. It is recommended that the University prepare an additional document outside of the IQAP (or revise the IQAP) to fully identify the role of each partner in the steps associated with the New Program Approval Process and in Cyclical Program Reviews.

Suggestions

Ontario Tech University should:

Suggestions on Overall Quality Assurance Processes

SUGGESTION 1: Consider clarifying on all relevant sections of the University’s website that CIQE and the QA Process report to the Provost.

The Auditors felt that by clearly identifying the Provost as the responsible authority for QA on the Provost’s website (with reports of the Assistant VP for Planning and Analysis and the CIQE Office), as is the practice elsewhere, the University could signal both to the internal and external communities the work and the value of the QA that takes place on campus. In addition, providing a direct link to the CIQE site on the Provost’s home page would mean that documentation such as FARs and IPs would be easier to find for monitoring purposes. Ideally, the CIQE site would also make this reporting structure clear.

SUGGESTION 2: Consider having someone other than a Dean as the Chair of Undergraduate Studies Committee and Graduate Studies Committee.

The auditors felt that designating faculty members as Chairs of these important Academic Council committees might encourage greater faculty knowledge and involvement in the Quality Assurance processes.

Suggestions Specific to New Degree Program Approvals

SUGGESTION 3: Consider expanding the tracking software to allow program and faculty administrators to know where a proposal is in the process.

The auditors felt that it would be helpful for others than CIQE to know the status of a proposal. A monitoring and reporting system might also be useful for identifying the reasons for delays and implementing measures to reduce them.

Suggestions Specific to Cyclical Program Reviews

SUGGESTION 4: Consider ways in which Cyclical Program Reviews and accreditation reviews might be more closely aligned and ensure that the evaluation criteria are appropriately addressed.

Universities sometimes encounter challenges such as “workload” and time pressures when undertaking both Cyclical Program Reviews and accreditation processes. The auditors noted that both Nursing and Mechanical Engineering had taken on both sets of reviews in recent years. The University might want to amend its IQAP to make it possible for the timing of CPRs and accreditation reviews to be more closely aligned by creating an approval process and documentation for the replacement of any steps or elements of the IQAP with those specified by an accreditation process. That is, under the QAF, institutions must ensure that all elements of

the Framework are met through the IQAP. In the case of accredited programs, institutions may map the accreditation requirements to the elements of the QAF but they must address any QAF requirements that are not met through the accreditation process.

SUGGESTION 5: Reinforce the idea of how the quality assurance processes can be envisioned as an opportunity for continuous improvement of programs across the institution.

Ultimately, the purpose of the Cyclical Program Review is to drive forward the continuous improvement of the program. Preparation of a Final Assessment Report and an Implementation Plan provides a marker, signaling the research and reflection that has occurred during the CPR process and the path forward. It may be helpful for the University to make it clear that the stages that precede the Final Assessment Report and Implementation Plan play this important role in a program's future performance. Reorienting the purpose of the review in this way might assist the University in its ongoing efforts to establish a culture of quality assurance and continuous improvement. The monitoring reports will be used to ensure continuous improvement of the program on the basis of the Final Assessment Report and Implementation Plan. Ontario Tech University should take advantage of the 18-month reports as monitoring tools.

SUGGESTION 6: Consider adding the date of the last review to the list of programs on the Cyclical Program Review Schedule to ensure that program reviews do not exceed the IQAP's eight-year review requirement.

The auditors felt that including the date of the last review on the Cyclical Program Review Schedule would assist in identifying those reviews that are outside the IQAP's eight-year cycle. The absence of a date of last review meant that the auditors were unable to determine whether the practices were compliant with the eight-year review cycle specified in the IQAP.

Conclusion

The audit of quality assurance at Ontario Tech University has revealed a significant and on-going engagement with the goals and practices of the Quality Council. Reviews have been undertaken with rigour and attention to detail. Commitment, support and resources from the senior administration and from the Center for Institutional Quality Enhancement have provided strong and helpful leadership for the campus community – support that is universally acknowledged and appreciated. The result is that there is a culture of understanding of and concern for quality across the institution. While the auditors provided several recommendations and suggestions, their overall assessment is that policies and procedures at the University are working well.

In the next section of the report, more detailed observations from the nine programs reviewed are provided. These particular audits provided the background for the general comments made above.

Status Report on Programs Reviewed

This section of the report provides details of the audit results for each of the sampled program reviews. In each case, the report identifies any gaps in compliance with Ontario Tech University's IQAP, as well as examples of notably effective policies and practices. The report on each review contains references to suggestions and recommendations, as appropriate.

Unless commented on below, the processes were compliant.

New Program Approvals

1. Forensic Psychology, MSc, PhD

The Faculty of Social Science and Humanities and the Faculty of Science proposed the Forensic Psychology MSc and PhD programs in October 2015. The first students were admitted to the program in September 2018, and the first Cyclical Program Review is scheduled for eight years later in 2023-2024. The process was substantially compliant throughout. A lack of documentation made it difficult to determine if the Dean forwarded a list of reviewers for review by the Provost, and there was no indication that steps were taken to ensure the arms-length status of the reviewers. There is no documentation indicating that the Dean's office or the program took steps to monitor the development of the program following implementation.

1. Initial Stages

The proposal for this program was first created during the period of transition from the Ontario Council on Graduate Studies (OCGS) quality assurance process to the QAF. A template for New Program Proposals had therefore not yet been created by the University.

2. Development of New Program Proposal Brief

The proposal begins with a five page "Notice of Intent" (NOI). The Provost wrote a letter of support on November 20, 2012.

Overall, the process was compliant, proceeding through the required Faculty curriculum committee and Faculty Council approvals and returned to proposers for changes.

3. External Review

a. Review Committee

The Provost approved the two external reviewers. Section 5. B. 2. of the IQAP requires that the Dean, in consultation with the Faculty curriculum committee, will recommend names of potential external reviewers to the Provost. However, there was no indication in the materials provided for the desk audit that this step occurred (see Recommendation 6).

The program representatives at the auditors' site visit stated that "a staff member in the Graduate Studies Office was responsible for ensuring the "arm's-length" status of proposed reviewers, but there was no documentation to that effect.

b. Reviewers' Report

The program chair indicated that the report was useful in identifying unforeseen problems and experiential opportunities, and suggesting marketing strategies.

4. Internal Responses

The Program Director wrote the program response and forwarded it to the Dean of Graduate Studies (Recommendation 1). The documentation did not indicate if the program and the Dean wrote separate responses to the external reviewers report as required by the QAF.

5. Institutional Approval

The process was compliant.

6. Appraisal Process

The process was compliant.

a. Report to Quality Council (if required)

The process was compliant.

7. Announcement of New Program

The process was compliant.

8. Subsequent Institutional Process

a. First Cyclical Review

The process was compliant.

b. Implementation Window

The process was compliant.

c. Monitoring

Section 6 of IQAP, "Subsequent Review of New Programs" notes that "New Programs will be reviewed and refined on an ongoing basis in accordance with Section 4" (CPR). The program representatives commented that the monitoring of the new program focused on tracking the progress of PhD candidates and the lack of process for

tracking MSc candidates. The University's IQAP does not appear to have a process for the monitoring of new programs beyond the CPR (see Recommendation 7).

2. Liberal Studies, BA

The New Program Proposal for the BA, Liberal Studies began in January 2017 under the 2011 IQAP and was approved by Academic Council on May 15, 2018. The Quality Council approved it on August 24, 2018. The documentation was for the most part clear, and the site visit provided some missing details. Signoffs were often not documented (see Recommendation 2). The first students were admitted in Fall, 2019. The program is scheduled for its first Cyclical Program Review in 2026-28.

1. Initial Stages

The process was compliant.

2. Development of New Program Proposal Brief

The process was compliant except that there was no documentation supplied for audit on the signoff processes (see Recommendation 2).

3. External Review

a. Review Committee

The process was compliant.

b. Reviewers' Report

The process was compliant.

4. Internal Responses

The Program Director wrote a response and the Dean signed off, after informal discussions between the two. However, there was not a separate response from the Dean, as required by the QAF (see Recommendation 1).

5. Institutional Approval

The process was compliant.

6. Appraisal Process

The process was compliant.

a. Report to Quality Council (if required)

The process was compliant.

7. Announcement of New Program

The process was compliant.

8. Subsequent Institutional Process

a. First Cyclical Review

The process was compliant.

b. Implementation Window

The process was compliant.

c. Monitoring

The first year of the program has a common curriculum. The new required Liberal Studies course will begin in Fall, 2020. The students will be monitored by the academic advising office as they move through the program.

Cyclical Program Reviews

1. Communication and Digital Media Studies, BA

This Cyclical Program Review was the first for the BA (Hons) degree in Communication and Digital Media Studies. The review took place in 2016-17 according to the 2011 IQAP. It was approved by Academic Council on April 17, 2018. There was no documentation about the submission of the FAR and IP to the Quality Council. The next review of the program will take place in 2024-25. For the most part, documentation followed the IQAP and templates. However, some information -- such as signoffs and timelines -- was not spelled out in the IQAP or in the documentation.

1. Initial Notification

The process was compliant.

2. Self-study

a. Development of self-study

The Program Director, faculty, staff and some students formed the Internal Assessment Team, as required by the IQAP, and as such, developed the self-study document. While the auditors were told that some other students in the program were consulted by means of a focus group, this and any other engagement that may have occurred during the development of the study was not documented (see Recommendation 3).

b. Content of self-study

The process was compliant.

c. Approval for completeness of self-study

The CIQE Office approved the document and it passed through levels of university governance, including two Deans (1 new) and appropriate committees through to the Academic Council and Board of Governors. However, there was no specific signoff included in the documentation submitted for audit (see Recommendation 2).

3. External Evaluation

a. Review Committee

The process was compliant.

b. Review Report

The Reviewer's report was delayed due to personal circumstance of one reviewer.

4. Internal Responses to Review Report

a. Program's Response

The process was compliant.

b. Dean's Response

While the Dean added to the Program response, there was no separate decanal response, as required by the QAF (see Recommendation 1).

5. Institutional Perspective and Report

a. Final Assessment Report, Implementation Plan, Executive Summary

The process was compliant.

b. Institutional Approvals

The process was compliant.

6. Reporting Requirements

a. Distribution of Executive Summary and Implementation Plan

The process was compliant.

b. Posting of Executive Summary and Implementation Plan on institution's website

The process was compliant.

c. Report to Quality Council of Final Assessment Report and Implementation Plan

There was no documentation provided to confirm the submission of the Final Assessment Report and Implementation Plan to the Quality Council.

7. Follow-Up Process: Monitoring of Implementation of Recommendations

The process was compliant.

2. Education, MA

The Education program was being reviewed as part of the Cyclical Program Review process. The Cyclical Program Review was to be conducted in 2016-2017. The program asked for a one-year extension to the review to 2017-2018 due to the lack of a full-time Dean, difficulty confirming an Assistant Dean and the large number of faculty on leave in 2016-2017. The Provost approved the extension to 2017-2018.

1. Initial Notification

The program was informed of the review in an email on April 13, 2016 from the Provost. The Cyclical Program Review was to be conducted in 2016-2017. The program asked for a one-year extension to the review (see Recommendation 8).

2. Self-study

a. Development of self-study

The process was compliant.

b. Content of self-study

The process was compliant.

c. Approval for completeness of self-study

Section 4. B. 1. Of the IQAP requires that the self-study be reviewed by the Dean to ensure completeness. The auditors could not verify that this step occurred through the documentation submitted for audit (see Recommendation 2).

3. External Evaluation

a. Review Committee

The process was compliant.

b. Review Report

The process was compliant.

4. Internal Responses to Review Report

a. Program's Response

The program did not provide a response to the review report (see Recommendation 1).

b. Dean's Response

The process was compliant.

5. Institutional Perspective and Report

a. Final Assessment Report, Implementation Plan, Executive Summary

The process was compliant.

b. Institutional Approvals

The process was compliant.

6. Reporting Requirements

a. Distribution of Executive Summary and Implementation Plan

The auditors were told during the site visit meetings that the program representatives had only received a copy of the Final Assessment Report and Implementation Plan in preparation for the audit meeting (see Recommendation 9).

b. Report to Quality Council of Final Assessment Report and Implementation Plan

The process was compliant.

7. Follow-Up Process: Monitoring of Implementation of Recommendations

The process was compliant.

3. Mechanical Engineering, BEng

The BEng in Mechanical Engineering degree was reviewed in 2016-2017. The program started in 2005 and was reviewed in 2008-2009. However, reference to the previous review was not included in the documentation submitted for audit. (see Recommendation 8). The program has also been accredited during these years.

1. Initial Notification

The process was compliant.

2. Self-study

a. Development of self-study

The process was compliant.

b. Content of self-study

The self-study was populated with central data and additional data from the program and faculty. However, there was no reference to a previous review in the self-study, and there was not any other evidence in the documentation submitted for audit that a previous review was completed. The auditors were subsequently advised that a review occurred in 2008-09. If a formal process to ensure the completeness of the self-study were in place, this omission will likely have been caught. (see Recommendation 2)

c. Approval for completeness of self-study

The process was compliant.

3. External Evaluation

a. Review Committee

The process was compliant.

b. Review Report

The external reviewers wrote about observations, suggestions for improvement, and initiatives to consider. They did not write specifically about the evaluation criteria although the observations did mention a few of the criteria. The documentation submitted for audit did not include any evidence of a request from the University for the reviewers to consider the evaluation criteria (see Recommendation 5).

4. Internal Responses to Review Report

a. Program's Response

The process was compliant.

b. Dean's Response

The Dean did not prepare a separate response to the external reviewers' report, as required by the QAF (see Recommendation 1).

5. Institutional Perspective and Report

a. Final Assessment Report, Implementation Plan, Executive Summary

The process was compliant.

b. Institutional Approvals

The process was compliant.

6. Reporting Requirements

a. Distribution of Executive Summary and Implementation Plan

The process was compliant.

- b. Posting of Executive Summary and Implementation Plan on institution's website

The process was compliant.

- c. Report to Quality Council of Final Assessment Report and Implementation Plan

The process was compliant.

7. Follow-Up Process: Monitoring of Implementation of Recommendations

The process was compliant.

4. Nursing, BSc

The Nursing program began in 2003 and currently consists of three degrees offered by the Faculty of Health Sciences, including the BScN with Durham College, the RPN-BScN Bridge (Oshawa), and the Post RPN-BScN Bridge with Georgian College. Although the cyclical review process was substantially compliant with the IQAP, in some instances the documentation was unclear or missing. It was not possible to identify the institutional affiliation of the college representatives on the committee, for example, and the documentation does not indicate that the partners received and responded to the external reviewers' report or received the FAR. This CPR significantly exceeded prescribed timelines, largely owing to an external reviewer's illness and the onset of the summer semester shortly after receipt of the reviewers' report.

1. Initial Notification

The process was compliant.

2. Self-study

- a. Development of self-study

The program representatives assured the auditors that the Undergraduate Program Review Assessment Team was composed of faculty members, staff and student representatives from the three participating institutions. The documentation submitted for audit (p. 8) listed the members of the team but did not note their institutional affiliations or positions.

- b. Content of self-study

The process was compliant.

- c. Approval for completeness of self-study

The auditors could not find evidence of a sign off or approval for the completeness of the self-study from any of the partner institutions (see Recommendations 2 and 11).

3. External Evaluation

a. Review Committee

The process was compliant.

b. Review Report

The review report followed the prescribed format, although was seven months late owing to the illness of one of the reviewers.

4. Internal Responses to Review Report

a. Program's Response

The response was included in the documentation submitted for audit but the partners' responses/participation was missing (see Recommendation 11).

b. Dean's Response

The Dean, Faculty of Health Sciences submitted her report and action plan but there did not appear to be a separate response from the academic unit (see Recommendation 1).

5. Institutional Perspective and Report

a. Final Assessment Report, Implementation Plan, Executive Summary

The program representatives did not know if anyone in the program received the FAR and IP, and there was no documentation submitted for audit to verify that it was circulated to the partner institutions (see Recommendations 7 and 10).

b. Institutional Approvals

The process was compliant.

6. Reporting Requirements

a. Distribution of Executive Summary and Implementation Plan

The auditors could not verify from the documentation that the program and the college partners received the Final Assessment Report, Implementation Plan, or Executive Summary (see Recommendation 10).

b. Posting of Executive Summary and Implementation Plan on institution's website

The process was compliant.

c. Report to Quality Council of Final Assessment Report and Implementation Plan

The process was compliant.

7. Follow-Up Process: Monitoring of Implementation of Recommendations

The process was compliant.

8. General

The program representatives stated that they understood the difference in expectations for program review and professional accreditation assessment. They are looking for ways to streamline the process and align the templates to reduce workload for the program review and accreditation processes (see Suggestion 4).

Expedited Review

1. Accounting, GDip (Type 3)

The Accounting GDip was the result of changes to the Professional Accounting requirements of CPA Canada and CPA Ontario. For Ontario Tech University students to receive credit towards the Professional Education Program, they must obtain these in a graduate program. This GDip was designed to provide the graduate courses for these students. The first students were admitted in 2016-2017 and the first cyclical review is scheduled for 2024-2025.

1. Initial Stages

The process was compliant.

2. Proposal Brief

The process was compliant.

3. Expedited Approval Process

a. Appraisal Committee Approval

The process was compliant.

4. Follow-up Process

a. First Cyclical Review

The process was compliant.

Major Modifications

1. Applied and Industrial Mathematics, BSc

The Applied and Industrial Mathematics program proposed a “2 and 2” pathway for students from Yeditepe University, Turkey in January 2018. The program determined that this change constituted a major modification because it encompassed 50 percent of the courses

required for graduation. To date, no students have been admitted. The process was compliant with the IQAP.

1. Initial Stages

The program director at the time did not recall how the proposal was started.

2. Proposal Brief

The process was compliant.

3. Institutional Identification of Major Modifications to Existing Programs

Ontario Tech University determined it was a major modification because the agreement encompassed 50% of the courses needed for the degree.

4. Annual Report to the Quality Council

The process was compliant.

2. Operations, BComm

The proposed program change was aimed at creating a new degree completion pathway for graduates of the Operations Management diploma program at Durham College into Ontario Tech University's undergraduate BComm, Operations program. It was undertaken in 2016 under the 2011 IQAP. The request for the modification was approved by Academic Council on June 21, 2016 and submitted to the Quality Council on August 21, 2016. The documentation was thorough and well prepared. The process was compliant.

1. Initial Stages

The process was compliant.

2. Proposal Brief

The process was compliant.

3. Institutional Identification of Major Modifications to Existing Programs

The process was compliant.

4. Annual Report to the Quality Council

The process was compliant.

Appendix A: Members of the Audit Team
Quality Assurance Audit of Ontario Tech University

Audit Team Bios

Dr. Douglas McDougall, University of Toronto

Doug McDougall is a Professor of Mathematics Education in the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). He is currently the Vice-Chair of the Academic Board and a member of the Governing Council at the University. Dr. McDougall served four years as Associate Dean, Programs from 2015 to 2019. From 2010 to 2015, he was the Chair of the department, which consists of 50 faculty, 25 staff and over 100 sessional lecturers and seconded faculty. He was also the program coordinator of the two-year Master of Teaching program from its inception in 2000 until 2009. Dr. McDougall has supervised to completion over 45 doctoral students and 20 MA students over the past 15 years. From 2012 to 2014, he was the Chair of the Committee on Academic Policy and Programs (AP&P), a subcommittee of the Academic Board of the University of Toronto. He was Vice-Chair of this committee from 2006 to 2012. The AP&P Committee is responsible for the IQAP process and all academic governance procedures. Dr. McDougall has been involved with conducting research in schools for over 20 years focusing on school improvement, professional learning groups, student and teacher needs around students at risk, and peer coaching at both the elementary and secondary level.

Dr. Sarah McKinnon, OCAD University

Dr. McKinnon served as Vice-President Academic at OCAD U from 2002-2012, during the period in which OCAD became a degree-granting university. She was a member of OCAV when the Ontario Universities Council on Quality Assurance was formed and was an author of the OCAD U Quality Assurance policies. She was also the OCAV representative to the OUAC Advisory Board and the Co-Chair of the COU Reference Group on Accessibility as an OCAV appointee. From 2012-2016, Dr. McKinnon held the position of Senior Vice President for Academic Affairs and Dean at the School of the Museum of Fine Arts, Boston. One of her major responsibilities was to assist in the School's achievement of New England Association of Schools and Colleges (NEASC) regional accreditation, accomplished in 2014. She returned to Toronto in the summer of 2016. Dr. McKinnon received her PhD degree from the University of Toronto. Prior to her tenure at OCAD U, she was Professor of Art History at the University of Winnipeg. There, she was also founding University Art Curator, Chair of the History Department, Associate Dean and Dean, Faculty of Arts and Sciences. She developed and taught in the undergraduate art history major at the University of Winnipeg.

Dr. Bruce Tucker, University of Windsor

Dr. Tucker is an Emeritus Professor of History and the former Associate Vice-President, Academic, at the University of Windsor (2006-2015) with responsibility for quality assurance,

labour relations, and the renewal, tenure and promotion review process. He held several administrative positions at the University of Windsor, including Coordinator of Interfaculty Programs, Head of the Department of History, Philosophy and Political Science, and Coordinator of Undergraduate Program Review under the UPRAC system. He designed the university's original protocols and policy for undergraduate program review in 1998. He served as a member of the Ontario Universities Quality Council from 2010 to 2015, and he is currently a member of the Audit Committee. Dr. Tucker has published widely in the area of American cultural and intellectual history, and is currently Associate Editor of the *Canadian Review of American Studies*, and a member of the editorial board of the *Journal of Appalachian Studies*. He received his BA degree in History at the University of Toronto in 1972 and his PhD degree from Brown University in 1979.

Appendix B: Schedule for the Audit Meetings

Ontario Tech University Schedule of Meetings with Quality Council Auditors

February 24-26, 2020

Audit Team: Dr. Douglas McDougall, Dr. Sarah McKinnon, Dr. Bruce Tucker

Day 1: February 24, 2020

Time	Participants
09:00 - 10:30 am	Audit Team Planning Meeting
10:30 - 12:30 pm	Audit Team meets with Senior QA team <ul style="list-style-type: none"> ● Dr. Lori Livingston, Provost & VP Academic ● Brad MacIsaac, AVP Planning ● Nichole Molinaro, Director Center for Institutional Quality Enhancement
12:30 - 1:00 pm	Lunch
1:00 - 2:00 pm	Audit Team meets with representatives of BA Liberal Studies (New Program) <ul style="list-style-type: none"> ● Dr. Thomas McMorrow, Program Director Liberal Studies ● Aaron Mitchell, Planning and Budget Officer
2:00 – 2:45 pm	Audit Team meets with representatives of BSc Applied and Industrial Mathematics (Major Modification) <ul style="list-style-type: none"> ● Dr. Sean Bohun, Program Director at the time ● Clarissa Livingstone, Academic Planning Specialist
2:45 - 3:00 pm	Break
3:30 - 4:30 pm	Audit Team meets with representatives from central support services: <ul style="list-style-type: none"> ● Dr. Joe Stokes, Registrar (Office of the Registrar) ● Grace Bishop, Assistant Registrar, Records (Office of the Registrar) ● Dana Reeson, Director Institutional Research (Office of Institutional Research and Analysis) ● Corinna MacDonnell, Institutional Research Support Analyst (Office of Institutional Research and Analysis) ● Catherine Davidson, University Librarian (Library) ● Emily Tufts, Associate University Librarian (Library) ● Olivia Petrie, AVP Student Life (Student Life) ● Stephen Thickett, Director Planning and Operations (Student Life) ● Andra Drinkwalter, Manager Graduate and Postdoctoral Affairs (School of Graduate and Postdoctoral Studies) ● Becky Dinwoodie, Assistant University Secretary (Office of the University Secretariat & General Counsel)

Day 2: February 25, 2020

Time	Participants
09:00 - 10:00 am	Audit Team meets with representatives of BEng Mechanical (Cyclical Program Review) <ul style="list-style-type: none"> • Dr. Hossam Kishawy, Associate Dean • Dr. Scott Nokleby, Department Chair
10:00 -11:00 pm	Audit Team meets with the Undergraduate Studies Committee <ul style="list-style-type: none"> • Dr. Greg Crawford, Chair • Dr. Joe Stokes, Registrar • Dr. Khalil El-Khatib, Faculty of Business & IT • Dr. Roland Van Oostveen, Faculty of Education • Dr. Matthew Kaye, Faculty of Energy Systems and Nuclear Science • Dr. Hossam Kishawy, Faculty of Engineering and Applied Science • Dr. Wally Bartfay, Faculty of Health Sciences • Dr. Rupinder Brar, Faculty of Science • Dr. Olga Marques, Faculty of Social Science and Humanities • Dr. Mehdi Hossein Nejad, Academic Council Member • Dr. Phillip Shon, Academic Council Member • Andra Drinkwalter, Manager Graduate Studies (non-voting) • Grace Bishop, Associate Registrar (non-voting) • Nichole Molinaro, Director CIQE (non-voting) • Becky Dinwoodie, University Secretariat (non-voting)
11:00 – 11:30 pm	Audit Team meets with representatives of GDip (Type 3), Accounting <ul style="list-style-type: none"> • Dr. John Friedlan, Professor & Program Lead • Dr. Jane Bowen, Associate Professor • Belinda Bambrick, Director, Planning and Operations • Jessica Hogue, Academic Planning Specialist
11:45 - 12:45 pm	Lunch with Students <ul style="list-style-type: none"> • Lindsay Groat (Forensic Psychology CPR) • Kathryn Black (Forensic Psychology CPR) • Victoria Paterson (Political Science CPR) • Nadia Laschuk (Chemistry CPR) • Holly Fruehwald (Chemistry CPR) • Sarah Habibi (Graduate Student on Academic Council) • Jessica Nguyen (Former Board of Governors student representative)
12:45-1:00 pm	Break
1:00 - 2:00 pm	Audit Team meets with Graduate Studies Committee <ul style="list-style-type: none"> • Dr. Langis Roy, Chair • Dr. Les Jacobs, VP Research and Innovation • Grace Bishop, Associate Registrar • Dr. Bin Chang, Faculty of Business & IT • Dr. Jia Li, Faculty of Education • Dr. Hossam Gaber, Faculty of Energy Systems & Nuclear Science • Dr. Hossam Kishawy, Faculty of Engineering & Applied Science • Dr. Manon Lemonde, Faculty of Health Sciences • Dr. Anatoli Chkrebti, Faculty of Science • Dr. Chris O'Connor, Faculty of Social Science & Humanities

2:30 - 3:30 pm	Audit Team meets with representatives of MA Education (Cyclical Program Review) <ul style="list-style-type: none"> • Dr. Robin Kaye, Acting Dean
3:30 - 4:30 pm	Audit Team meets with representatives of BSc Nursing (Cyclical Program Review) <ul style="list-style-type: none"> • Dr. Janet McCabe, Current Nursing Director • Dr. Manon Lemonde, IAT Chair • Dr. Bernadette Murphy, Acting Dean

Day 3: February 26, 2020

Time	Participants
08:45 - 09:45 am	Audit Team meets with Deans <ul style="list-style-type: none"> • Dr. Greg Crawford, Faculty of Science • Dr. Michael Bliemel, Faculty of Business & IT • Dr. Peter Stoett, Faculty of Social Science & Humanities • Dr. Tarlochan Sidhu, Faculty of Engineering & Applied Science • Dr. Akira Tokuhiko, Faculty of Energy Systems & Nuclear Science • Dr. Robin Kay, Faculty of Education (acting) • Dr. Bernadette Murphy, Faculty of Health Sciences (acting) • Dr. Langis Roy, Graduate and Postdoctoral Studies
09:45 - 10:45 pm	Audit Team meets with representatives of BA Communications and Digital Media Studies (Cyclical Program Review) <ul style="list-style-type: none"> • Dr. Tanner Mirrlees, IAT Chair (via videoconference) • Dr. Sharon Lauricella, Faculty Member
10:45 - 11:30 am	Audit Team meets with representatives of BComm, Operations (Major Program Modification) <ul style="list-style-type: none"> • Belinda Bambrick, Director, Planning and Operations • Jessica Hogue, Academic Planning Specialist • Mehdi Nejad Hossein, Associate Dean
11:30 - 12:15 pm	Audit Team meets with representatives of MSc/PhD Forensic Psychology (New Program) <ul style="list-style-type: none"> • Dr. Amy Leach, Associate Professor, Program Lead • Aaron Mitchell, Planning and Budget Officer
12:15 - 1:00 pm	Lunch with President – Dr. Steven Murphy
1:00 - 2:00 pm	Audit Team wrap up meeting
2:00 - 3:00 pm	Audit Team de-brief with Provost/QA Team <ul style="list-style-type: none"> • Dr. Lori Livingston, Provost & VP Academic • Brad MacIsaac, AVP Planning • Nichole Molinaro, Director Center for Institutional Quality Enhancement