

ACADEMIC COUNCIL REPORT

SESSION:

Public

**ACTION REQUESTED:**Decision
Discussion/Direction
Information**DATE:** 22 March 2022**FROM:** Graduate Studies Committee (GSC) and Undergraduate Studies Committee (USC)**SUBJECT:** Institutional Quality Assurance Process (IQAP) Policy and Procedures

MOTION FOR CONSIDERATION:

That, pursuant to the recommendations of the GSC and USC, the Academic Council hereby approves the updated 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 reviews the IQAP for compliance with provincial requirements, and ensures the University is following best practices
- 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 (QAF) for Ontario Universities, including ratification of Institutional Quality Assurance Processes (IQAPs).
- The Quality Council recently conducted a full review and revision of the QAF and requires all Ontario Universities to align with the new requirements
- The GSC and USC have reviewed the amended Policy and Procedures in accordance with their respective mandates under their Terms of Reference and recommend approval
- 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:

- In 2019-2020, Academic Council approved changes to the IQAP which better aligned with the University Policy Framework, By-law No. 2, revised USC and GSC Terms of Reference, current institutional and provincial practice, and the QAF in place at the time
- Incorporated into the 2019-2020 update were changes that CIQE anticipated would be included in the revised QAF. As such, the number and complexity of the current required changes is generally small, but still significant enough to require re-ratification
- CIQE is proposing the current changes to align the IQAP with the revised QAF and current institutional best practice
- Once the changes are approved and ratified by the Quality Council, the associated handbooks and templates will be updated

CONSULTATION:

- Online Consultation – February-March 2022
- Administrative Leadership Team (written consultation) – February 2022
- Deliberative Bodies: GSC and USC for recommendation – March 2022
- Academic Council (for approval) – March 2022
- Ratification: Quality Council

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 and ratified by the Quality Council in 2020.

Changes to other Policy Instruments

The Quality Council has requested that all Universities in Ontario include Micro-credentials in the IQAP. As such, the revised IQAP will supersede ADM 1322 - Not-for-Academic Credit Digital Badges, Micro-credentials, and Stackable Credentials Policy approved in July 2021.

IMPLICATIONS:

These changes will bring the IQAP in line with changes that have been made to the provincial Quality Assurance Framework. Alignment is required for new programs and curriculum changes to be approved by the Quality Council.

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

The 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, graduate, and lifelong learning experiences. The Policy and Procedures strive to inform and guide 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 determines whether the University's IQAP will meet its compliance requirements. In this way, once the Quality Council has ratified the IQAP, the university can be confident its IQAP meets all applicable compliance requirements.

NEXT STEPS:

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

SUPPORTING REFERENCE MATERIALS:

- Draft Revised Policy: ACD 1501 Institutional Quality Assurance Process
- Draft Revised Procedures: ACD 1501.01 Curriculum Change
ACD 1501.02 Cyclical Review and Auditing Procedures
ACD 1501.03 New Program
ACD 1501.04 Program Closure
- ADM 1322 - [Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy](#)
- Quality Council Compliance Checklist

Current templates and handbooks (to be revised after ratification) are available at <https://sites.ontariotechu.ca/ciqe/>.

Summary of Changes

Editorial Changes (no change to process)

General Changes (all documents)

- *Inclusion/revision of definitions pulled from the revised 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, where appropriate, or to clarify processes that in practice were not clear*
- *Formatting and proofreading edits*
- *Updated web links for the Quality Council/QAF elements*

Substantive Changes to the Documents with No Change in Process

The below items represent substantive changes to the policy instruments made based on the updates to the Quality Assurance Framework and internal assessment. The changes, however, do not constitute changes to our existing Quality Assurance practices, nor the processes approved by Academic Council.

General Changes (all documents)

- *Added references to and protocol for the Cyclical Audit conducted by the Quality Council (new element of the IQAP, but not a new process)*
- *Added references to include consideration of EDI in the development and review of programs and curricular changes*

Policy Changes

- *Added a required note that the Quality Council has the final authority to determine if a change is a Major Modification or a New Program. This has always been a requirement, universities were asked to explicitly state this*
- *Added language that specifically states the University's commitment to the Quality Assurance Principles*
- *Added clarity on the reasons that may prompt a program change*
- *Added clarity of the process for the development of the Final Assessment Report*
- *Added language to clearly state that the accreditation review does not replace the Cyclical Program Review*

New Programs

- *Include TLC as a resource and partner in the Faculty's development of Program Learning Outcomes and mapping to Degree Level Expectations*
- *Removed the new program monitoring process from these Procedures, except for a preamble; more closely aligns with the Cyclical Review and Audit Procedures*
- *Added language to clearly capture the information required in the program proposal and external review reports, using language that is required by the Quality Council*

- Clarified language around the selection of external reviewers
- Clarified the items included in the report packages for internal governance and submission to the Quality Council
- Added language around the review conducted by the Quality Council
- Renamed the section related to graduate diplomas to specify Type 2 and 3, which are the only graduate diplomas covered under this section, and undergraduate diplomas, which may optionally be submitted for approval by the Quality Council
- Added a section referring to Type 1 graduate diplomas; while these are currently not offered at the University, it is best practice to note that they are approved as Major Program Modifications

Curriculum Changes

- Inserted language to include changing the delivery mode of courses
- Clarified requirement for changes to meet the threshold of a Major Program Modification, with examples
- Added language to clearly capture the information required in change proposals, using language that is required by the Quality Council
- Added a required note that the Quality Council has the final authority to determine if a change is a Major Modification or a New Program. This has always been a requirement, universities were asked to explicitly state this

Cyclical Review and Audit

- Name change for the Procedures (formerly Cyclical Program Review Procedures) and associated change in Purpose and Scope
- Include TLC as a resource in the role of examining Program Learning Outcomes in the review process and mapping to Degree Level Expectations
- Addition of the new program monitoring process, which was originally included in the New Program Procedures
- Added language to clearly capture the information required in the self-study briefs and external review reports, using language that is required by the Quality Council
- Clarified language around the selection of external reviewers
- Clarified the items included in the reports for internal governance and submission to the Quality Council
- Added clarity to the process for the development of the Final Assessment Report, Executive Summary, and Implementation Plan

Program Closure

- Clarified that these procedures do not apply to the closure of a specialization, minor, Type 1 Graduate Diploma, or Micro-credential, which fall under other Procedures

Substantive Changes to the Documents that Include a Change in Process

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

General Changes (all documents)

- *References to the process for Micro-credential development have been added; while a general process has been in place for several years, this is the first time that Micro-credentials are governed by the IQAP as required by the Quality Council*

New Programs

- *Noted that faculty CVs are required only for external reviewers in the case of new degree programs, and are required to be sent to the Quality Council for new diploma programs that do not undergo external review*
- *Updated the number of required external reviewers for graduate and undergraduate programs*
- *Clarified the requirements for an on-site visit, with added clarity about alternative methods*
- *Updated that the program proponent and the Dean both prepare a response to the External Report on the same document, as opposed to preparing separate documents; this is to allow for situations where the Dean is a member of the program team and reflects our current Faculty composition*

Cyclical Review and Audit

- *Clarified the requirements for an on-site visit, with added clarity about alternative methods*

Other Policy and Procedures

- *No substantive changes that reflect a change in process*

IQAP Checklist Review Guidelines

- This checklist includes all elements of the QAF that are required to be addressed in the IQAP.
- While the universities may add to the QAFs requirements detailed in this checklist, they cannot omit or amend them. For example, while universities can add additional criteria, the IQAP should mirror the QAFs wording for the Evaluation Criteria for new program proposals and self-studies.

University: Ontario Tech
Title of document(s) analyzed: IQAP Policy, New Program Procedures, Curriculum Change Procedures, Cyclical Review and Audit Procedures, Program Closure Procedures

Does the policy...	Yes/No/ Not Clear	Where was this found? (Section(s) or Page Number(s))	Notes
Section 1.1 Scope of Application of the Institutional Quality Assurance Processes (IQAP)			
• Include a reference to the university's commitment to the Principles detailed in Part One?	Yes	Policy, page 6, under Policy heading	
• Include a definition for "program"? (NOTE: this may be located in Protocol for Cyclical Program Reviews)	Yes	Policy and all Procedures under Definitions	
• Cover all programs including those offered in full, in part or conjointly by institutions federated and affiliated with the university?	Yes	Policy and Procedures under Scope and Authority	
• Cover programs offered in partnership with other post-secondary institutions?	Yes	Policy and Procedures under Scope and Authority	
• Identify the institutional authority or authorities responsible for the IQAP?	Yes	Policy under Scope and Authority	
• Identify the primary (key) contact for communication between the university and the Quality Council?	Yes	Policy under Scope and Authority	
Protocol for New Program Approvals			
Section 2.1 Initial Institutional Process			
• Identify the steps required for the university to develop and approve new undergraduate and (as appropriate) graduate programs?	Yes	New Program Procedures	

IQAP Checklist

<ul style="list-style-type: none"> Add any additional components for the new program approval process (e.g., consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others)? (NOTE: this is not required by the QAF and therefore is a non-issue if excluded) 	Yes	New Program Procedures, e.g. 5.2 b (EDI, Indigenous)	
Section 2.1.1 Program Proposal			
<ul style="list-style-type: none"> Require the use of a new program proposal template (either the Quality Council's or their own)? 	Yes	New Program Procedures, 5.2	Directs program developers to the CIQE website for template.
<ul style="list-style-type: none"> Require that, the new program proposal minimally address the evaluation criteria as defined in the Framework (see below)? 	Yes	New Program Procedures, 5.2	This is listed in the Procedure and on the templates and link directly to the QAF website .
<ul style="list-style-type: none"> Add any additional evaluation criteria? 	Yes	New Program Procedures, 5.2b	
<ul style="list-style-type: none"> Require the identification of unique curriculum or program innovations, creative components, or significant high impact practices? 	Yes	New Program Procedures, 5.2a	Made the wording clearer in the IQAP and on the associated templates.
Section 2.1.2 Evaluation Criteria INSTRUCTIONS For this section, please review the IQAP to assess whether: <ul style="list-style-type: none"> All of the following Evaluation Criteria are included, as worded in this checklist The IQAP requires the New Program Proposal include and address these Evaluation Criteria, as worded below The IQAP also requires that the external reviewers address these same Evaluation Criteria in their report (see also Section 2.2.2 b) below) There are any exclusions, variations and / or ambiguities that need to be noted Additional notes: <ul style="list-style-type: none"> The general section(s) and/or page references for the Evaluation Criteria's location in the IQAP need only be noted once below, if preferable While universities can add additional criteria, they cannot change or exclude the criteria required by the QAF 			
2.1.2.1 Program objectives			
a) Clarity of the program's objectives;	Yes	New Program Procedures 5.2 links to the Criteria.	IQAP directs developers to the criteria on the website directly. New program templates ask specific questions referring to each item in the evaluation criteria Templates note the specific

IQAP Checklist

			questions and refer to QAF section numbers for clarity.
b) Appropriateness of degree nomenclature given the program's objectives; and	Yes		
c) Consistency of the program's objectives with the institution's mission and academic plans.	Yes		
2.1.2.2 Program requirements			
a) Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes;	Yes		
b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations;	Yes		
c) Appropriateness of the proposed mode(s) of delivery (see Definitions) to facilitate students' successful completion of the program-level learning outcomes; and	Yes		
d) Ways in which the curriculum addresses the current state of the discipline or area of study.	Yes		
2.1.2.3 Program requirements for graduate programs only			
a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;	Yes		
b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses; and	Yes		
c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.	Yes		
2.1.2.4 Assessment of teaching and learning			
a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and	Yes		
b) Appropriateness of the plans to monitor and assess:	Yes		
i. The overall quality of the program;			
ii. Whether the program is achieving in practice its proposed objectives;	Yes		
iii. Whether its students are achieving the program-level learning outcomes; and	Yes		
iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.	Yes		
2.1.2.5 Admission requirements			

IQAP Checklist

a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and	Yes		
b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.	Yes		
2.1.2.6 Resources Given the program's planned /anticipated class sizes and cohorts as well as its program-level learning outcomes:			
a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;	Yes		
b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;	Yes		
c) If required, provision of supervision of experiential learning opportunities;	Yes		
d) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university;	Yes		
e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and	Yes		
f) If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.	Yes		
2.1.2.7 Resources for graduate programs only Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:			
a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation, and foster an appropriate intellectual climate;	Yes		
b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and	Yes		
c) Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.	Yes		

IQAP Checklist

2.1.2.8 Quality and other indicators			
a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring); and	Yes		
b) Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.	Yes		
2.2 External evaluation			
2.2.1 External perspective			
<ul style="list-style-type: none"> Establish and describe a process for the selection and appointment of external reviewers and any others who will review the New Program Proposal and adequacy of the administrative unit's planned utilization of existing human, physical and financial resources? 	Yes	New Program Procedures, 5.3	
<ul style="list-style-type: none"> Require at least two external reviewers for new undergraduate and graduate programs. The external reviewers will normally be associate or full professors (or equivalent) and will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes, and will be at arm's length from the program under review? 	Yes	New Program Procedures, 5.3.2	
<ul style="list-style-type: none"> Define "arm's length?" 	Yes	New Program Procedures, 5.3.2	5.3.2 refers to Guidelines on Arms Length section of the Proposed External Reviewers nomination form available on our website .
<ul style="list-style-type: none"> Require an additional internal member from the university, but from outside of the discipline (or interdisciplinary group) engaged in the proposed program to participate in the review process? (<i>NOTE: this is optional</i>) 	No		Programs are welcome to choose to do this, but it is not required, nor is it noted in the IQAP.
<ul style="list-style-type: none"> Specify that the external reviewers receive all relevant faculty CVs at the same time as they receive the New Program Proposal? 	Yes	New Program Procedures Section 5.2 c)	
<ul style="list-style-type: none"> Require an on-site visit for new doctoral program proposals? 	Yes	New Program Procedures Section 5.3.3	
<ul style="list-style-type: none"> Normally require an on-site visit for a new undergraduate Program Proposal. The Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit, or equivalent method if the external reviewers are satisfied that the off-site option is acceptable? 	Yes	New Program Procedures Section 5.3.3	
<ul style="list-style-type: none"> Require the Provost (or delegate) to provide a clear justification for the decision to use these alternatives? 	Yes	New Program Procedures Section 5.3.3	

IQAP Checklist

<ul style="list-style-type: none"> Normally require an on-site visit for a new master's program, but certain new master's program's (e.g., professional master's programs) may be conducted by desk review, virtual site visit, or equivalent method if both the Provost (or delegate) and external reviewers are satisfied that the off-site option is acceptable? 	Yes	New Program Procedures Section 5.3.3	
2.2.2 External Review Report ...ensure that the External Review Report(s) will:			
a) Address the substance of the New Program Proposal?	Yes	New Program Procedures Section 5.3.4.1 And External Reviewers' Report template	
b) Respond to the evaluation criteria as set out in Framework Section 2.1.2?	Yes	New Program Procedures Section 5.3.4.1 And External Reviewers' Report template	
c) Comment on the adequacy of existing physical, human and financial resources?	Yes	External Reviewers' Report template	
d) Acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it?	Yes	New Program Procedures Section 5.3.4.1 And External Reviewers' Report template	
2.3 Internal perspective			
2.3.1 Internal response ...require that the Internal response will:			
<ul style="list-style-type: none"> Clearly require separate responses from the proposing academic unit and the relevant Dean(s) or their designate(s)/Divisional Head to the External Review Report and recommendations? 	Yes	New Program Procedures Section 5.3.5 And Faculty Response template	Our revised IQAP (June 2020) made this distinction clear and an effort was made to provide two distinct responses in two separate documents. One year in to the new process, it became clear that this is not feasible at Ontario Tech. Faculties at Ontario

IQAP Checklist

			<p>Tech University do not have standard clearly defined Departments and the Dean of the Faculty is generally more closely involved with the development of new programs, often leading the program team. With this in mind, we have modified our IQAP to include two responses on one Faculty response document.</p> <p>The single Faculty Response document contains two distinct areas for each reviewer recommendation, a Program's Response and a Dean's Response. The Program's Response intends to respond and provide insight from the program's perspective. The response reflects the view of any faculty who worked on the development of the program and discussions between the proposed program chair and the Faculty Dean to ensure continuity in approach. The Dean's Response is an opportunity for the Dean to respond and comment on the recommendations and program's response. The response reflects the Dean's consultations with the proposed program chair, consultations with the Provost's Office in relation to resource implications, and the Dean's perspective with regard to overall Faculty and University plans.</p>
<ul style="list-style-type: none">Make an exception for single-department Faculty (or equivalent) where the Dean (or equivalent) is essentially the Divisional Head? <i>(NOTE: this will apply to only some institutions)</i>	Yes	New Program Procedures Section 5.3.5 And Faculty Response template	See above

IQAP Checklist

<ul style="list-style-type: none"> Clarify the process for amending the proposal in response to the external reviewers' recommendations and subsequent internal responses? 	Yes	New Program Procedures Section 5.3.5.4	
2.4 Institutional approval			
<ul style="list-style-type: none"> Specify the governance steps to be taken for internal approval of the proposed program? 	Yes	New Program Procedures Section 5.4	
2.5 Submission of New Program Proposal to the Quality Assurance Secretariat			
<ul style="list-style-type: none"> Require submission of the New Program Proposal and all other required documentation to the Secretariat? 	Yes	New Program Procedures Section 5.5.1	
2.6.2 - 2.6.3			
<ul style="list-style-type: none"> Minimally refer to the QAF's Appraisal process and possible outcomes as specified in the QAF? 	Yes	New Program Procedures Section 5.5.3	
2.7 Public announcement of new programs			
<ul style="list-style-type: none"> Specify that, subject to approval by the university's senior academic officer (e.g. Provost and Vice-President Academic), a university may publicly announce its intention to offer a new undergraduate or graduate program in advance of receiving approval by the Quality Council? Further, when such announcements are made at this stage, they must contain the following statement: "Prospective students are advised that the program is still subject to formal approval." 	Yes	New Program Procedures Section 5.5.2	
2.7.1 - 2.8.2			
<ul style="list-style-type: none"> Minimally refer to the subsequent processes (e.g., the internal process in response to a program that has been "Approved to Commence, with Report"), as specified in the QAF? 	Yes	New Program Procedures Section 5.5.4	
2.9. Subsequent institutional process			
2.9.1 Implementation window			
<ul style="list-style-type: none"> Require the new program to begin within 36 months of that date of approval; otherwise, the approval will lapse? 	Yes	New Program Procedures Section 5.5.4	
2.9.2 Monitoring window			
<ul style="list-style-type: none"> Detail a formal process for the monitoring of new programs? 	Yes	New Program Procedures Section 10, Cyclical Review and Auditing Procedures Section 7	

IQAP Checklist

<ul style="list-style-type: none"> Minimally include the requirement for an interim monitoring report to be produced between the program's launch and its first cyclical review? 	Yes	New Program Procedures Section 10, Cyclical Review and Auditing Procedures Section 7	
<ul style="list-style-type: none"> Require that the interim report should also carefully evaluate the program's success in realizing its objectives, requirements and outcomes, as originally proposed and approved, as well as any changes that have occurred in the interim, including in response to any Note(s) from the Appraisal Committee? 	Yes	New Program Procedures Section 10, Cyclical Review and Auditing Procedures Section 7	
<ul style="list-style-type: none"> Require that the monitoring process also take into consideration the outcomes of the interim monitoring report and any additional areas to be considered in the first cyclical review of the new program? 	Yes	New Program Procedures Section 10, Cyclical Review and Auditing Procedures Section 7	
2.9.3 First cyclical review			
<ul style="list-style-type: none"> State that the first cyclical review of any new program must be conducted no more than eight years after the date of the program's initial enrolment? 	Yes	New Program Procedures Section 10.5, Cyclical Review and Auditing Procedures Section 7	
2.9.4 Selection for Cyclical audit			
<ul style="list-style-type: none"> Specify that new undergraduate and/or graduate programs that have been approved within the period since the conduct of the previous Audit are eligible for selection for the university's next Cyclical Audit? It may further note that an audit cannot reverse the approval of a program to commence. 	Yes	New program Procedures, Section 11	
Protocol for Expedited Approvals			
Introduction and Scope			
<ul style="list-style-type: none"> Require the development and approval of new Type 2 and 3 graduate diploma programs to be subject to this protocol? 	Yes	New Program Procedures Section 6	We include Undergraduate Diplomas in this protocol as well, as an optional step.
<ul style="list-style-type: none"> Offer the option of the review and approval of a new field(s) for a graduate program and/or a proposed major modification to go through this protocol, should the university so choose? (NOTE: this is not required by the QAF and therefore is a non-issue if excluded) 	No		We include UG Diplomas in the New program Procedures; other major modifications may be submitted on a case-by-case basis at the discretion of CIQE/the Provost but this is not highlighted as an option in the IQAP.

IQAP Checklist

<ul style="list-style-type: none"> Require the creation of a new standalone degree program from a long-standing field in a master's or doctoral program that has undergone at least two Cyclical Program Reviews and has at least two graduating cohorts to be subject to this Protocol? (NOTE: this is not required by the QAF and therefore is a non-issue if excluded) 	No		
Process			
<ul style="list-style-type: none"> Require the submission to the Quality Council of a proposal that addresses the applicable Evaluation Criteria detailed in Section 2.1.2 of the QAF? 	Yes	New Program Procedures Section 6.2 & 6.4	
<ul style="list-style-type: none"> Require any additional components to the institution's expedited approval process, such as equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions and others? (NOTE: this is not required by the QAF and therefore is a non-issue if excluded) 	Yes	New Program Procedures Section 6.2	We require this to be included.
3.2 – 3.3			
<ul style="list-style-type: none"> Minimally refer to the QAF's Expedited Appraisal process and possible outcomes as specified in the QAF? 	Yes	New Program Procedures Section 6.4.1 and 6.4.2	
3.4			
<ul style="list-style-type: none"> Clarify that programs created or modified through the Protocol for Expedited Approvals are not normally subject to the institution's Cyclical Audit? 	Yes	New program Procedures, Section 12	
Protocol for Major Modifications (Program Renewal and Significant Change)			
Introduction and Scope			
<ul style="list-style-type: none"> Detail the objectives for the Protocol for Major Modifications and reference the opportunity for continuous improvement? For example, the QAF states that major modifications are made by institutions in order to: <ul style="list-style-type: none"> Implement the outcomes of a cyclical program review; Reflect the ongoing evolution of the discipline; Accommodate new developments in a particular field; Facilitate improvements in teaching and learning strategies; Respond to the changing needs of students, society, and industry; and/or Respond to improvements in technology. 	Yes	Institutional Quality Assurance Process Policy Section 13.1	We apply these objectives to all curricular changes.
<ul style="list-style-type: none"> Specify that the Quality Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals? 	Yes	IQAP Policy Section 10, Curriculum Change Procedures Section 7.1	

IQAP Checklist

<ul style="list-style-type: none"> Detail that major modifications typically include, but are not limited to, one or more of the following: <ul style="list-style-type: none"> Requirements that differ significantly from those existing at the time of the previous cyclical program review; Significant changes to the program-level learning outcomes that do not, however, meet the threshold of a new program; Significant changes to the program's delivery, including to the program's faculty 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 and/or online / hybrid delivery – see below); Change in program name and/or degree nomenclature, when this results in a change in learning outcomes; and/or Addition of a single new field to an existing graduate program. Note that universities are not required to declare fields for either master's or doctoral programs. Note also that the creation of more than one field at one point in time or over subsequent years may need to go through the Expedited Protocol. 	Yes	Curriculum Change Procedures - Section 7.1	
Process			
<ul style="list-style-type: none"> Provide an internal definition of what constitutes a “significant change” in the requirements, program-level learning outcomes, or faculty and/or the essential physical resources associated with the program? 	Yes	Curriculum Change Procedures – Section 7.1	A thorough list of examples is provided to give clarity on what constitutes a significant change.
<ul style="list-style-type: none"> Identify an arbiter or authority whose responsibility it will be to determine whether a proposed change constitutes a “significant change” and hence a “major modification” to an existing program or is, in fact, a minor modification or a new program? <i>(NOTE: the identification of an arbiter or authority is strongly recommended but not required by the QAF and therefore is a non-issue if excluded)</i> 	Yes	Curriculum Change Procedures – Section 7.1	Final institutional determination rests with the Provost.
<ul style="list-style-type: none"> Set out the information required and steps to be taken internally for its own approval process for such major modifications? 	Yes	Curriculum Change Procedures – Section 7.2 and 7.3	
<ul style="list-style-type: none"> As appropriate, include a requirement for the internal approval process to ensure that the proposed modification is in alignment with the relevant program-level learning outcomes? 	Yes	Curriculum Change Procedures – Section 7.3 (c)	
<ul style="list-style-type: none"> Require that the internal review and approval process include an assessment of the impact the proposed modification will have on the program's students? 	Yes	Curriculum Change Procedures – Section 7.3 (c)	While there are existing questions related to how the changes enhance the program and the transition plan for students, added a sentence that

IQAP Checklist

			explicitly asks for the impact on students. The Major Modification template and electronic approval process will be updated for 23-24.
<ul style="list-style-type: none"> Require input from current students and recent graduates of the program be considered as part of the development of the Proposal, with the Proposal including a statement on the way in which the proposed major modification will improve the student experience? 	Yes	Curriculum Change Procedures – Section 7.3 (c) Cyclical Program Review Procedures	<p>While there are existing questions related to how the changes enhance the program, added a sentence that explicitly asks for the impact on students. The Major Modification template and electronic approval process will be updated for 23-24.</p> <p>The Cyclical Program Reviews require student participation. Annual student course surveys provide input into changes.</p>
<ul style="list-style-type: none"> Provide the option for a proposed major modification to be submitted to the Quality Council for review and approval through the Protocol for Expedited Approval? <i>(NOTE: this is not required by the QAF and therefore is a non-issue if excluded)</i> 	No		We include UG Diplomas in the New program Procedures; other major modifications may be submitted on a case-by-case basis at the discretion of CIQE/the Provost but this is not highlighted as an option in the IQAP.
<ul style="list-style-type: none"> Specify that, in such cases where a submission of a major modification to the Quality Council is made, the submitted Proposal requires: <ul style="list-style-type: none"> Description of, and rationale for, the proposed changes; and Application of the relevant criteria, as outlined in Framework Section 2.1.2, to the proposed changes. The university will determine which criteria are deemed relevant for each Proposal and, to meet their own needs and in recognition of the diversity in institutional strategies, institutions may include their own quality assurance requirements, including for example, consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others. 	Yes	Curriculum Change Procedures – Section 7.3	While not stating that this is required for Quality Council submission, all Major Modifications require this information and would therefore be included if the decision was made to submit to the Quality Council.
<ul style="list-style-type: none"> Provide the option to consider the following criteria for when changing the mode of delivery of a program to online for all or a significant portion of a program that was previously delivered in-person? <i>(NOTE: the QAF strongly encourages but does not require this as part of the approval process for the proposed major modification):</i> 	Yes	Curriculum Change Procedures – Section 7.3 (g)	

IQAP Checklist

<ul style="list-style-type: none"> ○ Maintenance of and/or changes to the program objectives and program-level learning outcomes; ○ Adequacy of the technological platform and tools; ○ Sufficiency of support services and training for teaching staff; ○ Sufficiency and type of support for students in the new learning environment; and ○ Access. 			
Outcomes			
<ul style="list-style-type: none"> ● Detail a process that encourages and values ongoing and continuous assessment and modification where appropriate of programs? 	Yes	IQAP Policy – Policy Section, Section 13	
<ul style="list-style-type: none"> ● Demonstrate the value the institution places on this kind of self-assessment? 	Yes	IQAP Policy – Policy Section, Section 13	
4.1 Other Program Changes			
<ul style="list-style-type: none"> ● Set out the intra-institutional steps that will apply to the quality assurance of other program changes that do not necessarily rise to the level of a major modification. These would minimally include: changes to an existing Emphasis, Option, or Minor Program; the creation of a new micro-credential(s); undergraduate certificate(s); and laddering, stacking or similar options, or comparable elements that do not require Quality Council appraisal and approval. However, it is important for the purposes of transparency and consistency that the IQAP indicate how such changes will be made and quality assured. 	Yes	Curriculum Change Procedures – Sections 5, 6, 8	
4.2 Program Closure			
<ul style="list-style-type: none"> ● Specify the conditions under which a program closure will be considered as a minor or major modification and the process that is to be followed accordingly. 	Yes	Curriculum Change Procedures – Section 7, and Program Closure Procedures	The closure of program elements/components of Majors (e.g. specialization, minor, Type 1 Graduate Diploma, or Micro-credential) fall under the Curriculum Change Procedures. The closure of a Major or Degree will follow the Program Closure Procedures.
<ul style="list-style-type: none"> ● Require that all program closures be reported in the Annual Report to the Quality Council (as per Section 4.3)? 	Yes	Curriculum Change Procedures – Section 7.2, and Program Closure Procedures – Section 6.7	
4.3 Annual Report to the Quality Council			

IQAP Checklist

<ul style="list-style-type: none"> Require the filing of an Annual Report to the Quality Council that provides a summary of major program modifications and program closures that were approved through the university's internal approval process in the past year? 	Yes	Curriculum Change Procedures – Section 7.2, and Program Closure Procedures – Section 6.7	
4.4 Selection for Cyclical Audit			
<ul style="list-style-type: none"> Note that major modifications are not normally subject to the institution's Cyclical Audit? 	Yes	IQAP Policy Section 18 Curriculum Changes Procedures, Section 9	
Protocol for Cyclical Program Reviews			
Objectives			
<ul style="list-style-type: none"> Indicate the role continuous improvement plays as a driver for Cyclical Program Reviews? 	Yes	IQAP Policy – Policy Section, Section 13.1 Cyclical Review and Auditing Procedures Section 1	
Scope			
<ul style="list-style-type: none"> Define “program” when considering the unit of review, or “scope”, of a Cyclical Program Review? 	Yes	Cyclical Review and Auditing Procedures - Sections 2, 3, & 4	
<ul style="list-style-type: none"> Indicate that programs which have been closed or for which admission has been suspended are out of scope? 	Yes	Cyclical Review and Auditing Procedures - Section 3	
<ul style="list-style-type: none"> Specify the process for reviewing a joint program and/or other inter-institutional programs? (<i>See guidance</i>) 	Yes	Cyclical Review and Auditing Procedures - Section 3, 8.8 IQAP Policy - Section 14.5	
Process			
<ul style="list-style-type: none"> Include additional quality assurance requirements, including for example, consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others? (<i>NOTE: this is not required by the QAF and therefore is a non-issue if excluded</i>) 	Yes	Cyclical Review and Auditing Procedures - Section 8	Consideration of the principles of equity, diversity, and inclusion have been added to the IQAP and self-study template.
Outcomes			

IQAP Checklist

• Make clear that the key outcome from a Cyclical Program Review is the Final Assessment Report and associated Implementation Plan, which become the basis of a continuous improvement process through monitoring of key performance indicators?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.3	
• Ensure that primary responsibility to execute the Implementation Plan lies with the leadership of the program and overall, provide clear timelines and communication requirements throughout the process?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.3	
5.1.1 Schedule of Reviews			
• Establish a cycle, not to exceed eight years, for the review of all of its programs?	Yes	IQAP Policy Section 14.1 and 14.2	
• Indicate how the cycle may coincide with any other internal reviews and professional accreditation?	Yes	IQAP Policy Section 14.2	For professional accreditation, other internal reviews are not conducted.
• Consider all independent offerings of each program?	Yes	IQAP Policy Section 14.4	
• Require that the first cyclical review of any new program be scheduled to take place no more than eight years after the date of the program’s first enrolment?	Yes	IQAP Policy Section 15.7	
• Require that the Schedule reflect all program offerings, including those that are joint/inter-institutional, multi-disciplinary, interdisciplinary, at multiple sites and all modes of program delivery?	Yes	IQAP Policy Section 14.4 – 14.5	
• Require independent and/or concurrent review of undergraduate and graduate programs and/or with other departments and academic units?	Yes	IQAP Policy Section 14.2	
• Regardless of the “bundling” of program reviews, stipulate that the quality of each academic program and the learning environment of the students in each program be explicitly addressed in the self-study and the external reviewers’ report(s)?	Yes	IQAP Policy Section 14.4	
5.1.2 The Program or Programs			
• Require that the appropriate university authority initiate the scheduled review, identifying the specific program or programs that will be reviewed and identifying, where there is more than one mode or site involved in delivering a specific program, the distinct versions of each program that are to be reviewed?	Yes	IQAP Policy Section 14.2	
5.1.3 Self-study			
• Require the submission of a self-study document that is broad-based, reflective, and forward-looking, and includes critical analysis of the program(s)?	Yes	Cyclical Review and Auditing Procedures – Section 8.3.3	

IQAP Checklist

<ul style="list-style-type: none"> Require that the views of program faculty, staff, and students must be considered during the process of writing of the self-study? 	Yes	IQAP Policy – Section 14.3, Cyclical Review and Auditing Procedures – Section 8.1, 8.3.1	
<ul style="list-style-type: none"> Require the preparation of separate reports for each discrete program or address each program within a single omnibus report, when an institution chooses to review different program levels (for example, graduate and undergraduate), program modes, or programs offered at different locations at the same time? 	Yes	Cyclical Review and Auditing Procedures – Section 4	
a) Include a description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered? <i>(NOTE: this might only be found in the template for the self-study)</i>	Yes	Cyclical Review and Auditing Procedures – Section 8.3, Self-Study Template	
b) Require the inclusion of the evaluation criteria and quality indicators identified in Framework Section 5.1.3.1, for each discrete program being reviewed?	Yes	Cyclical Review and Auditing Procedures – Section 8.3, Self-Study Template	
c) Require that program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources be addressed?	Yes	Cyclical Review and Auditing Procedures – Section 8.3, Self-Study Template	
d) Include a description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program?	Yes	Cyclical Review and Auditing Procedures – Sections 7, 8.3, Self-Study Template	
e) For the first Cyclical Review of a new program, identify the steps to be taken to address any issues or items flagged in the monitoring report for follow-up (see Section 2.9.2), and/or items identified for follow-up by the Quality Council?	Yes	Cyclical Review and Auditing Procedures – Section 7	
f) Identify any unique curriculum or program innovations, creative components, or significant high impact practices, where appropriate?	Yes	Cyclical Review and Auditing Procedures – Section 8.3, Self-Study Template	
g) Identify areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change?	Yes	Cyclical Review and Auditing Procedures – Section 8.3, Self-Study Template	
h) Include an assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review?	Yes	Cyclical Review and Auditing Procedures – Section 8.3, Self-Study Template	

IQAP Checklist

<ul style="list-style-type: none"> Identify and include any other pertinent information that the university deems appropriate? (NOTE: This is not required by the QAF and therefore is a non-issue if excluded) 	Yes	Self-Study Template	Inclusion will be program specific, but opportunity for inclusion/discussion is provided in Self-Study Template.
<ul style="list-style-type: none"> Include, as appropriate, the perspectives of other individuals/groups not listed above, i.e. graduates of the program, representatives of industry, the professions, practical training programs and employers? (NOTE: This is not required by the QAF and therefore is a non-issue if excluded) 	Yes	Self-Study Template	Inclusion will be program specific, but opportunity for inclusion/discussion is provided in Self-Study Template.
5.1.3.1 Evaluation Criteria For this section, please review the IQAP to assess whether: <ul style="list-style-type: none"> All of the following Evaluation Criteria are included, as worded in this checklist The IQAP requires that the Process for Cyclical Reviews includes and addresses these Evaluation Criteria, as worded below The IQAP also requires that the external reviewers address these same Evaluation Criteria in their report (see also Section 5.2.1 i below) There are any exclusions, variations and / or ambiguities that need to be noted Additional notes: <ul style="list-style-type: none"> The general section(s) and/or page references for the Evaluation Criteria's location in the IQAP need only be noted once below, if preferable While universities can add additional criteria, they cannot change or exclude the criteria required by the QAF 			
5.1.3.1.1 Program Objectives a) Consistency of the program's objectives with the institution's mission and academic plans.	Yes	Cyclical Review and Auditing Procedures – Section 8.3 links to the Criteria Self-study templates	IQAP directs developers to the criteria on the website directly. Self-study and External Reviewers Report templates ask specific questions referring to each item in the evaluation criteria.
5.1.3.1.2 Program Requirements a) Appropriateness of the program's structure and the requirements to meet its objectives and the program-level learning outcomes	Yes		
b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's own undergraduate or graduate Degree Level Expectations	Yes		
c) Appropriateness and effectiveness of the mode(s) of delivery to facilitate students' successful completion of the program-level learning outcomes	Yes		
d) Ways in which the curriculum addresses the current state of the discipline or area of study.	Yes		
5.1.3.1.3 Program requirements for graduate programs only	Yes		

IQAP Checklist

a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required			
b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses	Yes		
c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion	Yes		
5.1.3.1.4 Assessment of Teaching and Learning	Yes		
a) Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations			
b) Appropriateness and effectiveness of the plans to monitor and assess:	Yes		
i) The overall quality of the program			
ii) Whether the program continues to achieve in practice its objectives	Yes		
iii) Whether its students are achieving the program-level learning outcomes	Yes		
iv) How the resulting information will be documented and subsequently used to inform continuous program improvement	Yes		
5.1.3.1.5 Admission requirements	Yes		
a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes			
b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.	Yes		
5.1.3.1.6 Resources	Yes		
Given the program's class sizes and cohorts as well as its program level learning outcomes:			
a) Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment			
b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience	Yes		

IQAP Checklist

c) If required, provision of supervision of experiential learning opportunities	Yes		
d) Adequacy of the administrative unit's utilization of existing human, physical and financial resources	Yes		
e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access	Yes		
5.1.3.1.7 Resources for graduate programs only Given the program's class sizes and cohorts as well as its program-level learning outcomes:	Yes		
a) Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation			
b) Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students	Yes		
c) Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty	Yes		
5.1.3.1.8 Quality and other indicators	Yes		
a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring)			
b) Any other evidence that the program and faculty ensure the intellectual quality of the student experience	Yes		
c) For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates	Yes		
5.2 External Evaluation			
5.2.1 External Perspective			
• Establish and describe a process for the selection and appointment of external reviewers and any others who will review the program and the adequacy of the administrative unit's utilization of existing human, physical and financial resources?	Yes	Cyclical Review and Auditing Procedures – Section 8.4	
• Require that there are at least two external reviewers for the review of undergraduate and graduate programs?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.1.2 and 8.4.1.3	

IQAP Checklist

<ul style="list-style-type: none"> Specify that external reviewers should normally be associate or full professors, or the equivalent, who have suitable disciplinary expertise, qualifications and program management experience? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.1.1	
<ul style="list-style-type: none"> Allow for the inclusion of an additional internal member from within the university but from outside the discipline (or interdisciplinary group) of the program under review? (NOTE: This is not required by the QAF and therefore is a non-issue if excluded) 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.1.3	*for Graduate Program Reviews
<ul style="list-style-type: none"> Allow for the assignment of additional discretionary members to the Review Committee, such as appropriately qualified and experienced individuals selected from industry or the professions and/or student members. (NOTE: This is not required by the QAF and therefore is a non-issue if excluded) 	No*		*not in IQAP; assignment would be program specific and require approval of Provost.
<ul style="list-style-type: none"> Define “at arm’s length”? 	Yes	Proposed External Reviewer Form	
<ul style="list-style-type: none"> Require that the external reviewers be at arm’s-length from the program under review? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.1.1	
<ul style="list-style-type: none"> Require that the external review of a doctoral program must incorporate an on-site visit? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.1	
<ul style="list-style-type: none"> Require that the external review of undergraduate programs must normally be conducted on-site. The Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that an off-site visit is acceptable? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.1	
<ul style="list-style-type: none"> Require that the Provost (or delegate) provide clear justifications for the decision to use an off-site visit? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.1	
<ul style="list-style-type: none"> Allow for external reviews of certain master’s programs, e.g., professional master’s programs and fully online programs, to be conducted by desk review, virtual site visit or an equivalent method if the Provost and the external reviewers are satisfied that the off-site option is acceptable and require that all an on-site visit be required for all other master’s programs? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.1	
a) Describe how the members of the Review Committee are selected?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.1.4	The Faculty must provide a ranked list of reviewers, and include biographical information about the reviewer as well

IQAP Checklist

			as a rationale regarding their suitability to review the program.
b) Describe the steps to be taken to ensure that all members of the Review Committee will understand their role and obligations, including recognition of the university's autonomy to determine priorities for funding, space, and faculty allocation, and the confidentiality required for all aspects of the review process?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.3 and 8.4.2.5 External Reviewer Report Template	
c) Identify what information the Review Committee will receive in addition to the self-study?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.2	
d) Describe how site visits will be conducted, including how reviewers will meet with faculty, students, staff, and senior program administrators?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.4	
e) Describe, in the case of professional programs, how the views of employers and professional associations will be solicited and made available to the Review Committee?	Yes	Cyclical Review and Auditing Procedures – Section 8.3.6, 8.4.2.4 IQAP Policy – Section 14.3	
<ul style="list-style-type: none"> Require that the Review Committee submit one joint report, where possible? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3.1	
...require that the External Reviewers' Report(s):			
i) Address the substance of the self-study, with particular focus on responding to the evaluation criteria detailed therein?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3 External Reviewers Report Template	
ii) Identify and commend the program's notably strong and creative attributes?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3.2 External Reviewers Report Template	
iii) Describe the program's respective strengths, areas for improvement, and opportunities for enhancement?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3.2	

IQAP Checklist

		External Reviewers Report Template	
iv) Provide evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3.2 External Reviewers Report Template	
v) Make at least three recommendations for specific steps to be taken that will lead to the continuous improvement of the program, distinguishing between those the program can itself take and those that require external action?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3.1 and 8.4.3.2 External Reviewers Report Template	
vi) Identify the distinctive attributes of each discrete program documented in the self-study in those cases where a university chooses to simultaneously review more than one program / program level (for example, graduate and undergraduate), program modes, and/or programs offered at different locations?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3. External Reviewers Report Template	
<ul style="list-style-type: none"> If the external reviewers' report includes commentary on issues such as faculty complement and/or space requirements, require recommendations on these or any other elements that are within the purview of the university's budgetary decision-making processes be tied directly to issues of program quality or sustainability? 	Yes	Cyclical Review and Auditing Procedures – Section 8.4.2.5 and External Reviewers Report Template	
a) Identify to whom the Review Committee submits its report(s) and specify a timeframe for its submission?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3 and 8.4.3.3	
b) Include a process for dealing with external reviewers' reports that do not meet the requirements of the IQAP?	Yes	Cyclical Review and Auditing Procedures – Section 8.4.3.4	
5.3 Internal Perspective			
5.3.1 Internal Response			
<ul style="list-style-type: none"> Require a clearly separate response to the External Review Report(s) and recommendations from the academic unit and the relevant Dean(s) or their designate(s)/Divisional Head? The exception to this requirement is in the case of a single-department Faculty, where the Dean (or equivalent) is essentially the Divisional Head. 	Yes	Cyclical Review and Auditing Procedures – Section 8.5	

5.3.2 Final Assessment Report and Implementation Plan			
a) Describe how the Final Assessment Report will be drafted?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1	
<ul style="list-style-type: none"> Present the Final Assessment Report as an important tool for institutional synthesis of the external evaluation report and a program's continuous improvement? 	Yes	Cyclical Review and Auditing Procedures – Section 8.6.3	
...require that the Final Assessment Report:			
1. Identify significant strengths of the program?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1.1	
2. Identify opportunities for further program improvement and enhancement with a view towards continuous improvement?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1.1	
3. List all recommendations of the external reviewers and the associated separate internal responses and assessments from the unit and from the Dean(s)?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1.2	
4. Explain why any external reviewers' recommendations not selected for further action in the Implementation Plan have not been prioritized?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1.2	
5. Include any additional recommendations that the unit, the Dean(s) and/or the university may have identified as requiring action as a result of the program's review?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1.2	
6. Include a confidential section, if required (for example, where personnel issues need to be addressed)?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1	
7. Identify who will be responsible for approving the recommendations set out in the Final Assessment Report?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.2	
b) Include an Executive Summary, excluding any confidential information, which is to be published on the institution's website alongside the associated Implementation Plan?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.1.3	
c) Include an Implementation plan that:			

IQAP Checklist

1. Sets out and prioritizes those recommendations that are selected for implementation?	Yes	Cyclical Review and Auditing Procedures – Section 8.5.1.2	
2. Identifies the group or individual responsible for providing resources needed to address recommendations from the external reviewers or action items identified by the university?	Yes	Cyclical Review and Auditing Procedures – Section 8.5.1.2	
3. Identifies who will be responsible for acting on those recommendations?	Yes	Cyclical Review and Auditing Procedures – Section 8.5.1.2	
4. Provides specific timelines for acting on and monitoring the implementation of those recommendations?	Yes	Cyclical Review and Auditing Procedures – Section 8.5.1.2	
5.4 Reporting Requirements			
5.4.1 Internal Reporting Requirements			
a) Require that the Final Assessment Report (excluding all confidential information) and associated Implementation Plan be distributed to Senate (or equivalent)?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.3	
b) Require that the Executive Summary and the associated Implementation Plan be posted on the university's website and copies provided to the university's governing body? <i>(NOTE: while the Executive Summary and Implementation Plan must be published on a public and easily discoverable section of the university's website, the QAF also notes that publication of these documents on the program's own website is also highly recommended. Further, the IQAP should ensure that, for programs offered by an affiliated institution, the Executive Summary and Implementation Plan are also to be publicly posted on their website in an easily discoverable place.)</i>	Yes	Cyclical Review and Auditing Procedures – Section 8.6.3	
c) Require that the approved Final Assessment Report (excluding all confidential information, as appropriate), Executive Summary and Implementation Plan be provided to the unit to "own" and act on, as appropriate?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.4	
● Require that the program post the Executive Summary and Implementation Plan on its website? <i>(NOTE: This is strongly recommended but not required by the QAF and therefore is a non-issue if excluded)</i>	No		Not required. Faculties/Programs can link to Executive. Summary/Implementation posted on CIQE webpage if desired.
d) There is timely monitoring of the implementation of the recommendations, and the appropriate distribution, including web postings, of the scheduled monitoring reports?	Yes	Cyclical Review and Auditing Procedures – Section 8.7	
e) Establish the extent of public access to the following:	Yes	Cyclical Review and Auditing Procedures – Section 8	
1. Information made available for the self-study?	Yes	Cyclical Review and Auditing Procedures – Section 8	

IQAP Checklist

2. Self-study report?	Yes	Cyclical Review and Auditing Procedures – Section 8	
3. Report of the Review Committee?	Yes	Cyclical Review and Auditing Procedures – Section 8	
4. Specified internal responses to the report of the Review Committee?	Yes	Cyclical Review and Auditing Procedures – Section 8	
• Provide for an appropriate level of confidentiality in the report from the Review Committee?	Yes	Cyclical Review and Auditing Procedures – Section 8.6.2.2	
5.4.2 External Reporting Requirements			
• Identify the mechanism through which the outcomes of its Cyclical Program Review activity will be reported to Quality Council? This may be either a) or b) below or a combination.	Yes	Cyclical Review and Auditing Procedures – Section 8.6.3 And Policy 14.7	
a) Submission of the approved Final Assessment Report (excluding all confidential information), Executive Summary and associated Implementation Plan for each completed Cyclical Program Review; and/or	Yes	Cyclical Review and Auditing Procedures – Section 8.6.3 And Policy 14.7	
b) Submission of an annual report to the Quality Council (see below), which simply lists the past year's completed Final Assessment Reports, Implementation Plans and monitoring reports and provides an attestation by the Provost (or delegate) that all IQAP-required Cyclical Program Review processes have been followed. The report will also include a link to the university's web posting of the completed Executive Summaries and Implementation Plans, as well as any monitoring reports that have also been completed over the prior year	N/A		
• If b) is chosen above, does the policy acknowledge that the annual report and related Cyclical Program Review processes will occasionally be reviewed for compliance by the Quality Council and that if issues are found, the Quality Council may decide to initiate a Focused Audit? <i>(NOTE: This is not required by the QAF and therefore is a non-issue if excluded)</i>	N/A		
5.5 Use of Accreditation and other external reviews in the IQAP			
• Clearly describe a process for determining which elements of an accreditation review may replace parallel requirements of a Cyclical Program Review?	Yes	IQAP Policy 14.2	*Accreditation reviews and Program reviews are completed separately, therefore, the process indicates no elements are used.
• Indicate who is responsible for making this decision?	No	Not applicable	

IQAP Checklist

• Require that a Record of Substitution or Addition be produced in each case where some elements of the CPR are substituted or augmented with elements from an accreditation review?	No	Not applicable	
• Require that the Record of Substitution include the grounds on which decisions were made?	No	Not applicable	
5.6 Selection for Cyclical Audit			
• Specify that Cyclical Program Reviews that were undertaken within the period since the conduct of the previous Audit are eligible for selection for the university's next Cyclical Audit?	Yes	Section 9.2.1 of the Cyclical Review and Audit Procedures	
Audit Protocol			
• Identify the Cyclical Audit as providing necessary accountability to post-secondary education's principal stakeholders?	Yes	Policy, Section 18; Cyclical Review and Audit Procedures, Section 9	
• Acknowledge the role of the Cyclical Audit in evaluating past and current practice as well as the university's approach to continuous improvement?	Yes	Cyclical Review and Audit Procedures, Section 9	
• Indicate that the university will be audited by the Quality Council on an 8-year cycle under the terms outlined in the Framework?	Yes	Policy, Section 18; Cyclical Review and Audit Procedures, Section 9	
• Indicate its willingness to participate in a Focused Audit, as required?	Yes	Cyclical Review and Audit Procedures, Section 9	
6.2 Cyclical Audit: Process			
6.2.1 Pre-orientation and briefing details			
• Require the participation by the university in a half-day briefing with the Secretariat and an Audit Team member approximately one-year prior to the scheduled Cyclical Audit?	Yes	Cyclical Review and Audit Procedures, Section 9	
6.2.3 Institutional self-study			
• Require the preparation of an institutional self-study?	Yes	Cyclical Review and Audit Procedures, Section 9	
• Describe the process for the preparation of the institutional self-study?	Yes	Cyclical Review and Audit Procedures, Section 9	
• Assign responsibility for the preparation of the self-study and its submission to the Secretariat?	Yes	Cyclical Review and Audit Procedures, Section 9	

IQAP Checklist

6.2.10 Publication of main audit findings			
• Require that the Audit Report, absent any confidential information, be published on its website?	Yes	Cyclical Review and Audit Procedures, Section 9	
6.2.12 Web publication of follow-up report			
• Require that any Follow-up Response Report, as well as the associated auditors' report, be published on its website?	Yes	Cyclical Review and Audit Procedures, Section 9	
6.3.1 Focused Audit Report			
• Require that any Focused Audit Report be published on its website?	Yes	Cyclical Review and Audit Procedures, Section 9	
Additional Information:			
• Indicate that the IQAP is subject to approval of the Quality Council when it is initiated and thereafter, when it is revised?	Yes	Policy, Section 10	



Classification Number	ACD 1501
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2023
Supersedes	ACD 1501 (June 2010); LCG 1127 Section 1 (August 2005); Quality Assurance Handbook (June 2011) <u>Institutional Quality Assurance Process Policy (June 2020)</u> ; <u>Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)</u>

Institutional Quality Assurance Process

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: 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-prescribed~~ 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. When new, these programs require approval through the university's protocol for Major Modification 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 program~~. ~~This represents an additional, usually interdisciplinary, qualification and~~ ~~it~~ requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree. ~~When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.~~
- c) **Type 3: A direct-entry graduate diploma** is a stand-alone, direct-entry program, generally developed by a unit already offering a related master's (and sometimes doctoral) degree, and designed to meet the needs of a particular clientele or market. UOIT-Ontario Tech type 3 graduate diplomas

may include non-degree credit courses to a maximum of 30% of the total program credit hours. Where the program has been conceived and developed as a distinct and original entity, 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 included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

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. 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 Procedures** document.

Micro-credential: A designation of achievement of a coherent set of skills and knowledge, specified by a statement of purpose, learning outcomes, and strong evidence of need by industry, employers, and/or the community. They have fewer requirements and are of shorter duration than a qualification and focus on learning outcomes that are distinct from diploma/degree programs.

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

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 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, including Micro-credentials (which may be for-credit or not-for-credit). 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 and its associated Procedures, 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 the Institutional Quality Assurance Process Policy and associated Procedures~~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 of Program Reviews. It also receives an annual report of major modifications to existing programs.

The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the New Program Procedures.

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~~dedicated to ensuring the highest quality learning experience for students while maintaining the highest integrity of its academic programs. As such, the University is committed to the Quality Assurance Principles for Ontario Universities and the Quality Council (the Principles).

In meeting the Principles, ~~t~~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 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 but not limited to, the following: feedback from students, faculty and staff participating in the program; ~~by~~ matters arising through the course of its delivery; evolution of the discipline and/or new developments in a particular field; improvements in teaching and learning strategies; changing needs of students, society, industry, etc.; improvements in technology; 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, including the introduction of the option to complete a portion of the program to receive a Micro-credential, 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 Curricular Changes 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 Program 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 institutional determination of whether a program modification constitutes a significant change or a new program will rest with the Provost. The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the New Program Procedures.

14. Review of Degree and Diploma Programs

- 14.1. All existing undergraduate degree programs, graduate degree programs, and for-credit 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 outlined in the **Cyclical Program—Review and Auditing Procedures**.
- 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. Accreditation Reviews will ~~normally~~ be completed separately and involve separate processes and reviewers to ensure that all criteria are met. Elements of an accreditation review will not replace parallel requirements of the cyclical review.
- 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 and Auditing Procedures**.
- 14.7. Final Assessment Reports (FAR) and Implementation Plans are prepared by CIQE, using the self-study brief, the reviewers' report, the Program and Decanal response documents, and Implementation Plan. ~~the appropriate standing committee of Academic Council (USC/GSC),~~ Following a review of resource implications, the FAR and associated Implementation Plan, are sent to the appropriate standing committee of Academic Council (USC/GSC) for approval. ~~and Once approved, the report is~~ sent to Academic Council and the Board of Governors for information. The Quality Council then receives the Ffinal Assessment Rreport, Executive Summary, and associated Implementation Pplan. Summary reports are posted on the University website.

15. **New ~~Academic Diploma and Degree~~ 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**.
- 15.4. A Notice of Intent (NOI) must be submitted for all potential new diploma and degree 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.

- 15.5.** 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.
- 15.6.** 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.
- 15.7.** In accordance with the University's Cyclical Review and Auditing Procedures, 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 Program. Additional monitoring may be required. ~~in accordance with the University's New Program Procedures. At the time of program launch, t~~The program will ~~then~~ be entered into the schedule of academic program reviews and the first full review will take place no more than eight years after the start Program. ~~in accordance with the University's Cyclical Program Review Procedures.~~

16. New Micro-credential Programs

- 16.1.** Deans, Faculties, and non-academic units must plan for ongoing development of new Micro-credential program initiatives, including the design and delivery of the curriculum, the refinement of program requirements, the determination of any learning outcomes, and any assessment of student achievement of the learning outcomes.
- 16.2.** In the planning for any new Micro-credential, the human, instructional and physical resources needed to implement the program and ensure its ongoing operation must

be considered. The financial impact of the new program on existing programs must also be examined, and consideration must be given to possible collaborations and the possibility of obtaining additional funds from internal or external sources.

16.3. Development of new Micro-credentials will be in accordance with the protocol described in the **New Program Procedures or Curriculum Change Procedures** and are subject to internal quality review. Proposals are not appraised by the Quality Council under the provincial quality assurance framework.

16.17. Closure of a Program

16.1-17.1. Program Closures can be initiated by the Dean of a Faculty.

16.2-17.2. 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.

16.2-1-17.2.1. The Provost will consult with the Faculty Dean(s) of the affected program(s) to outline the reasons for closure.

16.3-17.3. In the case of Graduate Programs, the Dean of Graduate Studies will also be consulted.

16.4-17.4. In this case of programs that contain Indigenous content, consultation in accordance with the current procedures for Indigenous consultation, is required.

16.5-17.5. After all required consultation is completed, a proposal to close the Program will then proceed in accordance with the **Program Closure Procedure** document.

16.6-17.6. Students in a Closed Program

16.6-1-17.6.1. 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.

16.6-2-17.6.2. Students in a closed program will be informed of the program closure according to the requirements outlined in the **Program Closure Procedure**.

16.6-3-17.6.3. 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.~~17.6.4. 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.~~17.6.5. Students wishing to graduate from a closed program must apply to do so within four years of the program closure.

16.7.17.7. Faculty in a Closed Program

~~16.7.1.~~17.7.1. 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.~~17.7.2. 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.~~17.7.3. 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.~~17.7.4. 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.

16.8.17.8. Staff in a Closed Program

~~16.8.1.~~17.8.1. 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.~~17.8.2. 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.

18. Quality Council Cyclical Audit

Quality enhancement is a function of and balance between internal and external processes and procedures. As part of the University's dedication to ensuring the highest quality learning experience for students and maintaining the highest integrity of its academic programs, Ontario Tech manages the development and continuous improvement of curricula through a rigorous

governance process. External quality assurance involves the processes and procedures defined by the Quality Assurance Framework (QAF). In accordance with this Framework, the University is subject to a Cyclical Audit by the Quality Council, at least once every eight years. The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. The Cyclical Audit provides necessary accountability to post-secondary education's principal stakeholders by assessing the degree to which the University's internally-defined quality assurance processes, procedures, and practices align with and satisfy the agreed upon standards, as set out in the QAF. The Audit will be conducted in accordance with the protocol as outlined in the **Cyclical Review and Auditing Procedures**.

MONITORING AND REVIEW

17.19. 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.

RELATED POLICIES, PROCEDURES & DOCUMENTS

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

Curriculum Change Procedures

Program Closure Procedures

Cyclical ~~Program~~ Review and Auditing

Program Nomenclature Directives

Procedures

Faculty and Staff Collective Agreements

New ~~Degree~~ Program Procedures

Protocols associated with consultation/
development of Indigenous curriculum

Protocols associated with Micro-credential development



Classification Number	ACD 1501.01
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020 TBA
Review Date	June 2023 TBA
Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011); Curriculum Change Procedures (June 2020) ; Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

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

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

Field: In graduate programs, an area of specialization or concentration that is related to the demonstrable and collective strengths of the program's faculty and to a new or existing program. Fields are not required at either the master's or doctoral 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 prescribed proportion of the requirements. Students are not admitted directly to these programs. When new, these programs require approval through the university's protocol for Major Modification 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 master's or doctoral degree, the admission to which requires that the candidate be already admitted to the master's or doctoral program. This represents an additional, usually interdisciplinary, qualification and requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree. When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.
- c) **Type 3: A direct-entry graduate diploma** is a stand-alone, direct-entry program, generally developed by a unit already offering a related master's (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. Where the program has been conceived and developed as a distinct and original entity, 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 included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

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

Micro-credential: A designation of achievement of a coherent set of skills and knowledge, specified by a statement of purpose, learning outcomes, and strong evidence of need by industry, employers, and/or the community. They have fewer requirements and are of shorter

duration than a qualification and focus on learning outcomes that are distinct from diploma/degree programs.

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

Minor Program Adjustments: changes to 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 the full range of for-credit curricular and programmatic endeavours at both the graduate and undergraduate levels, including Micro-credentials to undergraduate and graduate 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.
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 Programs range from changes to individual courses and curricular offerings, through minor adjustments to programs and regulations, to major 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/ciqe 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:

- The creation of 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
- Editorial changes to degree requirements or program learning outcomes, which may include those completed as a result of a cyclical review
- New academic requirements or changes to existing requirements
- Changing the delivery mode of some courses
- The introduction of the option to complete a portion or portions of an existing program to receive a for-credit Micro-credential
- The creation of a new, stand-alone, for-credit Micro-credential

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.

6.2.2. Proposals that include the creation or introduction of a Micro-credential will be also be reported to the appropriate micro-credential committee. Approved Micro-credentials will be submitted to the Ministry for designation as eligible for Ontario Student Assistance Program funding, if applicable.

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, including any consideration of the principles of equity, diversity, inclusion, and decolonization.
- 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 resource and enrolment implications, including support for any proposed online or hybrid delivery.
- 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 that do not, however, meet the threshold of a new program;
- Significant changes to the program's delivery, including to the program's faculty 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 and/or online/hybrid delivery)~~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);~~
- Change in program name and/or degree nomenclature, when this results in a change in learning outcomes;
- Addition of a single new field to an existing graduate program. Note that universities are not required to declare fields for either master's or doctoral programs. Note also that the creation of more than one field at one point in time or over subsequent years may need to go through the New Program Expedited Protocol.~~The addition of a new field to an existing graduate Program. Note that institutions are not required to declare fields for either master's or doctoral 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 Programs
- New bridging options for college diploma graduates
- Significant change in the laboratory time of an undergraduate 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 Type 1 Graduate Diploma
- The creation, deletion, or re-naming of a field in a graduate 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, including changing the mode of delivery, comprising a significant (i.e., one-third or more) proportion of the Program
- Other changes to program content that affect the learning outcomes, but do not meet the threshold of a 'new Program'
- Substantive changes to the Program learning outcomes, including which may include those completed as a result of a cyclical ~~Program~~ review
- Changes to the Faculty delivering the 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 Program delivery
- The establishment of an existing Program at another institution or location
- The offering of an existing 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 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 Program modification constitutes a significant change or a new Program will rest with the Provost. The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the New Program Procedures.

- 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 last working day in December-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~~ the modification, including any consideration of the principles of equity, diversity, inclusion, and decolonization.

- b) Overview of the ~~new program component~~ modification, 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 Program offerings, particularly areas of teaching and research strengths and complementary areas of study.
- c) A fully developed section outlining: new or modified program learning outcomes; the alignment of the change with the program ~~component~~ learning outcomes and ~~alignment with~~ the provincial degree level expectations; admission requirements; program structure Calendar copy and program maps, where relevant, 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; the impact the modification/new component has on students and how it will improve the student experience; 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~~ modifications; 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.
- e) An outline of areas consulted, including an account of any consultation with students, and the process of consultation regarding Indigenous content, where appropriate.
- f) A summary statement of funding required to support the Program and a statement of current resource availability.
- g) When changing the mode of delivery to online/hybrid for all or a significant portion of a program, the following must also be addressed:
- Describe the adequacy of the technological platform to be used for online delivery
 - Describe how the quality of education will be maintained
 - Describe how the program objectives will be met

- Describe how the program learning outcomes will be met
- Describe the support services and training for teaching staff that will be made available
- Describe the sufficiency and type of supports that will be available to students

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.

QUALITY COUNCIL CYCLICAL AUDIT

- 9.** In accordance with the Quality Assurance Framework, curricular changes as outlined in these Procedures are not normally subject to the University's Cyclical Audit.

MONITORING AND REVIEW

- 11.** 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.

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

| Protocols associated with the development of Micro-credentials

Classification Number	ACD 1501.02
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2023
Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011)



CYCLICAL ~~PROGRAM REVIEW~~ AND AUDITING PROCEDURES

PURPOSE

1. The purpose of these Procedures is to set out the process for conducting the monitoring of new degree and diploma programs and the 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. Further, these procedures set out the process for the cyclical audit conducted by the Quality Council, which reviews the University's institutional quality enhancement Polices, Procedures and processes. New programs are monitored at the time of first intake and at least one year after the launch of the program. All programs are reviewed~~Cyclical reviews of established programs and the University audit occur~~ 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

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.

New Program: 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 these Procedures, 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 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 and the associated governance processes, whether the programs are offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to ~~new~~ degree and diploma 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 during new program monitoring and cyclical program review. The self-study brief will encompass all modes, locations, and components in one report.

5. Degree and Diploma Programs which have been approved but never launched, have been closed, or for which admission has been suspended, are not subject to these Procedures. Stand-alone Micro-credentials are also not subject to these Procedures.

5.6. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

7. Monitoring of New Academic Programs

7.1. 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 admissions and enrollment data and report on any changes made to the program since it was approved. 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.

7.2. 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; success in realizing the program objectives, requirements, and learning outcomes; any changes made to the program since approval; 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.

7.3. 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 additional 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.

7.4. Should the Quality Council require any follow-up reports, these shall be completed in accordance with the requirements outlined in the approval letter from the Quality Council.

7.5. 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 Section 8 of these Procedures. The first cyclical review will take into consideration the outcomes of the intake, one-year, and any additional reports, as well as any aspects highlighted by the Quality Council as required during the program review.

8. Cyclical Review of Degree and Diploma Programs

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 as a guide to assist in the planning and implementation of the components of the cyclical review. It is expected that, unless otherwise specified below, all information, documents, and reports are not publicly accessible and will be afforded an appropriate level of confidentiality.

5.1.8.1. Appointment of Internal Assessment Team

5.1.1-8.1.1. Upon notification that a program is up for review, the Faculty Dean will appoint an Internal Assessment Team (IAT), comprised of faculty, staff and students (current or recent graduate of the program). The Dean will also appoint a faculty member from the IAT to act as Chair. A faculty co-chair may be appointed, if necessary.

8.1.2. The proposed IAT will be submitted to CIQE, and will be approved by the Provost.

5.2.8.2. Review and Enhancement of Program Learning Outcomes

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.

5.2.1-8.2.1. The IAT will ~~be required to participate~~engage in a program learning outcome enhancement ~~sessions-process~~ where they will review and revise their program learning outcomes. These revisions will lay the groundwork for the program for the upcoming seven years. The program and course learning outcomes must be reviewed and revised using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the IAT and other program faculty participate in learning outcome sessions hosted by CIQE and TLC; alternatively, the revised program learning outcomes must be reviewed and approved by CIQE and TLC prior to the scheduling of the External Review. ~~With assistance from~~

~~CIQE staff, t~~The IAT will then map these revised program-learning outcomes to the appropriate degree level expectations (DLEs) - using resources provided by CIQE and the Teaching and Learning Centre (TLC)

~~5.2.2.8.2.2.~~ 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.

~~5.2.3.8.2.3.~~ The revised program learning outcomes and DLE map, once approved by the IAT, will be an appendix to the self-study document.

~~5.3.8.3.~~ Self-Study Briefs

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.

~~5.3.1.8.3.1.~~ Self-study briefs for each program under review must be prepared and reviewed by a Program Review Internal Assessment Team (IAT).

~~5.3.2. The IAT is comprised of faculty, staff and students (current or recent graduate of the program) and appointed by the Faculty Dean.~~

~~5.3.3.8.3.2.~~ 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.

~~5.3.4.8.3.3.~~ The brief should be broad-based, reflective and forward-looking and should demonstrate how the program advances the University's mission.

~~5.3.5.8.3.4.~~ 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.

~~5.3.6.8.3.5.~~ The brief should address any concerns and recommendations raised in previous reviews.

~~5.3.7.8.3.6.~~ The brief will also identify specific aspects of the program on which feedback is sought, including any consideration of the principles of equity, diversity, inclusion, and decolonization; areas requiring improvement and those that hold promise for enhancement; any unique curriculum or program innovations, creative components, or significant high impact

practices; as well as academic services that directly contribute to the academic quality of the program. The brief will incorporate feedback sought from representatives from industry, the professions or employers, where appropriate.

8.3.7. 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.

5.4.8.4. External Review and Reporting

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

5.4.1.1.8.4.1.1. ~~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.~~ All reviewers must be external to the University, will normally be tenured (or equivalent) and will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes, tenured or equivalent, have program management experience at another university, and be at arm's length to the program under review, as outlined in the Proposed External Reviewer's form.

5.4.1.2.8.4.1.2. 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.

5.4.1.3.8.4.1.3. For graduate programs, at least two~~three~~ reviewers external to the university are required, ~~with all reviewers~~three being external to the university. At least one of the reviewers must currently be at a Canadian post-secondary institution. A third internal reviewer, external to the program, may additionally be included.

5.4.1.4.8.4.1.4. 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.

5.4.1.5.8.4.1.5. External reviewer forms are sent to CIQE to be reviewed and approved by the Provost. CIQE will contact approved proposed reviewers to maintain arms-

length process and ensure that the required number of reviewers are engaged to review the Program.

8.4.2. 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.

5.4.1.6.8.4.2.1. External review of doctoral program must incorporate an on-site visit. External review of undergraduate programs, and certain Master's programs (e.g. professional Master's programs, fully online) will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk audit, virtual site visit, or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives. An on-site visit is required for all other proposed master's programs.

5.4.1.7.8.4.2.2. In advance of the site visit, or prior to the desk audit, 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.

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

5.4.1.9.8.4.2.4. 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, such as representatives from industry, the professions or employers, to discuss aspects of the self-study in the context of the program quality review criteria.

5.4.1.10.8.4.2.5. 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. Commentary or recommendations on issues such as faculty complement and/or space requirements, that are within the purview of the university's budgetary decision-making processes, must be tied directly to issues of program quality or sustainability.

5.4.2.8.4.3. Reviewers will submit a report to the Dean, through CIQE, 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.

~~5.4.2.1-8.4.3.1.~~ Normally, the report will be prepared jointly by the reviewers and will contain at least three recommendations.

~~5.4.2.2-8.4.3.2.~~ 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.

~~5.4.2.3-8.4.3.3.~~ Normally, the report will be completed within 30 days of the site visit.

~~5.4.2.4-8.4.3.4.~~ Upon submission, CIQE ~~The Office of the Provost, through the Resource Committee,~~ will review the external reviewers' report to ensure it meets the requirements stated in Article 8.4.3. ~~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.

5.5-8.5. Response to Report

~~5.5.1-8.5.1.~~ 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.

~~5.5.1.1-8.5.1.1.~~ The ~~Program-IAT~~ Chair will solicit feedback from program faculty and, in consultation with the IAT ~~and program faculty~~, will prepare and send to the Dean ~~a the Program's~~ response to the reviewers' 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 program's response report will be provided through CIQE.

~~5.5.1.2-8.5.1.2.~~ Using the Program's ~~Chair's~~ response report as a guideline, the Dean, working in consultation with the Office of the Provost, will prepare a separate decanal response to the reviewers' report. plan of action for implementation ~~The response that~~ will include ~~a separate response to the recommendations~~ the Dean's assessment and prioritization of the recommendations and an Implementation Plan, a detailed description of the proposed action including resource requirements, a timeline for acting on and monitoring the implementation of the recommendations, and persons/area responsible for acting on the recommendations. A template for the decanal response and Implementation Plan will be provided through CIQE. The Dean may will solicit Faculty feedback on the Implementation Plan through Faculty Council.

~~5.5.1.3-8.5.1.3.~~ ~~Theis report~~ Implementation Plan- 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.

5.6.8.6. Approval Process

~~5.6.1-8.6.1. Using The Provost will then present~~ the self-study brief, together with the reviewers' ~~report(s), the Dean's and IATProgram's responses, the~~ Implementation Plan, and the Resource Committee's summary report, CIQE will prepare a Final Assessment Report (FAR). If confidential information is presented in any of the documentation used to prepare the FAR this information will be included only in an appendix. The appendix will be afforded the appropriate level of confidentiality within the Office of the Provost and will be withheld from distribution.

~~5.6.1.1-8.6.1.1.~~ The FAR will synthesize the reports and recommendations resulting from the review, identify the strengths of the program as well as the opportunities for program improvement and enhancement, ~~and outline the agreed-upon implementation plans for this improvement.~~

8.6.1.2. The FAR will list all recommendations of the external reviewers and the associated separate internal responses and assessments from the Program and the Dean. Explanation for reviewer recommendations not selected for further action in the ~~Implementation p~~Plan, as well as any additional recommendations that the Program, the Dean and/or the university may have identified as requiring action as a result of the program's review, will be included.

~~8.6.1.3. The Executive Summary will detail the outcomes of the review and associated implementation plan, exclusive of confidential information, as to be suitable for publication.~~ CIQE will also prepare an Executive Summary to the FAR as to be suitable for publication.

~~5.6.2-8.6.2.~~ The FAR (excluding the appendix, if applicable), Executive Summary, and Implementation Plan, will be presented to the appropriate standing committee of Academic Council (USC or GSC) for approval.

~~5.6.2.1-8.6.2.1.~~ 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 reviews relevant to the mandate of each committee.

~~5.6.2.2-8.6.2.2.~~ It is expected that these reports and recommendations will be afforded an appropriate level of confidentiality.

~~5.6.3. The appropriate standing committee of Academic Council (USC or GSC) will examine the outcomes of the review and prepare a Final Assessment Report (FAR).~~

~~5.6.3.1. Upon review, the Office of the Provost will approve the recommendations set out in the FAR's implementation plan.~~

~~8.6.3. The Final Assessment Reports and Executive Summaryies and Implementation Plan will be sent is provided~~ to Academic Council and the Board of Governors for information. ~~The FAR, Executive Summary, and Implementation Plan will be, and~~ sent to the Quality Council as required under the [Quality Assurance Framework](#).

~~8.6.4. The summary Executive Summaries and Implementation Plansreports~~ are then posted on the Ontario Tech corporate website.

~~5.6.4.8.6.5. The approved FAR, Executive Summary, and Implementation Plan will be provided to the Faculty as primary owner. -These approved Final Assessment Report, Executive Summary, and associated Implementation Plan will serve as the basis for the continuous improvement and monitoring of the key performance indicators of the program. As primary owner, tThe Faculty is responsible for subsequent reporting and monitoring of the Implementation Plan, as outlined in Section 8.7. and for further action.~~

5.7.8.7. Subsequent Reporting and Monitoring of the Implementation of Recommendations

~~5.7.1.8.7.1.~~ 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.

~~5.7.2.8.7.2.~~ If outstanding items remain from the ~~l~~implementation ~~P~~plan at the time of the eighteen-month report, the Resource Committee will review these outstanding items with the Dean. The Committee may recommend further monitoring of these items on a case-by-case basis.

~~5.7.3.8.7.3.~~ A summary of the progress report will be approved by the appropriate standing committee of Academic Council (USC or GSC).

~~5.7.4.8.7.4.~~ A summary of the progress report will be included in the reporting to Academic Council on program reviews.

~~5.7.5~~~~8.7.5~~. The summary report is then posted on the Ontario Tech corporate website.

~~5.8.8.8~~. Review of Joint or Collaborative Programs

~~5.8.1~~~~8.8.1~~. 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.

~~5.8.2~~~~8.8.2~~. 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.

~~5.8.3~~~~8.8.3~~. 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:

- a) The selection of external reviewers
- b) Templates to be used for a 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

9. Quality Council Cyclical Audit

In accordance with the Quality Assurance Framework (QAF), the University is subject to a Cyclical Audit by the Quality Council, at least once every eight years. The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. The Cyclical Audit provides necessary accountability to post-secondary education's principal stakeholders by assessing the degree to which the University's

internally-defined quality assurance processes, procedures, and practices align with and satisfy the agreed upon standards, as set out in the QAF.

Specifically, the Cyclical Audit will:

- Review institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;
- Confirm the University's practice is in compliance with its IQAP as ratified by the Quality Council and note any misalignment of its IQAP with the Quality Assurance Framework; and
- Review institutional quality enhancement practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews.

9.1. The Audit Team

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, conduct the Cyclical Audit. These auditors will be at arm's length from the University undergoing the audit. Members of the Quality Assurance Secretariat accompany the auditors on their site visit and constitute the remainder of the Audit Team.

9.2. Scope of the Audit

9.2.1. The Audit Team will independently select a sample of programs for audit that represent the development of new Degree programs under the New Program Procedures (normally two examples of new programs) and Section 8 of the Cyclical Review and Auditing Procedures (normally three or four examples of programs that have undergone a Cyclical Program Review). New Degree programs and Cyclical Program Reviews undertaken within the period since the previous Audit are eligible for selection.

9.2.2. Diploma Programs and Micro-credentials that have been developed under the New Program Procedures and changes made under the Curriculum Change Procedures or Program Closure Procedures will not normally be subject to audit.

9.2.3. A small sample of new programs still in development and/or cyclical program reviews that are still in progress may also be selected, in consultation with the University. If so, documentation associated with these in-progress processes will not be required for submission for audit. Instead, the auditors will ask to meet with the program representatives to gain a better understanding of current quality practices.

9.2.4. Specific areas of focus may also be added to the audit when an immediately previous audit has documented Causes for Concern, or when the Quality

Council so requests. The University will be informed of the specific areas of focus in the letter from the Quality Assurance Secretariat that also details the programs selected for audit. The University itself may also request that specific programs and/or quality enhancement elements be audited.

9.3. Pre-Audit Orientation and Briefing

The Quality Assurance Secretariat will schedule an in-person, half-day briefing approximately one year prior to the University's scheduled Cyclical Audit. During this briefing, the Quality Assurance Secretariat and a member of the Audit Team will provide an orientation on what to expect from the Cyclical Audit to the University Key Contact, key CIQE staff members, and any other relevant stakeholder(s) as determined by the Provost or designate.

9.4. Self-Study

9.4.1. In consultation with the Provost, CIQE will prepare a self-study, which reflects on past and current policies and practices and the extent to which the University demonstrates a focus on continuous improvement in the development of new programs and the cyclical review of existing ones. The self-study will present and assess the quality enhancement processes, including challenges and opportunities, within its own institutional context and pay particular attention to issues, if any, flagged in the previous Audit.

9.4.2. CIQE will also prepare a package of all relevant documentation for each program selected for audit, including all items related to each step outlined in the Procedures. The self-study and document packages are submitted by CIQE to the Quality Assurance Secretariat in advance of the desk audit.

9.4.3. The documentation to be submitted for audit will include, but is not limited to:

- All templates, proposal briefs/self-studies, reports and responses, minutes of meetings, and any other relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
- A record of any revisions of the university's IQAP, as ratified by the Quality Council; and
- The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

9.5. Audit Team Review

9.5.1. Desk Audit

The auditors will first undertake a desk audit of the University's quality enhancement practices, which will determine whether the University's practice is in compliance with the IQAP and will also note any misalignment of the IQAP with the QAF. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit. The auditors will undertake to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection of Privacy Act (FIPPA).

9.5.2. Site Visit

After the desk audit, auditors will normally visit the University over two or three days. The principal purpose of the on-site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of the IQAP in the pursuit of continuous improvement of programs. Further, the site visit will serve to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality enhancement practices contribute to continuous improvement.

9.5.2.1. CIQE, in consultation with the Office of the Provost and the auditors, will establish the program and schedule for the site visit. In the course of the site visit, the auditors speak with the university's senior academic leadership including those who the IQAP identifies as having important roles in the governance process.

~~5.8.3.1~~9.5.2.2. The auditors also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success.

9.6. Audit Report

9.6.1. Following the conduct of an audit, the auditors will prepare a report that will be approved by the Quality Council. The report, which is to be suitable for publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement and will meet the requirements as outlined in Section 6.2.7 of the QAF. The report shall not contain any confidential information.

9.6.2. A separate addendum will provide the University with detailed findings related to the audited programs. This addendum is not subject to publication. The report may include findings in the form of Suggestions, Recommendations, and/or Causes for Concern.

9.6.3. The Audit Report also includes recommendations for the Quality Council to take one or more steps, as appropriate, as outlined in Section 6.2.7 of the QAF. This may include participation in a Focused Audit, as described in Section 9.10 below.

9.6.4. The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage.

9.6.5. The Quality Assurance Secretariat provides a copy to the University, via the Provost, for fact checking. This consultation is intended to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report. CIQE will prepare a report, for submission by the Provost, on the factual accuracy of the draft report within 30 days. If needed, the Provost can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record and the audit team may use it to revise their report. However, the fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

9.6.6. Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the university with an indication of the timing for any required follow-up.

9.7. University Response to Report

9.7.1. When a Follow-up Response Report is required, the University, through CIQE, will submit the Report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern.

9.7.2. If the Audit Team is satisfied with the University's Follow-up Response Report, it will draft a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration.

9.7.3. If the Audit Team is not satisfied with the response, the Audit Team will consult with the University, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. In so doing, the University will be asked to make any necessary changes to the follow-up response within a specified timeframe.

9.7.4. The Audit Committee will submit a recommendation to the Quality Council to accept the university's follow-up response and associated auditors' report.

9.8. Publication of the Results of the Audit

9.8.1. The Quality Assurance Secretariat will publish the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the recommendations on the Quality Council's website.

9.8.2. The University will also publish the report (absent the previously specified addendum) on its website.

9.8.3. The Quality Assurance Secretariat publishes any Follow-up Response Report and the auditors' report on the scope and adequacy of the university's response on the Quality Council website and sends a copy to the University for publication on its website.

9.8.4. A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents (OCAV), the Council of Ontario Universities (COU), and the Ministry through the Quality Council's Annual Report.

9.9. Outcomes of the Cyclical Audit

The Audit Report describes the extent to which the University is compliant with the IQAP and approximates best practice. Based on the findings in its Report, the Audit Committee will make recommendations about future oversight by the Quality Council and/or one or more of its Committees.

9.9.1. When the Audit Report finds relatively high to very high degrees of compliance and good to best practices, the Audit Committee may recommend reduced Quality Council oversight in one or more areas of the University's quality enhancement practices. The recommendation may include, but is not limited to, the elimination of the requirement for a Follow-up Response Report to the Audit Report and possibly a reduced set of documentation required for a subsequent audit.

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

- Increased reporting requirements;
- A focused audit (Section 9.10, below); and/or
- Any other action deemed appropriate by the Quality Council.

9.10. Focused Audit

9.10.1. When an Audit Report has identified at least one Cause for Concern, the Audit Committee will recommend to the Quality Council that the specific area(s) of concern may require closer scrutiny and further support through a Focused Audit.

~~5.8.4.~~9.10.2. A Focused Audit may also be triggered by the Quality Council when it has some concerns about the quality assurance processes at a particular university.

~~5.8.5.~~9.10.3. A Focused Audit may take the form of a desk audit and/or an additional site visit. The Audit Committee will also recommend to the Quality Council a proposed timeframe within which the Focused Audit should take place.

9.10.4. The Focused Audit Report

9.10.4.1. Following the conduct of a Focused Audit, the auditors will prepare a report that will be approved by the Quality Council. The report will be suitable for subsequent publication, and will meet the requirements as outlined in Section 6.3 of the QAF.

9.10.4.2. The Focused Audit Report may also include Suggestions, Recommendations, and/or Cause(s) for Concern.

9.10.4.3. The report will be published on both the Quality Council and University websites. Other standard elements associated with a Cyclical Audit, such as the requirement for a one-year response, will be determined on a case-by-case basis.

MONITORING AND REVIEW

~~6.10.~~ 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.

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

Classification Number	ACD 1501.03
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2023
Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011); New Program Procedures (June 2020) ; Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)



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 (CPR): 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. [There are three types of Graduate Diplomas as set out by the Council of Ontario Universities: 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) [Type 1: Awarded when a candidate admitted to a master's program leaves the program after completing a prescribed proportion of the requirements. Students are not admitted directly to these programs. When new, these programs require approval through the university's protocol for Major Modification 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 master's or doctoral degree, the admission to which requires that the candidate be already admitted to the master's or doctoral program. This represents an additional, usually interdisciplinary, qualification and requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree. When new, these programs require submission to the Quality Council for an Expedited Approval \(no external reviewers required\) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.](#)
- c) [Type 3: A direct-entry graduate diploma is a stand-alone, direct-entry program, generally developed by a unit already offering a related master's \(and sometimes doctoral\) 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. Where the program has been conceived and developed as a distinct and original entity, 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 included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

- 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. UOIT 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

Micro-credential: A designation of achievement of a coherent set of skills and knowledge, specified by a statement of purpose, learning outcomes, and strong evidence of need by industry, employers, and/or the community. They have fewer requirements and are of shorter duration than a qualification and focus on learning outcomes that are distinct from diploma/degree programs.

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

New Program: 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 these Procedures, 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 [program](#)

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, [and may apply to new Micro-credentials \(which may be for credit or not for credit\)](#), -whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to new 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 [in accordance with the Institutional Quality Assurance Policy and the Cyclical Review and Auditing Procedures](#).

New Diploma Programs are normally 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 of 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 in accordance with the Institutional Quality Assurance Policy and the Cyclical Review and Auditing Procedures.

Procedures for new Micro-credential programs are outlined in Section 8.

Individuals may use the templates provided at 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 ([NOI](#)) form available through the Centre for Institutional Quality Enhancement (CIQE) website at 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.
- 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 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. Proposal briefs for new Degree Programs must fully and clearly address the Evaluation Criteria as outlined in Section 2.1.2 of the Quality Assurance Framework (QAF), and answer all questions provided on the template. In addition to the Evaluation Criteria, proposal briefs must ~~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, unique curriculum or program innovations, creative components, or significant high impact practices, 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; - any consideration of the principles of equity, diversity, inclusion, and decolonization; 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-must be developed and aligned to the provincial degree level expectations using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the proponents participate through faculty participation in learning outcome development sessions hosted by CIQE and TLC; alternatively, -the program and course learning outcomes must be reviewed and approved by CIQE and TLC prior to the scheduling of the External Review. 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. Faculty CVs for all required faculty members will be provided for inclusion in the proposal package presented to external reviewers.
- d) ~~A-Summary statements of resources of funding~~ A summary statements of resources required to support the Program and a statement of current resource availability will be included.

5.3. External Review and Reports

- 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 ([QAF Section 2.1.2](#)) 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 who may serve as reviewers of the Program. ~~One reviewer will be engaged to review undergraduate programs, and t~~wo reviewers will be engaged to review ~~graduate new degree~~ programs. All reviewers must be external to the University, ~~will normally be tenured (or equivalent) and will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes, 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, ~~which is defined in the Guidelines section of the Proposed External Reviewers Nomination Form~~. 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. External review of a new doctoral program must incorporate an on-site visit. External review of a new undergraduate programs, and certain new Master's programs (e.g. professional Master's programs, fully online) will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk audit, virtual site visit, or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives. An on-site visit is required for all other proposed master's programs.~~ 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(s).

5.3.4. External Reviewers' Report

- 5.3.4.1. The reviewer(s) will submit to the Dean, ~~through CIQE~~, using a template provided, a report that appraises the standards and quality of the proposed program and addresses the Evaluation Criteria ([QAF Section 2.1.2](#)). 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.

- 5.3.4.2. ~~The Office of the Provost, through the Resource Committee~~ [Upon submission of the reviewers' report, CIQE,](#) will review the report to ensure it meets the requirements stated in Article 5.3.4.1. ~~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.

5.3.5. Response to Report

- 5.3.5.1. Upon receipt of the reviewers' assessment, the Dean and the program ~~committee~~ [proponents](#) will consider the recommendations of the report.
- 5.3.5.2. The program [committee proponents](#) will ~~send to the Dean a response to respond and comment on the recommendations from~~ the external reviewer(s)' report. ~~This program response will also that will~~ include a list of changes that can be made to the proposal based on the reviewer(s)' recommendations.
- 5.3.5.3. ~~Using the program committee's report as a guideline, the Dean will prepare a response~~ [The Dean will respond and comment on the recommendations and the program's responses, considering overall Faculty and University plans.](#)
- 5.3.5.4. The program ~~committee~~ [proponents](#), 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.

5.4. Internal Approval Process

- 5.4.1. The [amended](#) proposal brief, together with the reviewers' report and the Dean's and program committee's responses will be reviewed and approved by the Faculty Council(s).
- 5.4.2. The proposal [brief, together with the reviewers' report and the Dean's and program committee's response](#) 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 [brief](#) will then be sent to Academic Council for review and approval, ~~through the Executive Committee~~. Proposals are ~~then also submitted to subject to final approval by~~ the University Board of Governors [for final approval](#).

5.5. Submission of New Degree Programs to the Quality Council and the Ministry

- 5.5.1. Once internal approvals for new Degree Programs have been obtained, the program proposal must be submitted to the Quality Council for review. [The submission will](#)

[include the final proposal document with the date of Academic Council approval, the external reviewers' report, and the internal responses, as well as a brief commentary on the two external reviewers with regard to their qualifications \(expertise in content and program delivery, connections to industry where appropriate, expertise in teaching and learning\).](#)

- 5.5.2. Following a new Degree Program's submission to the Quality Council, [and with approval of the Provost](#), 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.
- 5.5.3. 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.
- 5.5.4. After a Degree 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. [The Quality Council may require further reporting or review, which will be noted in the new program tracking summary provided to the Resource Committee and monitored by CIQE.](#)
- 5.5.5. If a review is required for funding purposes, the proposed Degree Program will also be submitted to the Ministry.

6. New [Type 2 and 3 Graduate Diploma and Undergraduate Diploma](#) -Programs

6.1. Notice of Intent and Consultation

Faculties that wish to propose new [Graduate Type 2 and 3 or Undergraduate](#) Diploma Programs will first complete a Notice of Intent ([NOI](#)) form available through the Centre for Institutional Quality Enhancement (CIQE) website at 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.
- 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 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. Proposal briefs for new Degree Programs must fully and clearly address the Evaluation Criteria as outlined in Section 2.1.2 of the Quality Assurance Framework (QAF), and answer all questions provided on the template. In addition to the Evaluation Criteria, proposal briefs must 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, unique curriculum or program innovations, creative components, or significant high impact practices 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; consideration of the principles of equity, diversity, inclusion, and decolonization; 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-must be developed and aligned to the provincial degree level expectations using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the proponents participate through faculty participation in learning outcome development sessions hosted by CIQE and TLC; alternatively, the program and course learning outcomes must be reviewed and approved by CIQE and TLC prior to the program proceeding through the Internal Approval Process. 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. [Faculty CVs will be provided for inclusion in the package presented to the Quality Council.](#)

- d) [AS-summary statements](#) of [fundingresources](#) 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 then subject to final approval by submitted to the University Board of Governors for final approval](#).

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

- 6.4.1. Once internal approvals for new [Type 2 and 3](#) Graduate Diploma Programs have been obtained, the program proposal must be submitted to the Quality Council for review. [The submission will include the final proposal document with the date of Academic Council approval, and the faculty CVs.](#)
 - 6.4.1.1. [Type 2 and 3](#) 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 Protocol for Expedited Approvals](#).
 - 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](#). [The submission will include the final proposal document with the date of Academic Council approval, the faculty CVs, and a brief cover letter providing the context and rationale for submitting the Program for Expedited Review.](#)

- 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. New Type 1 Graduate Diploma Programs

- 7.1.** [Type 1 Graduate Diplomas require approval as Major Program Modifications following the procedures outlined in the Curriculum Changes Procedures document.](#)

8. New Micro-credential Programs

- 8.1.** [The introduction of the option to complete a portion of a proposed new Degree or Diploma Program to receive an embedded Micro-credential will be included with a New Program Proposal and follow the process outlined in Section 5 or 6 as appropriate.](#)
- 8.2.** [The creation of a new for-credit Micro-credential or the introduction of the option to complete a portion of an existing Degree or Diploma Program to receive an embedded Micro-credential is a Minor Program Adjustment and will follow the procedures outlined in the Curriculum Changes Procedures document.](#)
- 8.3.** [Those wishing to develop new, not-for-credit, stand-alone Micro-credential Programs must proceed in accordance with the current protocols for micro-credential development, or equivalent.](#)
- 8.4. Submission of New Micro-credentials to the Quality Council and the Ministry**
- 8.4.1.** [Micro-credentials are not subject to approval or audit by the Quality Council. Embedded Micro-credentials will be submitted with the New Program to which they are associated, when applicable.](#)
- 8.4.2.** [Approved Micro-credentials will be submitted to the Ministry for designation as eligible for Ontario Student Assistance Program funding, if applicable.](#)

7.9. Development of Joint or Collaborative Programs

- 7.1.9.1.** [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.](#)

7.2.9.2. 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.

7.2.9.3. 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:

- a) The selection of external reviewers
- b) Templates to be used for a single proposal brief and required reports from the external reviewers, program team, and Dean(s)
- c) The location(s) of the site-visit(s), timing for Program development, and approval pathway
- d) The development of a joint committee to develop the Program
- e) The process for monitoring and reviewing the Program after approval
- f) The lead institution for the purposes of submission to the Quality Council and the Ministry

8.10. Subsequent Monitoring and Review of Academic Programs

Degree and Diploma Programs will be reviewed and refined on an ongoing basis in accordance with the Institutional Quality Assurance Policy and the Cyclical Review and Auditing Procedures. At the time of first intake into the Program, the program will begin the monitoring process outlined in Section 7 of the Cyclical Review and Auditing Procedures. Approved Programs will also be entered into the schedule of cyclical 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 Section 8 of the Cyclical Review and Auditing Procedures.

New Micro-c 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.

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.

~~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.~~

~~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**.~~

QUALITY COUNCIL CYCLICAL AUDIT

11. In accordance with the Quality Assurance Framework Audit Protocol, new Undergraduate and Graduate Degree programs that have been approved in accordance with Section 5 of this document, within the period since the conduct of the previous Audit, are eligible for selection for the University's next Cyclical Audit. As such, all documents related to each step of these procedures must be retained in a designated electronic filing system for retrieval and presentation as required. An audit cannot reverse the approval of a program to commence.
12. In accordance with the Quality Assurance Framework Audit Protocol, new Undergraduate and Graduate Diploma programs, and Micro-credentials, that have been approved in accordance with Sections 6 and 8 of this document, are not normally subject to the University's Cyclical Audit.

MONITORING AND REVIEW

- ~~9.13.~~ These Procedures will be reviewed as necessary and at least every three years. The Office of the Provost, through 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.

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 [and Auditing](#) Procedures
Program Nomenclature Directives
Protocols associated with consultation/development of Indigenous curriculum
[Protocols associated with the development of Micro-credentials](#)

Classification Number	ACD 1501.04
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2020
Supersedes	ACD 1501 (June 2010); LCG 1127 Section 1 (August 2005); Quality Assurance Handbook (June 2011) Program Closure Procedures (June 2020) ; Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

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.

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.

3.4. These procedures do not apply to the closure of a specialization, minor, Type 1 Graduate Diploma, or Micro-credential, which fall under the Curriculum Change Procedures.

4.5. 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 provided at www.ontariotechu.ca/ciqe as a guide to assist in the planning of the changes prior to implementing proposals in the electronic system.

5.6. Program Closure

5.1.6.1. 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.

5.2.6.2. 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.

5.3.6.3. 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.

5.3.1.6.3.1. 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.

5.4.6.4. 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.

5.5.6.5. 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.

5.6.6.6. 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.

5.7.6.7. 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.

6.7. If Academic Council Does not Approve the Program Closure

6.1.7.1. 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.

6.2.7.2. 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.

6.3.7.3. 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.

6.4.7.4. The Board will review the Committee's report and reach a decision. The decision of the Board on the closure of the program is final.

7.8. Procedures for the Phase-Out of Closed Programs

7.1.8.1. 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.

7.2.8.2. 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.

~~7.3.8.3.~~ 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

~~8.9.~~ 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.

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