ACADEMIC COUNCIL REPORT

SESSION:		ACTION REQUESTED:	
Public	☒	**Decision**	☒
		Discussion/Direction	☐
		Information	☐

DATE: **27 September 2022**

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

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

MOTION FOR CONSIDERATION:

That Academic Council hereby approves the updated IQAP, 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 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
- 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 required changes were generally small, but still significant enough to require re-ratification
- The proposed changes were approved by Academic Council in March 2022 and submitted to the Quality Council for ratification
- Subsequent to its review, the Quality Council provided provisional ratification pending completion of a small number of required changes
- As it was originally approved by Academic Council in March 2022, the IQAP is being presented to Academic Council for re-approval with the required changes
- Once the changes are then approved and verified 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
- Review: Quality Council – Summer 2022
- Academic Council (revisions for approval) – September 2022
- Ratification: Quality Council – September 2022

SUMMARY OF CHANGES:
Attached below is a categorized outline of the changes made more generally and in each area of the IQAP since it was approved by Academic Council in March 2022.

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 meets its compliance requirements under the provincial QAF.

Once the Quality Council has ratified the IQAP, the university can be confident its IQAP meets all applicable compliance requirements. The proposed changes respond to the comments of the Quality Council, and are necessary to allow Ontario Tech to implement the innovative quality enhancement practices that Academic Council has previously approved. Failure to respond to the requirements of the Quality Council will mean reverting back to the previous IQAP, which is not in compliance with the current provincial QAF.

NEXT STEPS:
- Following approval by Academic Council the IQAP is subject to verification of final ratification by the Quality Council.
- Pending the ratification of the Quality Council, the revised Policy Instruments will be added to the Policy Library and the associated handbooks and templates will be available.

SUPPORTING REFERENCE MATERIALS:

- Summary of Changes
- Policy and Procedures (bookmarked PDF with tracked changes):
  - ACD 1501 Institutional Quality Assurance Process
  - ACD 1501.01 Curriculum Change
  - ACD 1501.02 Cyclical Review and Auditing Procedures
  - ACD 1501.03 New Program
  - ACD 1501.04 Program Closure

Summary of Changes

Editorial Changes (no change to process)

General Changes (all documents)
- *In Definitions, added links to the Academic Council, USC, and GSC Terms of Reference to provide governance context and show the membership of each governing body*

Policy Changes
- *Added text to Section 14.2 that clarifies the role CIQE plays in the identification of the program or programs that make up the unit of a Cyclical Program Review*

Cyclical Review and Audit
- *Added a link to the Quality Council's arm's length guidelines in Section 8.4.1.1 to meet the requirement that the criteria be listed directly in the IQAP (or be linked)*
- *Added, in 8.3.6 and 8.4.3, items from the self-study template that the Quality Council wishes to have included directly in the IQAP*
- *In 8.6.7 and 8.7 clarify the Dean as head of the Faculty and the role of the Faculty in the implementation of the action plans resulting from a Review*

New Programs
- *Added a link to the Quality Council's arm's length guidelines in Section 5.3.2 to meet the requirement that the criteria be listed directly in the IQAP (or be linked)*

Curriculum Changes and Program Closure
- *No editorial changes to the Curriculum Changes or Program Closure Procedures*

Substantive Changes to the Documents with No Change in Process

The below items represent substantive changes to the policy instruments made as required by the Quality Council. The changes, however, do not constitute changes to our existing Quality Assurance practices, nor the processes approved by Academic Council.

Curriculum Changes
- *In 7.3 e) Clarified the requirement to include student feedback for all Major Program Modifications*

Other Policy and Procedures
- *No substantive changes to the Policy, Cyclical Review and Audit Procedures, New Program Procedures, or Program Closure Procedures*

Substantive Changes to the Documents that Include a Change in Process

There were no substantive changes that reflect a change in process made to the Policy, Curriculum Changes Procedures, Cyclical Review and Audit Procedures, New Program Procedures, or Program Closure Procedures.

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) Institutional Quality Assurance Process Policy (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

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 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.

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, 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 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, 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; 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 – 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. For each eight-year review cycle, CIQE will identify the specific program or programs that will be reviewed and, where there is more than one mode or site involved in the delivery of a specific program, the distinct versions of each program to be reviewed. Accreditation Reviews will 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 Review and Auditing Procedures**.

14.7. Final Assessment Reports (FAR) are prepared by CIQE, using the self-study brief, the reviewers' report, the Program and Decanal response documents, and Implementation Plan. 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. Once approved, the report is sent to Academic Council and the Board of Governors for information. The Quality Council then receives the Final Assessment Report, Executive Summary, and associated Implementation Plan. Summary reports are posted on the University website.

15. **New 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. At the time of program launch, the program will 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.

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.

17. Closure of a Program

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

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.

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

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

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

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.

17.6. Students in a Closed Program

    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.

    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**.

    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.

    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.

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

17.7. Faculty in a Closed Program

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.

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.

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.

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.

17.8. Staff in a Closed Program

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.

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 though a rigourous 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

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
Cyclical Review and Auditing Procedures
New Program Procedures
Program Closure Procedures
Program Nomenclature Directives
Faculty and Staff Collective Agreements
Protocols associated with consultation/development of Indigenous curriculum
Protocols associated with Micro-credential development

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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 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 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)
- 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

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, which may include those completed as a result of a cyclical 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.

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

    a) A brief background on the existing program and rationale for the modification, including any consideration of the principles of equity, diversity, inclusion, and decolonization.

    b) Overview of the 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 learning outcomes and 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 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~~ which must include an account of ~~any~~ mandatory ~~consultation~~ feedback from ~~with~~ students and recent graduates, 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

10. 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

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![Ontario Tech University logo]

CYCLICAL 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 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. 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 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 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.

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.

8.1. **Appointment of Internal Assessment Team**

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.

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.

8.2.1. The IAT will engage in a program learning outcome enhancement 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. The IAT will then map the revised program learning outcomes to the appropriate degree level expectations (DLEs) using resources provided by CIQE and the Teaching and Learning Centre (TLC).

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.

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.

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.

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

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.

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

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.

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

8.3.5.8.3.6. The brief will include a short description of the process by which the self-study was prepared, including faculty, staff, and student input and involvement.

8.3.6.8.3.7. 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.

8.3.7.8.3.8. 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.

8.4.   External Review and Reporting

8.4.1. The Dean, in consultation with the IAT, will recommend to the Provost, at least 5 individuals to serve as external reviewers of the Program.

8.4.1.1. 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 and on the Quality Council's website.

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.

8.4.1.3. For graduate programs, at least two reviewers external to the university are required. 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.

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.

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.

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.

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.

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.

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.

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.

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.

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

8.4.3.2. Reviewers will be invited to acknowledge and provide evidence of any clearly innovative aspects of the program, including in the content and/or delivery of the program relative to other such programs, 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.

8.4.3.2.8.4.3.3. Reviewers will also be asked to identify and commend notably strong and creative attributes of the program; describe the program's strengths, areas for improvement, and opportunities for enhancement; and identify distinctive attributes of each discrete program/mode of delivery/site, where applicable.

8.4.3.3.8.4.3.4. Normally, the report will be completed within 30 days of the site visit.

8.4.3.4.8.4.3.5. Upon submission, CIQE will review the external reviewers' report to ensure it meets the requirements stated in Article 8.4.3. If additional details or clarification are needed from the reviewers, CIQE will reach out to the reviewers to request this in a revised report.

8.5. Response to Report

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.

8.5.1.1. The IAT Chair will solicit feedback from program faculty and, in consultation with the IAT, will prepare and send to the Dean 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.

8.5.1.2. Using the Program'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. The response will include the Dean's assessment and prioritization of the recommendations and an Implementation Plan 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 will solicit Faculty feedback on the Implementation Plan through Faculty Council.

8.5.1.3. The Implementation Plan will be reviewed by the Provost, through the Resource Committee, to examine resource implications and allocations. The Resource Committee will create a summary report of its review.

8.6. Approval Process

8.6.1. Using the self-study brief, together with the reviewers' report(s), the Dean's and Program'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.

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.

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 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. CIQE will also prepare an Executive Summary to the FAR as to be suitable for publication.

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.

8.6.3. 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.

8.6.4. It is expected that the reports and recommendations will be afforded an appropriate level of confidentiality.

8.6.5. The Executive Summary and Implementation Plan is provided to Academic Council and the Board of Governors for information. The FAR, Executive Summary, and Implementation Plan will be sent to the Quality Council as required under the Quality Assurance Framework.

8.6.6. The Executive Summaries and Implementation Plans are then posted on the Ontario Tech corporate website.

8.6.7. The approved FAR, Executive Summary, and Implementation Plan will be provided to the Faculty, through the Dean, as primary owner. These will serve as the basis for the continuous improvement and monitoring of the program. The Faculty is responsible for subsequent reporting and monitoring of the Implementation Plan, as outlined in Section 8.7.

8.7. Subsequent Reporting and Monitoring of the Implementation of Recommendations

8.7.1. Eighteen months following the completion of the review, the Office of the Provost will request from the Dean of the Faculty 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.

8.7.2. If outstanding items remain from the Implementation Plan at the time of the eighteen-month report, the Resource Committee will review these outstanding items with the Dean of the Faculty. The Committee may recommend further monitoring of these items on a case-by-case basis.

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

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

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

8.8. Review of Joint or Collaborative Programs

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.

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.

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

9.5.   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.

9.6.   Scope of the Audit

9.6.1.   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.

9.6.2.   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.

9.6.3.   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.

9.6.4. 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.

9.7.   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.

9.8.   Self-Study

9.8.1. 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.

9.8.2. 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.

9.8.3. 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.

9.9. **Audit Team Review**

9.9.1. **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).

9.9.2. **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.

9.9.2.1. 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.

9.9.2.2. 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.

9.10. **Audit Report**

9.10.1. 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.

9.10.2. 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.

9.10.3. 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.

9.10.4. 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.

9.10.5. 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.

9.10.6. 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.

9.11. **University Response to Report**

9.11.1. 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.

9.11.2. 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.

9.11.3. 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.

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

9.12. Publication of the Results of the Audit

9.12.1. 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.

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

9.12.3. 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.

9.12.4. 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.

9.13. 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.

9.13.1. 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.

9.13.2. 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.

9.14. Focused Audit

9.14.1. 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.

9.14.2. 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.

9.14.3. 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.

9.14.4. **The Focused Audit Report**

9.14.4.1. 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.

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

9.14.4.3. 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

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:

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

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 minimally include:

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 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 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) 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. Two reviewers will be engaged to review 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, 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 and on the Quality Council's website. 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. External review of a new doctoral program must incorporate an on-site visit. External review of 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 reviewers.

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.   Upon submission of the reviewers' report, CIQE will review the report to ensure it meets the requirements stated in Article 5.3.4.1. 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 proponents will consider the recommendations of the report.

5.3.5.2. The program proponents will respond and comment on the recommendations from the external reviewer(s)' report. This program response will also include a list of changes that can be made to the proposal based on the reviewer(s)' recommendations.

5.3.5.3. 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 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. Proposals are then submitted to 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 minimally include:

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 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 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) Summary statements of resources 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. Proposals are then 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 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.

9. **Development of Joint or Collaborative Programs**

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.

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.

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

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**.

    Degree and Diploma Programs which have been approved but never launched, have been closed, or for which admission has been suspended, and stand-alone Micro-credentials are not subject to review as describes in the Cyclical Review and Auditing 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

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 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.

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.

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.

6. **Program Closure**

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.

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.

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.

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.

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.

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.

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.

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.

7. **If Academic Council Does not Approve the Program Closure**

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.

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.

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.

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.

8. **Procedures for the Phase-Out of Closed Programs**

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.

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.

    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

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
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    Institutional Quality Assurance Policy
    Program Nomenclature Directives
    Faculty and Staff Collective Agreements
    Protocols associated with consultation/development of Indigenous curriculum