



BOARD REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

TO: Board of Governors

DATE: June 26, 2019

FROM: Center for Institutional Quality Enhancement (CIQE)

SUBJECT: Institutional Quality Assurance Process (IQAP) policies and procedures

COMMITTEE MANDATE:

- 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 is proposing changes to the Institutional Quality Assurance Process (IQAP).
- Due to the importance of the IQAP in ensuring academic quality, and the importance of academic quality to the university’s reputation and strategy, the Board is a key policy stakeholder.
- CIQE is seeking to consult with the Board on the proposed changes to the IQAP

BACKGROUND/CONTEXT & RATIONALE:

- CIQE is proposing changes to the IQAP to align it with the University Policy Framework, revised Academic Council and Committees Terms of Reference, and current practice. As a result, one overarching policy and a set of three procedures were created to align with the three main areas of the current IQAP. The three resulting procedures are: Curriculum Change, New Program, and Cyclical Program Review.
- Furthermore, it was noted that a policy and procedure for the Closure of an Academic Program should be included with the IQAP, as it is defined as a Curriculum Change by the Ontario Universities Council on Quality Assurance (Quality Council). This information has therefore been incorporated into the new policy, with an associated Program Closure Procedure.

- Once these changes have been approved, user-friendly handbooks specific to each procedure will be developed to assist faculty in these areas. Having one overarching policy, individual procedural documents, and process-specific handbooks instead of using one comprehensive IQAP document will provide more flexibility in making changes to processes as the need arises.
- CIQE is currently working with the Indigenous Education Advisory Circle (IEAC) to incorporate the approved Indigenous curriculum Consultation and Communication Protocols into the IQAP. The language will be included in the final draft Policy and Procedure documents presented to the Academic Council.

A highlight of changes in each area of the IQAP is provided below. Other areas remain the same and were simply migrated from the Handbook to the new policy or procedures.

Curriculum Changes

- Updated to reflect current practice (i.e. no longer requiring yearly annual reports from Faculty Councils, because changes are reported as they are made; use of electronic submissions for all proposals).
- Clarifying the dates by which changes must be approved or reported to ensure inclusion in the subsequent Academic Calendar.
- The new Expression of Interest (EOI) process for major modifications was added.

New Programs

- The Notice of Intent (NOI) process was added to the procedures.

Cyclical Program Reviews

- Highlighting the important role of examining Program Learning Outcomes in the review process and mapping to Degree Level Expectations.
- Clarifying the role of external reviewers and the documentation process.
- Clarifying the role of the response by the internal review team and the role of the Dean in preparing the Plan of Action.
- Creating a committee (Integrated Planning Advisory Committee) to consider resource implications as a result of reviews before the creation of the Final Assessment Report (FAR) by CPRC/GSC.

Changes to other Policy Instruments

Section 1: Closure or Substantial Reconfiguration of a Degree Program, is superseded by the IQAP Policy and Procedures and is being removed from Policy LCG 1127: Closure of a Faculty, School or Degree Program.

The original IQAP Section 6: Non-Degree Programs, Diplomas and Certificates, has not been retained as part of the draft IQAP Policy and Procedures, because it was superseded by the Policy on Continuing Education Programs, approved March 9, 2016 by the Board of Governors.

We think these changes make significant improvements to the Quality Assurance and Enhancement processes.

Categorization of the Policy Instruments

- Two potential categorizations have been proposed: Legal, Compliance and Governance and Academic.
- By-law 2 article 1.1 “delegates to the Academic Council the authority to establish the academic standards and curricular policies and procedures of the University, and to regulate such standards, policies and procedures, including: b. determining academic quality, which includes determining the contents and curricula of all programs and courses of study”.
- In addition, the University’s IQAP must be submitted to Quality Council for ratification. Ratification is an oversight step where an independent body makes a determination as to whether the University’s IQAP will meet its compliance requirements. In this way, once the Quality Council has ratified the IQAP, the university can be confident its IQAP meets all applicable compliance requirements. For this reason, it would be unnecessary to consider this policy a compliance policy. The compliance obligations are met by ensuring the IQAP is properly ratified by the Quality Council.
- This policy has been categorized as an Academic Policy, which includes policies that relate to academic quality, the processes for determining and approving the curricula of programs and courses of study, fall into the delegated authority to Academic Council from the Board.

IMPLICATIONS:

- The Program QA policy has not undergone substantive review since the Framework was established. The Quality Assurance Handbook has not been treated as a Policy Instrument under the Framework. These changes will bring the IQAP in line with the Policy Framework.
- Current IQAP doesn’t capture all processes; Quality Council audit in 2020.

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

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

CONSULTATION:

In conjunction with the Policy Office, the following consultation and approval path was determined:

- Initial Consultation with Deans and academic leadership
- Consultation with Deliberative Bodies: GSC and CPRC
- Consultation: Board of Governors
- Mandatory Written Consultation: Online Consultation, with notification to Faculty Councils
- Mandatory Written Consultation: Administrative Leadership Team
- Mandatory Written Consultation: Academic Council
- Deliberative Bodies: GSC and CPRC for recommendation
- Approval Authority: Academic Council
- Ratification: Quality Council

COMPLIANCE WITH POLICY/LEGISLATION:

- The Quality Council establishes a mandatory approval process for a university's IQAP. This process includes approval by Academic Council, followed by a review and ratification by the Quality Council. Ratification is an oversight step where an independent body makes a determination as to whether the University's IQAP will meet its compliance requirements. In this way, once the Quality Council has ratified the IQAP, the university can be confident its IQAP meets all applicable compliance requirements.

NEXT STEPS:

- Following consultation by the Board, the proposal will be subject to approval by the Academic Council and ratification by Quality Council.
- Pending the approval of the Quality Council, the new Policy Instruments will be added to the Policy Library.

SUPPORTING REFERENCE MATERIALS:

- Draft Policy: ACD 1501 Institutional Quality Assurance Process
- Draft Procedures: ACD 1501.XX Curriculum Change
ACD 1501.XX New Program
ACD 1501.XX Cyclical Program Review
ACD 1501.XX Program Closure

List of Superseded Items (available from USGC upon request):

- ACD 1501: Program Quality Assurance Policy – amended by the new policy
- Quality Assurance Handbook (IQAP) – superseded by the new policy and procedures
- LCG 1126: Policy on Continuing Education Programs – as noted in the list of changes, this supersedes the existing IQAP
- LCG 1127: Closure of a Faculty, School or Degree Program – edited to show removal of Section 1: Closure or Substantial Reconfiguration of a Degree Program



Classification Number	ACD 1501
Framework Category	
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	
Review Date	
Supersedes	

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 of Ontario Institute of Technology with regards to the review and approval of new programs, program modifications, program closures, and the cyclical review of existing programs at the University.
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

Curriculum and Program Review Committee (CPRC) – the university-wide governance committee responsible for reviewing undergraduate curriculum proposals.

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 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.

Graduate Studies Committee (GSC) – the university-wide governance committee responsible for reviewing graduate curriculum proposals.

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

- a) Requirements that differ significantly from those existing at the time of the previous cyclical program review;
- b) Significant changes to the learning outcomes;
- c) Significant changes to the faculty engaged in delivering the program and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (e.g., different campus, online delivery, inter-institutional collaboration);
- d) The addition of a new field to an existing graduate program. This modification is subject to an Expedited Approval. Note that institutions are not required to declare fields for either master's or doctoral programs.

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

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

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

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

New Program - any new offering that has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by the university. 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 Ontario's government.

SCOPE AND AUTHORITY

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

10. The Quality Council, ratifies institutional quality assurance procedures, and any substantive change to these procedures, and undertakes regular audits of these processes for compliance with the provincial framework on an eight year cycle. In addition, the Quality Council reviews and approves all proposals for new degree programs and reviews Final Assessment Report Summaries of Program Reviews. It also receives an annual report of major modifications to existing programs.
11. The Ministry reviews new programs and provides external funding approval following approval by the Quality Council.
12. The Office of the Registrar is responsible for the implementation of records relating to new programs and curricular changes once approved or reported to Academic Council, ensuring that students meet the admission requirements, and that requirements for the degree or diploma have been fulfilled upon graduation. This responsibility is shared with the School of Graduate and Postdoctoral Studies for graduate programs.

POLICY

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

The University of Ontario Institute of Technology 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).

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.

13. CURRICULUM CHANGES

- 13.1.** Deans and Faculties must plan for the ongoing refinement and improvement of new and continuing programs and for making major and minor modifications to them when it is considered appropriate to do so. These changes may be prompted by feedback from students, faculty and staff participating in the program, by matters arising through the course of its delivery, or as a result of a full examination of the curriculum through accreditation or the cyclical program review process.
- 13.2.** All modifications to existing degree programs will be subject to approval by the unit's Faculty Council(s) and subsequent review and approval by the appropriate Academic Council standing committee (CPRC or GSC) and 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 CPRC or GSC. 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 (CPRC/GSC). These changes must be presented to the committees for quality review 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 CPRC/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 Degree Programs Procedures**. The final determination of whether a program modification constitutes a significant change or a new program will rest with the Provost.

14. REVIEW OF DEGREE AND DIPLOMA PROGRAMS

- 14.1.** All existing undergraduate degree programs, graduate degree programs, and for-credit graduate diploma programs will be subject to periodic cyclical review conducted at a minimum once every eight years that is consistent with the requirements set by the Quality Council. Deans and Faculties must plan for the review of their academic programs, including the preparation of a self-study, and will follow the processes set out in the **Cyclical Program Review Procedures** document.
- 14.2.** The Provost, or designate, in consultation with the Deans, will maintain a university-wide schedule to ensure that each academic program is subject to review once every eight years. To the extent possible, the schedule of reviews should take into account other review processes, including professional accreditation appraisals. When this process occurs in parallel with other reviews, the Dean will ensure that the objectives of all review processes are met through the course of the review. Each review will normally be completed separately and involve separate reviewers to ensure that all criteria are met.
- 14.3.** In the planning for the review, the process must provide for input from members of the academic community associated with the program, including faculty, staff, students and graduates. Where appropriate, comment from the broader community, such as representatives from industry, the professions or employers may also be sought.
- 14.4.** Where a program involves faculty and courses from more than one unit, the deans involved must confirm to the Provost the unit which 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 quality assurance requirements set out in this policy are met as well as that of partner institutions.

- 14.6. Program reviews are subject to quality review by reviewers external and at arm's length to the program under review, in accordance with prescribed procedures and documentation requirements set in **Cyclical Program Review Procedures**.
- 14.7. Final Assessment Reports and Implementation Plans are prepared by the appropriate standing committee of Academic Council (CPRC/GSC) and sent to Academic Council and the Board of Governors for information. The Quality Council then receives the final assessment report and associated implementation plan. Summary reports are posted on the University website.

15. NEW ACADEMIC PROGRAMS

- 15.1. Deans and Faculties must plan for ongoing development of new program initiatives, including the design and delivery of the curriculum, the refinement of program requirements, the determination of learning outcomes consistent with the provincial degree level expectations, and the assessment of student achievement of the learning outcomes
- 15.2. In the planning for any new program, the Dean, in consultation with the Provost in the initial stages, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the new program on existing programs must also be examined, and consideration must be given to possible collaborations with other units and the possibility of obtaining additional funds from internal or external sources. Proposals must also address the alignment with the University and Faculty strategic plans.
- 15.3. A Notice of Intent (NOI) must be submitted for all potential new programs. NOIs will be reviewed by the Provost Office and posted for comment from the university community. Once approved, the faculty can proceed to develop the full proposal.
- 15.4. 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 Degree 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 (CPRC or GSC), and must be approved by Academic Council upon the recommendation of CPRC/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 by the provincial Quality Council under the quality assurance framework. Programs seeking provincial funding are also subject to review by the Ministry.
- 15.5. New for credit diploma program proposals are subject to their presentation and approval by Faculty Council. These proposals are then subject to approval by Academic Council upon the full review and recommendation of CPRC/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. New undergraduate and graduate diploma programs may also require review by the Ministry for funding purposes.

- 15.6.** All new academic programs will be subject to periodic review subsequent to their implementation, with the first review occurring within eight years of the start of the program, in accordance with the University's **Procedures for Cyclical Program Reviews**.

16. CLOSURE OF A PROGRAM

- 16.1.** Program Closures can be initiated by the Dean of a Faculty. In this instance the closure of the program will proceed in accordance with the **Program Closure Procedure** document.
- 16.2.** Program closures can also be initiated by the Provost in cases where the program is deemed no longer viable due to academic weakness, declining enrolment, financial exigency, if the program has not been offered for two years, or a Program has not been reviewed in accordance with the Institutional Quality Assurance Policy.
- 16.2.1.** The Provost will consult with the Faculty Dean(s) of the affected program(s) to outline the reasons for closure.
- 16.2.2.** In the case of Graduate Programs, the Dean of Graduate Studies will also be consulted.
- 16.2.3.** A proposal to close the Program will then proceed in accordance with the **Program Closure Procedure** document.
- 16.3. Students in a Closed Program**
- 16.3.1.** Program closure proposals must include a detailed plan for students who are enrolled in, or who may have reasonably expected to enroll in, the closed Program, as outlined in the **Program Closure Procedure** document.
- 16.3.2.** Students in a closed program will be informed of the program closure according to the requirements outlined in the **Program Closure Procedure**.
- 16.3.3.** Closure should not result in students being unable to complete, if they so wish, the program they are registered in within the standard time to completion for that program.
- 16.3.4.** In the specific case of students enrolled in Graduate Programs, the closure must not prevent them from completing their courses, examinations, training, and research necessary to graduate, or interfere with their commitments of financial support.

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

16.4. Faculty in Closed Programs

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

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

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

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

16.5. Staff in Closed Programs

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

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

MONITORING AND REVIEW

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

RELEVANT LEGISLATION

- 18.** COU Quality Assurance Framework

RELATED POLICIES, PROCEDURES & DOCUMENTS

Curriculum Change Procedure

Cyclical Program Review Procedure

New Degree Program Procedure
Program Closure Procedure
Course Numbering Guidelines
Course Nomenclature Directives
COU Quality Assurance Framework
Academic Council handbook

Program Nomenclature Directives
Teaching Dossier Guide
Administrative Code
Faculty and Staff Collective Agreements



Classification Number	ACD 1501.XX
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	
Policy Owner	Provost
Approval Date	
Review Date	
Supersedes	

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 of Ontario Institute of Technology.

DEFINITIONS

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

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

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

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

New Program: any new offering that has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by the university. The final determination of whether a proposed offering constitutes a new program will rest with the Provost.

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

SCOPE AND AUTHORITY

3. These procedures apply to new undergraduate and graduate degree or diploma programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to new degree programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

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

PROCEDURES

Procedures for new 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; 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.

5. NOTICE OF INTENT AND CONSULTATION

- 5.1. Faculties that wish to propose new programs will first complete a Notice of Intent form available through the Centre for Institutional Quality Enhancement website at www.uoit.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 and diplomas, must be approved by the Provost through the NOI to ensure that any resource requirements are appropriately addressed before work on the proposal proceeds.
 - 5.1.2. In the planning for any new program, the Dean, in consultation with the Provost, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the new program on existing programs must also be examined, and consideration must be given to possible collaborations with other units and the possibility of obtaining additional funds from internal or external sources.
 - 5.1.3. In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation, including the Provost, the Registrar or the Dean of Graduate Studies, and the Chief Librarian.

6. PROPOSAL BRIEFS

- 6.1. Detailed proposals for all new programs must be prepared and reviewed by the Faculty curriculum committee and Faculty Council. The proposal brief must clearly set out the rationale for the program, including the ways in which the program

advances the university's mission and mandate, and addresses the need and demand for graduates of the program. The proposal must also detail how the program fits within the strategic vision of the University and the Faculty(ies), the requirements of the program, along with details of the human, physical and financial resources required. A template for the proposal will be provided through the Centre for Institutional Quality Enhancement via the website at www.uoit.ca/ciqe. Proposal briefs for new degree programs must minimally include the following:

- a) **INTRODUCTION:** this will include the rationale for the program, fit with the University's and Faculty's strategic direction, background on the program development, a program abstract, and evidence of student demand and societal need. It will also note any duplication with existing post-secondary programs at other institutions.
- b) **DEGREE REQUIREMENTS:** A fully developed section outlining the program learning outcomes and alignment with the provincial degree level expectations; admission requirements; program structure; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes. The program and course learning outcomes will be developed and aligned to the provincial degree level expectations through faculty participation in learning outcome development sessions hosted by the Centre for Institutional Quality Enhancement.
- c) **RESOURCE REQUIREMENTS:** 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 program; physical resource requirements, with how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements.
- d) **BUSINESS PLAN:** A summary statement of funding required to support the program and a statement of current resource availability.

7. EXTERNAL REVIEW AND REPORT

- 7.1. For new degree programs, the Dean, in consultation with the Faculty curriculum committee, will recommend to the Provost the names of those who may serve as reviewers of the program. One reviewer will be engaged to review undergraduate programs, and two reviewers will be engaged to review graduate programs. All reviewers must be external to the university, tenured or equivalent, have program management experience at another university, and be at arm's length to the program under review. The Centre for Institutional Quality Enhancement will

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

- 7.2. The Provost's office, through the Centre for Institutional Quality Enhancement, will organize a two-day site visit to provide an opportunity for the reviewers to assess the standards and quality of the proposed program. For undergraduate programs, the review may also be conducted by video conference or equivalent method if the reviewer is satisfied that the off-site option is acceptable.
- 7.3. The reviewer(s) will submit to the Dean a report that appraises the standards and quality of the proposed program and addresses the University's Program Quality Review Criteria as set out in the Institutional Quality Assurance Policy. 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.
- 7.4. New for credit diploma programs are not subject to external review.

8. RESPONSE TO REPORT

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

9. APPROVAL PROCESS

- 9.1. The proposal brief, together with the reviewers' report and the Dean's and Faculty curriculum committee's response, where required, will be reviewed by the Faculty Council(s).
- 9.2. Resource implications of the new program will then be examined by the Integrated Planning Advisory Committee (IPAC).
- 9.3. The proposal will then be presented to the appropriate standing committee of Academic Council (CPRC or GSC) who will prepare a recommendation to Academic Council. The proposal will then be sent to Academic Council for review and approval, through the Executive Committee. Proposals are also subject to approval by the University Board of Governors.

10. SUBMISSION TO THE QUALITY COUNCIL AND THE MINISTRY

- 10.1. Once internal approvals for new programs have been obtained, the program proposal must be submitted to the Quality Council for review.

- 10.1.1.** Following a new degree program's submission to the Quality Council, the university may announce its intent to offer the program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until approval is received.
- 10.1.2.** Diploma programs are subject to Expedited Review at the Quality Council.
- 10.1.3.** After a degree program is approved to commence by the Quality Council, or a diploma is submitted to the Quality Council, the program will begin within thirty-six months of that date of approval, otherwise the approval will lapse.
- 10.2.** If a review is required for funding purposes, the proposal will also be submitted to the Ministry.

11. SUBSEQUENT REVIEW OF ACADEMIC PROGRAMS

- 11.1.** New programs will be reviewed and refined on an ongoing basis in accordance with the Institutional Quality Assurance Process Policy. Approved programs will be entered into the schedule of academic program reviews and the first review will take place no more than eight years after the start of the program, and every eight years hence, in accordance with the University's procedures for program reviews.

MONITORING AND REVIEW

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

RELEVANT LEGISLATION

- 13.** COU Quality Assurance Framework

RELATED POLICIES, PROCEDURES & DOCUMENTS

Institutional Quality Assurance Process Policy



Classification Number	ACD 1501.XX
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	
Policy Owner	Provost
Approval Date	
Review Date	
Supersedes	

CLOSURE OF A PROGRAM

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:

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 of Training, Colleges and Universities or equivalent thereof.

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

SCOPE AND AUTHORITY

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

PROCEDURES

The Centre for Institutional Quality Enhancement will provide access to an electronic workflow tracking system and electronic repository of required templates and forms. Individuals may use the templates and information provided at www.uoit.ca/ciqe to assist in the planning of the changes prior to implementing proposals in the electronic system.

5. Program Closure

- 5.1.** When, in accordance with the Institutional Quality Assurance Policy, it has been determined that a Program should be closed, the Dean will consult with the Faculty Council.
- 5.2.** Once the Dean has received feedback from Faculty Council, a Major Program Modification – Program Closure electronic proposal is required to be completed in its entirety by the Dean or designate within the Faculty.
- 5.3.** The Major Program Modification – Program Closure will include evidence that appropriate consultation has taken place and electronic proposals must minimally include the following:
 - a)** BRIEF SUMMARY OF REASON FOR REMOVAL: this will include a brief summary of rationale for the program removal.
 - b)** PROGRAM INFORMATION: A brief description of the program being removed and the current Calendar copy.
 - c)** DETAILS OF THE REMOVAL: 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)** STUDENT IMPACT AND TRANSITION: 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)** COURSE IMPACT: A complete list of any courses being closed and the transition plan for each; list of courses which will undergo required changes but are not being removed, a transition plan for each, and attached Course Change proposals.

f) **PROCESS OF CONSULTATION:** An outline of areas consulted, where appropriate.

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

5.4. Completed proposals must be presented to the Faculty Council for information and then submitted to CIQE. CIQE will prepare a detailed report of the impacts of the Program closure for presentation to the appropriate standing committee of Academic Council (Curriculum and Program Review Committee or Graduate Studies Committee) for discussion as part of the consultation process.

5.5. CIQE will record any concerns raised by the standing committee and prepare a report of impacts and concerns for the Provost. The Provost will also receive a copy of the Major Program Modification – Program Closure proposal.

5.6. The Provost will then submit their recommendation for Program closure, detailing the process and transition recommendations, to the Executive Committee of Academic Council, and subsequently to the Academic Council for final review and approval.

5.7. When the Program closure has been approved by the Academic Council, the President will then inform the Board of Governors of the decision and the reasons for it. Major Program Modifications – Program Closure are reported annually to the Quality Council and the Ministry.

6. If Academic Council Does not Approve the Program Closure

6.1. When, in accordance with the Institutional Quality Assurance Policy, Academic Council does not approve the program closure, Academic Council will strike a three-person Committee of its members to be chaired by the President or designate.

6.2. The Committee will seek the views of the Faculty Council, the Dean of the Faculty or School, the Dean of any related Faculty or School, the Provost, the Registrar, and at least one external assessor. The Committee will also invite all faculty members who teach in the program to comment if they wish to do so.

6.3. The Committee will, within 60 days, issue a report to the Board of Governors that presents the results of the investigations and makes one or more recommendations.

The Committee will discuss its conclusions with the Provost and the appropriate Dean(s) before forwarding its report to the Board of Governors.

- 6.4. The decision of the Board on the closure of the program is final.

7. Procedures for the Phase-Out of Closed Programs

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

MONITORING AND REVIEW

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

RELEVANT LEGISLATION

9. COU Quality Assurance Framework

RELATED POLICIES, PROCEDURES & DOCUMENTS

Institutional Quality Assurance Process Policy



Classification Number	ACD 1501.XX
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	
Policy Owner	Provost
Approval Date	
Review Date	
Supersedes	

CURRICLUUM 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:

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.

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

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

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

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 Ontario’s government.

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 new degree or diploma programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

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

PROCEDURES

Modifications to existing degree programs range from changes to individual courses and curricular offerings, through minor adjustments to programs and regulations, to major program modifications, such as the introduction of new specializations and fields. The Centre for Institutional Quality Enhancement will provide access to an electronic workflow tracking system and repository for curricular changes. Individuals may use the templates and information provided at www.uoit.ca/ciqe to assist in the planning of the changes prior to implementing proposals 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:
 - Changes to course sequencing, such as the re-arrangement or re-ordering of current offerings within a program without changing the overall program requirements
 - 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
 - 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. Where program maps appear in the Academic Calendar, changes to course sequencing which do not change the year the course is offered (i.e. fall to winter) must be reported to the Centre for Institutional Quality Enhancement using the appropriate electronic proposal by the end of January each year for implementation in the upcoming Academic Calendar. All other Minor Curricular Changes must be reported to the appropriate standing committee of Academic Council (Curriculum and Program Review Committee or Graduate Studies Committee) using the appropriate electronic proposal by the end of January each year for implementation in the

upcoming Academic Calendar. Consultation with other Faculty Councils is required if the course being modified is core to another program.

6. Minor Program Adjustments

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

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

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

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

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

- a) A summary of the proposed change, setting out the rationale and context for it.
- b) A description of the ways in which the proposed change will enhance the academic opportunities for students, or the issues or challenges that the proposed change are intended to address.
- c) An account of the process of consultation with other units and measures taken to minimize the impact of the change on students if the proposed change involves students/faculty from other programs or courses, or contains indigenous content.
- d) A timeline for the implementation of the proposed change and transition plan for current students if applicable.
- e) An analysis of the financial and enrolment implications.

- f) Calendar copy and program maps for the proposed change that clearly highlight the revisions to be made to the existing curriculum.
- g) Completed proposals for all new courses and changes to existing courses that result from the change.

7. Major Program Modifications

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

- Requirements that differ significantly from those existing at the time of the previous cyclical program review;
- Significant changes to the learning outcomes;
- Significant changes to the faculty engaged in delivering the program and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (e.g., different campus, online delivery, inter-institutional collaboration);
- The addition of a new field to an existing graduate program. This modification is subject to an Expedited Approval. Note that institutions are not required to declare fields for either master's or doctoral programs.

For greater clarity, the 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 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 comprising a significant (i.e., one-third) proportion of the program
- Other changes to program content that affect the learning outcomes, but do not meet the threshold of a 'new program'
- 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 degree 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.

- 7.2.** Faculties proposing Major Program Modifications will submit an Expression of Interest form via the Centre for Institutional Quality Enhancement website at www.uoit.ca/ciqe. The Expression of interest will include a statement about how the Modification meets the University's and Faculty's strategic plans.
- 7.3.** 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 (Curriculum and Program Review Committee or Graduate Studies Committee). 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.
- 7.3.1.** To be included in the academic calendars for the subsequent academic year, Major Program Modifications must be received by the committees no later than the end of November.
- 7.4.** Major Program Modification electronic proposals must minimally include the following:
- a)** INTRODUCTION: this will include a brief background on the existing program and rationale for new program component Overview of the new program component, indicating the opportunities for graduates and evidence of fit with the mission, mandate and strategic plans of the University and the Faculty Description of how the new program component fits into the broader array of program offerings, particularly areas of teaching and research strengths and complementary areas of study
 - b)** DEGREE REQUIREMENTS: A fully developed section outlining the program component learning outcomes and alignment with the provincial degree

level expectations; admission requirements; program structure Calendar copy and program maps for the new program component showing courses and/or research components offered each semester, and indicating courses currently offered, new courses, and required courses provided by other units; describe also 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.

- c) **RESOURCE REQUIREMENTS:** A list of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the new program component; physical resource requirements, with how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements.
- d) **PROCESS OF CONSULTATION:** An outline of areas consulted, where appropriate.
- e) **BUSINESS PLAN:** A summary statement of funding required to support the program and a statement of current resource availability.

8. Admissions Changes

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

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

MONITORING AND REVIEW

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

RELEVANT LEGISLATION

10. COU Quality Assurance Framework

RELATED POLICIES, PROCEDURES & DOCUMENTS

Institutional Quality Assurance Process Policy



Classification Number	ACD 1501.XX
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	
Policy Owner	Provost
Approval Date	
Review Date	
Supersedes	

CYCLICAL PROGRAM REVIEW PROCEDURES

PURPOSE

1. The purpose of these Procedures is to set out the process for conducting a cyclical review of existing, individual degree and diploma programs to ensure that they continue to meet provincial quality assurance requirements and to support their ongoing rigour and coherence.

DEFINITIONS

2. For the purposes of these Procedures the following definitions apply:
- 3.

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

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

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

SCOPE AND AUTHORITY

4. These Procedures apply to existing undergraduate and graduate degree and diploma programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to new degree programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities or other institutes.
5. 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.
6. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

Procedures for program reviews involve six components: the development a self-study brief by the program under review; the review and enhancement of program learning outcomes; 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.

7. Self-study briefs

- 7.1.** The self-study brief will form the basis of the program review and must clearly set out the indicators of program quality 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.uoit.ca/ciqe.
- a)** Self-study briefs for each program under review must be prepared and reviewed by a Program Review Internal Assessment Team (IAT).
 - b)** The IAT is comprised of faculty, staff and students (current or recent graduate of the program) and appointed by the Faculty Dean.
 - c)** The IAT will work in collaboration with the Centre for Institutional Quality Enhancement (CIQE) to pull together key institutional data and other indicators of program quality that will inform the self-study.
 - d)** The brief should be broad-based, reflective and forward-looking and should demonstrate how the program advances the university's mission.
 - e)** The brief must also present evidence to support an assessment of the program requirements, program learning outcomes and degree level expectations, along with the human and physical resources involved.
 - f)** The brief should address any concerns and recommendations raised in previous reviews.
 - g)** The brief may also identify specific aspects of the program on which feedback is sought.
 - h)** Upon its completion the Faculty, and the Dean, will review the self-study brief to ensure that it presents the full range of evidence to support an assessment of program quality. The Dean may also highlight any areas of opportunity or institutional constraints that may need to be taken into account as part of the review.

8. Review and enhancement of Program Learning Outcomes

- 8.1.** The IAT chair, in consultation with the IAT, will review and enhance the program learning outcomes, and map them to the degree level expectations (either undergraduate or graduate) set out by the Ministry.
- a)** The IAT will be required to participate in program learning outcome enhancement sessions where they will review and revise their program learning outcomes. These revisions will lay the groundwork for the program for the upcoming seven years.
 - b)** With assistance from CIQE staff, the IAT will map these revised program-learning outcomes to the appropriate degree level expectations (DLEs).
 - c)** After the map to the degree level expectations is complete, the IAT will map their current course offerings to the revised program learning outcomes and analyze the results.
 - d)** The revised program learning outcomes and DLE map, once approved by the IAT, will be an appendix to the self-study document.

9. External Review and Reporting

- 9.1.** The Dean, in consultation with the IAT, will recommend to the Provost, faculty members to serve as external reviewers of the program.
- a)** Reviewers must be tenured or equivalent, be active and respected in their field, have program management experience, and be at arm's length from the program under review
 - b)** For undergraduate programs, two reviewers are required, with both being external to the university. At least one of the reviewers must currently be at a Canadian post-secondary institution.
 - c)** For graduate programs, three reviewers are required, with all three being external to the university. At least one of the reviewers must currently be at a Canadian post-secondary institution.
 - d)** For each External reviewer candidate, the recommendation must be accompanied by a rationale for the selection and a detailed biographical statement that outlines their academic expertise, accomplishments and research.
- 9.2.** 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 Criteria.

- a) In advance of the visit, CIQE will send to the reviewers the unit's self-study brief, a cover letter by the Dean, along with any additional material or information that may be needed to inform the assessment.
- b) During the site visit, reviewers will have an opportunity to meet with the IAT, and with other faculty, students, staff, senior academic administrators, and any others who can most appropriately provide informed comment, to discuss aspects of the self-study in the context of the program quality review criteria.
- c) 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.

9.3. Reviewers will submit a report to the Dean, which addresses the substance of the self-study and the program quality review criteria. A template for the report will be provided through the Centre for Institutional Quality Enhancement.

- a) Normally, the report will be prepared jointly by the reviewers.
- b) Reviewers will be invited to acknowledge any clearly innovative aspects of the program together with recommendations on specific steps to be taken to improve the program, distinguishing between those the program can itself take, and those that require external action.
- c) Normally, the report will be completed within 30 days of the site visit.

10. Response to report

10.1. Upon receipt of the reviewers' report(s), the Dean and the IAT will consider its recommendations, including consideration of any financial or other resource implications.

- a) The IAT will prepare a response to the report to the Dean that will include a summary of the program strengths, opportunities for improvement and a response to the recommendations put forward by the reviewers. A template for the response will be provided through the Centre for Institutional Quality Enhancement.
- b) Using the IAT's response report as a guideline, the Dean will prepare a plan of action for implementation that will include a detailed description of the proposed action, timeline for acting on and monitoring the implementation of the recommendations, persons/area responsible for acting on the

recommendations and persons responsible for providing any resources made necessary.

- c) Where the IAT's response involves additional resources and/or possible changes in organization, policy or governance, the Dean will consult with the Provost on the ways in which those recommendations will be addressed/planned for.
- d) The Dean will also provide for comment on the plan of action from other members of the program through the unit's Faculty Council.

11. Approval process

- 11.1.** The Provost will then present the self-study brief, together with the reviewers' report(s) and the Dean's and IAT's response to the Integrated Planning Advisory Committee (IPAC) to prepare a summary recommendation report for the appropriate standing committee of Academic Council (CPRC or GSC).
 - a) It is expected that these reports and recommendations will be afforded an appropriate level of confidentiality.
- 11.2.** The Provost will then present the self-study brief, together with the reviewers' report(s), the Dean's and IAT's response, and the IPAC's summary report to the appropriate standing committee of Academic Council (CPRC or GSC).
 - a) In those cases where the program review includes both undergraduate and graduate programs, separate reports will be submitted to the CPRC and GSC concerning the components relevant to the mandate of each committee.
 - b) It is expected that these reports and recommendations will be afforded an appropriate level of confidentiality.
- 11.3.** The reviewing committee will examine the outcomes of the review and prepare a Final Assessment Report (FAR).
 - a) The FAR will synthesise the reports and recommendations resulting from the review, identifies the strengths of the program as well as the opportunities for program improvement and enhancement, and outlines the agreed-upon plans for improvement.
 - b) The FAR must also be accompanied by an Executive Summary of the outcomes of the review and associated implementation plan, exclusive of confidential information, that is suitable for publication.
- 11.4.** On an ongoing basis, CIQE will prepare individual cyclical program reports, at both the undergraduate and graduate level, to Academic Council.

This report will include:

- a) An Executive Summary of the program reviews completed during the associated cyclical program review year;
- b) Comments on the progress of the implementation of recommendations from previous program review;
- c) Outlines of the scheduled review for the next cyclical program review year;
- d) Discussions about any policy or procedural considerations arising out of the review as identified by CPRC and GSC.

- 11.5.** The reports will be sent to Academic Council and the Board of Governors for information. The summary reports are then posted on the Ontario Tech corporate website and sent to the Quality Council as required under the provincial quality assurance framework.

12. Subsequent reporting on the implementation of recommendations

- 12.1.** Eighteen months following the completion of the review, the Provost's Office will request from the Dean a brief follow up report that outlines the progress that has been made in implementing the agreed upon plans for improvement. A summary of the progress report will be included in the reporting to Academic Council on program reviews.

MONITORING AND REVIEW

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

RELEVANT LEGISLATION

- 14.** COU Quality Assurance Framework

RELATED POLICIES, PROCEDURES & DOCUMENTS

Institutional Quality Assurance Process Policy



BOARD REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

TO: Board of Governors

DATE: June 26, 2019

FROM: Audit & Finance Committee

SLT LEAD: Cheryl Foy, University Secretary & General Counsel

SUBJECT: Policy Update Report

COMMITTEE MANDATE:

- In accordance with its Terms of Reference, the Audit and Finance Committee (A&F) is responsible for overseeing the internal systems and control functions of the university.
- As part of this responsibility, A&F receives regular reports on policy development and approvals at the University, in accordance with the Policy Framework.

BACKGROUND/CONTEXT & RATIONALE:

- The purpose of this Report is to provide a supplement to the update given to the Board in April on the status of Policy from March 1, 2018 to May 31, 2019, which includes the period since the approval of amendments to the Policy Framework on June 27, 2018. Over the past year, 22 new or amended policy instruments have been approved by approval authorities in accordance with the Policy Framework. A complete list was provided as part of supporting documentation in April.
- In response to questions from Board members about policy priorities, attached is an updated list of Policy Projects in Progress, as well as those that have been approved and those that are currently inactive.
- For ease of reference, the tables below track support of policy instrument development provided by the Compliance and Policy Office over the past four years. We note a significant increase in the past year.

TABLE 1: Overall Policy Support 2015-16 to 2018-19

Year	Drafting	Recommendations	Consultation
2015-16	17	23	18
2016-17	6	11	5
2017-18	8	28	29
2018-19	23	35	42

TABLE 2: Policy Support by Unit March 1, 2018 to March 1, 2019

Unit	Drafting	Recommendations	Advice
University Secretary and General Counsel	15		
Student Life	4	5	1
Research Services		13	7
Communications and Marketing	1		2
Centre for Institutional Quality Enhancement		4	2
External Relations		1	
Finance		3	3
Human Resources	2	2	1
IT Services			2
Graduate Studies			8
Registrar's Office		4	14
Teaching and Learning		3	

COMPLIANCE WITH POLICY/LEGISLATION:

The report considers the University's policy instruments in development under the Policy Framework. The Policy and Compliance Office provides support to key policy work to ensure legislative compliance. The office also advises policy leads on steps to take to ensure compliance with the Policy Framework.

SUPPORTING DOCUMENTATION

- List of Policy Projects in Progress, Approved Policies & Currently Inactive Policies

List of Policy Projects in Progress (DRAFT)

ACTIVE POLICIES						
Title	Unit	Policy Lead	Type of Project	Category	Next Step	Mandatory Consultation and Approval Path
PCI Compliance Policy/ies	UOIT-IT/DC-IT	Reem Ali	New	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
IT Security Policy/ies	UOIT-IT/DC-IT	TBD	New / Substantive Amendments	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
Acceptable Use of Technology	ITS	Andre	Substantive Amendment	LCG	Initial consultation (IT)	PAC/OC/ALT/AC/BC/BOG
Code of Ethics and Conduct	USGC	Andre Luzhetskyy	New	LCG	Initial consultation with HR	PAC/OC/ALT/AC/BC/BOG
Visiting Scholar	International Office	Carolyn Yeo	New	TBD	Initial Consultation	PAC/OC/AC/ALT/President
International Travel for Faculty and Staff Policy	International Office	Carolyn Yeo	New	ADM	Initial Consultation	PAC/OC/AC/ALT/President
Volunteer	USGC	Jacquelyn Dupuis	New Policy	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
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Naming of Physical University Assets	C&M	Rich Seres Kristen Boujos	Substantive Amendment 2 New PI	LCG	Drafting (delayed to next PAC)	OC/PAC/AC/ALT/BC/BOG
Policy and Procedures for Philanthropic gifts to University	Advancement Office	Yvonne Stefanin	New	ADM	Initial Consultation	PAC/OC/AC/ALT/President
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Concussions policy	USGC	Jacquelyn Dupuis/Jessica Salt	New (under Risk)	ADM	Initial Consultation	PAC/OC/AC/ALT/President
Responding to the Death of a Student Procedure	OSL	Olivia Petrie	Substantive Amendment	ADM	Olivia to take to new Provost in June	OC/AC/PAC delib/ALT
Institutional Quality Assurance Process Policy & 4 procedures	CIQE	Nichole Molinaro	Substantive Amendment 4 new Procedures	ACD	Deliberation GSC and CPRC (May 28)	BC/BOG/OC/CPRC/GSC/AC

Academic Calendar Migration	SGPS and UGS	Nichole and Kimberley	Mainly Editorial	ACD	Deliberation with GSC CPRC (May 28)	BC/BOG/OC/CPRC/GSC/AC
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Gender Identification	RO	Joe Stokes	New	LCG	A&F - Deliberation	BC/BOG (June 10 A&F June 26 BOG)
Contract Management Policy & Procedures	USGC	Cheryl Foy	Substantive Amendment	LCG	Policy Review	AC/SLT/BC/BOG
Signing Authority Policy & Procedures & Register	Finance	Craig Elliot	Substantive Amendment	LCG	Policy Review	AC/SLT/BC/BOG
Intellectual Property	Research	TBD	Amendment	LCG	With Legal Counsel	
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Title	Unit	Policy Lead	Type of Project	Category	Next Step	Mandatory Consultation and Approval Path
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					obtain latest copy and post to Policy Library.	
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Biosafety	Research	Jennifer Freeman	Amendment – TBD	LCG	Revising working draft.	OC/AC/A&F/BOG
Responsible conduct of research	Research	Jennifer Freeman	Amendment – TBD	LCG	No consultation.	
Research entities	Research	Jennifer Freeman	Amendment – TBD	LCG	Revising working draft. No consultation.	
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					with Research Working Group and Deans.	
Ownership of Research Equipment	Research	Jennifer Freeman	New		Revising working draft. Informal Consultation with Research Working Group, Research Board and Deans.	
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Adjuncts	TBD	TBD			Not sure this was on my list. Unclear who the policy owner is – Provost? It does need updating.	
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International Travel Procedures	TBD	TBD	New	TBD	Initial Consultation	TBD
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Field Trip Risk Management and Directive	USGC	Jacquelyn Dupuis	New – Directive (under Risk)	LCG		ALT/President
University Event Risk Management and Approval Guidelines	USGC	Jacquelyn Dupuis	New – Directive (under Risk)	LCG	PAC Assessment	PAC/OC/AC/ALT/President
Digital Learning Resources	CIQE	Nichole Molinaro	New	ACD	AC Committees	CPRC/GSC/AC

Flag Usage	C&M	Melissa Levy	New	ADM	Online Consultation	OC/AC/ALT/President
Administrative Leave	HR	Krista Secord	New	ADM	PAC Assessment	OC /AC/ALT/President
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Lactation Space Policy	OSL	Akeisha Lari	New	TBD	Drafting	
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Medical Notes	RO	TBD	New	TBD	Parking Lot	
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Video Surveillance Policy		TBD	New	TBD	Parking Lot	
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Video Surveillance Policy		TBD	New	TBD	Parking Lot	
Communications	C&M	TBD	New	ADM	Parking Lot	



BOARD REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

TO: Board of Governors

DATE: June 26, 2019

FROM: Audit & Finance Committee

SLT LEAD: Cheryl Foy, University Secretary & General Counsel

SUBJECT: Annual Insurance Report

COMMITTEE MANDATE:

- The Audit and Finance Committee (A&F) has responsibility for finance and risk management. In support of this mandate, the Committee receives for consideration an Annual Insurance Report.

BACKGROUND/CONTEXT & RATIONALE:

- The university insurance program is overseen by the University Secretary and General Counsel with the assistance of the Director of Risk Management.
- Appropriate insurance is a key component of effective risk management.
- The insurance update presented on June 18, 2018 to the A&F committee outlined the insurance objectives for 2018-19, which included the development of an Insurance Work Plan. The Insurance Work Plan includes:
 - Reviewing the current University insurance landscape and identifying gaps and opportunities for additional and/or reduced coverage;
 - Developing procedures for the use of University vehicles;
 - Educating the university community on travel insurance policies and eligibility of insurance while abroad;

- Enhancing the insurance section of the risk management website; and
- Enhancing documentation, follow up, and storage of certificates of insurance on contract agreements and campus events.
- The University Secretary and General Counsel (USGC) has made great progress against these objectives as set out in the fourth Draft Annual University Risk Management Report.

PROPOSED PROCESS

- The USGC will continue to work through the 2018-19 objectives and provide updates to the committee.
- The USGC will develop and deliver to the committee an Insurance Work Plan for the 2019-20 academic year.

COMPLIANCE WITH POLICY/LEGISLATION:

- Article 13.1 of the university's By-law No. 1 provides for the indemnification of Governors and employees, and further protection of governors is stipulated under Article 13.2. The insurance coverage provided supports these legal requirements.

SUPPORTING DOCUMENTATION

- Annual Insurance Report

Insurance Update

Presentation to the Board of Governors

June 26, 2019

By: Cheryl Foy

CURIE Policies and Coverage

General Liability	Covers the legal liability and defense costs arising from bodily injury and property damage
Policy Applies to:	<ul style="list-style-type: none"> - Accidents occurring in the buildings or on the grounds or at activities related to the university on a world-wide basis - Personal injury - Sport activities - Professional malpractice - Sudden and accidental pollution - Tenants' legal liability, etc.
Coverage and Limitations	\$50,000,000 per occurrence

CURIE Policies and Coverage, continued

<p>Errors and Omission</p>	<p>The CURIE policy will indemnify against allegations of wrongdoing in four main areas</p>
<p>Policy Applies to:</p>	<ul style="list-style-type: none"> - Governors, Directors and Officers, including employees while carrying out their normal duties on behalf of the University - Professional Malpractice for rendering or failing to render sound professional advice - Fiduciary liability arising from employees acting as Trustees for University Pension Plans - Employee benefit liability, arising out of the administration of the various university benefits programs
<p>Coverage and Limitations</p>	<p>Combined \$50,000,000 limit between primary and excess deductible is \$1,000 on Employee Benefits only, subject to policy exclusions</p>

CURIE Policies and Coverage, continued

Property	Insures against all risks of direct physical loss or damage primary of \$5,000,000 and excess up to \$1,250,000,000 limit per loss with a *\$50,000 deductible
Policy Applies to:	All Risks physical damage property Business interruption and extra expense Earthquake Flood
Coverage and Limitations	Extra expense endorsement \$5,000,000 Earthquake – subject to 3% or subject to the following deductibles; minimum \$250,000 and a maximum of \$5,000,000 (except BC and Quebec) Flood – subject to a 2% minimum \$100,000 deductible

*Increase in insurable values resulting in increase in deductible

Marsh Policies

- Machinery Breakdown
- Crime
- Automobile
- Non Owned Automobile
- Garage Automobile
- Marine
- Special Crime
- Nuclear Liability
- Umbrella Liability
- Cyber Liability
- Student Work Placement
- **Ad hoc Cargo*



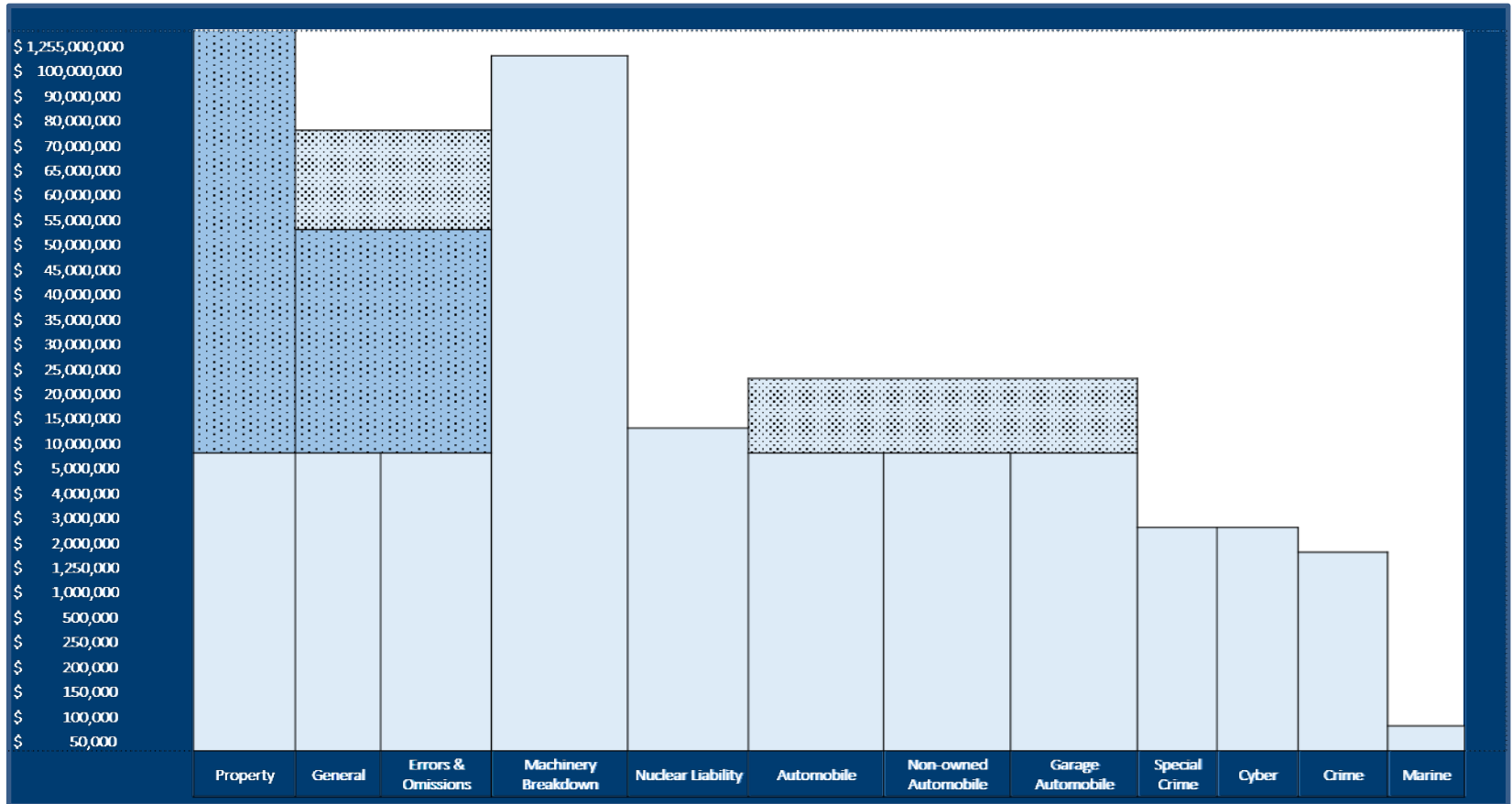
Sutton Policies and Coverage

Special Risk Travel	Provides major medical benefits for incidents resulting in injury , while on an authorized trip outside of Ontario
Policy Applies to:	Medical Evacuation & Repatriation Security Advice and Evacuation Travel Assistance
Coverage and Limitations	\$1,250,000 lifetime \$250,000 air ambulance/repatriation \$100,000 political evacuation Coverage responds within the first 60 days travel

Student Work Placement	Provides medical coverage for students in university programs that are not eligible for WSIB, MASED coverage
Policy Applies to:	University approved work placement or volunteer position
Coverage and Limitations	\$150,000 principal sum for accidental death and dismemberment \$100,000 permanent total disability – maximum 104 weeks



UOIT Insurance Layering Diagram





CURIE

Protecting Universities.
Sharing Knowledge.

ANNUAL REPORT 2018

Message from the Chair & Chief Operating Officer

On behalf of CURIE and the Advisory Board we are pleased to report to you on the results of 2018.

At year end CURIE’s subscriber surplus was \$79.3 million. CURIE had an underwriting loss of \$2.5 million and dividend and interest income of \$6.3 million. Unfortunately, we had unrealized capital losses of \$5 million and that resulted in a net income loss of \$1.2 million. As of December 31, 2018, our MCT (solvency ratio) was 384%. Given the fact that we incurred an income loss there will be no distribution of surplus.

The 2019 excess property renewal was impacted by our 2018 loss experience. We incurred a \$50 million loss during the year. The result was our giving back the premium reduction we negotiated last year. In addition, since we breached the long-term agreement loss ratio, our rate guarantee was terminated. The liability renewal went as planned with an “as is” renewal.

The CURIE Risk Advisory Committee continues to work on a variety of risk management issues. One of the working groups is developing a waiver video and handbook to be completed during 2019. Global Risk Consultant (GRC) has been contracted to produce a contractor management webinar and will be looking at offering a fire protection systems webinar with GRC as well. The Committee is also working on several Risk Management Bulletins for distribution in 2019 including Certificates of Insurance, Outside User Groups, Clinical Trials and Extra Expense.

CURIE is offering fully funded Aquatic Safety Audits for pool operations conducted by the Lifesaving Society.

In 2019 we ran three Enterprise Risk Management (ERM) II workshops and we are looking at offering a Part III workshop as well as reviewing the next steps in ERM training opportunities. In addition, the Sport Risk online

video training program is up and running and available to members and funded by CURIE.

We would like to thank the members of our Risk Advisory Committee, Audit Committee and Investment Committee for their contributions to CURIE’s success. We would like to thank the members of our Advisory Board, the CURIE staff and our professional advisors for their service, expertise and dedication to CURIE. We would also like to thank our members for their ongoing support and commitment.

We look forward to continuing to provide innovative risk management and insurance services and solutions to you our members.

CHAIR
Dave Button, Vice President
Administration, University of Regina

CHIEF OPERATING OFFICER
Keith Shakespeare
CURIE

CURIE Facts

Membership

Subscribers commit to participate in CURIE for a minimum of five years — one underwriting period. This multi-year participation helps stabilize prices and generate consistent coverage. The current underwriting period, CURIE 7 will run until the end of 2022.

Premiums

CURIE establishes premiums sufficient to pay anticipated liabilities based on actuarial advice and actual losses. In the long run, CURIE intends for all participants to pay their fair share of total claims and expenses.

What is a Reciprocal?

A reciprocal is an unincorporated group of organizations that contract with each other to share losses on a not-for-profit basis. Because the reciprocal is owned and operated by its members, they input directly into the reciprocal's operation, and they share any profit and investment income. As with commercial insurers, reciprocals are regulated and monitored to ensure that their investments and operations keep the organizations financially stable. Because a reciprocal is owned by its members, its sole motivation is to serve those members.

CURIE'S 64 MEMBERS

64 universities from across Canada are members of CURIE. Many have been members since its founding in 1988 and continue to be today, providing insightful knowledge and experience to our group.

Acadia University	OCAD University
Acadia Divinity College	University of Ontario Institute of Technology
University of Alberta	Northern Ontario School of Medicine
Algoma University	Nova Scotia College of Art & Design
Athabasca University	University of Prince Edward Island
Atlantic School of Theology	Queen's University
Brandon University	Redeemer University College
Brescia University College	University of Regina
Brock University	Ryerson University
University of Calgary	Université Sainte-Anne
Canadian Mennonite University	Saint Mary's University
Cape Breton University	Saint Thomas University
Carleton University	Saskatchewan Polytechnic
Collage Communautaire du Nouveau Brunswick	University of St. Michael's College
Université de Saint- Boniface	University of Saskatchewan
Dalhousie University	Simon Fraser University
First Nations University of Canada Inc.	St. Francis Xavier University
Grant MacEwan University	St. Joseph's College
University of Guelph	St. Mary's University
Huntington University	St. Thomas More College
Huron University College at Western	Thorneloe University
University of King's College	Trent University
Lakehead University	University of Trinity College
University of Lethbridge	Trinity Western University
Laurentian University	Victoria University
McMaster University	University of Victoria
University of Manitoba	University of Waterloo
Memorial University of Newfoundland	University of Western Ontario
Université de Moncton	Wilfrid Laurier University
Mount Allison University	University of Windsor
Mount Saint Vincent University	University of Winnipeg
University of New Brunswick	York University

2018 CURIE BOARD MEMBERS

Our Board oversees CURIE's insurance professionals, as well as ensures our policies and programs are serving member universities, both individually and collectively. The Board is comprised of three representatives from Ontario, the Western and Atlantic provinces, as well as the executive director of CAUBO.

Dave Button, Chair

Vice President, Administration
University of Regina

Ian Nason, Vice Chair

Vice President, Finance & Administration
Dalhousie University

Cheryl A. Foy

General Counsel & Secretary to the Board
University of Ontario Institute of Technology

Robert Inglis

Vice-President, Finance and Administration
Mount Allison University

Tony Lackey

Director, Risk and Insurance Services
Carleton University

Nathalie Laporte (Ex-Officio)

Executive Director
CAUBO

Jane O'Brien

Associate Vice President, Human
Resources
University of Western Ontario

Jackie Podger

Vice-President, Administration and Finance
University of Prince Edward Island

Alan Scott

Chief Risk Officer
University of Manitoba

Kristi Simpson

Associate Vice-President, Financial
Planning & Operations
University of Victoria

EXECUTIVE COMMITTEE

Keith Shakespeare

Chief Operating Officer
CURIE

Dave Button, Chair

Vice President, Administration
University of Regina

Ian Nason, Vice Chair

Vice President, Finance & Administration
Dalhousie University

Nathalie Laporte, (Ex-Officio)

Executive Director
CAUBO

Jane O'Brien

Associate Vice President, Human
Resources
University of Western Ontario

INVESTMENT COMMITTEE

Keith Shakespeare

Chief Operating Officer
CURIE

Jane O'Brien, Chair

Associate Vice President, Human
Resources
University of Western Ontario

Kristi Simpson, Vice Chair

Associate Vice-President, Financial
Planning & Operations
University of Victoria

Cheryl A. Foy

General Counsel & Secretary to the Board
University of Ontario Institute of Technology

Carrie Green

Director, Finance & Administration
CURIE

Ron Ritter

Director Treasury & Investment
University of Alberta

AUDIT COMMITTEE

Keith Shakespeare

Chief Operating Officer
CURIE

Jackie Podger, Chair

Vice-President, Administration and Finance
University of Prince Edward Island

Ian Nason, Vice Chair

Vice-President Finance & Administration
Dalhousie University

Dave Button

Vice President, Administration
University of Regina

Carrie Green

Director, Finance & Administration
CURIE

Robert Inglis

Vice-President, Finance and Administration
Mount Allison University

Nathalie Laporte, (Ex-Officio)

Executive Director
CAUBO

RISK ADVISORY COMMITTEE

Tony Lackey, Chair

Director, Risk and Insurance Services
Carleton University

Alan Scott, Vice Chair

Chief Risk Officer
University of Manitoba

Rae Ann Aldridge

Associate Vice-President, Risk
University of Calgary

John Breen

Manager, Risk Reduction & Loss Control
CURIE

Toby Clark

Risk & Insurance Advisor
University of Lethbridge

Merv Dahl

Risk & Insurance Analyst
University of Saskatchewan

Marlene Daye Smith

Risk Management Coordinator
Dalhousie University

David Janes

Coordinator of Risk and Insurance
Memorial University

Jillian Jarvis

Claims Examiner & Loss Control Analyst
CURIE

Julie Laforet

Insurance and Risk Management Officer
University of Windsor

Ben McAllister

Risk & Insurance Analyst
University of Victoria

Lisa Morine

Associate Director Health, Safety and Risk
Management
McMaster University

Jim Ross

Director, Risk and Assurance Services
Grant MacEwan University

CURIE STAFF

Keith Shakespeare

Chief Operating Officer
and Attorney-in-fact

John Breen

Manager, Risk Reduction & Loss Control

Felicity Broek-Stevens

Insurance & Accounting Assistant

James Eka

Sr. Analyst, IT & Finance

Carrie Green

Director, Finance & Administration

Jillian Jarvis

Claims Examiner & Loss Control Analyst

Stewart Roberts

Claims Manager

Karin Vogt

Office & Communications Assistant

The CURIE Advantage

CURIE's sole focus is to support universities in insurance and loss control. Given this, we understand what members need day-to-day and year-to-year. Membership has its benefits.

SPECIALIZED FOR UNIVERSITIES

CURIE insurance policies and risk management, campus loss control, and focused training programs are designed to specifically meet the varied and complicated risks of large and small Canadian universities and colleges; from aging infrastructure to complex specific liability issues. We work with our members to ensure not only the customized coverage, but strategic management of premiums and claims.

LONG-TERM COST SAVINGS

CURIE, as a 64 member reciprocal, is able to offer premiums 20-45% lower than commercial insurance. As a non-profit, we have low operating costs and our focus is not driven by the bottom line or exclusions.

All underwriting profit and investment income is retained as subscriber surplus. CURIE currently has \$79 million in surplus. Since the inception of CURIE, we have returned \$41 million to our members.

RECIPROCAL ARE PROVEN

Since the mid-1980s when most reciprocals were formed, they have been proven to be a superior alternative to the traditional insurance market. Today there are many successful reciprocals insuring airports, school boards, and a variety of other large organizations and institutions across Canada. These common interest member-based alternatives continue to be the preferred insurance and risk management source for their members.

EXPERTISE & KNOWLEDGE SHARING

Through CURIE's LISTSERV, meetings, website (www.curie.org), and events, members connect with peers to gain insight into issues impacting insurance and risk.

CURIE staff are Canada's university insurance experts. Our personal member-to-insurer consulting services are unique in the insurance industry. Our educational services are developed with members' input to provide risk management training and to deal with emerging risk trends.

CONTROLLED BY MEMBERS

Members have input into how CURIE is managed, how claims are handled, and how coverage is structured. As such, CURIE strategically manages claims with the goal to deliver optimal outcomes recognizing long-term interests. In addition, the CURIE Board is made up of a geographic cross-section of university members.

The fact that CURIE retains a significant portion of the insured risks provides a significant leverage with excess and reinsurers in obtaining favourable terms and cost savings.

Risk Management Services

CURIE provides a number of special services and programs to members that are designed to help manage risk, identify hazards, and provide guidelines on how to control or eliminate problem areas. The services and programs are fully funded by CURIE, and the reciprocal encourages subscribers to utilize them on a regular basis.

The range of services and programs that CURIE offers includes the following:

SPRINKLER SYSTEM PLAN REVIEW

Sprinkler system installation plans and related hydraulic calculations are reviewed to ensure they meet current National Fire Protection Association (NFPA) requirements. A review prior to installation reduces the potential of improper installation or misunderstanding of the requirements for the installation of the sprinkler system.

UNIVERSITY WATER SUPPLY SURVEYS FOR NEW CONSTRUCTION & RENOVATION PROJECTS

Available water supplies are assessed by conducting hydrant flow tests and an analysis of the water supply grid system for a university campus with respect to fire flow requirements. These fire flow requirements can be for individual fire suppression systems or for the entire campus. This can be very advantageous at the design stage by ensuring a water supply distribution system is capable of meeting both current and future fire flows.

LABORATORY SAFETY REVIEWS

A three-part review that provides an assessment of the overall physical condition of equipment, an assessment of chemical storage and handling procedures, and a review of general laboratory safety. Following completion of the physical review, a confidential detailed report including photographs and recommendations will be produced.

NEW BUILDING INSPECTIONS

Inspections are conducted on new buildings to ensure a consistent standard of care is applied to all buildings. The inspection will provide an early alert to possible future problems and will illustrate due diligence in mitigating any risk that may be associated with the new building.

PREMISES LIABILITY INSPECTIONS

Site inspections are conducted to identify physical hazards that could result in a liability claim. Reports are issued to document deficiencies, recommendations made to address them, and photographs provided to clarify the deficiency.

AQUATIC SAFETY AUDITS

A formal evaluation of the aquatic facility's operations is conducted, along with a review of all relevant literature provided by the facility to direct its operations of the facility, and interviews with select personnel.

ONLINE COURSES

A selection of online courses that run on annual basis include, Risk Management, Sports Clubs, Youth Camps, and Special Events. Each course is four weeks in duration. An online lab safety course is available to CURIE members. The course provides information on identifying and controlling hazards, preventing laboratory accidents/incidents and responding to laboratory emergencies. CURIE also offers a Travel Risk Awareness eLearning course. This course assists in developing an understanding of common travel risks and practice in key techniques for real life scenarios.

SPORTS LIABILITY ASSESSMENTS

Onsite visits are conducted by the SportRisk team based on demand and need. The top priority is universities and colleges showing significant gaps and weakness in certain areas as determined by Best Practices surveys which audit 16 areas within Campus Recreation. Visits will involve a detailed follow-up report with recommendations in vulnerable areas.

WEBINARS

A variety of online training webinars are made available to CURIE members. Developed specifically for recreation professionals are a series of animated training videos. The training webinars incorporate microlearning for online staff training opportunities. Webinar material includes risk management training for staff and webinars tailored for staff meetings. New topics are added on an ongoing basis. There is also a series of webinars that focus on Student Event Risk Management. This series includes a Primary Event Organizer (PEO) Workshop, Event Planning, Events—Let's Get Real, and Determining the Risk Profile of Events. These webinars are prerecorded and available at any time. CURIE also organizes live webinars each year that are made available to our members. Past webinars have included information on preventing water damage, construction projects, educational malpractice, international travel and CURIE policy coverages.

STUDENT EVENT RISK MANAGEMENT PROGRAM

This three-stage program focuses on a risk assessment process that is required for all student-run events, and on the major role played by the Primary Event Organizer (PEO). An important element of the program is a "Train the Trainers" workshop where key people are instructed on how to train the PEOs.

CERTIFICATE OF INSURANCE MANAGEMENT PROGRAM

Computer software is provided to support CURIE members existing insurance certificate management process. The software uses "Cloud" technology based in Canada to track incoming certificates, store them as searchable attachments, create certificate templates, and set reminders for expiring certificates.

INSPECTING FOR A SAFER FUTURE

In 2009 CURIE introduced a new inspection program for our members. The intent of the program was to focus on physical hazards such as poor housekeeping and electrical deficiencies that were triggering CURIE losses. The program helped to create recommendations that were easy and cost effective to implement. Recommendations were downloaded into a Risk Register where members could review the recommendations, and create a variety of reports and action plans.

Since the beginning of the program, site visits to our member universities have resulted in close to 7000 recommendations. We are very pleased to report that close to 86% of these recommendations have been completed. The majority of CURIE members have exceeded the average completion rate and have put considerable effort into risk improvement. There are only a small percentage of members that are well below completion average and CURIE will be working with these members to find ways to improve their results.

In 2016, CURIE began a process of benchmarking members based upon their completion rate of recommendations and working with our actuary to adjust premiums to reward those that are significantly above the average rate of completion on recommendations and to increase premiums with those who are significantly below average. The benchmarking process includes comparing universities of equal size so that universities with a large enrollment are not directly compared to those that are much smaller. We hope by working with our members and creating incentives through benchmarking that we will help create a safer future.

ADDITIONAL INFORMATION ON ALL CURIE SPONSORED RISK MANAGEMENT SERVICES AND PROGRAMS IS AVAILABLE ON THE CURIE WEBSITE.

Independent Auditors' Report

To the Subscribers of Canadian Universities Reciprocal Insurance Exchange

OPINION

We have audited the financial statements of Canadian Universities Reciprocal Insurance Exchange (the "Entity"), which comprise:

- the statements of financial position as at December 31, 2018;
- the statement of comprehensive income for the year then ended;
- the statement of changes in equity for the year then ended;
- the statements of changes in equity for the years then ended;
- the statements of cash flows for the years then ended;
- and notes to the financial statements, including a summary of significant accounting policies

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Canadian Universities Reciprocal Insurance Exchange as at December 31, 2018, and its results of operations, and its cash flows for the year then ended in accordance with International Financial Reporting Standards.

BASIS FOR OPINION

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditors' Responsibilities for the Audit of the Financial Statements" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

OTHER INFORMATION

Management is responsible for the other information. Other information comprises information, other than the financial statements and the auditors' report thereon, included in the Annual Report.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the Information, other than the financial statements and the auditors' report thereon, included in Annual Report at the date of this auditors' report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditors' report. We have nothing to report in this regard.

RESPONSIBILITIES OF MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity’s financial reporting process.

AUDITORS’ RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

WE ALSO:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the

purpose of expressing an opinion on the effectiveness of the Entity’s internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors’ report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors’ report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



**CHARTERED PROFESSIONAL ACCOUNTANTS,
LICENSED PUBLIC ACCOUNTANTS**

Waterloo, Canada
February 26, 2019



115 King Street South, 2nd Floor, Waterloo, Ontario N2J 5A3
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KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative (“KPMG International”), a Swiss entity. KPMG Canada provides services to KPMG LLP.

Report of the Actuary

ROLE OF ACTUARY

The actuary is appointed by the Advisory Board of the Canadian Universities Reciprocal Insurance Exchange ("CURIE") pursuant to the Insurance Act. The actuary is responsible for ensuring that the assumptions and methods used in the valuation of policy liabilities are in accordance with accepted actuarial practice, applicable legislation and associated regulations or directives. The actuary is also required to provide an opinion regarding the appropriateness of the policy liabilities at the balance sheet date to meet all policyholder obligations of CURIE. Examination of supporting data for accuracy and completeness and consideration of CURIE's assets are important elements of the work required to form this opinion.

Policy liabilities include unearned premiums, unpaid claims and adjustment expenses, the reinsurers' share of unearned premiums and unpaid claims and adjustment expenses, deferred premium acquisition costs, premium deficiency and retrospective adjustments. The actuary uses the work of the external and internal auditors in verifying data used for valuation purposes.

APPOINTED ACTUARY'S REPORT

To the Subscribers of the Canadian Universities Reciprocal Insurance Exchange

I have valued the policy liabilities and reinsurance recoverables of the Canadian Universities Reciprocal Insurance Exchange for its statement of financial position at December 31, 2018 and their changes in the statement of comprehensive income for the year then ended in accordance with accepted actuarial practice in Canada, including selection of appropriate assumptions and methods.

In my opinion, the amount of policy liabilities net of reinsurance recoverables makes appropriate provision for all policy obligations and the financial statements fairly presents the results of the valuation.



Julie-Linda Laforce
FELLOW, CANADIAN INSTITUTE OF ACTUARIES
 Toronto, Ontario
 February 26, 2019

Axxima
 Actuarial and Insurance Management Advisors

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Statement of Financial Position

December 31, 2018, with comparative information for 2017

	2018	2017
Assets		
Investments (note 7):		
Cash and cash equivalents	\$ 36,381,949	\$ 39,762,247
Short-term investments	14,891	49,903
Long-term investments	129,676,453	128,797,796
	<u>166,073,293</u>	<u>168,609,946</u>
Investment income due and accrued	356,649	311,158
Due from subscribers	690,820	650,653
Prepaid expenses and other accounts receivable	726,964	863,858
Due from reinsurers on paid claims	62,485	60,867
Due from insurers on excess program (note 6)	862,558	841,056
Recoverable from reinsurers on unpaid claims (note 8)	15,692	171,087
Equipment	162,883	108,905
	<u>\$ 168,951,344</u>	<u>\$ 171,617,530</u>

Liabilities and Subscribers' Equity

Accounts payable and accrued expenses	\$ 211,874	\$ 218,253
Payable to reinsurers on excess program (note 6)	10,150,431	9,250,522
Premium taxes payable	675,559	577,464
Premiums received in advance	18,900,281	19,074,132
Unpaid claims and adjustment expenses (note 8)	59,674,968	61,264,931
	<u>89,613,113</u>	<u>90,385,302</u>



Subscribers' equity (note 9):		
Accumulated excess of income over expenses	82,017,001	78,859,074
Accumulated other comprehensive income (loss)	(2,678,770)	2,373,154
	<u>79,338,231</u>	<u>81,232,228</u>

Commitment (note 12)

	<u>\$ 168,951,344</u>	<u>\$ 171,617,530</u>
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See accompanying notes to financial statements.

On behalf of the Board:


 _____ Chair
 
 _____ Attorney-In-Fact

Statement of Comprehensive Income

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Underwriting revenue:		
Gross earned premiums	\$ 21,965,412	\$ 22,732,310
Ceded premiums	(801,000)	(801,000)
	21,164,412	21,931,310
Expenses:		
Claims and adjustment (note 8):		
Gross claims	18,920,171	23,677,258
Ceded claims	153,777	123,775
	19,073,948	23,801,033
Operating (note 10)	3,782,694	3,393,134
Premium taxes	789,796	703,774
	23,646,438	27,897,941
Underwriting loss	(2,482,026)	(5,966,631)
Other income (expense):		
Interest	2,153,022	1,798,923
Dividends	4,368,468	3,894,785
Amortization of bond premiums	(502,708)	(878,436)
Other income and realized gains on investments	304,086	261,164
	6,322,868	5,076,436
Excess (deficiency) of income over expenses	3,840,842	(890,195)
Other comprehensive income (loss):		
Change in unrealized gains (losses) on available-for-sale assets	(4,758,944)	2,014,326
Recognition of realized gain on available-for-sale assets	(292,980)	(259,644)
	(5,051,924)	1,754,682
Total comprehensive income (loss)	\$ (1,211,082)	\$ 864,487

See accompanying notes to financial statements.

Statement of Changes in Equity

Year ended December 31, 2018, with comparative information for 2017

	Excess (deficiency) of income over expenses	Accumulated other comprehensive income	Subscribers' equity
Balance, December 31, 2016	\$ 84,289,382	\$ 618,472	\$ 84,907,854
Distributions (note 9)	(4,540,113)	-	(4,540,113)
Comprehensive income (loss):			
Deficiency of income over expenses	(890,195)	-	(890,195)
Other comprehensive income	-	1,754,682	1,754,682
Total comprehensive income (loss)	(890,195)	1,754,682	864,487
Balance, December 31, 2017	78,859,074	2,373,154	81,232,228
Distributions (note 9)	(682,915)	-	(682,915)
Comprehensive income (loss):			
Excess of income over expenses	3,840,842	-	3,840,842
Other comprehensive loss	-	(5,051,924)	(5,051,924)
Total comprehensive income (loss)	3,840,842	(5,051,924)	(1,211,082)
Balance, December 31, 2018	\$ 82,017,001	\$ (2,678,770)	\$ 79,338,231

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Cash provided by (used in):		
Operating activities:		
Excess (deficiency) of income over expenses	\$ 3,840,842	\$ (890,195)
Items not affecting cash:		
Investment income due and accrued	(45,491)	25,509
Depreciation	133,957	40,915
Amortization of bond premiums	502,708	878,436
Gain on sale of investments	(292,980)	(259,644)
Changes in non-cash operating items:		
Decrease (increase) in due from subscribers, prepaid expenses and other accounts receivable	96,727	(110,362)
Decrease in recoverable from reinsurers on unpaid claims	155,395	95,471
Increase in due from reinsurers on paid claims	(1,618)	(31,610)
Increase in due from insurers on excess program	(21,502)	(20,208)
Decrease in premiums received in advance	(173,851)	(277,139)
Increase (decrease) in unpaid claims and adjustment expenses	(1,589,963)	13,174,649
Increase (decrease) in payable to reinsurers on excess program	899,909	(1,094,421)
Increase in accounts payable and accrued expenses and premium taxes payable	91,716	27,409
Subscribers' surplus distributed	(682,915)	(4,540,113)
	2,912,934	7,018,697
Investing activities:		
Investment purchases	(56,987,005)	(44,112,095)
Proceeds from maturities/sales of investments	50,846,697	38,600,833
Canada treasury bill purchases	(4,442,960)	(1,751,769)
Proceeds from maturities of Canada treasury bills	4,477,971	1,756,757
Equipment purchases	(187,935)	(83,181)
	(6,293,232)	(5,589,455)
Increase (decrease) in cash and cash equivalents	(3,380,298)	1,429,242
Cash and cash equivalents, beginning of year	39,762,247	38,333,005
Cash and cash equivalents, end of year	\$ 36,381,949	\$ 39,762,247

See accompanying notes to financial statements.

Notes to Financial Statements

Year Ended December 31, 2018

The Canadian Universities Reciprocal Insurance Exchange (the “Reciprocal”) was formed by an agreement dated August 17, 1987. The Reciprocal is domiciled in Canada. The address of the registered office is 5500 North Service Road, Suite 901, Burlington, Ontario, L7L 6W6. The Reciprocal is licensed to write Property and General Liability classes of insurance in all provinces in Canada, with the exception of Quebec.

1. BASIS OF PREPARATION:

(A) STATEMENT OF COMPLIANCE:

The financial statements have been prepared in accordance with International Financial Reporting Standards (“IFRS”) and comply with the requirements for filing with the Superintendents of Insurance of the various provinces in which the Reciprocal is licensed. The financial statements were authorized for issue by the Advisory Board (the “Board”) on February 25, 2019.

(B) BASIS OF MEASUREMENT:

The financial statements have been prepared on the historical cost basis, except available-for-sale (“AFS”) financial assets, which are measured at fair value.

(C) FUNCTIONAL AND PRESENTATION CURRENCY:

These financial statements are presented in Canadian dollar, which is the Reciprocal’s functional currency.

(D) USE OF ESTIMATES AND JUDGMENTS:

The preparation of the financial statements in conformity with IFRS requires management to make judgments, estimates and assumptions that affect the application of accounting policies, and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future periods affected.

Information about judgments, estimates and assumptions that have the most significant effect on the amounts reflected in the financial statements are reflected in the following notes. Significant judgments are discussed in note 2(a) and significant estimates are discussed in notes 2(e), 2(f), 8 and 15.

(E) LIQUIDITY FORMAT:

The Reciprocal presents its statement of financial position broadly in order of liquidity. Assets and liabilities that are expected to be recovered or settled within more than 12 months after the reporting date are summarized in note 5.

2. SIGNIFICANT ACCOUNTING POLICIES:

The Reciprocal’s significant accounting policies are as follows:

(A) FINANCIAL INSTRUMENTS:

All investments, including bonds and debentures and pooled fund units, have been designated as AFS securities and are recorded at fair value with changes in the fair value recorded in unrealized gains and losses, which are included in other comprehensive income (“OCI”). This classification is based on the nature and purpose of the financial instruments. In general, the Reciprocal’s investments are intended to support the related insurance liabilities and, accordingly, are AFS if required to pay for claim liabilities.

Realized gains and losses on sale, as well as losses from impairment of AFS investments, are reclassified from accumulated other comprehensive income (“AOCI”) and recorded in investment income in the statement of comprehensive income.

For investments in bonds, evaluation of whether impairment has occurred is based on the Reciprocal’s best estimate of the cash flows expected to be collected at the individual investment level. Objective evidence of impairment includes financial difficulty of the issuer, bankruptcy or defaults and delinquency in payments of interest or principal. The Reciprocal

considers all available information relevant to the collectability of the investment, including information about past events, current conditions, and reasonable and supportable forecasts. Estimating such cash flows is a quantitative and qualitative process that incorporates information received from third party sources along with certain internal assumptions and judgments regarding the future performance of any underlying collateral for asset-backed securities. Where possible, this data is benchmarked against third party sources. Impairments for bonds and debentures in an unrealized loss position are deemed to exist when the Reciprocal does not expect full recovery of the amortized cost of the investment based on the estimate of cash flows expected to be collected or when the Reciprocal intends to sell the investment prior to recovery from its unrealized loss position.

For equity investments, the Reciprocal recognizes an impairment loss in the period in which it is determined that there is significant or prolonged declines in value and where objective evidence exists that the asset is impaired, the unrealized loss is moved from OCI to income.

The cumulative loss that is reclassified from AOCI to income is the difference between the acquisition cost, net of any principal repayment and amortization, and the current fair value, less any impairment loss recognized previously in income. If, in a subsequent period, the fair value of an impaired AFS debt security increases and the increase can be related objectively to an event occurring after the impairment loss was recognized in income, then the impairment loss is reversed, with the amount of the reversal recognized in income. However, any subsequent recovery in fair value of an impaired AFS equity security is recognized in OCI.

The Reciprocal uses a fair value hierarchy for classification of fair value measurements that reflects the significance of the inputs used in making the fair value measurements (Level 1, Level 2 and Level 3).

Transaction costs related to the purchase of bonds are recorded as part of the carrying value of the bond at the date of purchase and are recognized using the straight-line method, which has been determined to

approximate the effective interest method. Investment income is recorded as it is earned. Gains and losses on disposal of investments are calculated using average cost and are determined and recorded on the settlement date.

Investment income due and accrued, due from subscribers, due from reinsurers on paid claims, due from insurers on excess program and other accounts receivable are classified as loans and receivables, which are measured at amortized cost. Accounts payable and accrued expenses, payable to reinsurers on excess program and premium taxes payable are classified as other financial liabilities, which are measured at amortized cost.

Cash and cash equivalents comprise cash and securities with original maturities of three months or less.

Reciprocal recognizes financial assets on the trade date, at which the Reciprocal becomes a party to the contractual provisions of the financial asset contract.

(B) FOREIGN CURRENCY TRANSACTIONS:

Transactions in foreign currencies are translated into functional currency of the Reciprocal at exchange rates at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are translated to the functional currency at the exchange rate at that date. Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the transaction.

(C) REVENUE RECOGNITION:

Premiums earned are calculated on a monthly pro rata basis over the life of the policies. All policies issued by the Reciprocal expire at year end and have a term not exceeding one year. As such, there is no unearned premium reserve at year end.

(D) INSURANCE CONTRACTS:

All contracts issued by the Reciprocal meet the definition of an insurance contract and are accounted for in accordance with IFRS 4, Insurance Contracts ("IFRS 4"). Insurance contracts are those contracts where the Reciprocal has accepted significant insurance risk. A contract is considered to have significant insurance risk if, and only if, an insured

event could cause an insurer to make significant additional payments in any scenario, excluding scenarios that lack commercial substance, at the inception of the contract.

Once a contract has been classified as an insurance contract, it remains an insurance contract for the remainder of its lifetime, even if the insurance risk reduces significantly during this period, unless all rights and obligations are extinguished or expired.

(E) PROVISION FOR UNPAID CLAIMS AND ADJUSTMENT EXPENSES:

The provision for unpaid claims represents the amounts required to provide for the estimated ultimate expected cost of settling claims related to insured events (both reported and unreported) that have occurred on or before each statement of financial position date. The provision for adjustment expenses represents the estimated ultimate expected costs of investigating, resolving and processing these claims. The computation of these provisions takes into account the time value of money using discount rates based on projected investment income from the assets supporting the provisions using, for the liabilities, discount rates based on projected investment income from the assets supporting the liabilities, and for reinsurance recoveries, rates based on current market-related interest rates.

These estimates of future loss activity are necessarily subject to uncertainty and are selected from a wide range of possible outcomes. All provisions are periodically reviewed and evaluated in the light of emerging claim experience and changing circumstances. The resulting changes in estimates of the ultimate liability are recorded as incurred claims in the current year.

The liability for unpaid claims and adjustment expenses is based on the present value of expected cash flows plus provision for adverse deviation and is considered an indicator of fair value as there is no ready market for trading of insurance policy liabilities.

At each reporting date, the Reciprocal reviews its unexpired risk and a liability adequacy test is performed in accordance with IFRS 4. This calculation uses current estimates of future contractual cash flows

after taking account of the investment return expected to arise on assets relating to the relevant provisions.

(F) REINSURANCE CONTRACTS:

In the normal course of business, the Reciprocal seeks to reduce the loss that may arise from catastrophes or other events that cause unfavourable underwriting results by reinsuring certain levels of risk, in various areas of exposure, with other insurers.

Reinsurance does not relieve the originating insurer of its liability and is reflected on the statement of financial position on a gross basis to indicate the extent of credit risk related to reinsurance and the obligations to subscribers. The benefits to which the Reciprocal is entitled under its reinsurance contracts held are recognized as amounts recoverable from reinsurers. These assets consist of short-term balances due from reinsurers, as well as longer-term receivables that are dependent on the expected claims and benefits arising under the related reinsured insurance contracts. Amounts recoverable from or due to reinsurers are measured consistently with the amounts associated with the reinsured insurance contracts and in accordance with the terms of each reinsurance contract. Reinsurance liabilities are primarily premiums payable for reinsurance contracts and are recognized as an expense when due.

Reinsurance assets are reviewed for impairment at each reporting date, or more frequently, when an indication of impairment arises during the reporting year. Impairment occurs when there is objective evidence as a result of an event that occurred after initial recognition of the reinsurance asset that the Reciprocal may not receive all outstanding amounts due under the terms of the contract and the event has a reliably measurable impact on the amounts that the Reciprocal will receive from the reinsurer. The impairment loss is recorded in the statement of comprehensive income.

Any gains or losses on buying reinsurance would be recognized in the statement of comprehensive income immediately at the date of purchase and are not amortized.

Reinsurance assets and liabilities are derecognized when the contractual rights are extinguished or expired or when the contract is transferred to another party.

(G) EQUIPMENT:

Equipment, which consist primarily of computer equipment and furniture and fixtures, are stated at amortized cost. Amortization is provided on a straight-line basis over four years for computer equipment and five years for furniture and fixtures.

(H) INCOME TAXES:

No provision for income taxes has been made in these financial statements as the Reciprocal is not subject to such income taxes.

(I) ACCOUNTING STANDARDS ISSUED BUT NOT YET APPLIED:

(i) IFRS 17, INSURANCE CONTRACTS:

On May 18, 2017 the IASB issued IFRS 17 Insurance Contracts. The new standard is effective for annual periods beginning on or after January 1, 2021 (however, the IASB has tentatively decided to propose deferring the effective date to January 1, 2022). IFRS 17 will replace IFRS 4 Insurance Contracts. This standard introduces consistent accounting for all insurance contracts. The standard requires a company to measure insurance contracts using updated estimates and assumptions that reflect the timing of cash flows and any uncertainty relating to insurance contracts. Additionally, IFRS 17 requires a company to recognize profits as it delivers insurance services, rather than when it receives premiums.

The Reciprocal intends to adopt IFRS 17 in its financial statements for the annual period beginning on January 1, 2021. The extent of the impact of adoption of the standard has not yet been determined.

(ii) IFRS 9, FINANCIAL INSTRUMENTS:

In July 2014, the IASB issued the complete amended IFRS 9, Financial Instruments. The mandatory effective date of IFRS 9 is for annual periods beginning on or after January 1, 2018 and must be applied retrospectively with some exemptions. Early adoption is permitted. The restatement of prior periods is not required and is only permitted if information is available without the use of hindsight.

IFRS 9 introduces new requirements for the classification and measurement of financial assets based on the business model in which they are held and the characteristics of their contractual cash flows. It also amends the impairment model by introducing a new 'expected credit loss' model for calculating impairment.

The standard also introduces additional changes relating to financial liabilities.

In September 2016, the IASB issued amendments to IFRS 4, Insurance Contracts to address accounting mismatches and volatility that may arise in profit or loss in the period between the effective date of IFRS 9 and the new insurance contracts standard, IFRS 17 Insurance Contracts, issued in May 2017.

The amendments introduce two approaches that may be adopted by insurers in the period between the effective date of IFRS 9, January 1, 2018, and IFRS 17, effective January 1, 2021 (however, the IASB has tentatively decided to propose deferring the effective date to January 1, 2022):

- Overlay approach – an option for all issuers of insurance contracts to reclassify amounts between profit or loss and other comprehensive income for eligible financial assets by removing any additional accounting volatility that may arise from applying IFRS 9; and
- Temporary exemption – an optional temporary exemption from IFRS 9 for companies whose activities are predominately connected with insurance. This exemption allows an entity to continue to apply existing financial instrument requirements in IAS 39 to all financial assets until the earlier of the application of IFRS 17 or January 1, 2021.

The Reciprocal evaluated its liabilities at December 31, 2015, the prescribed date of assessment under the temporary exemption provisions and concluded that all of the liabilities were predominantly connected with insurance. Approximately 99% of the Reciprocal's liabilities at December 31, 2015 are liabilities that arise from contracts within the scope of IFRS 17 and are liabilities that arise because the Reciprocal issues insurance contracts and fulfils obligations arising from

insurance contracts. Additionally, the Reciprocal has not previously applied any version of IFRS 9. Therefore, the Reciprocal is an eligible insurer that qualifies for optional relief from the application of IFRS 9.

As at January 1, 2018, the Reciprocal has elected to apply the optional transitional relief under IFRS 4 that permits the deferral of the adoption of IFRS 9 for eligible insurers. The Reciprocal will continue to apply IAS 39 until January 1, 2021. See note 7(c) for additional disclosures which enable comparison between the Reciprocal and entities that applied IFRS 9 at January 1, 2018.

(III) IFRS 16, LEASES:

On January 13, 2016, the IASB issued IFRS 16, Leases, effective for annual periods beginning on or after January 1, 2019. IFRS 16 will replace IAS 17 Leases. This standard introduces a single lessee accounting model and requires a lessee to recognize assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. A lessee is required to recognize a right-of-use asset representing its right to use the underlying asset and a lease liability representing its obligation to make lease payments. This standard substantially carries forward the lessor accounting requirements of IAS 17, while requiring enhanced disclosures to be provided by lessors. Other areas of the lease accounting model have been impacted, including the definition of a lease. Transitional provisions have been provided.

The Reciprocal intends to adopt IFRS 16 in its financial statements for the annual period beginning on January 1, 2019. The financial reporting impact of adopting IFRS 16 is being assessed.

3. CHANGE IN ACCOUNTING POLICIES:

The Reciprocal adopted IFRS 15, Revenue from Contracts with Customers effective January 1, 2018. The adoption of IFRS 15 did not impact the timing or amount of income from contracts with customers and the related assets and liabilities recognized by the Reciprocal.

4. ROLE OF THE ACTUARY AND AUDITORS:

The actuary has been appointed by the Board of the Reciprocal. The actuary's responsibility with respect to the preparation of the financial statements is to carry out an annual valuation of the policy liabilities, which include the unpaid claims and adjustment expenses, in accordance with accepted actuarial practice and regulatory requirements and report thereon to the Reciprocal. In performing the valuation, the actuary makes assumptions as to the future rates of claims frequency and severity, inflation, reinsurance recoveries and expenses, taking into consideration the circumstances of the Reciprocal and the insurance policies in force. The actuary, in their verification of the data used in the valuation, uses the work of the external auditors. The actuary's report outlines the scope of their work and opinion. The external auditors have been appointed by the Board of the Reciprocal. Their responsibility is to conduct an independent and objective audit of the financial statements in accordance with Canadian generally accepted auditing standards and report thereon to the subscribers of the Reciprocal. In carrying out their audit, the auditors also make use of the work of the actuary and his report on the unpaid claims and adjustment expenses. The auditors' report outlines the scope of their audit and their opinion.

5. NON-CURRENT ASSETS AND LIABILITIES:

The assets and liabilities that the Reciprocal expects to recover or settle after 12 months are unpaid claims and adjustment expense liabilities estimated to be \$40,627,792 (2017 - \$40,920,221), the related unpaid claims and adjustment expense recoverable from reinsurers of \$5,869 (2017 - \$82,508) and long term investments of \$42,360,579 (2017 - \$37,168,153).

6. UNDERWRITING POLICY:

During 2018 and 2017, the Reciprocal wrote Property policies with a limit of \$5,000,000 per occurrence, \$10,000,000 annual aggregate and placed on behalf of subscribers an excess policy for \$1,245,000,000 above the Reciprocal's limit.

During 2018 and 2017, the Reciprocal wrote General Liability policies with a limit of \$5,000,000 per occurrence.

In respect of Errors and Omissions Liability policies, during 2018 and 2017, the Reciprocal's limit of liability per occurrence for the claim made coverage was \$5,000,000. In 2018 and 2017, the Reciprocal purchased combined reinsurance policies for General Liability and Errors and Omissions Liability above the Reciprocal's \$5,000,000 limit on behalf of subscribers in the amount of \$45,000,000.

The Reciprocal's annual assessment includes a provision for the excess program premium costs. These amounts are payable to excess insurers for the upcoming policy year. Unlike reinsurance ceded, these amounts are not recorded as premium income and ceded premium expenses as the Reciprocal only provides the administrative services of collecting the

premiums from the subscribers and remitting the premiums to the insurer.

In order to facilitate the claims handling process, the Reciprocal, at its option, will make claims payments on those claims that fall within the excess program directly to the subscriber. Upon payment by the Reciprocal, these amounts are reported as due from insurers on excess program.

As the originating insurer, the Reciprocal has a contingent liability in the event that a reinsurer is unable to meet its obligations. To mitigate this risk, all reinsurance is placed with insurers registered in Canada and subject to supervision by the Office of the Superintendent of Financial Institutions Canada.

7. INVESTMENTS:

The amortized cost and fair values of investments are summarized as follows:

	2018		2017	
	Cost/ amortized cost	Fair value	Cost/ amortized cost	Fair value
Cash and cash equivalents	\$ 36,381,949	\$ 36,381,949	\$ 39,762,247	\$ 39,762,247
Short-term	15,000	14,891	50,000	49,903
Long-term:				
Government bonds	37,400,726	37,331,382	38,749,374	38,445,797
Corporate bonds	21,879,448	21,783,875	11,084,342	10,958,413
Pooled funds:				
Fixed income	25,213,656	24,409,727	26,915,493	26,469,885
Canadian equity	18,961,812	17,087,369	19,368,822	19,958,285
United States equity	8,260,634	9,383,876	8,827,906	10,690,731
Global equity	9,683,073	8,949,513	10,042,659	11,152,051
Mortgages	10,898,194	10,730,711	11,378,361	11,122,634
	132,297,543	129,676,453	126,366,957	128,797,796
	\$ 168,694,492	\$ 166,073,293	\$ 166,179,204	\$ 168,609,946

Fair values have been determined on the basis described in note 13.

No impairment losses were recognized by the Reciprocal in 2018 or 2017.

(A) BONDS - INTEREST RATE RISK:

		2018	2017
	Interest receivable basis	Effective rates (% range)	Effective rates (% range)
Government	Semi-annual	1.80 - 2.71	1.54 - 2.41
Canadian corporate	Semi-annual	2.38 - 3.18	1.60 - 2.79

(B) CONTRACTUAL MATURITIES:

The following table shows fair value of investments, excluding cash and cash equivalents, and pooled funds, by contractual maturity of the investment. The expected payout pattern of the Reciprocal's net unpaid claim liabilities is disclosed in note 15.

Term to maturity	2018 Fair value	2017 Fair value
Bonds - government:		
Due in 1 year or less	\$ 12,915,360	\$ 11,023,289
After 1 through 5 years	11,038,793	13,515,191
After 5 years	13,377,229	13,907,317
Bonds - Canadian corporate:		
Due in 1 year or less	3,839,318	1,212,768
After 1 through 5 years	10,515,460	4,469,456
After 5 years	7,429,097	5,276,189
	\$ 59,115,257	\$ 49,404,210

(C) ADDITIONAL DISCLOSURES:

The following additional disclosure, required by IFRS 9 for eligible insurers, presents the fair value and the amount of change in the fair value of the Reciprocal's financial assets as at and for the year ending December 31, 2018, showing separately the fair value of financial assets with contractual terms that give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding ("SPPI") and the fair value of financial assets that do not give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding ("Non-SPPI"):

	SPPI		Non-SPPI	
	Fair Value	Change in fair value	Fair value	Change in fair value
Short-term investments	\$ 14,891	\$ (35,012)	\$ -	\$ -
Bonds	59,115,257	9,711,047	-	-
Pooled funds	-	-	70,561,196	(8,832,391)
	\$ 59,130,148	\$ 9,676,035	\$ 70,561,196	\$ (8,832,391)

The following additional disclosure, required by IFRS 9 for eligible insurers, presents the credit risk ratings of SPPI financial assets at December 31, 2018:

Credit rating	Credit risk	Carrying amount (fair value)	% of total
R1 (high)	Low	\$ 14,891	0.02
AAA	Low	24,706,948	41.78
AA	Low	-	-
AA-	Low	8,743,887	14.79
A+	Low	14,297,063	24.18
A	Low	4,787,568	8.10
A-	Low	6,579,791	11.13
		\$ 59,130,148	100

8. UNPAID CLAIMS AND ADJUSTMENT EXPENSES:

(A) NATURE OF UNPAID CLAIMS AND ADJUSTMENT EXPENSES:

The establishment of the provision for unpaid claims and adjustment expenses is based on known facts and interpretation of circumstances and is, therefore, a complex and dynamic process influenced by a large variety of factors. These factors include the Reciprocal's experience with similar cases and historical trends involving claim payment patterns, loss payments, pending levels of unpaid claims, product mix or concentration, claims severity and claim frequency patterns, such as those caused by natural disasters or accidents.

Other factors include the continually evolving and changing regulatory and legal environment, actuarial studies, professional experience and expertise of the Reciprocal's claims department personnel and independent adjusters retained to handle individual claims, the quality of the data used for projection purposes, existing claims management practices, including claims handling and settlement practices, the effect of inflationary trends on future claims settlement costs, court decisions, economic conditions and public attitudes.

In addition, time can be a critical part of the provision determination, since the longer the span between the

incidence of a loss and the payment or settlement of the claims, the more variable the ultimate settlement amount can be. Accordingly, short-tailed claims, such as property claims, tend to be more reasonably predictable than long-tailed claims, such as general liability and professional liability claims.

Consequently, the establishment of the provision for unpaid claims and adjustment expenses process relies on the judgment and opinions of a large number of individuals, on historical precedent and trends, on prevailing legal, economic, social and regulatory trends and on expectations as to future developments. The process of determining the provisions necessarily involves risks that the actual results will deviate, perhaps substantially, from the best estimates made.

B) KEY ASSUMPTIONS:

The best estimate of the subscribers' liabilities, as reported in these financial statements, have been determined by the Reciprocal's appointed actuary in accordance with accepted actuarial practice, as determined by the Standards of Practice of the Actuarial Standards Board ("ASB"), including the selection of appropriate assumptions and methods.

The Incurred but Not Reported liabilities have been estimated for each coverage period using a combination of the Incurred Loss Development Method and the Bornhuetter-Ferguson Method, which

are based on expected claims development patterns and expected losses for the latter method.

The provision for unpaid claims and adjustment expenses and related reinsurance recoveries is calculated on a discounted basis with a provision for adverse deviation in accordance with the standards of the ASB, using a discount rate of 2.15% (2017 - 1.65%). The discount rate is based on the projected investment income from the assets supporting the provision and reflecting the estimated timing of payments and recoveries.

Based on the recommended margin for adverse deviation ranges prescribed by the ASB, a provision for adverse deviation is selected for the following variables: claims development, reinsurance recovery and interest rate. Changes in the assumptions used in the December 31, 2018 actuarial valuation resulted in a total decrease in

net discounted liabilities with provision of \$802,725 (2017 - decrease of \$404,773).

Sensitivities regarding these assumptions are provided in note 15.

C) CHANGE IN CLAIMS RESERVE AND RELATED REINSURANCE RESERVE:

The Reciprocal's appointed actuary completes an annual evaluation of the adequacy of the claim liabilities at the end of each financial year. This evaluation includes a re-estimation of the liability for unpaid claims relating to each preceding fiscal year compared to the liability that was originally established.

The results of this comparison and the changes in the provision for unpaid claims and claims adjustment expenses for the years ended December 31, 2018 and 2017 are as follows:

	Gross	Ceded	Net
December 31, 2017:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 60,630,278	\$ 171,087	\$ 60,459,191
Deductible recoveries	634,653	-	634,653
Provision for unpaid claims and adjustment expenses	61,264,931	171,087	61,093,844
Incurred claims and adjustment expenses:			
Provision for insured events of current year	18,645,263	-	18,645,263
Increase in provision for insured events of prior years	1,162,365	(153,696)	1,316,061
Decrease due to change in discounting	(802,806)	(81)	(802,725)
Decrease in deductibles outstanding	(84,651)	-	(84,651)
Total incurred	18,920,171	(153,777)	19,073,948
Payments and recoveries attributable to:			
Current year events	(7,090,371)	-	(7,090,371)
Prior year's events	(13,515,739)	(1,618)	(13,514,121)
Deductibles	95,976	-	95,976
Payments and recoveries	(20,510,134)	(1,618)	(20,508,516)
Provision for unpaid claims and adjustment expenses, December 31, 2018	\$ 59,674,968	\$ 15,692	\$ 59,659,276
December 31, 2018:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 59,051,640	\$ 15,692	\$ 59,035,948
Deductible recoveries	623,328	-	623,328
Provision for unpaid claims and adjustment expenses, December 31, 2018	\$ 59,674,968	\$ 15,692	\$ 59,659,276

	Gross	Ceded	Net
December 31, 2016:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 47,449,429	\$ 266,558	\$ 47,182,871
Deductible recoveries	640,853	-	640,853
Provision for unpaid claims and adjustment expenses	48,090,282	266,558	47,823,724
Incurred claims and adjustment expenses:			
Provision for insured events of current year	12,520,585	-	12,520,585
Increase in provision for insured events of prior years	11,670,351	(123,110)	11,793,461
Decrease due to change in discounting	(405,438)	(665)	(404,773)
Decrease in deductibles outstanding	(108,240)	-	(108,240)
Total incurred	23,677,258	(123,775)	23,801,033
Payments and recoveries attributable to:			
Current year events	(1,114,052)	-	(1,114,052)
Prior year's events	(9,502,996)	28,304	(9,531,300)
Deductibles	114,439	-	114,439
Payments and recoveries	(10,502,609)	28,304	(10,530,913)
Provision for unpaid claims and adjustment expenses, December 31, 2017	\$ 61,264,931	\$ 171,087	\$ 61,093,844
December 31, 2017:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 60,630,278	\$ 171,087	\$ 60,459,191
Deductible recoveries	634,653	-	634,653
Provision for unpaid claims and adjustment expenses, December 31, 2017	\$ 61,264,931	\$ 171,087	\$ 61,093,844

9. SUBSCRIBERS' EQUITY:

In accordance with the Reciprocal Insurance Exchange Agreement, subscribers may be required to contribute any amounts to the Reciprocal in the form of capital contributions. Section 12 of the Reciprocal Insurance Exchange Agreement dated August 17, 1987 provides that additional assessments may be required of the subscribers to the extent that premiums collected are not sufficient to cover the expenses of the Reciprocal. There were no such assessments made in 2018 or 2017.

The Board of the Reciprocal may, from time to time, direct that the accumulated excess of income over expenses be distributed back to subscribers. Distributions of \$682,915 were made in 2018 (2017 - \$4,540,113).

10. OPERATING EXPENSES:

The operating expenses of the Reciprocal are summarized by nature as follows:

	2018	2017
Actuarial and brokerage	\$ 392,029	\$ 310,549
Professional services	704,772	603,183
Inspection and risk management	674,803	684,185
Salaries	1,265,413	1,201,552
Depreciation	133,959	40,915
Office	611,718	552,750
	\$ 3,782,694	\$ 3,393,134

11. RELATED PARTY TRANSACTIONS:

TRANSACTIONS WITH KEY MANAGEMENT PERSONNEL:

Key management personnel are those persons having authority and responsibility for planning, directing and controlling activities of the Reciprocal.

Compensation expenses related to all key management personnel consisted of \$773,790 (2017 - \$743,331) related to salaries and short-term employee benefits.

12. COMMITMENT:

The Reciprocal is committed to minimum lease payments in respect of an operating office lease as follows:

2019	\$57,900
2020	\$57,900
2021	\$57,900
2022	\$43,400

During the year ended December 31, 2018, an amount of \$118,364 was recognized as an expense in profit or loss in respect of operating leases (2017 - \$112,160).

13. FAIR VALUE DISCLOSURES:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

The fair value of pooled funds is estimated based on bid prices published in financial newspapers or bid quotations received from securities dealers for those or similar investments, less estimated broker fees. The fair values of bonds and debentures are determined using a pricing model that reflects recent public trading activity and observable market information on market yields and credit risk spreads. The fair values of financial instruments other than investments approximate their carrying amounts due to the immediate or short term to maturity of these financial instruments.

(A) FAIR VALUE HIERARCHY:

The Reciprocal uses a fair value hierarchy to categorize the inputs used in valuation techniques to measure fair value. The extent of the Reciprocal's use of quoted market prices (Level 1), models using observable market information as inputs (Level 2) and internal models without observable market information as inputs (Level 3) in the valuation of bond and equity investments was as follows:

	2018	2017
Level 2:		
Valued using market information as models with observable inputs	\$ 129,691,344	\$ 128,847,699

(B) SIGNIFICANT TRANSFERS:

The Reciprocal did not have any significant transfers between Level 1, Level 2 and Level 3 included in the fair value hierarchy in 2018 or 2017.

members. Input from the appointed actuary, which includes an assessment of loss volatility, is factored into this evaluation.

14. SURPLUS MANAGEMENT AND ADEQUACY:

Subscribers' equity comprises accumulated excess of income over expenses and AOCI. At December 31, 2018, the subscribers' equity was \$79,338,231 (2017 - \$81,232,228). The Reciprocal's objectives for the management of surplus are for the prudent operation of the Reciprocal and to provide relatively predictable premium costs for its members over time.

As a reciprocal insurance exchange, the requirement for surplus is lower than that of an incorporated insurance company. A reciprocal may rely on the contractual agreement among its members to contribute to the losses incurred by other members and to make assessments for additional contributions to surplus, if required and, accordingly, can rely on the creditworthiness of its subscribers.

The Reciprocal is regulated by the Financial Services Commission of Ontario, which expects insurance organizations to meet a Minimum Capital Test ratio of capital available to capital required of at least 150%. The Reciprocal's practice is to maintain a surplus level which is higher than this regulatory minimum. At December 31, 2018, the Reciprocal's Minimum Capital Test ratio was 383.99% (2017 - 373.08%). The Reciprocal's surplus adequacy is evaluated regularly and this evaluation takes into account the gross exposure to risk, the level and nature of reinsurance purchased and the resulting net exposure to

15. INSURANCE AND FINANCIAL INSTRUMENT RISK MANAGEMENT:

The Reciprocal has policies related to the identification, monitoring and mitigating of risks associated with insurance and financial instruments. The key risks related to insurance are that the actual claims payment amounts or timing are different from expectations. The key risks related to financial instruments are credit risk, liquidity risk and market risk (interest rate, equity and currency). The following describes how the Reciprocal manages each of these risks:

(A) CREDIT RISK:

Credit risk is the risk of loss due to the failure of debtors to make payments when due. Credit risks are primarily associated with invested assets and amounts due from subscribers and reinsurance counterparties. The investment portfolio's exposure to credit risk is managed through policies and procedures, including a credit evaluation by the investment manager and investment guidelines which specify investment quality and exposure limits. The portfolio is monitored and reviewed regularly by the Board.

Premiums due from subscribers present minimal risk due to the historic and financial relationship as a reciprocal insurance exchange. Reinsurance is placed with counterparties with good credit ratings and concentration of credit risk is managed by utilizing an appropriate mix of reinsurers.

(I) MAXIMUM EXPOSURE TO CREDIT RISK:

The following table summarizes the maximum exposure to credit risk related to financial instruments:

	2018	2017
Cash and cash equivalents	\$ 36,381,949	\$ 39,762,247
Investments in bonds	59,115,257	49,404,210
Investments in treasury bills	14,891	49,903
Investment income due and accrued	356,649	311,158
Due from subscribers	690,820	650,653
Due from reinsurers on paid claims	62,485	60,867
Due from insurers on excess program	862,558	841,056
Recoverable from reinsurers on unpaid claims	15,692	171,087
Total statement of financial position maximum credit exposure	\$ 97,500,301	\$ 91,251,181

(II) CONCENTRATION OF CREDIT RISK:

The Reciprocal utilizes an investment policy to minimize the concentration of credit risk by ensuring diversification across asset classes. A summary of the fair value of investments by asset class and term to maturity is in note 7.

The Reciprocal's risk management strategy is to invest primarily in debt instruments of high credit quality issuers and to limit the amount of credit exposure with respect to any one issuer. The Reciprocal attempts to limit credit exposure by imposing portfolio limits on individual corporate issuers, as well as limits based on credit quality and may, from time to time, invest in credit default swaps to further mitigate credit risk exposure. The breakdown of the Reciprocal's fixed income portfolio, by the higher of Standard & Poor's and Moody's credit ratings, is presented below:

Credit rating	2018		2017	
	Fair value		Fair value	
AAA	\$ 24,706,948	41.79%	\$ 21,127,666	42.76%
AA	-	0%	-	0%
AA-	8,743,887	14.79%	18,912,026	38.28%
A+	14,297,063	24.19%	7,459,266	15.10%
A	4,787,568	8.10%	1,774,205	3.59%
A-	6,579,791	11.13%	131,047	0.27%
Total	\$ 59,115,257	100%	49,404,210	100%

(III) COUNTERPARTIES CREDIT RISK:

With regard to reinsurance, the Reciprocal's risk management strategy is to place reinsurance with insurers of high credit quality. The table below provides information regarding the credit exposure of the Reciprocal, classifying these assets according to the Reciprocal's credit ratings of counterparties. This analysis is based on external credit ratings obtained from A.M. Best.

	2018	2017
A++	\$ 95,559	\$ 65,523
A+	320,583	264,182
A	461,819	743,305
AA-	62,774	-
Total	\$ 940,735	\$ 1,073,010

(B) LIQUIDITY RISK:

Liquidity risk is the risk that the Reciprocal will not be able to meet all cash outflow obligations as they come due. Liquidity risk arises from the general business activities and the management of assets and liabilities.

The primary potential cash outflow is the payment of insurance claims and is represented by the provision for unpaid claims and adjustment expenses liability on the statement of financial position. In order to manage the liquidity risk associated with this liability, an investment policy is in place, which requires that a material portion of the investment portfolio be maintained in short-term investments. A summary of investments by term to maturity is in note 7(b).

The following table shows the expected payout pattern of the Reciprocal's net unpaid claim liabilities:

	2018	2017
Within 1 year	\$ 18,408,156	\$ 19,538,956
1 to 5 years	30,019,848	31,090,349
Over 5 years	10,607,944	9,829,886
	\$ 59,035,948	\$ 60,459,191

(C) MARKET RISK:

Market risk is the risk of loss arising from adverse changes in market rates and prices, such as interest rates, equity market fluctuations and foreign currency rates. The primary market risk exposures are discussed below:

(i) INTEREST RATE RISK:

Interest rate risk is the risk of financial loss arising from changes in interest rates. Fluctuations in interest rates will impact the market value of the fixed income portion of the investment portfolio and the liability

values. Generally, investment income will move with interest rates and interest rate fluctuations will create unrealized gains or losses. The Reciprocal's investments are designated as AFS with changes in fair value recorded in OCI. These assets support the estimated actuarial liabilities represented by the provision for unpaid claims and adjustment expenses on the statement of financial position which is calculated, in part, using a discount rate based on the rate of return of the investment portfolio.

The Reciprocal is exposed to interest rate risk if the cash flows from the investments are not matched to the liabilities that they support. This risk is mitigated by the investment policy, which is based on the duration of invested assets with the actuarial estimation of the timing of unpaid claims.

The estimated impact of a 1% increase in interest rates would decrease the market value of the fixed income portion of the investment portfolio by \$1,974,292 (2017 - \$1,648,816), which would be offset by a decrease in the estimated unpaid claims and adjustment expense of \$1,533,239 (2017 - \$1,558,864). Conversely, a 1% decrease in interest rates would increase the market value of the fixed income portion of the investment portfolio by \$2,159,058 (2017 - \$1,943,990), which would be offset by an increase in the estimated unpaid claims and adjustment expense of \$1,630,997 (2017 - \$1,657,422).

(II) EQUITY RISK:

Equity risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. To mitigate this risk, the Reciprocal's investment policy specifies limits to the exposure from equity markets. Equities held in the investment portfolio as at December 31, 2018 consist of pooled funds which are designated as AFS with changes in fair value recorded in OCI.

The estimated impact of a 10% increase in equity markets would increase OCI by \$7,056,120 (2017 - \$7,939,359). A 10% decrease in equity markets would have the corresponding opposite effect decreasing OCI by the same amount.

(III) CURRENCY RISK:

Currency risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate due to changes in foreign exchange rates. As at December 31, 2018, the Reciprocal held \$9,383,876 (2017 - \$10,690,731) of its investments in United States equity, representing 7.2% (2017 - 8.3%) of its total investment portfolio and \$8,949,513 (2017 - \$11,152,051) of its investments in global equity, representing 6.9% (2017 - 8.7%) of its total investment portfolio. All other investments are held in Canadian dollars.

(D) INSURANCE RISK:

The Reciprocal principally issues Property and General Liability coverages for Canadian universities.

The principal risk the Reciprocal faces under insurance contracts is that the actual claims payments or the timing thereof differs from expectations. Expectations are influenced by trends involving claims payment patterns, loss payments, pending levels of unpaid claims, claims' severity and claim frequency patterns. The objective of the Reciprocal is to ensure that sufficient reserves are available to cover these liabilities.

The Reciprocal manages insurance risk rating within an overall risk management framework that includes a focus on rating, use of reinsurance and surplus management. Reinsurance is purchased to mitigate the effect of potential loss to the Reciprocal from individual large events. Reinsurance policies are written with reinsurers who meet the Reciprocal's standards for financial strength. Reinsurers and reinsurer security is monitored on a continuous basis.

The Reciprocal faces some concentration of risk since all coverage is related to property and liability risks of Canadian universities which are a homogeneous group. This concentration risk is somewhat mitigated by the fact that the universities are geographically dispersed which would reduce the risk of physical damages impacting more than a few facilities. There is some risk of increased claim activity in the event of circumstances that could increase the number of or value of legal actions against universities. Examples could be changes in legislation, a severe economic downturn or increases in the nature of legal actions, such as failure to educate. This risk is mitigated to some extent by the Reciprocal's surplus management policy. Concentration risk regarding reinsurance is mitigated by the use of multiple reinsurers with varying participations and an ongoing assessment of the financial strength of all reinsurers.

(I) GEOGRAPHIC RISK BY GROSS PREMIUM:

	2018 Property	2018 Liability	2018 Total	2017 Property	2017 Liability	2017 Total
Atlantic Canada	\$ 2,157,012	\$ 1,312,016	\$ 3,469,028	\$ 2,045,825	\$ 1,306,680	\$ 3,352,505
Ontario	4,606,838	5,970,080	10,576,918	4,928,304	6,545,010	11,473,314
Western Canada	4,778,482	3,140,984	7,919,466	4,821,529	3,084,962	7,906,491
Total	\$ 11,542,332	\$ 10,423,080	\$ 21,965,412	\$ 11,795,658	\$ 10,936,652	\$ 22,732,310

(II) CLAIMS DEVELOPMENT:

Uncertainty exists on reported claims in that all information may not be available at the reporting date; therefore, the claim cost may rise or fall at some date in the future when the information is obtained. In addition, claims may not be reported to the Reciprocal immediately; therefore, estimates are made as to the value of claims incurred but not yet reported, a value which may take some years to finally determine. In order to determine the liability, assumptions are developed considering the characteristics of the line of business, the historical

pattern of payments, the amount of data available and any other pertinent factors. In general, the longer the term required for the settlement of a group of claims, the more variable the estimates. Short settlement term claims are those which are expected to be substantially paid within a year of being reported.

The following table shows the estimate of cumulative incurred claims for each successive accident year at each reporting date, together with cumulative payments to date.

ANALYSIS OF CLAIMS DEVELOPMENT - NET AND GROSS:

(in \$000's)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Estimate of ultimates:											
End of year	14,553	16,740	18,233	12,624	15,967	18,439	18,471	15,484	11,740	18,077	
1 year later	14,820	16,934	16,372	9,789	16,093	20,600	17,531	13,281	12,128	-	
2 years later	14,564	16,169	15,644	9,448	15,003	18,917	17,689	12,656	-	-	
3 years later	13,521	16,052	16,183	9,982	14,175	18,162	18,006	-	-	-	
4 years later	12,440	16,586	15,776	8,797	15,318	18,530	-	-	-	-	
5 years later	12,664	16,244	15,247	8,863	15,679	-	-	-	-	-	
6 years later	12,871	12,986	15,149	8,654	-	-	-	-	-	-	
7 years later	12,708	12,905	16,595	-	-	-	-	-	-	-	
8 years later	12,733	12,759	-	-	-	-	-	-	-	-	
9 years later	12,563	-	-	-	-	-	-	-	-	-	
Current estimate of ultimates	12,563	12,759	16,595	8,654	15,679	18,530	18,006	12,656	12,128	18,077	145,647
Cumulative payments	11,982	11,992	13,889	6,939	13,582	13,973	11,193	8,128	3,430	7,079	102,187
Net liability	581	767	2,706	1,715	2,097	4,557	6,813	4,528	8,698	10,998	43,460
10-year net liability											\$ 43,460
Liability in respect of prior years											13,210
Effect of discounting and PFAD											1,927
Unallocated loss adjustment expenses											439
Liability recoverable from reinsurers											16
Gross liability in statement of financial position											\$ 59,052

(III) SENSITIVITIES:

The insurance claim liabilities are sensitive to the key assumptions that follow. It has not been possible to quantify the sensitivity of certain assumptions, such as legislative changes or uncertainty in the estimation process.

The table below shows the effect on excess of income over expenses and equity of a +/-5% change in the claims development margin for adverse deviation and the effect of a +/-1% change in the discount rate applied to claims provision for the year ended December 31, 2018 (2017 - +/-5% and +/-1%, respectively).

	2018		2017	
Gross basis	Excess (deficiency) of income over expenses	Subscribers' equity	Excess (deficiency) of income over expenses	Subscribers' equity
Claims development margin for adverse deviation:				
5% increase	\$ (2,452,395)	\$ (2,452,395)	\$ (2,630,293)	\$ (2,630,293)
5% decrease	2,420,877	2,420,877	2,434,565	2,434,565
Discount rate:				
1% increase	1,533,398	1,533,398	1,561,467	1,561,467
1% decrease	(1,631,160)	(1,631,160)	(1,660,135)	(1,660,135)
Net basis	Excess (deficiency) of income over expenses	Subscribers' equity	Excess (deficiency) of income over expenses	Subscribers' equity
Claims development margin for adverse deviation:				
5% increase	\$ (2,451,612)	\$ (2,451,612)	\$ (2,621,771)	\$ (2,621,771)
5% decrease	2,420,485	2,420,485	2,430,304	2,430,304
Discount rate:				
1% increase	1,533,239	1,533,239	1,558,878	1,558,878
1% decrease	(1,630,997)	(1,630,997)	(1,657,422)	(1,657,422)

About CURIE

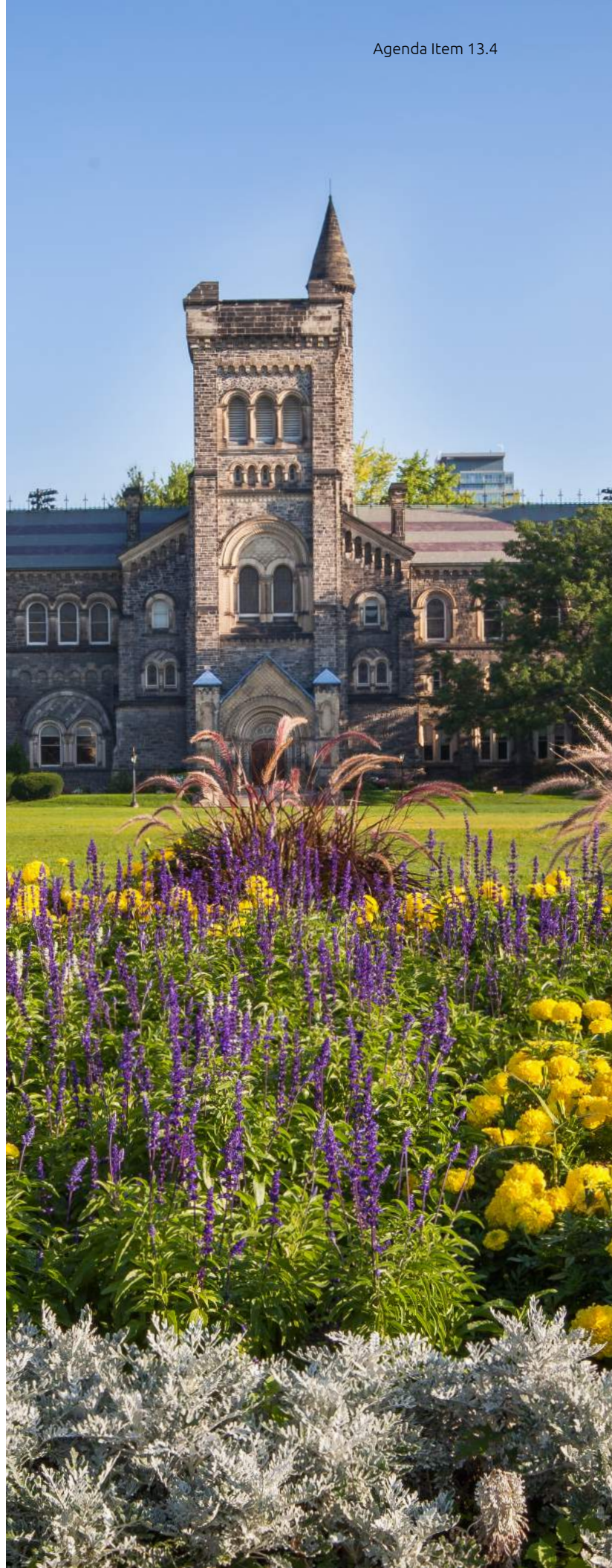
Canadian Universities Reciprocal Insurance Exchange, or CURIE, is the most specialized insurance and risk management option available for large and small universities across Canada. As a non-profit reciprocal insurance exchange, we offer comprehensive rates lower than industry, as well as robust risk management programs and services.

CURIE was founded in 1988, at the peak of the liability insurance crisis, with the mandate to stabilize premium costs for Canadian universities. In the 80s, premiums were increasing as much as tenfold, policies were not renewed, deductibles were high, and coverage was greatly restricted or eliminated on essential programs. In response, a group of universities created their own insurance reciprocal, CURIE. Today, we represent 64 Canadian universities. Our staff and board work to ensure CURIE is prepared for today and looking ahead to tomorrow.



CURIE

Protecting Universities.
Sharing Knowledge.





ACE Enhancement Project

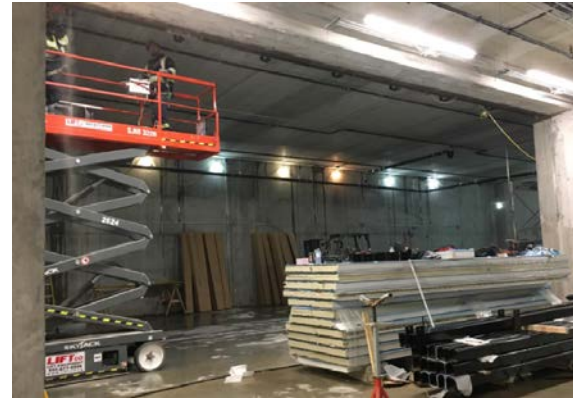
May 2019 Monthly Report



Progress Update (30 May 2019) :

ACE Building Modification

- Basement & 1st slab concreted
- Basement Waterproofing and perimeter backfilling on going
- 1st level Steel Structure completed
- Siding studs and exterior sheathing installation on going
- Door Frames install ongoing
- Electrical, mechanical and plumbing installation on going
- Masonry wall on going
- Roofing works completed



Agenda Item 13.5



Project is tracking to planned completion:

- Building Extension – 31 July 2019
- Equipment Integration – 30 September 2020

A&F Roll up Financial Report as of 30 May 2019

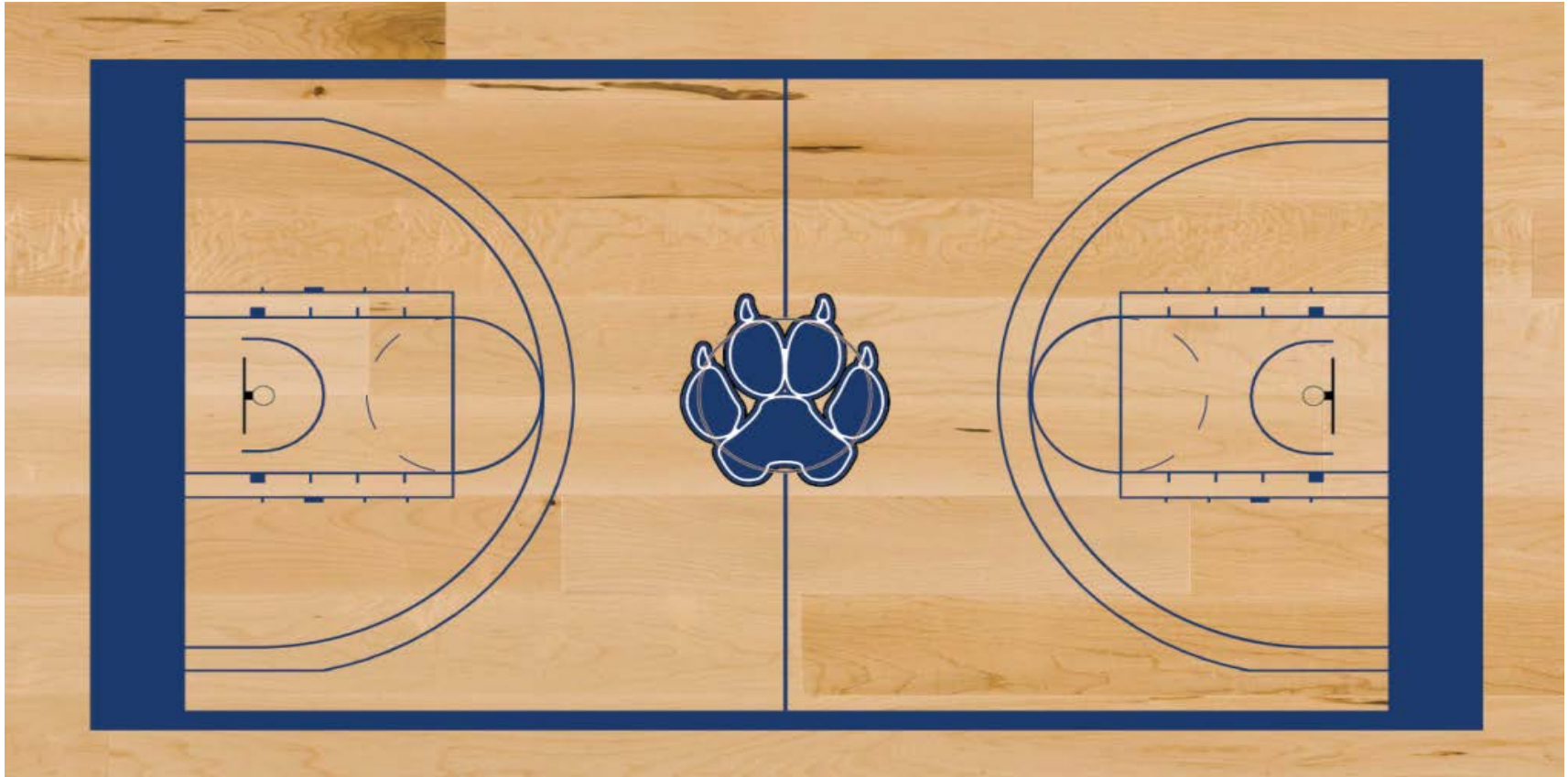
ACE ENHANCEMENT PROJECT		MAY 2019				
Sources of Funds - Cash Flow						
Description	Total Funding	Actual YTD May 2019	May 2019	Estimate at Completion	See Notes	
FEDDEV	\$ 9,465,000	\$ 4,804,458	\$ 3,535,566	\$ 9,465,000		
PROVINCIAL	\$ 1,500,000	\$ 1,350,000		\$ 1,500,000		
MAGNA	\$ 1,000,000	\$ -		\$ 1,000,000		
THE GREENBRIAR FOUNDATION	\$ -	\$ 25,000		\$ 25,000		1
UOIT	\$ 500,000	\$ -		\$ 500,000		
Totals	\$ 12,465,000	\$ 6,179,458	\$ 3,535,566	\$ 12,490,000		1
Uses of Funds - Cash Flow						
Description	Total Budget	Actual YTD May 2019	May 2019	Estimate at Completion	See Notes	
Moving Ground Plane Integration into CWT	\$ 3,350,000	\$ 45,779	\$ 35,506	\$ 3,350,000		
Aerodynamic Enhancements Required for MGP	\$ 2,540,000	\$ 178,094	\$ 145,907	\$ 2,540,000		
Acoustics	\$ 845,000	\$ 50,162	\$ 50,162	\$ 845,000		
Precision Measurement Capability	\$ 1,850,000	\$ 49,680	\$ 44,595	\$ 1,850,000		
Chamber Modifications	\$ 630,000	\$ 74,644	\$ 3,762	\$ 630,000		
Base Building Modifications	\$ 3,645,000	\$ 1,514,515	\$ 689,298	\$ 3,557,567		2
CO#1 Unforeseen Site Condition	\$ -	\$ 44,769	\$ 10,769	\$ 44,769		2
CO#2 Exhaust Louver	\$ -	\$ -	\$ -	\$ 1,536		3
CO#3 M&E System Issue	\$ -	\$ -	\$ -	\$ 3,937		2
CO#4 Ground water seepage	\$ -	\$ -	\$ -	\$ 35,203		2
CO#5 Modify existing door/electrical	\$ -	\$ -	\$ -	\$ 3,525		
Engineering and Project Management	\$ 2,000,000	\$ 550,763	\$ (10,561)	\$ 2,000,000		
CO#1 BBA Credit for Exhaust Louver		\$ (1,551)	\$ (1,551)	\$ (1,551)		3
				\$ -		
Totals	\$ 14,860,000	\$ 2,506,855	\$ 967,888	\$ 14,859,984		4

Notes:

- Unallotted Donations received from Donors
- Change Orders cost taken from within the Building modification budget
- Cost offset for scope addition which was not clear in specs
- Cost variance (\$16) due to notes 3

CRWC – Varsity Change Room Expansion

Project Update Presentation – May 2019



Progress Update (as of May 31 2019) :

Varsity Change Room

- Detailed Design is complete
- Permit is under review with all comments already addressed. Anticipated receipt of permit June 4th 2019

Forecast Schedule (Next Step)

- Construction began May 14 2019
- Mobilization/Site set up completed
- Excavation began May 20 2019
- Plumbers have gone on strike which will affect the foundations works schedule (Impact to be evaluated over the next two weeks)
- Substantial Completion of the project Sept 7 2019

A&F Roll up Financial Report as of May 31 2019

CRWC VARSITY CHANGE ROOM EXPANSION						
PROJECT FINANCIAL SUMMARY REPORT FOR MONTH END May 2019						
Sources of Funds - Cash flow						
Description		Total Funding	Actual YTD May 2019	May 2019	Estimate at Completion	See Notes
CRWC Reserve Fund		\$ 1,900,000	\$ 93,764	\$ 65,459	\$ 1,900,000	
					\$ -	
Totals		\$ 1,900,000	\$ 93,764	\$ 65,459	\$ 1,900,000	
Uses of Funds - Cash flow						
Description	Vendor	Reallocated Total	Actual YTD May 2019	May 2019	Estimate at Completion	
Construction		\$1,645,000	\$0	\$0	\$1,845,351	
Design		\$140,000	\$85,764	\$65,459	\$137,535	
Permits		\$35,000	\$8,000	\$0	\$8,000	
Site Services		\$0	\$0	\$0	\$0	
FFE		\$100,000	\$0	\$0	\$100,000	
Contingencies		\$0	\$0	\$0	\$70,000	
		\$0			\$0	
Totals		\$1,970,000	\$93,764	\$65,459	\$2,160,887	

Durham Region-Update

Eastern Ontario's Technology Development Site for the Autonomous Vehicle Innovation Network



Ongoing Outreach & Promotion

- ACE at OCE Discovery With AVIN Network (Funded by OCE)
- Invited talk to promote Ontario Tech Partnerships at IBM's Global IOT Conference (AVIN Funded)
- Participation in Collision Conference in Toronto (AVIN Funded)
- APMA Annual Conference June 11 & 12 (AVIN Funded)
- Multiple "Boots on the Ground" meetings with prospective partners in the region

Whitby Autonomous Shuttle Project

- Announced by Province May 17th
- 1 year demonstration of an Autonomous Shuttle on Henry Street from Whitby Go Station to 1855
- Funded by \$1M in Provincial funds through AVIN
- Lead Applicant and funding recipient is SmartCone Tech
- Partners include Nokia, Aurrigo, IBM, Ontario Tech



Aurrigo 4 passenger pod. Whitby project to use 12 passenger model now in final phases of development

Sample of Projects in Pipeline

-Vulnerable Road Users* → Leveraging emerging AV Tech for Safety Enhancements

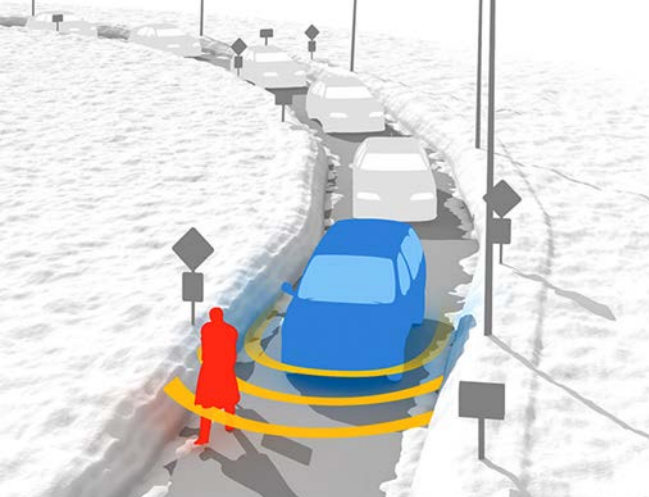
- Partners IBM Canada, Autoguardian
- Launched May 2019

-Automotive Radar Integration

- Partner GM Canada
- Anticipated Launch June 2019

-Automotive Lidar and Sensor Soiling

- Partner Magna International
- In Magna Internal Approval Process



*Vulnerable Road Users= Cyclists, Pedestrians, Road Workers, Visually or Audibly Impaired, Elderly, Children etc.

Status

- Spending Continuing to plan
- Partnerships with SPARK and Durham College for AVIN Activities in region remain on good footing
- Building stories to highlight Ontario Tech's role in AVIN with the local community to promote the new opportunities it is bringing to region (ie Whitby Shuttle Project, Vulnerable Road Users)
- In initial discussions to explore new funding opportunities being proposed for AVIN 2.0 and a national AVIN-like program





BOARD REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

Financial Impact Yes No

Included in Budget Yes No

TO: Board of Governors

DATE: June 26, 2019

FROM: Governance, Nominations & Human Resources Committee

SLT LEAD: Olivia Petrie, Assistant Vice-President, Student Life

SUBJECT: Update on Student Sexual Violence Prevention and Support

BOARD MANDATE:

This report provides data and measures that have been taken in 2018-19 related to sexual violence prevention and support at the University of Ontario Institute of Technology.

BACKGROUND/CONTEXT & RATIONALE:

Bill 132, Sections 17 (7) and (7.1) state that universities are to provide their Board of Governors with an annual report that contains the following information:

1. The number of times supports, services and accommodations relating to sexual violence were requested and obtained by students enrolled at the university, and information about the supports, services and accommodations.
2. Any initiatives and programs established by the university to promote awareness of the supports and services available to students.
3. The number of incidents and complaints of sexual violence reported by students, and information about such incidents and complaints.
4. The implementation and effectiveness of the policy.

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

The data and strategies outlined in the report are aimed at advancing the university's commitment to maintaining a healthy and safe environment for work and study.

CONSULTATION:

Data and information for this report was provided by Student Mental Health Services, Office of Campus Safety, Student Engagement and Equity, and Human Resources as these offices oversee the provision of support, training and programming related to the implementation of this policy. In addition, the data and information was discussed by the Advisory Committee on Student Sexual Violence Prevention and Support at its meeting in March 2019.

COMPLIANCE WITH POLICY/LEGISLATION:

In accordance with Bill 132, Section 17 (7) and (7.1), the following information is being provided for the Board's information:

1. Supports, services and accommodations:

- Five Support Workers, through the university's Student Mental Health Services, provide assistance and accommodations to students who have experienced sexual violence. All counsellors participate in ongoing training in trauma-informed therapy and have experience working with survivors of sexual assault. In addition, an Outreach Worker in Campus Living Centres works very closely with the Support Workers in providing onsite support for students living in residence.
- From May 1, 2018 to April 30 2019, 64 disclosures were received by the Support Workers from students who have experienced sexual violence, including recent incidents that may have occurred on or off campus, and those that occurred historically or during childhood.
- All students received additional support and accommodations, including the coordination of any or all of the following:
 - Academic accommodations (18 students)
 - Housing accommodations (2 students)
 - Other forms of support, such as referrals to community supports, other campus services, or advocacy groups (13 students)
- Within the institution, the following offices were consulted: Student Accessibility Services, Campus Safety, Legal Counsel, the Campus Living Centre, International Education, Human Resources and a number of academic advisors and Deans.

2. Awareness and programming

In 2018-19, efforts to raise awareness and educate students about the policy, supports and services were largely driven by the student members of the Advisory Committee on Sexual Violence in collaboration with the Student Engagement and Equity team in Student Life. Initiatives to raise awareness and educate on sexual violence included:

- **Questionnaire on Services and Supports** – In November 2018, the student members of the Advisory Committee on Student Sexual Violence Prevention and Support implemented a questionnaire to better understand how students interact with the services and supports on campus related to sexual violence prevention and support. Through information booths set up on the north and downtown campus locations, 74 responses were received. The findings indicate that many students do not know where to go to get help if they have been affected by sexual violence, they do not know what a formal or informal report involves and they do not know where to report. These issues were brought forward to the Advisory Committee and helped to inform its recommendation to clarify and simplify the policy. In addition, the findings will inform future programming to ensure that students are aware of the services, supports and processes at the university.
- **Website and SCOPE Information Cards** – The Sexual Violence Support and Education website was updated to include relevant events, services and supports for this academic year. It continues to be the main online support for students to access information anonymously with regards to Getting Support, Giving Support and Events and Education. As well, business card size information booklets were created this year using the acronym “SCOPE” (Self-Care, Compassionate Listening, Offer Support, Patience and Expertise) to provide information as to how one can be an effective support to those affected by sexual violence. The cards have been distributed at all related equity events and initiatives and provided to front line service personnel, Academic Advisors, Mental Health Counsellors and Advisory Committee members to give to students as needed.
- **Student Sexual Violence Prevention Summit** – On January 19, 2019, 22 students participated in a day-long summit with speakers and workshops on issues related to sexual violence. The agenda included a RISE: Sexual Violence Prevention workshop, a discussion on healthy relationships led by Lynn Cohen, Counsellor and Public Education Coordinator at the Durham Rape Crisis Centre, and a discussion on engaging men in sexual violence prevention led by Luke Hannah-Fraser from Durham Men Take Action. In addition, the group participated in action planning for future sexual violence prevention initiatives at the university. Two ideas emerged from the summit, a Survivor Support Group and a group to engage men in sexual violence prevention.
- **Pledge** – During the Sexual Violence Summit held on January 19, as well as during Equity Awareness Week March 18-22, members of the university community were invited to participate in a pledge campaign to commit (or renew their commitment) to do their part in preventing and eliminating sexual violence in our community. These cards are then put on display to contribute to a campus culture that challenges sexual violence in our community. Since its inception in January 2016, 2400 pledges have been made by students, faculty and staff.

- **Think Tank** – On March 1, 2019 the Advisory Committee led a facilitated discussion with students to elicit their perspectives and ideas on how we might better communicate sexual violence supports, services, policies and procedures on campus. This discussion led to the mapping out of a student-centred action plan that will help to drive awareness and educational programming for the coming years.
- **First Year Me** – As part of the September Orientation events, students attend a theatrical production at the Regent Theatre that leads students through the fictional lives of seven students who are beginning their first year at the university. The play focusses on the social aspects of being a university student, including dating and relationships, partying, academics and studying, and sexual violence. A de-brief after the play focuses on identifying the sexual violence supports that are available to students at the university, recognizing by-stander intervention strategies as they relate to sexual violence, identifying victim blaming and supportive responses to disclosures of sexual violence, observing how consent relates to everyday life and to sexual activity, and recognizing the many aspects that contribute to the existence of rape culture. The play has been a key feature of orientation since 2013, and is attended by 1200-1500 first year students each year.
- **RISE: Sexual Violence Prevention** – In 2018-19, 232 Student Ambassadors participated in the main RISE session and 66 students participated in the supplementary RISE session on Sexual Violence. The RISE program is a peer-led and facilitated series of workshops focusing on the development of by-stander intervention strategies. All Student Ambassadors are required to complete the general RISE session which provides them with tools to intervene, prevent and address individual discrimination and harassment in their roles as peer leaders. The supplementary workshop focuses specifically on gender-based violence and sexual violence and how to prevent and respond to sexual violence in our community.
- **Pilot Project on Challenging Rape Culture in Varsity Sport** – Over the Spring and Fall 2018, Drs Olga Marques and Shilpa Dogra undertook a research project to develop and pilot-test an educational module on sex and consent that was informed by the experiences, needs and voices of student-athletes at the university. Ultimately, researchers conducted five discussion sessions with student athletes, two with women (rowing and lacrosse/hockey) and three with men (rowing, badminton, hockey) and involved up to 40 students. The sessions were facilitated by two UOIT varsity alumni, who received training from the Durham Rape Crisis Centre, and conducted conversation-style in a comfortable atmosphere. The feedback received from the participants was overwhelmingly positive with broad support for the sessions to continue, noting as important elements the small, sport-specific, gender-specific groups, the conversational tone, the connection to athlete identity and social life, and the facilitation by a former athlete alumni.
- **Staff and Faculty Training** - In October 2018, the university launched two online training modules for faculty and staff to support awareness and education about sexual violence. The first module, Sexual Violence Education and Prevention, includes information about the university's sexual violence policies and procedures for students and employees of the university. Participants also learn about how to report an incident of sexual violence and the supports available both to employees

and students of the university. The second module, Responding to Disclosures of Sexual Violence, developed by a consortium of universities with funding support provided through Ontario's Action Plan to Stop Sexual Violence, prepares faculty and staff to support survivors of sexual violence at the moment of disclosure. As of March 31, 2019, 215 employees have completed the training modules.

- **Self Defense Classes** – 160 students participated in self defense classes that were offered throughout the year on a drop in basis from September 2018 to April 2019.
- **MTCU Student Voices on Sexual Violence** – In February and March 2018, the university participated in a climate survey on sexual violence that was conducted at all post-secondary institutions across Ontario. This survey was mandated by the Ministry of Training Colleges and Universities and designed to gather information about student sexual violence and help post-secondary educational institutions get a better understanding of sexual violence and the experiences, needs and concerns of students. A high level summary of the climate survey was released by the Ministry on March 19, 2019 and the link is included in the reference materials.

The results of the survey will be used by the Advisory Committee on Sexual Violence Support and Prevention to inform and guide its ongoing work to address the challenge of sexual violence on campus.

3. **Reported incidents and complaints**

- Of the 64 disclosures that were reported to the Support Workers, one was filed as a complaint through the formal university procedure, and three were reported to the Durham Regional Police.
- 24 incidents were classified as having occurred in the last 12 months; 40 were classified as historical, and of these 29 incidents occurred during childhood.
- 41 incidents involved sexual assault (ranging from unwanted sexual contact to rape); 15 incidents involved verbal sexual harassment or threatening behaviour; eight involved both sexual assault and verbal assault or threatening behaviour.
- 14 incidents were perpetrated by romantic partners; 16 were perpetrated by friends or neighbours; 16 were perpetrated by family members; and five were perpetrated by persons unknown to the complainant, with some students disclosing more than one incident. The remaining were classified as "Other".
- 56 incidents occurred off campus; eight incidents occurred on campus.

4. **The implementation and effectiveness of the policy**

An Advisory Committee on Student Sexual Violence Prevention and Support was established in December 2017. The Committee, comprised of students, faculty and staff from across the university, is mandated to ensure that the university's policies on sexual violence, and the support services, programming and training that sustain these policies, are reviewed on a regular basis and continuously improved upon.

Over the past year, the Committee engaged in a series of consultations to review and assess the effectiveness of the policy and support services. These consultations led to a number of recommendations for improving the ways in which sexual violence is addressed at the university. These recommendations were outlined in a report to the Provost from the Committee in December 2018.

Since that time, the Provost's office has engaged in efforts to respond to the recommendations and this has resulted in significant new developments that will improve the way the university supports students who have experienced sexual violence and those who are accused of perpetrating sexual violence. These include:

- The approval of a full-time position to support the implementation of the policy through process oversight and training.
- A re-developed policy that clarifies and simplifies specific aspects of the policy and responds to recommendations put forward by the Committee. The re-developed policy was approved by the Board in April 2019.
- Changes to the Advisory Committee's terms of reference to include more students on the membership.

NEXT STEPS:

The Advisory Committee on Student Sexual Violence Prevention and Support will continue to advise and assess the university's efforts to oppose sexual violence among students on campus through support, training and education. In addition, in the light of the Ministry's recent release of the sexual violence climate survey report, the Advisory Committee on Student Sexual Violence Prevention and Support will be reviewing the results to advise further on ways in which students may be informed about issues of sexual violence, consent and by-stander interventions, as well as available campus supports and services.

SUPPORTING REFERENCE MATERIALS:

- Advisory Committee on Student Sexual Violence Prevention and Support – Terms of Reference <https://studentlife.uoit.ca/sexualviolence/policy.php#tab1-4>
- Sexual Violence Support and Education Website <https://studentlife.uoit.ca/sexualviolence/index.php>
- Summary Report of the Student Voices on Sexual Violence Survey <https://files.ontario.ca/tcu-summary-report-student-voices-on-sexual-violence-survey-en-2019-03.pdf>



BOARD REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

TO: Board of Governors

DATE: June 26, 2019

FROM: Doug Allingham, Board Chair

SUBJECT: Report of the Board Chair – Summary of Activities

Membership on the UOIT Board of Governors in 2018-19:

Doug Allingham, Board Chair
 Nigel Allen, Chair of Audit & Finance Committee
 Stephanie Chow, Chair of Investment Committee
 Francis Garwe, Chair of Governance, Nominations & Human Resources Committee
 Thorsten Koseck, Chair of Strategy & Planning Committee
 Liqun Cao (Teaching Staff)
 Kevin Chan
 Lisa Edgar
 Laura Elliott
 Ferdinand Jones (Teaching Staff)
 Kori Kingsbury
 Dale MacMillan
 Steven Murphy, President
 Mark Neville (Administrative Staff)
 Jessica Nguyen (Student)
 Dietmar Reiner
 Maria Saros
 Trevin Stratton
 Noreen Taylor, Chancellor
 Jim Wilson (Co-Populous)
 Lynne Zucker

Committee Membership for 2018-19 was as follows:

Executive Committee

Douglas Allingham, Chair and Board Chair
Nigel Allen, Vice-Chair & Chair of Audit & Finance Committee
Stephanie Chow, Chair of Investment Committee
Francis Garwe, Chair of Governance, Nominations & Human Resources Committee
Thorsten Koseck, Chair of Strategy & Planning Committee
Steven Murphy, President & Vice-Chancellor

Audit and Finance Committee

Nigel Allen (Chair)
Dietmar Reiner
Stephanie Chow
Dale MacMillan
Douglas Allingham, Board Chair (*ex-officio*)
Steven Murphy, Interim President (*ex-officio*)

Governance, Nominations and Human Resources Committee

Francis Garwe (Chair)
Lisa Edgar
Laura Elliott
Kori Kingsbury
Trevin Stratton
Douglas Allingham, Board Chair (*ex-officio*)
Steven Murphy, President (*ex-officio*)

Investment Committee

Stephanie Chow (Chair)
Ferdinand Jones
Thorsten Koseck
Mark Neville
Maria Soros
Douglas Allingham, Board Chair (*ex-officio*)
Steven Murphy, President (*ex-officio*)

Strategy & Planning Committee

Thorsten Koseck (Chair)
Liquan Cao
Kevin Chan
Jessica Nguyen
Jim Wilson
Lynne Zucker
Douglas Allingham, Board Chair (*ex-officio*)
Steven Murphy, President (*ex-officio*)

In total, the UOIT Board and its standing committees met 29 times in 2018-19.

There were 8 Board meetings comprised of: 5 regularly scheduled meetings of the Board (including one videoconference and the Annual General Meeting), 2 additional meetings, and 1 joint meeting with the Durham College (DC) Board of Governors.

The Board of Governor meetings were held on:

- September 18, 2018 (videoconference)
- November 29, 2018
- February 20, 2019 (videoconference)
- February 28, 2019
- April 24, 2019
- May 9, 2019 (joint meeting with DC Board)
- May 29, 2019 (special meeting)
- June 26, 2019

Additionally, there were Board Retreats on November 29, 2018 and May 28-29, 2019. The Board also attended Orientation Sessions on September 25 and October 4.

The standing and ad hoc committees had a total of 21 meetings which were held as follows:

Committee	Number of Meetings	Meeting Dates
Audit & Finance	4	November 19, February 20, April 15, June 10
Executive	4	September 11, October 18, November 21, February 6 (with DC Executive)
Governance, Nominations & Human Resources	6	September 11, October 11, January 17, March 4, March 28, May 16
Investment	4	November 19, February 20, June 3, June 10
Strategy & Planning	3	November 1, January 31, April 1
Total:	21	

There was also a committee-specific orientation held immediately before the first meeting of each committee. Board members also participated in OnBoard portal training sessions in early 2019.