University of Guelph

Institutional Quality Assurance Process (IQAP)

v.2.2

2017

Version 2.2 (2016): Approvals

May 1, 2017 – Senate Committee on Quality Assurance
May 23, 2017 – University of Guelph Senate
June 23, 2017 – Accepted by Ontario Universities Council on Quality Assurance


March 12, 2015 – Senate Committee on Quality Assurance
April 6, 2015 – University of Guelph Senate
October 30, 2015 – Final approval by Ontario Universities Council on Quality Assurance

Version 1 (2011): Approvals

February 7, 2011 – University of Guelph Senate
June 3, 2011 – Final approval by Ontario Universities Council on Quality Assurance
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronyms: Institutional and External</td>
<td>iii</td>
</tr>
<tr>
<td>Preamble</td>
<td>1</td>
</tr>
<tr>
<td>- Learning Outcomes and Degree Level Expectations</td>
<td>1</td>
</tr>
<tr>
<td>University Authorities</td>
<td>2</td>
</tr>
<tr>
<td>- Authority for Reporting to Quality Council</td>
<td>2</td>
</tr>
<tr>
<td>Institutional Quality Assurance</td>
<td>2</td>
</tr>
<tr>
<td>- Senate Committee on Quality Assurance</td>
<td>2</td>
</tr>
<tr>
<td>- Internal Review Committee and Internal Review Subcommittee</td>
<td>3</td>
</tr>
<tr>
<td>- Selection of External Consultants for Cyclical Reviews</td>
<td>3</td>
</tr>
<tr>
<td>Institutional Processes</td>
<td>3</td>
</tr>
<tr>
<td>I. New Program Approvals: Undergraduate and Graduate</td>
<td>3</td>
</tr>
<tr>
<td>Flow Chart 1: University of Guelph Protocol for New Program Approvals</td>
<td>6</td>
</tr>
<tr>
<td>II. Protocol for Expedited Graduate Approvals</td>
<td>7</td>
</tr>
<tr>
<td>Flow Chart 2: University of Guelph Protocol for Expedited Graduate Approvals</td>
<td>8</td>
</tr>
<tr>
<td>III. Major Modifications to Existing Programs</td>
<td>9</td>
</tr>
<tr>
<td>Flow Chart 3: University of Guelph Protocol for Major Modification to Existing Programs</td>
<td>11</td>
</tr>
<tr>
<td>IV. Protocol for Cyclical Review of Academic Programs</td>
<td>12</td>
</tr>
<tr>
<td>A. Stages of Process</td>
<td>12</td>
</tr>
<tr>
<td>B. Self-Study</td>
<td>13</td>
</tr>
<tr>
<td>I. Self-Study</td>
<td>12</td>
</tr>
<tr>
<td>II. Instructors</td>
<td>14</td>
</tr>
<tr>
<td>III. Resources</td>
<td>14</td>
</tr>
<tr>
<td>C. Evaluation of Program(s) Under Review</td>
<td>14</td>
</tr>
<tr>
<td>D. Conduct of the Review</td>
<td>16</td>
</tr>
<tr>
<td>E. Institutional Perspective and Report</td>
<td>17</td>
</tr>
<tr>
<td>F. Use of Accreditation and Other External Reviews in the Institutional Quality Assurance Process</td>
<td>18</td>
</tr>
<tr>
<td>G. Cyclical Review of Joint Programs</td>
<td>19</td>
</tr>
<tr>
<td>H. Reporting Requirements</td>
<td>19</td>
</tr>
<tr>
<td>I. Internal</td>
<td>19</td>
</tr>
<tr>
<td>II. External</td>
<td>19</td>
</tr>
</tbody>
</table>
V. Appendices

Appendix I - Bylaws and Composition of the Senate Committee on Quality Assurance

Appendix II - Evaluation Criteria for New Program Approvals

Appendix III - New Undergraduate Program Brief

Appendix IV - Proposal Brief - New Graduate Programs

Appendix V - Schedule of Reviews

Appendix VI - Objectives of the Internal Review of Departments/Schools

Appendix VII - Objectives of the Internal Review of Joint Graduate Programs

Appendix VIII - Objectives of the Internal Review of Undergraduate Degree Programs

Appendix IX – Statistical Reports in Aid of Self-Studies, New Program Submissions, and/ or Cyclical Reviews
**Acronyms: Institutional and External**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVP</td>
<td>Associate or Assistant Vice President</td>
</tr>
<tr>
<td>AVPA</td>
<td>Associate Vice President (Academic)</td>
</tr>
<tr>
<td>AVP(GS)</td>
<td>Assistant Vice President, Graduate Studies</td>
</tr>
<tr>
<td>BGS</td>
<td>Board of Graduate Studies</td>
</tr>
<tr>
<td>BUGS</td>
<td>Board of Undergraduate Studies</td>
</tr>
<tr>
<td>CRC</td>
<td>Calendar Review Committee</td>
</tr>
<tr>
<td>COU</td>
<td>Council of Ontario Universities</td>
</tr>
<tr>
<td>GDLES</td>
<td>Graduate Degree Level Expectations</td>
</tr>
<tr>
<td>IRC</td>
<td>Internal Review Committee</td>
</tr>
<tr>
<td>IRS</td>
<td>Internal Review Subcommittee</td>
</tr>
<tr>
<td>IQAP</td>
<td>Institutional Quality Assurance Process</td>
</tr>
<tr>
<td>MAESD</td>
<td>Ministry of Advanced Training and Skills Development</td>
</tr>
<tr>
<td>OUCQA</td>
<td>Ontario Universities Council on Quality Assurance (Quality Council)</td>
</tr>
<tr>
<td>SCQA</td>
<td>Senate Committee on Quality Assurance</td>
</tr>
<tr>
<td>QAF</td>
<td>Quality Assurance Framework</td>
</tr>
<tr>
<td>UUDLES</td>
<td>University Undergraduate Degree Level Expectations</td>
</tr>
</tbody>
</table>

Throughout the document, numbers which appear parenthetically refer to sections of the Quality Assurance Framework which can be found at: http://oucqa.ca/resources-publications/quality-assurance-framework/
Institutional Quality Assurance Process
University of Guelph

March 5, 2014

Preamble

Quality assurance and the review of existing and new academic programs are important activities within every university in Ontario. Each university has an institutional quality assurance process which is particular to the institution, but which adheres to the Quality Assurance Framework approved by the Council of Ontario Universities. The Framework provides guidelines on the protocol for reviews of existing and new academic programs, both undergraduate and graduate. Thus, the specific Scope of Application of this Institutional Quality Assurance Process (IQAP) is:

Undergraduate Degrees (baccalaureate 4-year honours and 3-year general degree programs; majors; minors; including joint or collaborative degree programs or majors; professional degree programs; and for-credit undergraduate certificates and diplomas)

Graduate Degrees (thesis- and course-based masters programs, doctoral programs, executive programs, including joint graduate programs or collaborative graduate specializations)

Graduate Diplomas (Type 1, Type 2, Type 3)

Importantly, the Framework recognizes the right of each institution to determine its academic priorities and policies through the processes of governance at each institution. The focus of the institutional quality assurance process is reviews of existing or proposed academic programs, and monitoring of major modifications in programs. As such, the process reviews departments or schools as administrative units only in the context of their in the delivery of academic programs.

Learning Outcomes and Degree Level Expectations

With the 2008 articulation of the province's University Undergraduate and Graduate Degree-Level Expectations, postsecondary institutions across Ontario have become increasingly engaged in articulating and assessing learning outcomes to account for and ensure quality in their educational programs. The University of Guelph’s Undergraduate Learning Outcomes (December 5, 2012) and Graduate Learning Outcomes (May 31, 2013) along with the 1987 Learning Objectives establish Guelph as a leader in outcomes-based pedagogy, and our academic community continues to engage in initiatives designed to enhance students' learning experiences. The five approved outcomes, both undergraduate and graduate are:

1. Critical and Creative Thinking
2. Literacy
3. Global Understanding
4. Communicating
5. Professional and Ethical Behaviour
These five Senate-approved learning outcomes serve as the basis from which to guide the development of degree programs, specializations and courses; as a framework to ensure outcomes are clear to students and to support their achievement; and to inform the process of assessment of outcomes through institutional quality reviews of programs and departments. At the graduate level, as noted in the graduate learning outcome definitions, there is an increased emphasis on the notion of “Intellectual Independence” and “Independence of Thought” related to the Learning Outcomes of “Critical and Creative Thinking” and “Professional and Ethical Behaviour”.

In Ontario, the Ontario Universities Council on Quality Assurance (Quality Council) is the body charged with the oversight of institutional quality assurance processes. The Quality Council has a number of responsibilities, including: providing guidance to universities in Ontario around the quality assurance process for each institution; receiving and reviewing proposals for new programs, and reporting on these proposal to the Ministry of Advanced Education and Skills Development; receiving annually the report from each institution on major modifications of existing programs which have passed through the processes of governance; auditing the quality assurance process of each institution every eight years.

**University Authorities**

**Authority for Reporting to Quality Council**
The Provost and Vice President (Academic) is responsible for contact with, and reporting to, Ontario’s Quality Council, including the submission of proposals for new programs, the review by external assessors of new programs, and an annual report of major modifications of existing programs approved by Senate.

**Institutional Quality Assurance**

**Senate Committee on Quality Assurance**
The Senate Committee on Quality Assurance (SCQA) recommends to Senate, for its approval, institutional policies and procedures related to quality assurance. The Committee receives and reviews the Final Assessment Report to ensure that it is complete and complies with the Quality Council’s protocols, as outlined in the Quality Assurance Framework approved by the Council of Ontario Universities. SCQA presents the Final Assessment Reports to Senate as items of information.

**Internal Review Committee and Internal Review Subcommittee**
The Office of the Provost implements the process of quality assurance review through the Office of Quality Assurance. Reviews of existing programs are every eight years, on a schedule established by the Internal Review Committee in consultation with the Provost.

For each review, the Internal Review Committee strikes an Internal Review Subcommittee (IRS) which coordinates the activities associated with the review. Under exceptional circumstances, the Chair of the Internal Review Committee can adjust schedule of review. If the schedule is adjusted, the Chair of the Internal Review Committee must report the changes to the Internal Review Committee, the Senate Committee on Quality Assurance and the Ontario Universities Council on Quality Assurance. Each Internal Review Subcommittee has three members: one
who is a member of the Internal Review Committee and serves as the facilitator of the review; and at least two consultants who are external to the University. The external consultants are active in their field, as teachers and researchers; normally hold the rank of associate or full professor; and have experience in the development of curriculum or management of the delivery of a program. All members of the Internal Review Subcommittee are at arm’s length from the programs under review. Arm’s length means not a close friend, not a regular and current collaborator, not having been supervised recently (defined as approximately 5 years or less) by a faculty member teaching in the program under review, not having been a visitor scholar or instructor for some time at (defined as approximately 5 years or less), and not a former colleague.

Selection of External Consultants for Cyclical Reviews
The program(s) will submit the names and brief curricula vitae of six external consultants, three of whom should have backgrounds and experience appropriate to assuming the major responsibility for reviewing the undergraduate programs; and three who have backgrounds and experience appropriate to assuming the major responsibility for reviewing the graduate programs. In addition to providing the curricula vitae, the programs will provide a brief rationale for the nomination each external consultant. The external consultants must not have participated in joint projects with anyone associated with the program(s) under review for the past five years, nor have been a student or an instructor at the University of Guelph during the same period of time.

Institutional Processes

I New Program Approvals: Undergraduate and Graduate
The protocol for New Program Approvals: Undergraduate and Graduate outlines the steps by which new programs are proposed, reviewed and approved through the University’s processes of academic governance. At the undergraduate level, “new program” is understood as a degree program, specialization (major, minor or area of concentration), for-credit degree-level certificates, and degree-level diplomas. At the graduate level, “new program” is understood as a graduate degree or graduate diploma (Type 1, Type 2, Type 3). Proposals for new graduate collaborative specializations, new minors, fields, areas of concentration, areas of emphasis, and for-credit degree level certificates and diplomas must be approved by Senate but are not submitted to the Quality Assurance for review and approval; rather, they are reported as Major Modifications in the University’s Annual Report to the Quality Council.

Proposals for new majors, or for new graduate programs are approved by Senate, and then submitted by the Office of Provost for review by the Quality Council. The closure of undergraduate degree programs, majors, or other program options such as minors, certificates and diplomas requires the approval of Senate, as does the closure of graduate degree programs, fields, collaborative specializations or graduate diplomas.

Proposals for new graduate diplomas (Type 1, Type 2, Type 3) normally require only an expedited approval process (see II. Protocol for Expedited Approvals).
In order to be reviewed for approval, proposal briefs for new programs must follow the guidelines for submission in the Template for New Program Proposals and include the Evaluation Criteria as outlined in the QAF (sections 2.1.1–2.1.10). Senate-approved proposals are submitted to the Quality Council Secretariat for review and approval and, in the case of proposals for new non-core undergraduate programs and new graduate programs, submitted to the Ministry of Advanced Education and Skills Development for funding approval.

The following steps outline the University's internal process for the approval of new program proposals (2.2.3) including undergraduate degree programs and their specializations, and graduate programs and their fields. (Parenthetical references indicate the relevant sections of the Quality Assurance Framework document).

1. The development of a New Program Proposal Brief is initiated by an academic unit and approved by the College Dean(s). The proposal brief submission addresses the Quality Assurance Framework (QAF) Evaluation Criteria (2.2.4) as outlined in 2.1.1 – 2.1.10 of the QAF, including program outcomes, admission requirements, structure, program content, mode of delivery, assessment of teaching and learning, resources, quality and other indicators. The proposal brief also addresses the University's internal Senate guidelines and the MAESD program approval criteria. The proposal brief templates are found on the University's IQAP website.

2. To ensure consistency with the University’s Strategic Mandate Agreement and any of the University’s current strategic frameworks or plans, undergraduate proposals are initially reviewed by the Associate Vice-President (Academic) AVPA and graduate proposals are reviewed by Assistant Vice-President (Graduate Studies).

3. The New Program Proposal Brief for New Undergraduate Programs (2.2.4 and 2.2.5) is submitted concurrently to the the Degree Program Committee for its review and upon approval to the External Reviewer (2.2.5).

4. The New Program Proposal Brief for Graduate Programs (2.2.4 and 2.2.5) is submitted first to the appropriate Division Committee for review and comment. If no significant issues of overlap or conflict of interest are identified, the Brief is then submitted to the External Reviewers (2.2.5) in preparation for the site visit.

5. There will be at least one external reviewer for new undergraduate programs and two external reviewers for new graduate programs (2.2.6). The brief should be accompanied by a memo nominating external reviewers (three for undergraduate and four for graduate programs, with appropriate expertise, per new program proposal), including a brief curriculum vitae and rationale for each nominee. The memo should be directed to the AVPA (in the case of undergraduate programs) or the AVP(GS) (in the case of graduate programs). Reviewers will normally be associate or full professors, with experience in the management of academic programs. They will be at arm's length from the program under review (2.2.6). The academic unit proposing the new program makes initial contact with proposed reviewers to determine their willingness to serve and their availability to conduct the review. External Reviewer(s) will be appointed by the AVPA or the AVP(GS) (2.2.6) based on this list, but may consult further with others as appropriate.

6. The External Reviewer(s) make their site visit. At the discretion of the External Reviewer the review of a new undergraduate program may be undertaken via desk audit and videoconference; the review of a new graduate program must include a site visit (2.2.6).
The reviewers are instructed by the AVPA or the AVP (GS, depending on the program under review. The reviewers provide a joint report that appraises the standards and quality of the program and addresses the criteria set out in the proposal brief. They will be invited to acknowledge innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications (2.2.7).

7. The relevant AVP receives the Reviewer’s Report (2.2.7) and it is sent to the academic unit proposing the new program for comment and response to all issues raised.

8. The proposing Department/School submits their Internal Responses to the Provost’s Office (2.2.8).

9. The Reviewer’s Report and Internal Responses are reviewed by the Provost and, for undergraduate proposals, the AVPA or, for graduate proposals, the AVP(GS). If deemed unacceptable at this point, the proposal is either returned to the Department/School for changes; or is declined and does not move forward.

10. If deemed acceptable, the Program Proposal Brief, including the Reviewer’s Report and the Internal Responses, are submitted for review to BUGS (through its Calendar Review Sub-committee [CRC]) or BGS (through its Graduate Programs and Policies Sub-committee [GPPC]) for recommendation to Senate for approval based on the University’s quality assurance standards. (2.2.9).

Upon the approval of Senate, the final Proposal Brief is submitted to Quality Council Secretariat (2.2.10) and concurrently to MAESD for their approvals.

At this juncture, the new program may be announced and advertised by the unit. When such announcements are made in advance of Quality Council approval, they must contain the following statement: “Prospective students are advised that offers of admission to a new program may be made only after the university’s own quality assurance processes have been completed and the Ontario Universities Council on Quality Assurance has approved the program.” (2.2.11)

Upon the approval of a new program by the Quality Council, notice is sent by the Quality Council to the Provost’s Office. The Provost’s Office provides notice to the Senate Committee on Quality Assurance (SCQA) (2.2.11) for information. The new program is included in the Cyclical Program Review Schedule. Formal review will be conducted no more than eight years after the program’s initial enrolment in accordance with the university’s program review schedule (2.4.1).

The Program will begin within thirty-six months of the date of program approval or the approval lapses (2.4.2).

Monitoring of the new program(s) (2.4.2, 2.4.3) will be conducted through the academic governance process of Senate, specifically by either the Board of Undergraduate Studies or the Board of Graduate Studies, as appropriate, their mandates of which include the oversight of the curricular integrity, and the progress of students in their programs.
Flow Chart 1: University of Guelph Protocol for New Program Proposals

Development of New Program Proposal Brief by Department(s)/School(s) and approval by College Dean(s)

Proposal Reviewed by Associate Vice-President (Academic) (Undergraduate)

Assistant Vice-President Graduate Studies (Graduate)

External Reviewer nominations submitted by Academic Unit

Reviewed and Appointed by AVP(A) or AVP(GS)

New Program Proposal Brief submitted to External Reviewer in preparation for site visit

Site Visit of External Reviewer

Receive Reviewer’s Report

Revised Proposal and Responses from proposing academic unit

Appropriate Undergraduate Programs Committee review for recommendation to CRC

Appropriate Division Committee review for recommendations to Graduate Programs Committee

CRC review of undergraduate Proposal Brief for recommendation to BUGS

Review by BUGS or BGS for Recommendation to Senate for Approval (including Reviewer’s report and responses)

Presented to Senate (2.2.9) for institutional approval

Appraisal Brief to Quality Council Secretariat (2.2.10) Program Approval/Institutional Checklist to MAESD for Funding Approval

Notice sent from Provost’s Office to Senate Committee on Quality Assurance (SCQA) (2.2.11) for information and inclusion in the Cyclical Program Review Schedule, pending approval by the Quality Council
II PROTOCOL FOR EXPEDITED GRADUATE APPROVALS

The Protocol for Expeditied Graduate Approvals outlines the process by which new programs are proposed, reviewed and approved through the University's processes of academic governance and, once approved by Senate, submitted for review to the Quality Council, as appropriate. The Expeditied Approval process is used when:

a. proposing a new for-credit graduate diploma;
b. proposing a change in graduate degree designation.

The Expeditied Approvals process for a) a new for-credit diploma, requires the submission of the New Program Proposal Brief (Parts 1, 2, and 3) as outlined in Section I of this document. The process is expedited by not requiring a report by external reviewers.

The Proposal Brief presents the new program or Major Modifications (which are the significant changes being proposed – see section III) including, as appropriate, reference to learning outcomes, faculty and resources, a brief account of the rationale for the change. The Brief should address the Evaluation Criteria listed in of the Quality Assurance Framework (2.1.1 – 2.1.10) where they apply.

The process for c) (a change in graduate degree designation) does not require a full proposal brief. A unit wishing to change the degree designation in an approved graduate program, whether in the context of a periodic appraisal or at some other time, must provide sufficient information to permit a decision on the proposed change.

As part of the submission, the academic unit must provide:

a. statement indicating the substantive difference between the currently authorized degree designation and the proposed degree designation;
b. demonstration that there are a sufficient number of faculty members with the appropriate (scholarly) credentials for the proposed change in degree designation;
c. demonstration that the program's requirements for students are appropriate for the proposed change in degree designation; e.g., for a proposal to change a professional designation to a PhD, demonstration that the dissertation research constitutes a substantive original contribution to knowledge;
d. justification that the requirements for admission are appropriate for the proposed degree designation.
Flow Chart 2: University of Guelph Protocol for Expedited Graduate Approvals

Development of Proposal Brief or New Program Proposal (3.1) addressing evaluation criteria where applicable (2.1) by Department(s)/School(s) and approval by College Dean(s)

↓

Proposal Reviewed by AVP(GS)

↓

Program Proposal Brief for Expedited Program (2.2.4 and 2.2.5) submitted to Graduate Programs and Policies Committee for review and recommendation to Board of Graduate Studies

↓

Review by BGS for Approval and Recommendation to Senate (2.2.9) OR

Return to academic unit for changes

↓

Presented to Senate (2.2.9) for institutional approval

↓

Appraisal Brief to Quality Council Secretariat (2.2.10)

+ 

Program Approval/Institutional Checklist to MAESD for Funding

Approval (concurrent submission)

↓

Notice sent from Provost’s Office to Senate Committee on Quality Assurance (SCQA) (2.2.11) for information and inclusion in the Cyclical Program Review Schedule, pending approval by the Quality Council
III Major Modifications to Existing Programs

Major modifications to existing programs include:

a. requirements for the program 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 (3.3);
d. a new field is added to an existing graduate program.

All publicly-funded universities are required to report annually to the Quality Council those programs which have undergone major modifications (3.3.3.4).

Oversight and approval of the major modifications to a program reside with the institution. In some instances, given the extent of the major modifications, the University itself may request an expedited review of the program. The University’s annual report to the Quality Council will identify those programs that have made major modifications.

Section 3.3 of the Quality Assurance Framework requires institutions to identify "their internal definition of what constitutes a ‘significant change’" in the following categories: a) requirements, b) intended learning outcomes, or c) human and other resources associated with a degree program or program of specialization" for ratification by the Quality Council.

The University of Guelph defines “significant change” in the three categories as follows:

Requirements

a. the diminution of admission requirements;
b. changes to graduation requirements or academic regulations (i.e., cumulative average, number of required credits, continuation of study, double-counting rules);
c. the merger of two or more existing programs/specializations;
d. the addition or deletion of a co-operative education option;
e. the closure of a specialization within an undergraduate degree program (major, minor, areas of concentration);
f. the addition or deletion of a common core across specializations in a degree program; or
g. the addition or closure of a field within a graduate program;
h. the deletion of a specialization (major, minor, area of concentration, certificate) in an undergraduate program

Learning Outcomes

a. the integrity of a program is considerably altered resulting in the modification of the structure, requirements and/or delivery;
b. the learning outcomes of the program are not aligned with the University-level learning outcomes, and by extension, the provincial University Undergraduate Degree Level Expectations (UUDLES) or Graduate Degree Level Expectations (GDLES);
c. changes to the learning outcomes of a program are initiated based on recommendations from a cyclical program review; or
d. the learning outcomes of a professional program are modified as a direct result of changes to the profession or as a result of an accreditation review.

Instructional Complement

a. the full-time faculty (tenured or tenure stream) and sessional instructors engaged in the delivery of a program changes by 30% or more.

Physical Resources/Mode(s) of Delivery

a. the delivery of a program moves, wholly, from one campus to another;
b. for joint or collaborative undergraduate programs offered with institutions external to the University, there is an addition or deletion of two semesters or more at the joint location;
c. the number of courses moved from in-class to online, or from online to in-class, changes by 50% or more;
d. a compressed part-time option is added to a program.

The Provost and Vice President Academic determines whether the changes to admission requirements, learning outcomes, faculty, or physical resources/mode of delivery meet the defined criteria for “significant change.”

Annually, programs will be required to report Major Modifications to the Board of Undergraduate Studies (BUGS) or the Board of Graduate Studies (BGS), as appropriate. In some cases, such major modifications (typically those listed under “a. changes to requirements”) may also require approval by Senate, based on existing by-laws. The following steps outline the process by which major modifications are identified and reviewed through the University’s quality assurance (governance) process.

Major Modifications to existing programs are normally identified by the program making the change, the designated Dean who is responsible for the program or by the Program Committee, based on criteria outlined above and in consultation with the Director, Academic Programs and Policy (undergraduate) or AVP Graduate Studies (graduate).

When a Major Modification Brief is required, it is prepared by the program, or by the Program Committee, and addresses:

a) summary of major changes;
b) impact on currently registered and prospective students;
c) consultation with Deans, Chairs/Directors whose units are involved in the proposed modifications;
d) confirmation of available resources including a financial plan approved by the sponsoring dean(s).

When the proposed modification includes changes that require the approval of Senate, the brief may be submitted first to the Degree Program Committee for review/approval or the sponsoring program may submit the templates for undergraduate or graduate curriculum changes.
1. The brief/template and any corresponding curriculum/calendar change forms are submitted to either to the Calendar Review Committee (CRC) for recommendation to BUGS; or, for graduate programs, to the Graduate Programs and Policies Committee for recommendation to BGS.

2. The brief/template reviewed by BUGS or BGS and, as appropriate, it will either a) receive final approval and be reported to Senate for information; b) be recommended for approval to Senate; c) be returned to the program for further modification; or d) be rejected.

3. Upon approval from Senate, a summary is submitted to the Assistant Vice President, Graduate Studies for information and the Major Modifications are reported in the University’s Annual Report to the Quality Council (3.4).

Flow Chart 3: University of Guelph Protocol for Major Modification to Existing Programs

Major Modification Identified (3.3) by
by Department(s)/School(s)/College Dean/Program Committee

↓

Major Modification Brief or curriculum change templates prepared by Department/School/Degree Program

↓

For Major Modifications requiring Senate approval

Brief/Template submitted to relevant Degree Program Committee for approval

↓

Brief/Template and corresponding curriculum/calendar material submitted to:
Calendar Review Committee for recommendation to BUGS or
Graduate Programs and Policies Committee for recommendation to BGS

↓

Review by BUGS or BGS

↓

Modification moves through the University’s governance process as follows:

a) receives final approval and reported to Senate for information OR
b) is recommended for approval to Senate OR
c) is returned for further changes OR
d) is rejected

↓

Approved Modifications submitted to SCQA via the in Annual Report to the Quality Council (QAF3.4)
IV Protocol for Cyclical Review of Academic Programs

Internal reviews of academic programs are conducted on an eight-year cycle. The schedule of reviews is synchronized so that the undergraduate and graduate programs offered by an academic unit can be reviewed concurrently. Joint programs offered by the University of Guelph with another university (or universities) will be reviewed separately, on an eight-year cycle agreed upon by the partners (see section VII on review of joint programs.) For programs which are accredited by external bodies, every effort will be made to schedule the Institutional Quality Assurance review to coordinate it with the review for accreditation.

A. Stages of Process

Cyclical reviews of academic programs under Institutional Quality Assurance Process have the following stages:

- the self-study which is completed by the academic unit which has programs under review;
- an evaluation of the programs under review by external reviewers who write, and a submit a report to the Office of the Provost assessing the quality of the programs and making recommendations for their improvement;
- response to the Assessment Report by Chair (or Director) and Dean responsible for the programs under review, including plans to implement the recommendations;
- self-study, Assessment Report and responses are received by Provost for comment and acceptance, including the proviso that no later than one year after the assessment was completed, the Chair or Director with responsibility for the delivery of the program submits a report indicating the status of the implementation of recommendations and a timeline for implementing those which are outstanding;
- Final Assessment Report and Executive Summary are prepared by the Internal Review Committee and then submitted to Senate Committee on Quality Assurance which receives and reviews them;
- Senate Committee on Quality Assurance presents the Final Assessment Report and Executive Summary to Senate, for information;
- in one year following the submission of the Final Assessment Report to Senate, a follow-up report is submitted to the Office of the Provost advising of the status of the implementation of the recommendations.

B. Self-Study (4.2.3)

Preparation of the Self Study Brief: Internal Program Perspective

The Self-Study Brief has three sections:

Part I: The Self-Study; Part II: The Faculty; Part III: Resources. Once the self-study of the program(s) under review has been completed, it should be reviewed by the Dean who has responsibility for the program(s) for comment. The Dean should endeavor to ensure that information, particularly in relation to the allocation of resources, is accurate. Once the Dean had reviewed the self-study, the complete package (the self-study and supporting material) is submitted to the Chair of the Internal Review Committee.
Part I: The Self-Study provides the unit delivering the academic programs under review an opportunity to analyse them critically. The self-study should assess the strengths of the program(s) and identify opportunities for their enhancement, particularly within the context of current state of the discipline and the directions in which it is anticipated to evolve. The Office of Resource Planning and Analysis, the Library, and Open Education will provide reports and statistics for use in the preparation of the self-study.

The self-study should include:

a. a brief overview of undergraduate and graduate programs (including associated fields) with historical context addressing the evolution of the program(s), the administrative and reporting structures of the program(s) and, if relevant, relation to other academic units;

b. information on who prepared the document, how faculty members were consulted; and in what way students were given the opportunity to participate;

c. an analytical and reflective discussion prepared in consultation with the faculty, staff, and students associated with the program(s) under review. The discussion should include consideration of the learning outcomes for the program(s) in relation to the University’s learning outcomes, and how these outcomes are realized by the program(s). The delivery of the program(s) should be considered in relation to any of the University’s current strategic frameworks or plans;

d. for professional programs, accreditation briefs and/or reports from employers and professional associations, as appropriate;

e. the appropriateness and effectiveness of the admission standards of both its undergraduate and graduate programs, and enrolment projections accompanied by a rationale if changes are anticipated;

f. for undergraduate programs: a summary of the unit’s teaching effectiveness based on student course evaluations (submitted in a form which does not identify individuals) and a consideration of the level of student achievement; for graduate programs: the objective of each degree level and an indication of how the objective is achieved;

g. assessment indicators should be included where available or appropriate, for example: the percentage of students going on to graduate or professional schools from its undergraduate program(s); academic awards and grants which students have received; the percentage of students involved in internships, practica or other modes of experiential learning; and employment post-graduation;

h. for graduate programs, the objective of each degree level and an indication of how the objective is achieved, including a listing of graduate courses available to demonstrate program requirements are satisfied; a summary of the level and source(s) of stipends, if any, to graduate students;

i. a summary of how the undergraduate program offerings are coordinated with graduate offerings, and research and service activities within the institution. In addition, a summary of the relationships (relevant to the academic activities) with other units in the University (for example, interdisciplinary courses, cross appointed members of faculty, and collaborative efforts with Educational Support, Open Education, the Library, Student Affairs), with other universities and colleges, and with other relevant external agencies should be provided;

j. an assessment of how each program under review compares to other programs in the discipline, offered by post-secondary institutions in Ontario and, as appropriate, Canada (see section IV Conduct of the Review).
Part II: Instructors
This section outlines the complement of instructors supporting the programs offered by the unit. It includes the following tables:

a. a summary table listing the names, rank, qualifications, and year of appointment (or relevant period) of all instructors associated with the unit, using as headings: tenured (ordered by rank), tenure-track, contractually-limited, sessional lecturers, adjunct faculty, associated graduate faculty, and special graduate faculty.

b. a table listing each faculty member and, separately, the undergraduate and graduate courses they taught; the semesters in which the courses were offered over the previous two years; and an indication of any assistance provided by teaching assistants and/or laboratory technicians for the courses.

c. a table listing faculty by fields of graduate programs that denotes:
   - the number of graduate student supervisions during the review period;
   - sources and level of research funding;
   - publications and other scholarly activity during the review period identifying student involvement as applicable;

d. the current curriculum vitae for each faculty member contributing to the respective academic programs, as per the format required for Tenure and Promotion appraisals.

Course outlines will be available to the Committee upon request.

Part III: Resources
This section summarizes the appropriateness and effectiveness of the academic unit's existing resource--human, physical and financial--in delivering its program(s). In doing so, the summary will include not only the instructional complement, but also a summary of the administrative and staff support, and the reporting structure.

C. Evaluation of Program(s) Under Review (from Sample Template for External Consultants' Report on Existing Programs, Templates, Ontario Universities Council on Quality Assurance)

The Quality Council developed a template of questions and areas of consideration to which external consultants should respond:

Objectives
- Is the program consistent with the institution’s mission and academic plans?
- Are the program requirements and learning outcomes clear, appropriate and in alignment with the institution’s statement of undergraduate and/or graduate Degree Level Expectations?

Admission Requirements
- Are admission requirements appropriately aligned with the learning outcomes established for completion of the program?
Curriculum
- Does the curriculum reflect the current state of the discipline or area of study?
- What evidence is there of any significant innovation or creativity in the content and/or delivery of the program relative to other programs?
- Are the modes of delivery appropriate and effective to meet with program’s identified learning outcomes?

Teaching and Assessment
- Are the methods used to assess student achievement of the defined learning outcomes and degree level expectations appropriate and effective?
- Are the means of assessment (particularly in the students’ final year of the program) appropriate and effective to demonstrate achievement of the learning outcomes specific to the major or specialization and the institution’s (or degree program’s) own degree level outcomes?

Resources
- Assess the appropriateness and effectiveness of the academic unit’s use of existing human, physical and financial resources in delivering its program(s). Note reviewers must recognize the institution’s autonomy in determining priorities for funding, space and faculty allocation.
- Comment on the appropriateness and effectiveness of academic services (e.g. library, co-op, technology, etc.) to support the program(s) being reviewed.

Quality Indicators
- Comment on the outcome measures of student performance and achievement for the program(s).
- Faculty: the qualifications; research and scholarly record; class sizes; % classes taught by permanent or non-permanent (contract) faculty; number, assignments and qualifications of part-time or temporary faculty.
- Students: comment on: applications and registrations; attrition rates, times-to-completion; final year academic achievement; graduation rates; academic awards; student in-course reports on teaching.
- Graduates: comment on: rates of graduation; employment after six months and two years after graduation; post graduate study.

Additional graduate program criteria
- Is the students’ time-to-completion both monitored and managed in relation to the program’s identified length and program requirements?
- What is the quality and availability of graduate supervision?
- What quality indicators does the program use to provide evidence of faculty, students and program quality? For example:
  a. Faculty: funding, honours and awards, commitment to student mentoring
b. Students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills

c. Program: evidence of program structure and faculty research that will ensure the intellectual quality of the student experience

d. Sufficient graduate level courses that the students will be able to meet the requirement that two-thirds of their course requirements be met through courses at this level.

Quality Enhancement

• Initiatives taken to enhance the quality of the program and the associated learning and teaching environment

D  Conduct of the Review

The Chair of the Internal Review Committee will receive the Self-Study Brief, and will review and approve it to ensure that it adequately addresses the various areas upon which the External Consultants are asked to respond (4.2.4). Once the Brief has been approved, the date for the two-day site visit will be established.

Prior to the site visit, the IRS will be provided with the template that describes the parameters for the review and outlines the expectations for the Assessment Report. The IRS will also receive copies of the Self-Study Brief (Parts I and II), the supporting statistical package supplied by the University, and a library report.

The members of the Internal Review Subcommittee will meet first with the Chair of Internal Review Subcommittee (IRS) to ensure that they understand their roles in the review process. The IRS will then meet with: the dean and/or relevant associate dean(s); the chair of the department (or director of the school or director of the program) who are responsible for the program(s) under review; and with faculty, staff and students associated with the program.

Following the site-visit, the IRS will draft a single, comprehensive and detailed Assessment Report, based on the site visit and accompanying documentation. This report will be provided to the Chair of the IRC within 14 days of the site visit and will:

a) Identify strengths and weaknesses of the unit’s undergraduate and graduate programs, including all of the specializations offered and courses offered by the unit in support of other programs either as a core course, a restricted elective or as a service course;

b) Provide recommendations to be considered for immediate improvement;

b) Provide recommendations for future opportunities for quality enhancement, and

d) May include a confidential section (where personnel issues require to be addressed).

The report should address, in turn, each program which was reviewed and should include an overall recommendation of one of the following three for each program:

a. Meets All Expectations: Describes a program that has achieved a good level of quality on all outcomes and the program is sustainable;
b. Meets Some Expectations: Describes a program that has achieved a good level of quality on some outcomes but the sustainability of the program is in doubt;
c. Does Not Meet Expectations: Describes a program that has not achieved a good level of quality on most outcomes and the sustainability of the program is in serious doubt.

E Institutional Perspective and Report (4.2.5)

As per the information under “Conduct of the Review,” the Chair of the Internal Review Committee (IRC) will receive the Assessment Report completed by the Internal Review Subcommittee. The Chair of IRC will provide the Assessment Report to the department chair or school director for review and correction of any factual errors. If there are substantive concerns about the content of the Report and its recommendations, the Chair of IRC will meet with the Chair/Director to determine whether or not amendments to the Report are warranted. The Final Assessment Report will include any appropriate amendments and/or corrections.

The Chair/Director will provide a written response to the Final Assessment Report and each of its recommendations.

The Chair of IRC will then obtain from the dean of the college a written response to the following: (4.2.4)

a) The plans and recommendations proposed in the Self-study report;
b) The recommendations proposed in the Assessment Report
c) The unit’s response to the Assessment Report
d) Any changes in organization, policy or governance that would be necessary to meet the recommendations;
e) The resources, financial and otherwise, that would be provided in supporting the implementation of selected recommendations; and
f) A proposed timeline for the implementation of the recommendations,

The Final Assessment Report will be presented to the Provost, together with the responses of the chair/director and dean, for review and comment before being forwarded to Senate Committee Quality Assurance (SCQA). The response by the Provost will include an indication of when and by whom the recommendations will be implemented. The Provost’s response will be appended to the Final Assessment Report. Deans, chairs and directors will be asked to include their responses to the review recommendations and to report their implementation in the Integrated Plan for their colleges.

The IRC will prepare the Executive Summary Report which will provide the institutional synthesis of the responses and assessments, and will:

a. identify significant strengths of the unit and its respective programs;
b. identify opportunities for program improvement and enhancement;
c. prioritize the recommendations that are selected for implementation.

The Executive Summary will include an outline of the review process, the findings and recommendations of the Internal Review Subcommittee, and the responses of the Chair or Director, the Dean, and the Provost to the findings.
F    Use of Accreditation and Other External Reviews in the Institutional Quality Assurance Process (4.2.7)

Before an accreditation review takes place, the Chair of IRC will be provided with a copy of the accreditation review template to compare with the University’s internal review template. The outcome of that comparison may be that:

a. the accreditation review will be accepted as meeting all the criteria for an internal review. The final report of the accrediting body will be submitted directly to the IRC;
   or
b. the accreditation review will be accepted as meeting most of the criteria for an internal review. Some supplementary information will need to be submitted to the IRC along with the final report of the accrediting body;
   or
c. the accreditation review will not sufficiently meet the requirements of an internal review and a regular IRS will be established by the IRC.

The Chair of IRC will be included in meetings between accreditation reviewers and the Provost at the conclusion of the reviewers’ site visits. When the final report of the accrediting body is submitted, a determination will be made by the IRC as to whether or not it has met the internal review criteria as expected. If expectations have not been met, the IRC will either:

• require the submission of additional information,
   or
• conduct a supplementary internal review in accord with the protocol for cyclical reviews.

G    Cyclical Review of Joint Programs

The review of Joint Graduate Programs involving other Ontario Universities will be conducted separately from the internal review of programs housed solely at the University of Guelph. The Provosts from each of the institutions participating in a joint program will establish the schedule for the review of the joint program on an eight-year cycle. The review will be undertaken by the institution with responsibility for the administration of the program at the time of the review and will be conducted in accord with the process for cyclical review process of the host institution.
H  Reporting Requirements

Internal
SCQA will receive the Final Assessment Report upon the completion of each review. If SCQA believes that further discussion or review is warranted, it shall instruct its Chair to carry out those discussions on its behalf. The Chair of SCQA will present the Executive Summary of each unit review to Senate for information and comment, and the summaries will be posted on the SCQA website.

The person or group designated by the Provost as being responsible for addressing each of the recommendations included in the Final Assessment Report will provide a report to SCQA on their implementation, no later than one year following Senate’s receipt of the Executive Summary, and SCQA will make a report to Senate for information on actions taken. (4.2.6)

External
The Executive Summary of the Final Assessment Report will also be submitted to the Quality Council, for information. As well, major modifications to programs which have been approved by the Senate of the University of Guelph will be submitted to the Quality Council, for information.