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**Institutional Quality  
Assurance Process (IQAP)**

## Laurentian University Institutional Quality Assurance Process (IQAP)

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# 1.0 - Laurentian University Institutional Quality Assurance Process (IQAP)

## Introduction

Laurentian University's Institutional Quality Assurance Process (IQAP) is designed to be in compliance with the Quality Assurance Framework adopted by the publicly-assisted universities of the Province of Ontario.

The Ontario Council of Academic Vice-Presidents (OCAV) has established the Ontario Universities Council on Quality Assurance (the Quality Council). The purpose of the Quality Council is to assure the relevant stakeholders—including students, faculty members, administrators, other educational institutions throughout the world, employers, governments and the public at large—that the undergraduate and graduate programs in Ontario universities meet high standards of quality. The Council operates at arm's length from universities and governments, to ensure its independence. Nevertheless, in establishing the Quality Council, OCAV has acknowledged that academic standards, quality assurance and program improvement are, in the first instance, the responsibility of the universities themselves.

This IQAP replaces the previous procedures for undergraduate program review (under UPRAC, the Undergraduate Program Review Audit Committee) and graduate program review (under OCGS, the Ontario Council on Graduate Studies). This IQAP becomes effective upon approval by the Quality Council (similarly for any revisions of this document). Under some circumstances, undergraduate and graduate programs may be reviewed together.

This IQAP derives its authority and legitimacy from the Quality Council, and also from the Academic Senate of Laurentian University, the body responsible for academic matters at the University. The authoritative contact between Laurentian University and the Quality Council is the Provost. The Senate establishes that its Academic Planning Committee (ACAPLAN), chaired by the Provost, is responsible for the application and execution of the IQAP, and for the assurance of curricular quality assessment at Laurentian University. In fulfilling this responsibility, ACAPLAN works cooperatively with the Vice-presidents, the Deans, the Council of English Language Programs (CELP), le Conseil des programmes en français (CPF), the Faculty Councils and the academic units.

This IQAP follows the Quality Assurance Framework (<https://oucqa.ca/wp-content/uploads/2021/10/Quality-Assurance-Framework-Oct-2021-1.pdf>) of the Quality Council in its fifteen basic principles underlying quality assurance. These focus on the experience of the student, independent oversight, university autonomy and transparency, institutional responsibility for quality assurance, monitoring, and improvement, expert peer-review, as well as the use of appropriate standards.

### **Student Experience**

Principle 1: The best interest of students is at the core of quality assurance activities at Laurentian. Quality assurance is ultimately about the centrality of the student experience. It is about student achievement in programs that lead to a degree or diploma; about ensuring the value of the university degree, and of ensuring that our highly qualified graduates continue to be strong and innovative contributors to the well-being of Ontario's economy and society

### **Oversight by an Independent Body**

Principle 2: While primary responsibility for quality assurance in all undergraduate and graduate programs offered at Laurentian rests with the university itself, Laurentian has joined with other Ontario universities to vest in the Quality Council final authority for decisions concerning all aspects of quality assurance.

Principle 3: The Quality Council operates at arm's length from both the institution and the government to ensure its independence of action and decision.

Principle 4: With this responsibility to grant and withhold approval comes the Quality Council's recourse to substantial sanctions and remediation for use when necessary and as a last resort.

Principle 5: The Quality Council will have due and iterative processes in consultations with Laurentian University, and have robust appeal processes.

Principle 6: The Quality Council itself will undergo a regular periodic quality assessment review by a review committee that includes, equally, reviewers who are external to the system and to the province, and reviewers who are internal to the system and to the province. This review will take place at least every eight years.

### **University Autonomy and Transparency**

Principle 7: The Quality Council acknowledges and respects the autonomy of the university and the role of senate and other internal bodies in ensuring the quality of academic programs as well as determining priorities for funding, space, and faculty allocation.

Principle 8: Laurentian has vested in the Quality Council the final authority for decisions concerning ratification of Institutional Quality Assurance Processes (IQAP), approval of new programs and compliance with the Audit Protocols. As the primary agent for quality assurance, Laurentian University has designed and implemented its own IQAP that is consistent not just with our own mission statements and university Degree Level Expectations, but also demonstrably embodies the principles and procedures articulated in the Quality Assurance Framework.

Principle 9: In accordance with publicly communicated principles, policies and procedures, both the Quality Council's assessment process and the internal quality assurance process of Laurentian University is open, transparent, and accountable, except as limited by constraints of laws and regulations for the protection of individuals.

### **Increased Responsibility for Quality Assurance**

Principle 10: While processes for ensuring quality at Laurentian University will be different from those at other universities, they will nevertheless comply with the broad processes identified in the Quality Assurance Framework.

Principle 11: Where the institutional capacity for quality assurance at Laurentian University requires further support, we will call upon the resources of the Quality Council and our peers system to face these challenges.

Principle 12: The Quality Council's oversight will recognize Laurentian University's past performance and adjust accordingly.

### **Continuous Monitoring and Quality Improvement**

Principle 13: Quality is not static, and continuous program improvement should be a driver of quality assurance and be measurable. An important goal for quality assurance is to reach beyond merely demonstrating quality at a moment in time and to demonstrate ongoing and continuous quality improvement. Laurentian University is committed to innovating and sharing effective best practices in quality assurance to help us all improve.

### **Expert Independent Peer Review**

Principle 14: Whether for new programs or cyclical review of existing programs, expert independent peer review is foundational to quality assurance.

### **Appropriate Standards**

Principle 15: Laurentian University recognizes that the Quality Council's standards are appropriate to the nature and level of degree programs, are flexible and respectful of institutions and international standards, and encourage innovation and creativity in degree programming. In applying these standards, documentation should be significantly relevant to decision-making, and not be burdensome.

### **The Quality Council**

The Quality Council was established by the Council of Ontario Universities (COU) to oversee quality assurance processes for all levels of programs in its publicly assisted universities, as of March 1, 2010. The universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance.

### **Nature of Its Expert and Independent Judgments**

There are three levels of assessment for quality assurance: primary, secondary, and tertiary. Primary assessment occurs at the unit level where the program itself engages in the development of new programs and self-reflection and self-study of existing programs, calling upon those who participate to assess their contribution and experience (faculty, students, staff, and graduates).

Secondary assessment involves the authorities to whom the program reports, who engage in the assessment as well, calling upon independent experts to assess the evidence — this is expert or peer review. That review must be at arm's length from the unit and done by qualified persons. Secondary assessment also includes quality assurance at the institutional level. The results of this secondary assessment must be communicated to the program, responded to, and acted upon. The second-level oversight must provide assurance that the primary assessment steps have been appropriately carried out.

The Quality Council engages in tertiary assessment; it does not conduct primary or secondary assessments. Those are up to the institution. Rather, the Quality Council provides assurance to the system that the processes are sound; to Laurentian University, other institutions, potential students, students, employers, and funders both public and private. It is a vehicle of public accountability to those

who have an interest in the experience of those who enter, undertake and graduate from the program.

In order to best perform tertiary assessment, it is important that the Quality Council's membership include those with experience in primary and secondary assessment. It is not that they re-do the earlier assessments; rather, they are able to ascertain whether those assessments were comprehensively well done (that the main issues are addressed) and independently assessed (that the appraisers are arm's-length and knowledgeable). Well done also means well received. Not that the conclusions and recommendations are always welcomed; but that each has been reasonably considered and an appropriate plan has been developed to effect program improvement. What is praised is continued and strengthened; what is in need of improvement is in fact improved.

The Quality Council typically approves new programs and monitors their implementation and subsequent reviews; assesses significant changes, and audits the quality assurance mechanisms within institutions. Since this activity is always tertiary appraisal, it is fundamentally an audit function. Audits result in forms of approval or disapproval: either permission to commence (in the case of new programs) or to continue, sometimes with conditions (a clean slate is the desired outcome for an institution).

#### **Remedies Available**

When the Quality Council is not convinced of the quality of an institution's recommendations, appraisals, and/or monitoring, then at the program level, the Quality Council has the authority to:

- Not approve the commencement of a new program.

At the Institutional level, where there may be concerns on policies and practices that arise through an audit, the Quality Council has the authority to:

- Require a report on steps taken where the deficiencies are minimal
- If more serious, issue directives with a response within a short timeframe about steps to be taken, followed by a report on completion of those steps
- Where these measures are not satisfactory, provide or forward a report to the Ontario Council of Academic Vice-Presidents (OCAV) and the Ministry of Colleges and Universities (MCU) and initiate rolling and/or accelerated audits of all institutional internal quality assurance processes

#### **Responsibilities of Institutions**

Every publicly assisted Ontario university that grants degrees and diplomas is responsible for ensuring the quality of all of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding.

Institutional responsibility for quality assurance extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university. These responsibilities also extend to programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, or institutes. For definitions of the inter-institutional arrangements, see the Definitions in Appendix 1 of Part Two: Quality Assurance Protocols for Ontario's Universities and the Quality Council.

The first responsibility of Laurentian University is to develop and maintain an Institutional Quality Assurance Processes (IQAP) that sets out Laurentian University's protocols for each of the elements of quality assurance (new programs, major modifications, expedited approvals and audits).

The IQAP must identify the authority or authorities responsible for the IQAP and its application, as well as the authoritative contact between Laurentian University and the Quality Council. At Laurentian University, this will be the Provost and Vice-President Academic, who will be the sole contact for communication between Laurentian University and the Quality Council about the approval process.

For each protocol addressed in the IQAP, Laurentian University will prepare and systematically maintain a set of institutional guidelines that describes the quality assurance activities associated with each. Among other items, this guidance should do the following:

- a) Provide guidance on the steps associated with creating a new program, cyclical program review, expedited protocol, or major modification
- b) Establish the criteria for the nomination and selection of arm's length external peer reviewers and the instruction to the Reviewers
- c) Identify responsibilities for the collection, aggregation and distribution of institutional data and outcome measures, as required
- d) Specify the format required for the new program proposal, self-study, expedited submission or major modification, and, where required, external reviewers' reports, including associated templates
- e) Set out Laurentian University's cycle for the conduct of undergraduate and graduate program reviews

This Quality Assurance Framework consists of five distinct Protocols and a definition section. The Protocols (that are described briefly below) specify the minimum requirements for the internal and external quality assurance activities and the interplay between them.

**The Protocol for New Program Approvals** applies to both new undergraduate and graduate programs and is used to secure the academic standards of new programs and to assure their ongoing improvement. The Appraisal Committee of the Quality Council reviews the Proposals. The Council has the final authority to approve (with or without conditions) or decline New Program Proposals.

Proposals for new for-credit graduate diplomas are to be submitted for approval through the **Protocol for Expedited Approvals**. This Protocol can also optionally apply to requests for the Quality Council's approval of a new field in a graduate program, as well as requests for its approval of a proposed major modification to an existing program.

The fundamental purpose for the **Protocol for Major Modifications (Program Renewal and Significant Change)** is the identification of major modifications to existing programs, and their approval through a robust quality assurance process. This process does not require but may include Quality Council approval, so as to assure the universities, the public, and the government of the ongoing quality of all of the university's academic programs. While universities themselves are best placed to determine the degree of change that is being proposed, the distinction between major modifications and new programs can, at times, be difficult to determine. The Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals.



The **Protocol for Cyclical Program Reviews** is used to secure the academic standards both of existing undergraduate and graduate degree programs, and for-credit graduate diploma programs (through a Final Assessment Report). The Cyclical Program Review also functions to assure the ongoing improvement of all of these programs through an Implementation Plan. Undergraduate and graduate program reviews may be conducted concurrently and in conjunction with departmental reviews, when universities so choose.

The **Audit Protocol** is conducted through a panel of auditors, collectively known as “the Audit Committee” of the Quality Council. Each cycle of audits spans an eight-year period and all member universities are audited at least once within each cycle. The first cycle of audits (2012-13 to 2019-20) examined each university’s compliance with its own IQAP, as ratified by the Quality Council. The Quality Council has the authority to approve or not approve the recommendations and reports of the Audit Committee.

The Definitions Section additionally contains definitions of some of the specialized vocabulary used throughout. Information on and links to best practices, guidance and templates designed to assist universities in implementing and following the Protocols, can also be found throughout the Framework.

### **PROGRAM TYPOLOGY AND QUALITY COUNCIL (QC) INVOLVEMENT**

Program Type (See Appendix D For Definitions)	IQAP	New Program Approval	Expedited Approval Process	Cyclical Program Review	Audit Sample Eligibility
Diploma: Graduate for-credit	Yes	No	Yes	Yes	No
Degree Program (Undergraduate And Graduate)	Yes	Yes	New graduate program arising from long- standing field	Yes	Yes
Program of Specialization, e.g. major, honours, specialization	Yes	Yes	No	Yes	Yes
Emphasis, Option, Minor or similar	Yes	Only if part of new Program	No	No	No
Major Modification (Annual reports to the QC on all Major	Yes	N/A	Optional. Only if QC approval requested by	Yes	Not normally

Modifications)

University or if it is a  
Field Addition

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## 1.1 - Partnerships

Laurentian University continues to offer its degree programs at various College sites including St-Lawrence College, Northern College, Sault College, and Cambrian College; again all Laurentian University academic regulations apply to these programs and they are reviewed through Laurentian University.

Laurentian University was responsible for the programs at the Université de Hearst, an affiliate, until 2023.

- A) Laurentian University has a large number of collaborative programs with colleges around the province. These collaborations follow the same curriculum as its equivalent Laurentian program, and as such would follow the Laurentian IQAP.

## 1.2 - Arm's Length

The reviewers will be at arm's length from the program under review, and be active and respected in their field. (See the [QAF Guide - Choosing Arm's Length Reviewers](#) for information and examples.)

In summary, "Arm's length does not mean that the reviewer must never have met or even heard of a single member of the program. It does mean that reviewers should not be chosen who are likely, or perceived to be likely, to be predisposed, positively or negatively, about the program. Arm's length means that reviewers/consultants must not be close friends, current or recent collaborators, former supervisors, advisors or colleagues.

External reviewers/consultants should have a strong track record as academic scholars and ideally should also have had academic administrative experience in such roles as undergraduate or graduate program coordinators, department chair, dean, graduate dean or associated positions. This combination of experience allows a reviewer to provide the most valuable feedback on program proposals and reviews." (QAF)

Reviewers cannot be current or recent collaborators, former supervisors, advisors or colleagues of members of the unit/program. Arm's length does not mean that the reviewer must never have met or even heard of a member of the program. It does mean that reviewers should not be chosen who are likely, or perceived to be likely, to be predisposed to view the program or unit either positively or negatively.

Reviewer/Faculty relationships that may violate the arm's length requirement:

- A previous member of the program or department under review (including being a visiting professor).
- Received a graduate degree from the program under review.
- A regular co-author and research collaborator with a member of the program, within the past seven years, and especially if that collaboration is ongoing.
- Close friend or family relationship with a member of the program.
- A regular or repeated external examiner of dissertations by doctoral students in the program.
- The doctoral supervisor of one or more members of the program.

## 2.0 - Process for New Program Approval

All the steps are compulsory. The proposal may be stopped at any step, if not approved.

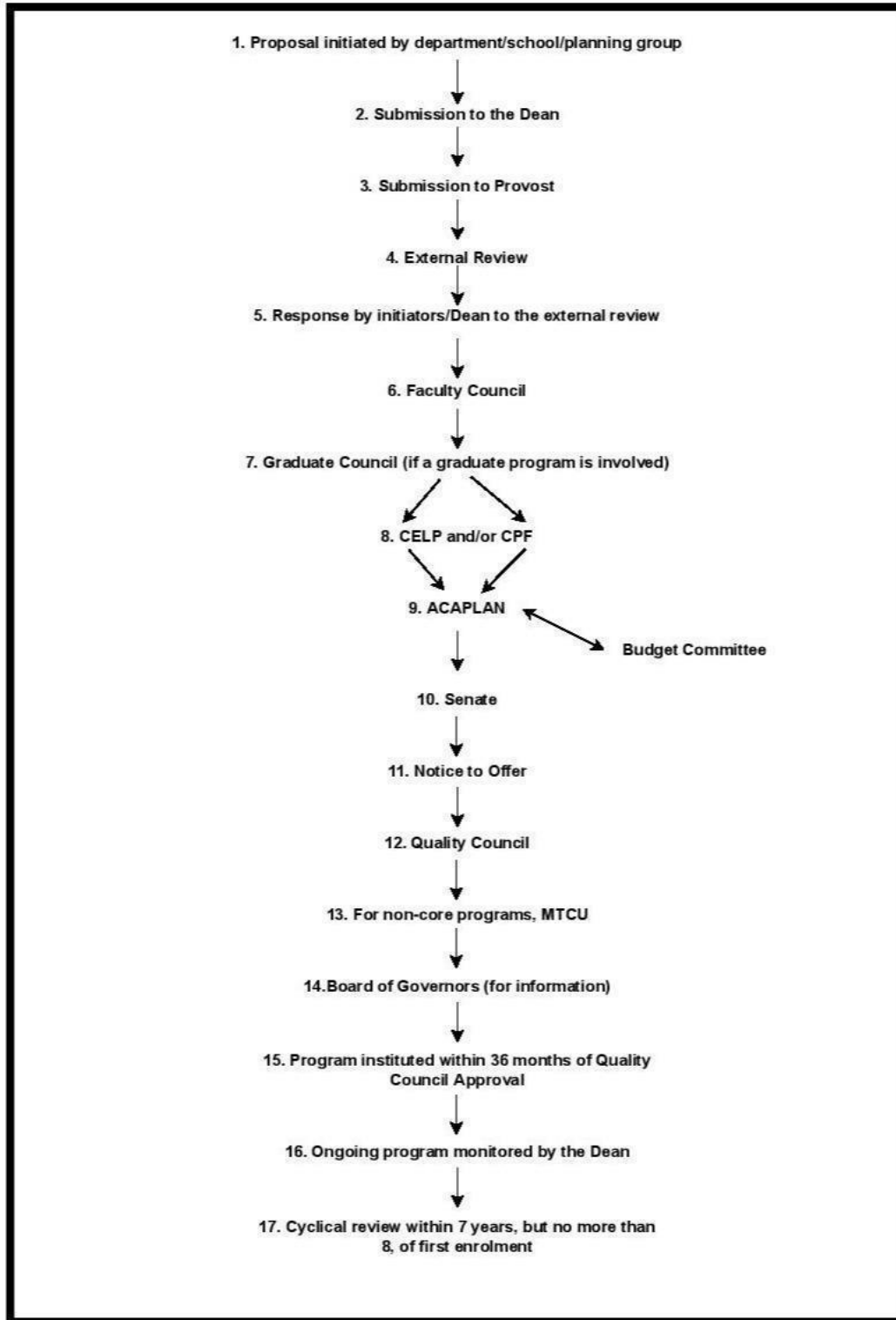
In what follows, the plural is understood when appropriate.

The sequence of approval for a new program is:

1. Proposal initiated by a department/school/planning group
2. Submission to the Dean
3. Submission to the Provost's office
4. External review
5. Response by initiators and by the Dean to the external review
6. Submission to and approval by the relevant Faculty Council
7. If the new program is at the graduate level, submission to and approval by the Graduate Council
8. Submission to and approval by the Council of English Language Programs (CELP) or Conseil des programmes en français (CPF), as appropriate
9. Submission to and approval by the Academic Planning Committee (ACAPLAN)
  - a) must consult with the Budget Committee and other appropriate university bodies to assess resource needs and availability
10. Submission to and approval by Senate
11. Once it is approved at Senate, a notice can be sent out to announce the intention to offer the new program pending approval by the Quality Council. No offers of admission can be made until the program is approved by the Council.
12. Submission to and approval by the Quality Council
13. If the new program is "Non-Core," submission to the Provincial Government for funding
14. Program reported to the Board of Governors, for information
15. Program instituted within thirty-six months of Quality Council approval
16. Ongoing program monitored by the Dean
17. Cyclical review within eight years of first enrolment.

This sequence is illustrated in Flowchart 1.

### Flowchart 1: Process for New Program Approval



An explanation of these steps follows

1. **Proposal Initiated:** The proposal by the department/school/planning group is made according to the “New Program Template” which is validated yearly by ACAPLAN for both CELP and CPF. The template is based on the criteria from the Quality Council, and found in section 2.2, and augmented by Laurentian-University-specific elements. The new program proposal must address the evaluation criteria detailed in Appendix A. The responses required by the template cover the areas noted by the Quality Council, and in some cases go beyond those areas. The proposal may be modified as the process continues. A proposal for a new program may be initiated by any group in the University, including the Vice-President, Academic and Provost.
2. **Submission to the Dean:** The Dean reviews the proposal, to be sure that it fully meets the requirements of the template and of the IQAP. At this early stage, the Dean may consult informally with any bodies on the campus, including the Faculty Council, the Budget Committee and/or the Provost (and the Vice-President Research and Graduate Studies for graduate programs). The Dean may send the proposal back to its originators, for amendments. The Dean may decline to advance the proposal to the next step, on the grounds that it does not correspond to the priorities of the University, and/or that funding and other resources are not available, and/or that quality is weak. When the Dean is satisfied that the proposal is strong, he/she proceeds to step 3.
3. **Submission to the Provost’s Office:** The Provost, in consultation with the Dean, appoints the review committee. There must be at least two external reviewers for any new program. The Provost may also include an additional internal member from within the university, but from outside the discipline (or interdisciplinary group) engaged in the proposed program, to participate in the review process. The unit must propose the names of at least four (4) external reviewers by October 15th. In appointing the external reviewers, the Provost considers this list, but is not restricted to it. The external reviewers are to be active and respected in their field, are normally associate or full professors with program management experience, as well as a solid understanding of pedagogy and learning outcomes. They will also be arm’s length to the program (Section 1.2). In proposing names, the unit and/or the Provost may consult widely, including from among senior administrators and experienced colleagues at other universities.
4. **External Review:** At a minimum, external reviewers shall receive the New Program Proposal as well as all relevant faculty CVs. External review of a new undergraduate Program Proposal will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review (see Definition), virtual site visit (see Definition) or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost will also provide a clear justification for the decision to use these alternatives. External review of a new doctoral Program Proposal must incorporate an on-site visit. Certain new master’s programs (e.g., professional master’s programs (see Definition), fully online, etc.) may also be conducted by desk review, virtual site visit or an equivalent method if both the Provost and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other proposed master’s programs.

The external reviewers normally provide a joint report that:

- a) Addresses the substance of the New Program Proposal;

- b) Responds to the evaluation criteria set out in Appendix A;
- c) Comments on the adequacy of existing physical, human and financial resources; and
- d) Acknowledges any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it.

ACAPLAN will also approve, on a yearly basis, the template used by external reviewers for the evaluation of the program.

Should the report, in the view of the Provost, not meet the requirements of the IQAP, the Provost will reach out to the external reviewers, indicating the areas that need attention, and ask for a revised version to be returned.

5. Response by initiators and by the Dean to the External review: The proposal initiators and the Dean will make clearly separate responses to the External Review Report, in particular responding to the external reviewers' recommendations. The initiators of the proposal respond in writing to the external report. Part of the initiators' response may include amendments to the original proposal. The Dean provides a separate response to the report, and may require the initiators to further amend the proposal. In the case that amendments are suggested by the Dean, these will be conveyed to the initiators for their response. The initiators will provide a rationale if the changes suggested by the Dean are not retained. All the documentation related to this process will be provided to the relevant Faculty Council.
6. Submission to and approval by the relevant Faculty Council: The Faculty Council considers the proposal, the external review and the responses from the initiators and the Dean to the review, and makes a recommendation. The recommendations can include approval, amendment, or rejection. The Faculty Council may decline to advance the proposal to the next step or make a recommendation that it be approved.
7. Submission to and approval by the Graduate Council (if applicable): A proposal for a new graduate program is next submitted to the Graduate Council which considers the proposal from the point of view of academic quality, the external review and the responses to the review, and makes a recommendation. The recommendations can include approval, amendment, or rejection. The Graduate Council may decline to advance the proposal to the next step or make a recommendation that it be approved.
8. Submission to and approval by the relevant Council (CELP or CPF), as appropriate: The Council of English Language Programmes (CELP) and/or the Conseil des programmes en français (CPF) considers the proposal from the point of view of academic quality. At the committee's discretion, it may invite the initiators and/or the Dean to consult, in person. The committee may approve, or it may ask for amendments. If amendments are sought, they may be brought back directly to the committee, without going through the previous steps. The committee has the authority to reject the proposal, and stop it from proceeding further.
9. Submission to and approval by the Academic Planning Committee: ACAPLAN is the Academic Planning Committee of the Academic Senate. ACAPLAN considers the proposal in its widest context. It may deal with the academic merits, and it also considers such questions as whether the program fits into the priorities of the institution, and whether sufficient resources can be

made available for the success of the program. At the committee's discretion, it may invite the initiators and/or the Dean to consult, in person. ACAPLAN determines whether the program falls into the "core" undergraduate arts and sciences category, as specified by the Ministry of Colleges and Universities, or the "non-core" category (see Appendix B). ACAPLAN may approve, ask for amendments, or reject. If it rejects, the proposal may not go forward. ACAPLAN may approve subject to some conditions; for example, it may approve subject to the approval of the Budget Committee.

10. Submission to and approval by Senate: If it approves the proposal, ACAPLAN brings a motion to Senate. Senate is the final on-campus approval authority. If approved by Senate, the proposal goes to the Quality Council. The submission will further include a brief commentary on the two external reviewers selected to review the proposed program in regard to their qualifications in the following areas:
  - Sufficient expertise in content and program delivery;
  - Appropriate connections to industry (where appropriate); and
  - Expertise in teaching and learning.
11. Notice of intent to offer pending Quality Council Approval (optional): Once it is approved at Senate, a notice can be sent out by the Provost and Vice-President Academic to announce the intention to offer the new program pending approval by the Quality Council. No offers of admission can be made until the program is approved by the Council. Any notice must include the following: "Prospective students are advised that the program is still subject to formal approval".
12. Submission to and approval by the Quality Council: The Quality Council establishes its own procedures for consideration and approval, including their ability to request additional information from Laurentian. The response from the Quality Council may be one of the following
  - a) Approved to commence;
  - b) Approved to commence, with report;
  - c) Deferred for up to one year during which time the university may address identified issues and report back;
  - d) Not approved; or
  - e) Such other action as the Quality Council considers reasonable and appropriate in the circumstances.

Those procedures include an appeals process. Laurentian University may make an appeal to, or request a meeting with, the Appraisal Committee or Quality Council for reconsideration within 30 days. If the proposal is denied, Laurentian University must wait a minimum of one year before submitting a revised proposal to the Quality Council.

In the case of a program Approved to commence, with report, the office of the Provost and Vice-President academic will take the lead in ensuring that the various conditions outlined in the decision are met, and that the mandated report is complete and submitted on time to the Quality Council. The Appraisal Committee reviews the subsequently submitted report, conducts whatever consultation it requires, and then makes one of the following recommendations to the Council that the program be:

- a) Approved to continue without condition;
- b) Approved to continue, but the Council requires additional follow-up and report within a specified period, prior to the initial cyclical review; or



- c) Required to suspend admissions for a minimum of two years. The Quality Council will then specify the conditions to be met in the interim in order for admissions to the program to resume.

Laurentian University may request a reconsideration, to the Quality Council, of the decision to suspend admissions to the program, on the same terms as are set out in Framework Section 2.7.1 (i.e., the university will be providing new information; and/or there were errors of fact in the Appraisal Committee's commentary; and/or there were errors of process).

13. Submission to the Provincial Government for funding if "Non-Core" program: "Non-Core" programs must be submitted to the Ministry of Colleges and Universities of the Province of Ontario, to seek funding for enrolled students.
14. Program reported to the Board of Governors (for information): While the Senate, not the Board of Governors, has the authority to approve new programs, the Board is to be informed of program approvals. There is a standing item on the Board agenda for this purpose, and the Provost is available at a Board meeting to answer questions.
15. Program instituted within thirty-six months of Quality Council approval: The program must begin within 36 months of approval by the Quality Council; otherwise the approval lapses. In the case of "non-core" program proposals (see #13 above), the beginning will await approval by the Ministry of Colleges and Universities that funding will be provided for enrollments in the program.
16. Ongoing program monitored by the Dean: For all new programs, the Dean establishes a monitoring process to last for at least the first four years of the program, through annual reports and updates provided to the Dean by the Program Head. While the Dean has discretion as to how to proceed, the monitoring process must include consideration of student enrollments and persistence in the program. The monitoring report must carefully evaluate the program's success in realizing its objectives, requirements and outcomes, as originally proposed and approved, as well as any changes that have occurred in the interim, including in response to any Note(s) from the Appraisal Committee. The monitoring process should also take into consideration the outcomes of the interim monitoring report and any additional areas to be considered in the first cyclical review of a new program.
17. Cyclical review within eight years: Normally a new program will be subject to a formal review, under the terms of this IQAP, within 7 years of its institution, but in no cases in more than 8 years.

## 2.1 Quality Council Evaluation Criteria for New Programs

The following contains the minimal set of criteria determined by the Quality Council that need to be addressed for a new program. ACAPLAN will take these, along with suggestions from CELP and CPF, in order to update the 'New Program Template' yearly.

### A. Program objectives

- Clarity of the program's objectives;
- Appropriateness of degree nomenclature given the program's objectives; and
- Consistency of the program's objectives with the institution's mission and academic plans.

### B. Program requirements

- Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes;
- Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations;
- Appropriateness of the proposed mode(s) of delivery (see Definitions) to facilitate students' successful completion of the program-level learning outcomes; and
- Ways in which the curriculum addresses the current state of the discipline or area of study.

### B2. Program requirements (for graduate programs only)

- Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;
- Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses (see Guidance); and
- For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

### C. Assessment of teaching and learning

- Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- Appropriateness of the plans to monitor and assess:
  - The overall quality of the program;
  - Whether the program is achieving in practice its proposed objectives;
  - Whether its students are achieving the program-level learning outcomes; and
  - How the resulting information will be documented and subsequently used to inform continuous program improvement.

### D. Admission requirements

- Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
- Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

#### E. Resources

- Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:
- Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience (see Guidance);
- If required, provision of supervision of experiential learning opportunities;
- Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university;
- Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and
- If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

#### E2. Resources (for graduate programs only)

- Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:
  - Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation, and foster an appropriate intellectual climate;
  - Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and
  - Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

#### F. Quality and other indicators

- Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring); and
- Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

## 3.0 - Process of Expedited Approvals

All the steps are compulsory. The proposal may be stopped at any step, if not approved. The template for 'Expedited Approvals' is validated yearly by ACAPLAN for both CELP and CPF. The template is based on the criteria from the Quality Council, and found in section 3.1, and augmented by Laurentian-specific elements.

In what follows, the plural is understood when appropriate.

Expedited approvals include the following program changes:

- Proposals for new for-credit graduate diplomas (Types 2 and 3) are to be submitted for approval through the Protocol for Expedited Approvals.
- This Protocol can also optionally apply to requests for the Quality Council's consideration of a new field(s) in a graduate program, as well as requests for its consideration of a proposed major modification to an existing program. This option might be helpful should the university wish to promote the fact that it has received the Quality Council's approval for the proposal, and/or to utilize the external oversight this Protocol provides.

This Protocol applies to the following proposal types:

- a) New for-credit graduate diplomas (Types 2 and 3); and
- b) New standalone degree program arising from a long-standing field in a master's or doctoral program that has undergone at least two Cyclical Program Reviews and has at least two graduating cohorts.

If the curriculum changes are deemed to fit the expedited approvals, only the following steps in Section 2.0 need to be followed: 1, 2, 3, 6, 7, 8, 9, 10, and 12, as per Flowchart 2.

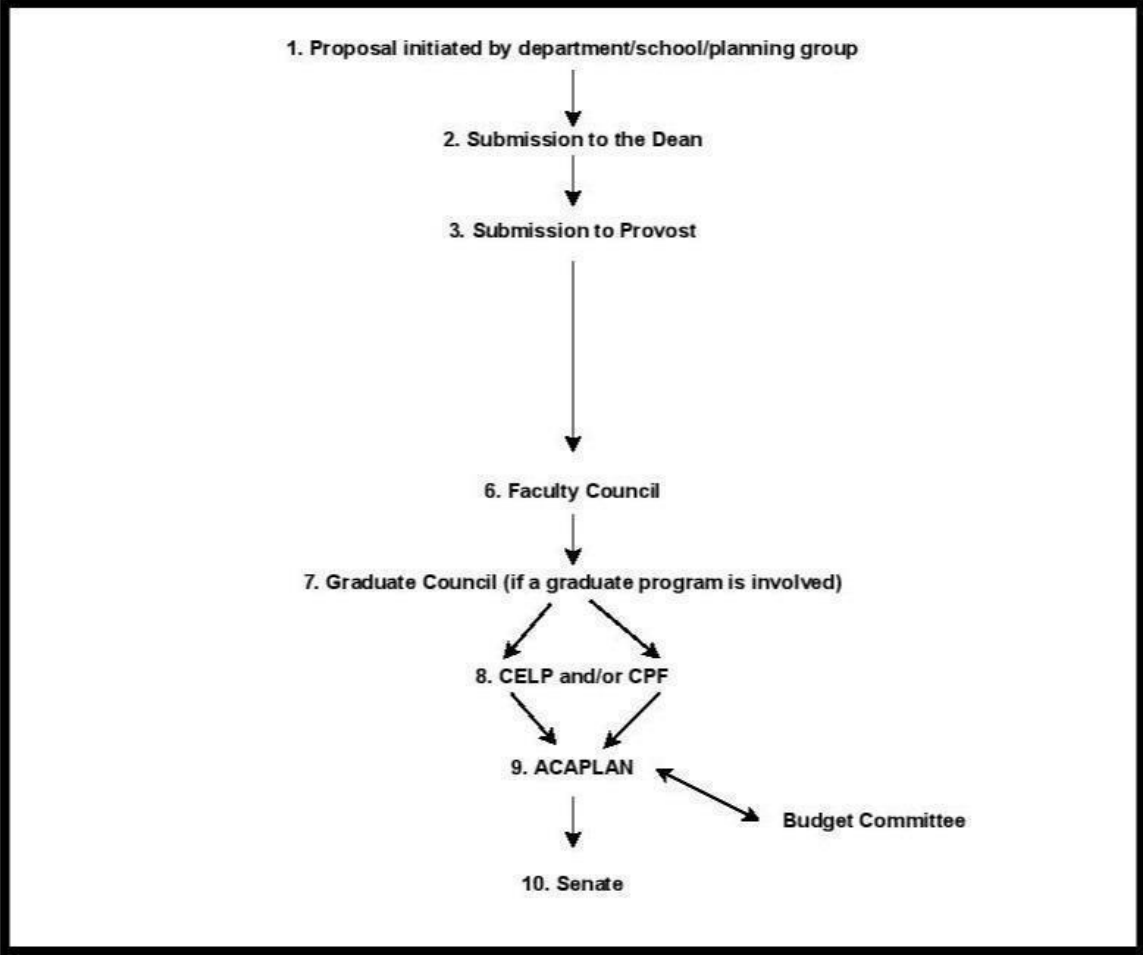
After reviewing the submission, conferring with the proposing university, and receiving further information, as needed, the Council's Appraisal Committee will come to its decision. It can be anticipated that any consultations will normally be brief and result in one of the following decisions:

- a) Approved to Commence
- b) Approved to Commence, with Report; or
- c) Not Approved

This step will normally be completed within 45 days of receipt of the university's submission, provided that the submission is complete and in good order. Where additional information is required by the Appraisal Committee, one of the three possible outcomes (see above) will be made within a further 30 days of receipt of a satisfactory response. The Quality Assurance Secretariat will convey the decision of the Appraisal Committee to the Quality Council for information, and then to the university.

Programs created or modified through the Protocol for Expedited Approvals are not normally selected for the institution's Cyclical Audit.

Flowchart 2: Process for Expedited Approval



## 3.1 Quality Council Evaluation Criteria for Expedited Review

The following contains the minimal set of criteria determined by the Quality Council that need to be addressed while evaluating program changes under an Expedited Review. ACAPLAN will take these, along with suggestions from CELP and CPF, in order to update the 'Expedited Review Template' yearly.

### A. Program objectives

- Clarity of the program's objectives;
- Appropriateness of degree nomenclature given the program's objectives; and
- Consistency of the program's objectives with the institution's mission and academic plans.

### B. Program requirements

- Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes;
- Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations;
- Appropriateness of the proposed mode(s) of delivery (see Definitions) to facilitate students' successful completion of the program-level learning outcomes; and
- Ways in which the curriculum addresses the current state of the discipline or area of study.

### B2. Program requirements (for graduate programs only)

- Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;
- Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses (see Guidance); and
- For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

### C. Assessment of teaching and learning

- Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- Appropriateness of the plans to monitor and assess:
  - The overall quality of the program;
  - Whether the program is achieving in practice its proposed objectives;
  - Whether its students are achieving the program-level learning outcomes; and
  - How the resulting information will be documented and subsequently used to inform continuous program improvement.

### D. Admission requirements

- Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
- Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

#### E. Resources

- Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:
- Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience (see Guidance);
- If required, provision of supervision of experiential learning opportunities;
- Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university;
- Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and
- If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

#### E2. Resources (for graduate programs only)

- Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:
  - Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation, and foster an appropriate intellectual climate;
  - Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and
  - Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

#### F. Quality and other indicators

- Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring); and
- Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

## 4.0 - Process for Major Modification to Existing Programs

All the steps are compulsory. The proposal may be stopped at any step, if not approved.

In what follows, the plural is understood when appropriate.

Major modifications include the following:

- a) **Requirements that differ significantly from those existing at the time of the previous cyclical program review**
- The merger of two or more programs
  - New bridging options for college diploma graduates
  - Significant change (25% or more) 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, co-op option, 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 single field in a graduate program
  - Any change to the requirements for graduate program candidacy examinations, field studies or residence requirements
  - Major changes to courses comprising at least 33% of the program
- b) **Significant changes to the program-level learning outcomes**
- Significant changes (25% or more) to the program-level learning outcomes that do not, however, meet the threshold of a new program.
- c) **Significant changes to the faculty engaged in delivering the program and/or to the essential resources as may occur, for example, when there have been changes to the existing mode(s) of delivery (e.g. different campus, online delivery, inter-institutional collaboration)**
- The net loss of more than 25% of faculty members delivering the program
  - 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 (technologists, lab spaces, budget), where these changes impair the delivery of the approved program
- d) **Change in program name and/or degree nomenclature, when this results in a change in learning outcomes; and/or**
- e) The addition of a single field to an existing graduate program. This modification can instead be subject to an optional **Expedited Approval**. Note that institutions are not required to declare fields for either master's or doctoral programs. Note also that the creation of more than one field at one point in time or over subsequent years may need to go through the Expedited Protocol
- f) **Program closure.** A Program closure will be treated as a major modification. In order to permanently close a program, Senate will need to provide its approval, based on a recommendation from ACAPLAN or the VPAP.

The following are not Major modifications:



- The approval of an articulation agreement with a college
- Changes in admission requirements that are a result of changes in the high school curriculum
- Changes to an existing Emphasis, Option, or Minor;
- The creation of a new Senate-approved for credit micro-credential;
- Undergraduate certificate(s); and
- Laddering, stacking or similar options.

Although Major modifications (except for additional fields in a graduate program) do not normally require a review by the Quality Council, ACAPLAN may, at its discretion, seek such approval. In such cases, the evaluation criteria will be parallel to those for a new program (see Appendix A). In such cases, this Proposal requires:

- a) Description of, and rationale for, the proposed changes; and
- b) Application of the relevant criteria, as outlined in Framework Section 2.1.2, to the proposed changes. Laurentian will determine which criteria are deemed relevant for each Proposal and, to meet their own needs and in recognition of the diversity in institutional strategies, institutions may include their own quality assurance requirements, including for example, consideration of equity, diversity and inclusion, special missions and mandates, and student populations that are being encouraged by governments, institutions, and others.

Programs who are bringing forward changes to their existing curriculum and are unsure if the changes meet the threshold for a Major Modification should consult with the Vice-President Academic and Provost or his/her delegate in order to determine if the proposed changes indeed constitute a Major Modification.

The internal review and approval process should include an assessment of the impact the proposed modification will have on the program's students. Input from current students and recent graduates of the program should be considered as part of the development of the Proposal, with the Proposal including a statement on the way in which the proposed major modification will improve the student experience.

When changing the mode of delivery of a program to online for all or a significant portion of a program that was previously delivered in-person, consideration of the following criteria is strongly encouraged as part of the approval process for the proposed major modification:

- a) Maintenance of and/or changes to the program objectives and program-level learning outcomes;
- b) Adequacy of the technological platform and tools;
- c) Sufficiency of support services and training for teaching staff;
- d) Sufficiency and type of support for students in the new learning environment; and
- e) Access.

Major modifications are not normally selected for the institution's Cyclical Audit.

ACAPLAN is responsible to approve, on a yearly basis, the template for a 'Major Modification', based on CELP and CPF input. The template can be found at <https://laurentian.ca/policies-accountability/academic-accountability>.

There are three ways of triggering the Major Modification clause:

- a) If the curriculum changes to an existing program are deemed to be a major modification the program will follow steps 1, 2, 3, 6, 7, 8, 9 and 10 of the procedures in Section 2.0 for programs at the Sudbury campus. During this review process, the old program continues to operate. The VPAP will ensure that the proposed modification is in alignment with the relevant program-level learning outcomes.
- b) A proposal to develop an emphasis, an option or a pathway within an existing program follows steps 1, 2, 3, 6, 7 and 8 in Section 2.0 for Laurentian programs . In such cases, the evaluation criteria will be parallel to those for a new program (see Appendix A). During this review process, the old program continues to operate.
- c) When significant change occurs to the current or forecasted faculty complement or resources of the program, as identified by the VPAP:
  - i. The VPAP shall alert the program Coordinator/Chair/Director and the relevant Dean(s) about the possibility that admissions to all or parts of the program (specialization / major / minor / concentration) may be temporarily suspended, and provide two (2) weeks to the program to respond.
  - ii. If the program Coordinator/Chair/Director and the relevant Dean(s) agree that admissions to all or parts of the program need to be temporarily suspended, the VPAP will send this directive to the Registrar no later than by 1 August for the upcoming academic year and communicate this decision to ACAPLAN.
  - iii. If any of the program Coordinator/Chair/Director and the relevant Dean(s) disagree that admissions be temporarily suspended because of resource issues, the issue of suspending admissions will be addressed at an upcoming meeting of ACAPAN which shall make a recommendation to the VPAP on the topic no later than 1 July.
- d) If admissions to any or all parts of a program are temporarily suspended, the program has the option of going through a Major Modification. In so doing, the program will follow steps 1, 2, 3, 6, 7, 8, 9 and 10 of the procedures in Section 2.0 for programs at the Sudbury campus . The VPAP will ensure that the proposed modification is in alignment with the relevant program-level learning outcomes.

As an outcome of the review, ACAPLAN may recommend one of the following:

- i) That the VPAP reopen admissions following changes to the curriculum, the faculty complement, or resources
- ii) That Senate suspend permanently the program or part of the program. All permanent suspensions will be reported annually to the Quality Council as per Framework section 4.2

In the event that no Major Modification report is submitted to ACAPLAN within six (6) months of the request, ACAPLAN will make a recommendation to Senate for permanent suspension of the program or part of program.

Laurentian University must file an annual report to the Quality Council which provides a summary of major program modifications that were approved through the university's internal process in the past year. The Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals.

## 4.1 - Process for Changes that do not Meet the Major Modification Threshold

In the case where the change is not a major modification, the following needs to apply.

- a) Change to a Degree Program – including Specialization, Major, Concentration, Minor at the Undergraduate level – or Emphasis or Option at the Graduate level.

Proposed changes need to be approved at the Unit level, then the Faculty level – including graduate studies where appropriate, and at either CELP or CPF in order to be formalized.

- b) The creation or modification of a Senate-approved for credit micro-credentials, or the creation or modification of a laddering, or stacking option

Proposed changes need to be approved at the Unit level, then the Faculty level – including graduate studies where appropriate, and at either CELP or CPF in order to be formalized.

## 5.0 - Process for Cyclical Review of Existing Programs

Cyclical reviews of its programs are carried out by Laurentian University, using the standards established by the Quality Council, and reporting to the Quality Council. The Provost is responsible for the reviews, and for reporting on those reviews to the Quality Council.

The template for 'Cyclical Review' is validated yearly by ACAPLAN for both CELP and CPF. The template is based on the criteria from the Quality Council, found in section 5.3, and augmented by Laurentian University-specific elements. ACAPLAN is also responsible, yearly, to approve the template used by the external evaluators in the cyclical review process, and found at <https://laurentian.ca/policies-accountability/academic-accountability>.

Ongoing programs are normally reviewed every 7 years. ACAPLAN may call for a review at any time. In no case may a program go without a review for more than 8 years. The review cycle includes all joint, multi-disciplinary, interdisciplinary, multi-sited and inter-institutional programs, and all modes of delivery. Multi- or interdisciplinary programs may be included within the review of the programs of an academic department. The office of the Provost establishes and makes available a schedule of reviews. For the purposes of cyclical review, a program is defined as a major block of study (whether a program is funded or cost-recovery), and so would include concentrations, majors and specializations. The definition would therefore exclude minors, certificates and non-credit offerings. All such programs need to be reviewed within the appropriate cycle, whether as a standalone review or jointly with different programs at the unit level.

Normally, all the undergraduate and graduate programs offered by a department or school are reviewed at the same time. However, where not practicable to do so because the unit has a variety of programs, each program can be reviewed separately or in a small grouping, as long as a review of the program takes place no more than 8 years after the last review. Units have the option to prepare separate reports for each discrete program or address each program within a single omnibus report. When Laurentian reviews different program levels (for example, graduate and undergraduate), program modes, or programs offered at different locations, it will normally address each program within a single omnibus report, taking care that the distinctive attributes of each discrete program are reviewed and reported on by the reviewers. It is essential that the quality of each academic program and the learning environment of the students in each program be explicitly addressed in the self-study and external reviewers' report.

The following elements for the preparation and writing of the self-study are required:

- Description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered;
- Requirement for inclusion of the evaluation criteria and quality indicators identified below, for each discrete program being reviewed;
- Program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources;
- Description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program;
- For the first Cyclical Review of a new program, the steps taken to address any issues or items flagged in the monitoring report for follow-up, and/or items identified for follow-up by the Quality Council (for example, in the form of a note and/or report for the first Cyclical Program Review in the Quality Council's approval letter);
- Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;
- Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change; and
- Assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review.

Unless the Provost directs otherwise, the self-study is to review all degree programs that are the responsibility of the unit, including graduate and undergraduate programs, programs delivered with other institutions or on other sites, and programs delivered through non-typical modes.

The immediate purpose of the self-study is to constitute the basis for the review. The self-study should have value well beyond this, however. When conducted seriously and analytically, it provides the basis for a probing self-examination by the program members, for the purpose of rethinking the curriculum and the full student experience in the program.

The School Director initiates and makes sure that the self-study is carried out. He/she establishes a self-study committee to undertake the process, the committee to consist of at least five people, including the School Director, at least two other full-time faculty members and two students. If graduate programs are involved, the graduate coordinators of these programs will be part of the self-study committee. At the

discretion of the department/program, the self-study committee may be larger. The self-study committee prepares a draft of the self-study and presents it to the full department/program. The self-study must be approved by the department/program before it is sent to the next step. The Dean reviews and approves the self-study, to assure that it is complete and analytical, and that it meets the appropriate guidelines. The Dean may return the self-study to the department/program for amendment. When the Dean is satisfied with the self-study, he/she informs the Provost.

The self-study document will not exceed 35 pages, although appendices can be as lengthy and specific as desired. Since it will be made available to the Review Committee, its content should, in a general sense, assist the Review Committee in examining the following aspects, and therefore should reflect the Review Guidelines.

In some circumstances, the Provost, in consultation with the Vice-President Research and Graduate Studies, may determine that different programs offered by a department should be subject to different reviews.

Laurentian University is responsible for ensuring the quality of all components of programs of study, including those offered in partnership with other higher-education institutions (colleges and universities) through collaborative agreements.

The key outcome of a cyclical program review is the Final Assessment Report and its associated Implementation Plan, which forms the basis of the continuous improvement process.

Programs which have been closed or for which admission has been suspended are out of scope for a Cyclical Program Review. In reviewing a joint program and other inter-institutional programs, the IQAPs of the participating universities granting the degree should be considered. See Guidance (<https://oucqa.ca/resources-publications/quality-assurance-framework/>) for important aspects to consider in conducting joint program reviews.

Some professional programs at Laurentian University are subject to external accreditation. Every effort will be made to combine the accreditation assessments with the assessments provided for in this IQAP. In some cases, the self-study may form the basis for both the normal program review and an accreditation review. In such cases, it must meet the requirements of both processes. Further, the views of employers and professional associations will be solicited (e.g., through surveys or focus groups) and made available to the Review Committee for professional programs.

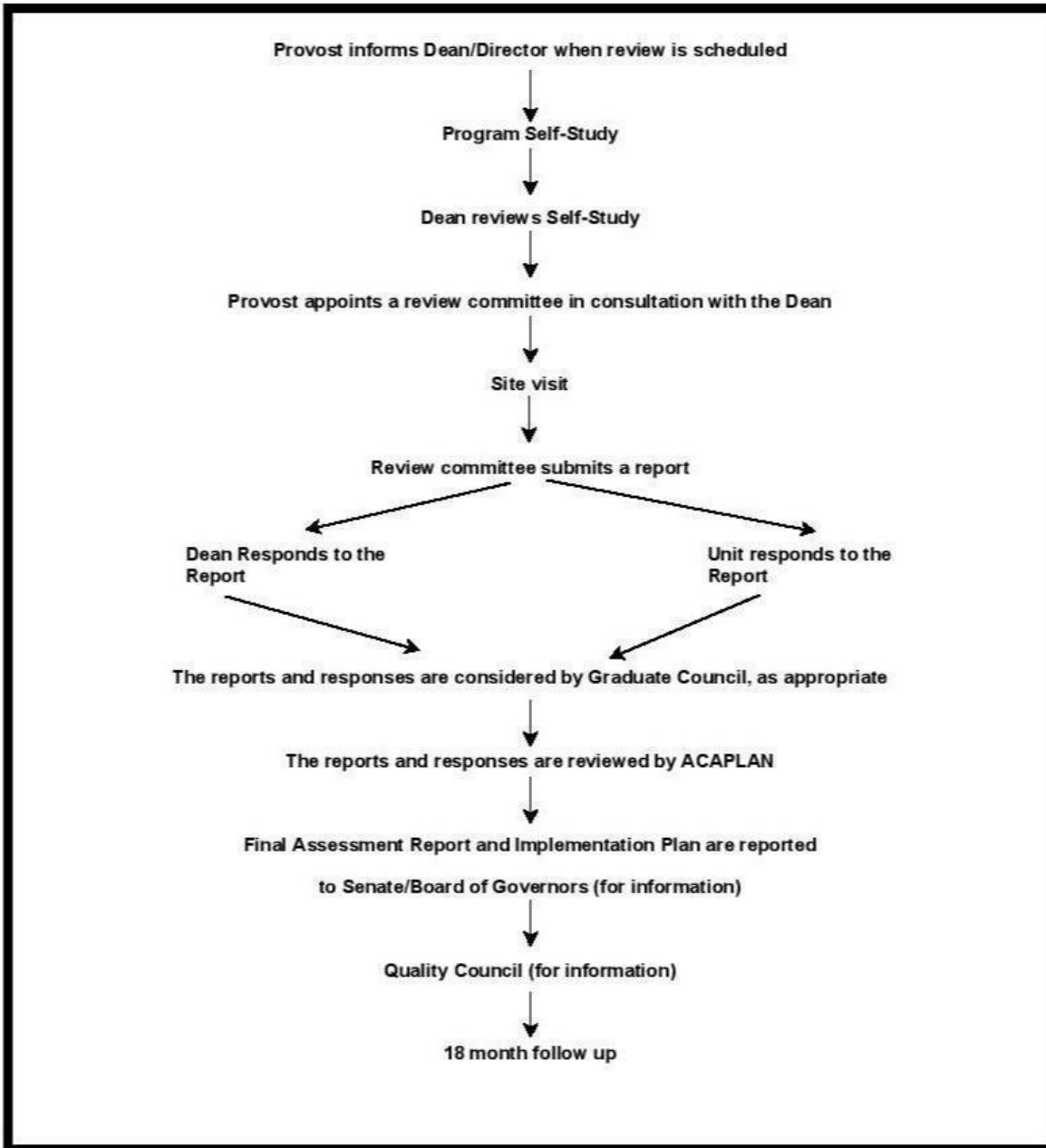
The sequence for the cyclical review of existing programs is:

1. The Provost informs the Dean and the Director of the School that hosts the program(s) when a review is scheduled.
2. The individuals teaching in the program prepare a self-study.
3. The Dean reviews and approves the self-study.
4. The Provost, in consultation with the Dean, appoints a review committee.
5. Onsite visit organized by the Dean's office
6. The review committee submits a report.
7. The Director and the individuals teaching in the program respond to the report.

8. The Dean responds to the report and to the program response.
9. When a graduate program is reviewed, the report and the responses are considered by the Graduate Council, which in turn writes a response to ACAPLAN
10. The report and the responses of the program, the Dean, and the Graduate Council are reviewed by ACAPLAN.
11. ACAPLAN produces a Final Assessment Report and an Implementation Plan, that it brings to Senate, for discussion.
12. An Executive Summary of the review, prepared by the Provost, is reported to the Board of Governors, for information.
13. ACAPLAN's report is posted on the University website, and submitted to Quality Council.
14. No later than 18 months after Senate submission, the program writes a report to ACAPLAN, on the actions it has taken in response to the review. The ACAPLAN report is sent to Senate for discussion.

Flowchart 3 illustrates this process:

**Flowchart 3: Process for Cyclical Review of Existing Programs**



An explanation of these steps follows.

1. The Provost maintains a list of every program in the University that will be subject to review, and the tentative date of the next review. These include programs of affiliated institutions. A year before the self-study is due, the Provost informs the Dean and the Director of the School that houses the program(s) that the review will be due, and provides them with the necessary procedures, deadlines and guidelines. The Provost meets in person with the Director of the School

and the Dean, to answer questions and to stress the importance of the self-study being analytical and self-critical.

2. The self-study document is to be broad-based, reflective and forward-looking, and should include critical analysis. The self-study must be submitted to the Provost and to the Dean by October 15<sup>th</sup>. The guidelines for the self-study are available at <https://laurentian.ca/policies-accountability/academic-accountability> and approved yearly by ACAPLAN. The Director of the School along with the individuals teaching in the program will share responsibility in developing the self-study.
3. The Dean reviews the self-study, to assure that it is complete and analytical, and that it meets the appropriate guidelines. The Dean may return the self-study to the Director of the School for amendment. When the Dean is satisfied with the self-study, he/she informs the Provost.
4. The Provost, in consultation with the Dean, appoints the review committee. All programs require at least two external members. The Provost may also include an additional internal member from within the university but from outside the discipline (or interdisciplinary group) of the program under review to participate in the review process. As per the self-study guidelines available at <https://laurentian.ca/policies-accountability/academic-accountability> and approved yearly by ACAPLAN, the unit must propose the names of at least four (4) external reviewers. In appointing the external reviewers, the Provost considers this list, but is not restricted to it. The external reviewers are to be active and respected in their field, and normally associate or full professors with program management experience, and will be at arm's length to the program (Section 1.2). In proposing names, the unit and/or the Provost may consult widely, including from among senior administrators and experienced colleagues at other universities.

The full review team consists of the external members, two Laurentian University faculty members (one outside of the School housing the program(s) but from within the Faculty, a second from outside the Faculty. In the case of a Faculty with a single School, the member outside of the School housing the program(s) will be someone from the Faculty, but not teaching in the program(s) under review), and one student studying in the program(s) under review, and representative from each language group. The review team shall reflect the bilingual nature and, where appropriate, the tri-cultural mission of the University as well as a reasonable gender balance. The linguistic policies of the program(s) under review must be reflected in the composition of the review team. The members from other universities must not have any past or current affiliation with the unit, or with members of the unit (e.g., supervisor, co-author, former student, etc.)

5. The review committee receives a copy of the self-study approximately one month before the on-site review, plus any other reports requested by the review team. At the beginning of the on-site review, the Provost meets with all members of the review team, both internal and external in order to explain their role and obligations, including recognition of the university's autonomy to determine priorities for funding, space, and faculty allocation, as well as the confidentiality required for all aspects of the review process. At the end of the on-site review, the Provost meets with the external reviewer(s) and the Dean. The review team will also meet with faculty, staff, students and senior administrators (including the Dean, Vice-President, Academic and Provost, and President (as available)).



6. The guidelines for the review committee's report are approved annually by ACAPLAN, and found at <https://laurentian.ca/policies-accountability/academic-accountability>. The Provost ensures that all members of the committee have these guidelines. The review committee's written report should be sent to the Provost six weeks after the site visit. Should the report, in the view of the Provost, not meet the requirements of the IQAP, the Provost will reach out to the reviewers, indicating the areas that need attention, and ask for a revised version to be returned.
7. The Provost forwards the report to the Dean, to the Director of the School that houses the program(s) under review. The Director of the School has one month's time from receipt of the report to formulate a response to it. The response is submitted to the Provost, with copies to the Dean and.
8. The Dean responds to the review, as well as to the Director's response. The Dean's response is sent to the Provost, with a copy to the Director.
9. When a graduate program is under review, the Graduate Council reviews all the documentation that relates to the graduate program—including the self-study, the report of the review team, and the responses to that report of the Director and the Dean. The Graduate Council forwards its comments to ACAPLAN.
10. The Provost forwards the self-study, the review, and the responses by the Director, the Dean, and the Graduate Council to the Senate's Academic Planning Committee (ACAPLAN). ACAPLAN prepares a draft Final Assessment Report and Implementation Plan. ACAPLAN then meets with the Dean, and with members of the unit or program, to discuss the reports. ACAPLAN then finalizes the two reports, based on the documents submitted to it and the conversations at the committee.

The Final Assessment Report normally includes:

- a. Identifies significant strengths of the program;
- b. Identifies opportunities for further program improvement and enhancement with a view towards continuous improvement;
- c. Lists all recommendations of the external reviewers and the associated separate internal responses and assessments from the unit and from the Dean(s);
- d. Explains why any external reviewers' recommendations not selected for further action in the Implementation Plan have not been prioritized;
- e. Includes any additional recommendations that the unit, the Dean(s) and/or the university may have identified as requiring action as a result of the program's review;
- f. May include a confidential section (for example, where personnel issues need to be addressed); and
- g. Identifies who will be responsible for approving the recommendations set out in the Final Assessment Report.

The Final Assessment Report must include an Executive Summary, excluding any confidential information, which is to be published on the Laurentian website alongside the associated Implementation Plan. The

Final Assessment Report provides the institutional synthesis of the external evaluation of the program and strategies for continuous improvement.

The Implementation Plan:

- a. Sets out and prioritizes those recommendations that are selected for implementation;
- b. Identifies the group or individual responsible for providing resources needed to address recommendations from the external reviewers or action items identified by the university;
- c. Identifies who will be responsible for acting on those recommendations; and
- d. Provides specific timelines for acting on and monitoring the implementation of those recommendations.

ACAPLAN's finalized Final Assessment Report and Implementation Plan are transmitted to the Director of the School, the Dean and those responsible for implementing the changes such as the Budget Committee for resource allocations.

11. ACAPLAN's reports are submitted, for discussion purposes, to Senate. This appears as a regular item on the agenda, and the Provost is available to answer questions.
12. ACAPLAN's reports are submitted, for information purposes, to the Board of Governors. This appears as a regular item on the agenda, and the Provost is available to answer questions.
13. ACAPLAN's reports and follow-up reports are posted on the University website. ACAPLAN's reports will also be submitted to Quality Council. Laurentian is required to report on the outcomes of their Cyclical Program Review activity to the Quality Council. Laurentian can decide to do so through one or both of the following options:
  - (a) Submission of the approved Final Assessment Report (excluding all confidential information), Executive Summary and associated Implementation Plan for each completed Cyclical Program Review; and/or
  - (b) Submission of an annual report to the Quality Council, which simply lists the past year's completed Final Assessment Reports, Implementation Plans and monitoring reports and provides an attestation by the Provost (or delegate) that all IQAP-required Cyclical Program Review processes have been followed. The report will also include a link to the university's web posting of the completed Executive Summaries and Implementation Plans, as well as any monitoring reports that have also been completed over the prior year.

The annual report and related Cyclical Program Review processes described in (b) above will occasionally be reviewed for compliance by the Quality Council. Only when members find an issue or potential area of concern will the report be discussed by the Quality Council. Should the Council then determine that a substantive issue(s) appears to exist, it may decide to initiate a Focused Audit.

14. No later than 12 months after Senate submission, the Provost informs those responsible for implementing the changes that a follow-up report will be required. No later than 18 months after Senate submission, those responsible for implementing the changes write a report to the Dean and to ACAPLAN, on the actions they have taken in response to the review. If ACAPLAN does not find the response satisfactory, it may ask the Director of the School for further actions. The report is sent to Senate for discussion.

As a result of the external reviewers' report, at step 10, if ACAPLAN feels that the program is in a precarious state, it can take one of the following steps to ensure high quality is maintained:

- a) Recommend that the VPAP temporarily suspend admissions to the program until such a time as the concerns are adequately addressed
- b) Recommend to Senate that the program be terminated

The Cyclical Review of undergraduate and/or graduate programs that were undertaken within the period since the conduct of the previous Audit are eligible for selection for the university's next Cyclical Audit.

Public Access: The self-study, the review report and the responses to the review report are kept in the Provost's office, and are available upon request (except for sections marked confidential). ACAPLAN's report is posted on the website.

Accreditation Reviews: The Provost will decide whether a program review, under the terms of this IQAP, may be combined with an accreditation review of a program. When it does, the criteria of both the program review and the accreditation review must be met – see Section 5.2.

Site Visits: The external review of a doctoral program must incorporate an on-site visit. External review of undergraduate programs will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives.

Certain master's programs (e.g., professional master's programs (see Definition), fully online, etc.) may also be conducted by desk review, virtual site visit or an equivalent method if both the Provost (or equivalent) and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other master's programs.

External reviewers: The reviewers are normally associate or full professors, or the equivalent, and must have suitable disciplinary expertise, qualifications and program management experience, as well as be at arm's length from the program under review. Additional discretionary members may be assigned to the Review Committee. Such additional members might be appropriately qualified and experienced individuals selected from industry or the professions.

## 5.1 - Programs with an Accreditation

The Framework indicates that the Laurentian University IQAP may allow for and specify the substitution or addition of documents or processes associated with the accreditation of a program, for components of the institutional program review process, when it is fully consistent with the requirements established in the Framework. A record of substitution or addition, and the grounds on which it was made, will be eligible for audit by the Quality Council. The IQAP review can be moved to match the accreditation timeline, but in no case must time between reviews exceed 8 years. Programs are free to ask for a synchronizing of both processes, or keep them as separate processes.

In cases where the program wishes to combine the accreditation review and the IQAP process, and where the professional program accreditation standards mesh fairly well with the standards set out in the

Laurentian University's IQAP, components of the accreditation may be applied to the University's program review process.

Prior to the start of an accreditation review, where the program wants to combine the IQAP and the accreditation review, the program will complete a template that shows the IQAP section covered by each section of the accreditation review. The Dean will fill out the same template. Based on those two templates, the Provost will review and determine if, and how, the two assessment processes should be integrated, ensuring compliance with the provisions of the IQAP. The Provost will then meet with the Dean of the faculty to review and discuss the guidelines for the accreditation, the degree of alignment or overlap between the accreditation process and the undergraduate program review process, and to determine what additional materials or processes may be necessary. Such discussions should have occurred at the time when work begins by a Unit to prepare for the accreditation process.

The outcome of comparison and discussion may be that:

- 1) The accreditation review will be accepted as meeting all the criteria for a cyclical program review. The final report of the accrediting body will be submitted to ACAPLAN, with a report being drafted and presented to Senate for information; or,
- 2) The accreditation review will be accepted as meeting most of the criteria for a cyclical program review. The program will be required to submit some supplementary information directly to ACAPLAN along with the final report of the accrediting body, to aid in drafting a report for Senate's information. It may be necessary to add an IQAP external reviewer to the accreditation team to fully evaluate the IQAP review criteria. In that case, the normal processes for recruiting and informing IQAP reviewers will be followed; or,
- 3) The accreditation review will not sufficiently meet the requirements of the cyclical program review and the IQAP process will proceed as scheduled.

## 5.2 – Quality Council's Evaluation Criteria for Cyclical Reviews

### A. Program objectives

- Consistency of the program's objectives with the institution's mission and academic plans.

### B. Program requirements

- Appropriateness of the program's structure and the requirements to meet its objectives and the program-level learning outcomes;
- Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's own undergraduate or graduate Degree Level Expectations;
- Appropriateness and effectiveness of the mode(s) of delivery (see Definitions) to facilitate students' successful completion of the program-level learning outcomes; and
- Ways in which the curriculum addresses the current state of the discipline or area of study.

### B2. Program requirements (for graduate programs only)

- Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required;

- Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses; and
  - For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
- C. Assessment of teaching and learning
- Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
  - Appropriateness and effectiveness of the plans to monitor and assess:
    - The overall quality of the program;
    - Whether the program continues to achieve in practice its objectives;
    - Whether its students are achieving the program-level learning outcomes; and
    - How the resulting information will be documented and subsequently used to inform continuous program improvement.
- D. Admission requirements
- Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
  - Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.
- E. Resources
- Given the program's class sizes and cohorts as well as its program-level learning outcomes:
    - Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
    - If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience (see Guidance);
    - If required, provision of supervision of experiential learning opportunities;
    - Adequacy of the administrative unit's utilization of existing human, physical and financial resources; and
    - Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access.
- E2. Resources (for graduate programs only)
- Given the program's class sizes and cohorts, as well as its program-level learning outcomes:
    - Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation;
    - Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students; and
    - Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

F. Quality and other indicators

- Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring);
- Any other evidence that the program and faculty ensure the intellectual quality of the student experience; and
- For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

## 6.0 - Approval and Review of Programs Offered by Two or More Institutions<sup>1</sup>

The Quality Council indicates that reviews of Joint Programs and other inter-institutional programs are governed by the IQAPs of the participating university/universities granting the degree. Partner institutions may, but are not required to, use Joint IQAPs (which require the same approval process as IQAPs for individual institutions).

Whether a Joint, and separately approved IQAP is used, or whether the separate institutions prefer to build their joint processes into their separate IQAPs, the following elements need to be present when Laurentian University takes part in such new program approval or cyclical program reviews:

1. The self-study brief clearly explains how input was received from faculty, staff and students at each partner institution. There will be a single self-study.
2. Selection of the reviewers involves participation by each partner institution.
3. Where applicable, selection of the “internal” reviewer requires joint input.
  - a. It could include one internal from both partners (this is impractical if there are multiple partners); and
  - b. It could give preference to an internal reviewer who is from another Joint program, preferably with the same partner institution

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<sup>1</sup> For all inter-institutional programs in which all partners are institutions within Ontario, the Quality Council’s standard New Program Approval and Cyclical Program Review Processes will apply to all elements of programs regardless of which partner offers them, including Ontario Colleges of Applied Arts and Technology and Institutes of Technology and Advanced Learning. For joint programs in which some partners are institutions outside Ontario, the elements of the programs contributed by the out-of-province partner will be subject to the quality assurance processes in their respective jurisdictions. The Quality Council will maintain a directory of bodies whose post-secondary assurance processes are recognized and accepted as being comparable to our own. In cases where such recognition is not available, the Quality Council will determine, on a case-by-case basis, the appropriate action to be taken on quality assurance if the collaboration is to be permitted to proceed.

(Source: *Quality Assurance Framework*)

4. The site visit involves all partner institutions and preferably at all sites (with exceptions noted in footnote). Reviewers consult faculty, staff, and students at each partner institution, preferably in person.
5. Feedback on the reviewers' report is solicited from participating units at each partner institution, including the Deans.
6. Preparation of a Final Assessment Report and Implementation Plan requires input from each partner.
7. There is one single Final Assessment Report and Implementation Plan, which go through the appropriate governance processes at each partner institution.
8. The Final Assessment Report and Implementation Plan are posted on the university/college website of each partner.
9. Partner institutions agree on an appropriate monitoring process for the Implementation Plan.
10. The Final Assessment Plan and Implementation Plan should be submitted to the Quality Council by all partners.

## 7.0 - Audit Protocol

All publicly assisted universities in Ontario associated with the Quality Council have committed to participating in the audit process over an eight-year cycle. The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. Additional audits (for example, Focused Audits) for specific universities may take place.

The Quality Council engages in tertiary assessment; it does not conduct primary or secondary assessments. Those are up to the institution. Rather, the Quality Council provides assurance to the system that the processes are sound; to Laurentian, other institutions, potential students, students, employers, and funders both public and private. It is a vehicle of public accountability to those who have an interest in the experience of those who enter, undertake and graduate from the program.

In order to best perform tertiary assessment, it is important that the Quality Council's membership include those with experience in primary and secondary assessment. It is not that they re-do the earlier assessments; rather, they are able to ascertain whether those assessments were comprehensively well done (that the main issues are addressed) and independently assessed (that the appraisers are arm's-length and knowledgeable). Well done also means well received. Not that the conclusions and recommendations are always welcomed; but that each has been reasonably considered and an appropriate plan has been developed to effect program improvement. What is praised is continued and strengthened; what is in need of improvement is in fact improved.

The Quality Council typically approves new programs and monitors their implementation and subsequent reviews; assesses significant changes, and audits the quality assurance mechanisms within institutions. Since this activity is always tertiary appraisal, it is fundamentally an audit function. Audits result in forms of approval or disapproval: either permission to commence (in the case of new programs) or to continue, sometimes with conditions (a clean slate is the desired outcome for an institution).

The Cyclical Audit will:



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

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

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

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

- a) Increased reporting requirements;
- b) A focused audit; and/or
- c) Any other action deemed appropriate by the Quality Council.

### **1. Pre-orientation and briefing details**

This in-person half-day briefing occurs in the year prior to a university's scheduled Cyclical Audit (see the Schedule of Audits). The Quality Assurance Secretariat and a member of the Audit Team provides an orientation on what to expect from the Cyclical Audit to the Key Contact and any other relevant stakeholder(s) (such as key staff members, Deans, the committee(s) responsible for quality assurance, etc.).

### **2. Institutional self-study**

Each university presents and assesses its quality assurance processes, including challenges and opportunities, within its own institutional context. This occurs through an institutional quality assurance self-study. The self-study is prepared and submitted to the Quality Assurance Secretariat in advance of the desk audit and forms the foundation of the Cyclical Audit. The self-study will pay particular attention to any issues flagged in the previous audit.

The Institutional self-study will be prepared by the Provost's office, who will ensure that all the necessary documentation is collated. The Provost's office will ensure that communication between the Quality Council and Laurentian is ensured prior to and after submission of the self-study.

### **3. Selection of the sample of quality assurance activities for audit**

The Audit Team independently selects a sample of programs for audit that represents the New Program Approval Protocol (normally two examples of new programs developed under this Protocol) and the Cyclical Program Review Protocol (normally three or four examples of programs that have undergone a Cyclical Program Review) described in this policy. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications (Program Renewal and Significant Change) will not normally be subject to audit.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern (see “Cause for Concern” below) or when the Quality Council so requests. The University will be informed of the specific areas of focus in the letter from the Quality Assurance Secretariat that also details the programs selected for audit. The university itself may also request that specific programs and/or quality assurance elements be audited.

The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

#### **4. Desk audit of the university’s quality assurance practices**

In preparation for a scheduled on-site visit, the auditors undertake a desk audit of the university’s quality assurance practices. Using the university’s self-study and records of the sampled programs, together with associated documents, this audit tests whether the university’s practice is in compliance with its IQAP, as ratified by the Quality Council. In addition, the audit will note any misalignment of its IQAP with the QAF. It is essential that the auditors have access to all relevant documents and information to ensure they have a clear understanding of the university’s practices. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit.

The documentation to be submitted for audit will include:

- a) The relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
- b) The record of any revisions of the university’s IQAP, as ratified by the Quality Council; and
- c) The annual report of any minor revisions of the university’s IQAP that did not require Quality Council re-ratification.

Universities may provide any additional documents at their discretion.

During the desk audit, the auditors will also determine whether the university’s web-based publication of the Executive Summaries, and subsequent reports on the implementation of the review recommendations for the programs included in the current audit, meet the requirements of Framework Section 5.4.1.

The auditors undertake to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection of Privacy Act (FIPPA).

#### **5. Site Visit**

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

In the course of the site visit, the auditors speak with the university's senior academic leadership including those who the IQAP identifies as having important roles in the QA process. The auditors also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. These include, but are not limited to, the Library, Teaching and Learning Services, Institutional Research, Instructional Media, and other technical support service representatives. The university, in consultation with the auditors, establishes the program and schedule for these interviews prior to the site visit.

## 6. Audit Report

Following the conduct of an audit, the auditors prepare a report that will be considered "draft" until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement and will:

- a) Describe the audit methodology and the verification steps used;
- b) Comment on the institutional self-study submitted for audit;
- c) Describe whether the university's practice is in compliance with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;
- d) Note any misalignment of its IQAP with the QAF;
- e) Respond to any areas the auditors were asked to pay particular attention to;
- f) Identify and record any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
- g) Comment on the approach that the university has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The report shall not contain any confidential information.

A separate addendum provides the university with detailed findings related to the audited programs. This addendum is not subject to publication. The report may include findings in the form of:

- a) **Suggestions**, which are forward-looking, and are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.
- b) **Recommendations**, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations in its response to the auditors' report.
- c) **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as called for in Framework Section 5.4.1 d)) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as called for in Framework Section 5.4.2). Causes for Concern require that the university take the steps specified in the report and/or by the Quality Council to remedy the situation.

The Audit Report includes recommendations that the Quality Council take one or more of the following steps, as appropriate:

- i. Direct specific attention by the auditors to the issue(s) within the subsequent audit, as provided for in Framework Section 6.2.4;
- ii. Schedule a larger selection of programs for the university's next audit;
- iii. Require a Focused Audit;
- iv. Adjust the degree of oversight and any associated requirements for more or less oversight (see Guidance - <https://oucqa.ca/resources-publications/quality-assurance-framework/>);
- v. Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
- vi. Any other action that is deemed appropriate.

Ultimately, the Audit Report includes an assessment of the overall performance of the university and contains recommendations to the Quality Council, as appropriate, based on that assessment.

### **7. Disposition of the Audit Report**

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

### **8. Publication of Audit Reports**

The University will post on its website the following material related to Audit Reports

- a) The Audit Report itself, minus any confidential information
- b) Any Follow up Response Report, as well as the associated auditors' report
- c) Any Focused Audit Report.

# Appendix A – Evaluation Criteria

## **EVALUATION CRITERIA**

Prior to submitting a Proposal Brief to the Quality Council for appraisal, institutions will evaluate any new graduate or undergraduate programs against the following criteria:

### **1. Program objectives**

- a) Clarity of the program's objectives;
- b) Appropriateness of degree nomenclature given the program's objectives; and
- c) Consistency of the program's objectives with the institution's mission and academic plans.

### **2. Program requirements**

- a) Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes;
- b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations;
- c) Appropriateness of the proposed mode(s) of delivery (see Definitions) to facilitate students' successful completion of the program-level learning outcomes; and
- d) Ways in which the curriculum addresses the current state of the discipline or area of study.

### **3. Program requirements for graduate programs only**

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;
- b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses; and
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

### **4. Assessment of teaching and learning**

(see Guidance - <https://oucqa.ca/resources-publications/quality-assurance-framework/>)

- a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- b) Appropriateness of the plans to monitor and assess:
  - i. The overall quality of the program;
  - ii. Whether the program is achieving in practice its proposed objectives;
  - iii. Whether its students are achieving the program-level learning outcomes; and
  - iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

### **5. Admission requirements**

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and

b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

## **6. Resources**

Given the program's planned /anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university;
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and
- f) If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

## **7. Resources for graduate programs only**

Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation, and foster an appropriate intellectual climate;
- b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and
- c) Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

## **8. Quality and other indicators**

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring); and
- b) Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

(Source: *Quality Assurance Framework*, 2021, p. 17-19)

## Appendix B - Core and Non-Core Programs

### Attachment 1: Program Approval Categories

#### Undergraduate “Core Arts and Science Programs,” Group A - “Non-Core” Undergraduate Programs, and Group B - All Graduate Programs

##### Undergraduate “Core Arts and Science” Programs

*Programs that are in basic disciplines, which might be expected to be offered at any university... (and are) appropriate to the academic ethos and character of any university.*

Biological Sciences (including Biotechnology)	Mathematical Sciences & Computer Studies
English Language & Literature	Physical Sciences
French Language & Literature	Social Sciences (including Women’s Studies)
General Arts and Science	Theology
Humanities (including ancient and classical languages)	

##### Group A - “Non-Core” Programs

Accounting, Accountancy	Family Studies, Family Science	Native Studies
Actuarial Science	Film, Cinema	Nursing
Agricultural Business	Finance	Nursing Education
Agriculture	Fine Art, Studio Art, Painting	Occupational Therapy
Architecture	Forest Technology	Optometry
Area Studies	Forestry	Personnel and Administrative Studies
Art Education, Conservation, Art Therapy	Gerontology	Pharmacology
Clothing, Textiles, Design and Fashion	Health Studies	Pharmacy
Commerce	Home Economics, Food Studies	Physical Therapy, Physiotherapy
Communications	Horticulture	Physical Education
Community, Urban and Regional Planning	Industrial, Labour Relations	Planning
Criminology	Journalism	Public Administration
Dance	Kinesiology	Public Service Studies
Dental Surgery	Labour Studies	Radiation Therapy
Dentistry	Landscape Architecture	Recreation
Dietetics	Language and Literature Studies	Resource Management
Drama	Law	Social Work
Education	Law Enforcement	Speech Pathology and Audiology
- Primary-Junior	Legal Studies	Survey Science
- Junior-Intermediate	Library Science	Systems Design
- Intermediate-Senior	Linguistics	Theatre Arts
- Technological Studies	Management, Business	Translation, Interpretation
- French as a First Language (FFL)	Management	Urban Studies, Urbanism
Engineering	Marketing	Veterinary Medicine
Environmental Studies, Environmental Science	Medical Illustration	War Studies
	Medicine	
	Midwifery	
	Municipal Administration	
	Music	

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**Group B - Graduate Programs**  
All graduate programs

## Attachment 2: Information the University Should Consider in Certifying Criteria Have Been Met

Criteria	Institutional Check List
<b>1. Program Nomenclature (“Truth-in-Advertising”)</b>	<ul style="list-style-type: none"> <li>➤ The University Senate or equivalent academic body should ensure that the program name and degree designation are appropriate to program content and consistent with current usage in the discipline.</li> </ul>
<b>2. Academic Quality</b>	<ul style="list-style-type: none"> <li>➤ Undergraduate: the University should ensure that the Senate or equivalent academic body has approved the undergraduate program.</li> <li>➤ Graduate: the University should ensure that the Vice-President Research and Graduate Studies (or equivalent) has received a letter indicating the date the program passed appraisal without requiring improvements.</li> </ul>
<b>3. Financial Viability</b>	<ul style="list-style-type: none"> <li>➤ The Board of Governors or equivalent body should ensure the university has in hand the requisite resources to introduce the program within existing funding levels and is prepared to maintain the program for a reasonable period of time (The approval of a program is not grounds for a request for additional funding from the Ministry to initiate or sustain the program).</li> <li>➤ Where there is an increase in the minimum length of time required to complete an existing approved degree program, the institution should be able to justify the additional costs incurred to the institution, government and the student.</li> <li>➤ In making these determinations, institutions should consider:               <ul style="list-style-type: none"> <li>○ the impact of the program on funding and how the institution intends to finance and staff the proposed program</li> <li>○ the additional costs (capital expenditures, additional faculty, etc), and the sources of additional funds (external grants, donations, government grants)</li> <li>○ how other programs will be affected (joint offerings, closure, rationalization, decreased in size, etc.), including how and whether or not any cost savings will be involved</li> </ul> </li> </ul>



Criteria	Institutional Check List
<b>4. Institutional Appropriateness</b>	<ul style="list-style-type: none"> <li>➤ The university should ensure the program is related to institutional mission, academic plans, and/or departmental plans.</li> <li>➤ The university should ensure the program fits into the broader array of program offerings, particularly areas of teaching and research strength, collateral areas of study, etc.</li> <li>➤ In making these determinations, institutions should consider: <ul style="list-style-type: none"> <li>○ notable resources available to the program demonstrating institutional appropriateness e.g. Chairs, institutes, centres; unique library collections or resources; facilities such as computer, laboratory, other acquisitions, etc.</li> <li>○ external financial support demonstrating strength such as facility/equipment donations, other external donations, grants, etc.</li> </ul> </li> </ul>

Criteria	Institutional Check List
<b>5. Student Demand</b>	<ul style="list-style-type: none"> <li>➤ The University should ensure there is convincing evidence of student demand for the program.</li> <li>➤ In making these determinations, institutions should consider: <ul style="list-style-type: none"> <li>○ projected enrolment levels for the first five years of operation (If the program is in operation, use actual and projected data)</li> <li>○ intended steady-state annual enrolment and steady-state total enrolment projections and the year(s) in which they will be achieved</li> <li>○ evidence of student demand through application statistics, for example: number of enquiries, applications received, number of qualified applicants, use of macro-indicator data (graduate only)</li> <li>○ origin of student demand (% domestic and visa students; graduate only - the undergraduate or master's programs from which students would be drawn)</li> <li>○ duration of the projected demand (e.g. short, medium or long-term demand from specified sources)</li> <li>○ evidence of review and comment by appropriate student organization(s)</li> </ul> </li> </ul>

Criteria	Institutional Check List
<b>6. Societal Need</b>	<ul style="list-style-type: none"> <li>➤ The University should ensure there is convincing evidence that graduates of the program are needed in specifically identified fields (academic, public and/or private sector).</li> <li>➤ For professional program areas, the university should ensure congruence with current regulatory requirements of the profession.</li> <li>➤ In making these determinations, institutions should consider: <ul style="list-style-type: none"> <li>○ dimensions of the societal need for graduates (e.g. socio-cultural, economic, scientific, technological)</li> <li>○ geographic scope of the societal need for graduates (e.g. local, regional, provincial, national)</li> <li>○ trends in societal need for graduates</li> <li>○ duration of the societal need (e.g. short, medium, or long-term)</li> <li>○ examples of evidence for the above would be: <ul style="list-style-type: none"> <li>▪ letters from a variety of potential employers of graduates who have seen the curriculum and commented upon the need for graduates within their organization and, more broadly, in their field of endeavour</li> <li>▪ professional society and/or association comments about the need for graduates based on a review of the curriculum</li> <li>▪ employment surveys, survey of the number of positions advertised in, for example, the CAUT Bulletin, AUCC University Affairs, etc.</li> <li>▪ statistics related to the number of Ontario students leaving the province to study in the same field elsewhere in Canada or abroad</li> </ul> </li> </ul> </li> </ul>
<b>7. Duplication</b>	<ul style="list-style-type: none"> <li>➤ The University should cite similar programs offered by other institutions in the Ontario university system.</li> <li>➤ The University should provide evidence of justifiable duplication based on societal need and/or student demand in cases where there are programs in the system that are the same or similar (Comments from other institutions regarding proposed new undergraduate programs will be sought by the Ministry. Comments regarding Health Science programs will also be sought from the Ministry of Health).</li> <li>➤ The University should indicate innovative and distinguishing aspects of the program.</li> <li>➤ The University should indicate why the institution is offering the program on a “stand-alone” basis rather than merging its resources with another institution in a joint program.</li> </ul>

## Appendix C - Guidelines for the Program Self-Study, Existing Programs

The self-study is to be broad-based, reflective and forward-looking, and is to include critical analysis. It is to be rigorous, objective and searching.

The following elements for the preparation and writing of the self-study are required:

- Description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered;
- Requirement for inclusion of the evaluation criteria and quality indicators identified below, for each discrete program being reviewed;
- Program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources;
- Description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program;
- For the first Cyclical Review of a new program, the steps taken to address any issues or items flagged in the monitoring report for follow-up, and/or items identified for follow-up by the Quality Council (for example, in the form of a note and/or report for the first Cyclical Program Review in the Quality Council's approval letter);
- Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;
- Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change; and
- Assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review.

Unless the Provost directs otherwise, the self-study is to review all degree programs that are the responsibility of the unit, including graduate and undergraduate programs, programs delivered with other institutions or on other sites, and programs delivered through non-typical modes.

In some cases, the self-study may form the basis for both the normal program review and an accreditation review. In such cases, it must meet the requirements of both processes.

The immediate purpose of the self-study is to constitute the basis for the review. The self-study should have value well beyond this, however. When conducted seriously and analytically, it provides the basis for a probing self-examination by the program members, for the purpose of rethinking the curriculum and the full student experience in the program.

The School Director initiates and makes sure that the self-study is carried out. He/she establishes a self-study committee to undertake the process, the committee to consist of at least five people, including the School Director, at least two other full-time faculty members and two students. If graduate programs are involved, the graduate coordinators of these programs will be part of the self-study committee. At the

discretion of the department/program, the self-study committee may be larger. The self-study committee prepares a draft of the self-study and presents it to the full department/program. The self-study must be approved by the department/program before it is sent to the next step. The Dean reviews and approves the self-study, to assure that it is complete and analytical, and that it meets the appropriate guidelines. The Dean may return the self-study to the department/program for amendment. When the Dean is satisfied with the self-study, he/she informs the Provost.

The self-study document will not exceed 35 pages, although appendices can be as lengthy and specific as desired. Since it will be made available to the Review Committee, its content should, in a general sense, assist the Review Committee in examining the following aspects, and therefore should reflect the Review Guidelines.

The self-study for existing programs should address the following points:

**1. Program objectives**

- a) Consistency of the program's objectives with the institution's mission and academic plans.

**2. Program requirements**

- a) Appropriateness of the program's structure and the requirements to meet its objectives and the program-level learning outcomes;
- b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's own undergraduate or graduate Degree Level Expectations;
- c) Appropriateness and effectiveness of the mode(s) of delivery to facilitate students' successful completion of the program-level learning outcomes; and
- d) Ways in which the curriculum addresses the current state of the discipline or area of study.

**3. Program requirements for graduate programs only**

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required;
- b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses; and
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

**4. Assessment of teaching and learning**

- a) Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- b) Appropriateness and effectiveness of the plans to monitor and assess:

- i. The overall quality of the program;
- ii. Whether the program continues to achieve in practice its objectives;
- iii. Whether its students are achieving the program-level learning outcomes; and
- iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

#### **5. Admission requirements**

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
- b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

#### **6. Resources**

Given the program's class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's utilization of existing human, physical and financial resources; and
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access.

#### **7. Resources for graduate programs only**

Given the program's class sizes and cohorts, as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation;

b) Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students; and

c) Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

#### **8. Quality and other indicators**

a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring);

b) Any other evidence that the program and faculty ensure the intellectual quality of the student experience; and

c) For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

d) For professional programs, the views of employers and professional associations will be solicited and made available to the Review Committee

The unit shall submit the self-study through the Dean who, if he/she approves, will forward to the office of the Provost.

The template for the self-study can be found at:

<https://laurentian.ca/policies-accountability/academic-accountability>.

## **Appendix D - Definitions**

**Arm's length:** See definition in section 1.2

**Budget Committee:** Group composed of the three Vice-Presidents and the President. responsible for providing sign off on the budgetary aspects of a new program submission, of a modification to an existing program, or after a cyclical review where recommendations have budgetary implications. The Budget Committee can seek guidance from the Board as it sees fit.

**Certificate:** Laurentian may grant certificates in acknowledgement of students' participation in either for-credit or not-for-credit activities at the undergraduate or graduate level. Not-for-credit programs are not subject to approval or audit by these procedures. Certificate program involving for-credit coursework and related activities use the Expedited Approval Process (see below) for initial approval. Subsequently, the ongoing program will be submitted to its appropriate position in the cycle of program reviews.

**Collaborative Specialization:** This is an intra-university graduate field of study that provides an additional multidisciplinary experience for students enrolled in and completing the degree requirements for one of a number of approved masters and/or PhD programs. Students meet the admission requirements of and register in the participating (or “home”) program but complete, in addition to the degree requirements of that program, the additional requirements specified by the Collaborative Specialization. The degree conferred is that of the home program, and the completion of the Collaborative Specialization is indicated by a transcript notation indicating the additional specialization that has been attained (e.g., MA in Political Science with specialization in American Studies).

A Collaborative Specialization must have:

- At least one core one-semester course that is foundational to the specialization and does not form part of the course offerings of any of the partner programs. This course must be completed by all students from partner programs registered in the specialization and provides an opportunity for students to appreciate the different disciplinary perspectives that can be brought to bear on the area of specialization. This course may serve as an elective in the student’s home program.
- Clear and explicit requirements for each Collaborative Specialization. In programs requiring a major research paper, essay, or thesis, the topic must be in the area of the collaborative specialization. In course-only Master’s programs, at least 30% of the courses must be in the area of specialization including the core course described above. Courses in the area of specialization may be considered electives in the home program.
- Only core faculty that are those faculty members in the participating home programs who have an interest and expertise in the area of the collaborative specialization (this may include faculty appointed 100% to an interdisciplinary academic unit – for example, an Institute of American Studies – that provides the anchor for the specialization).
- In place appropriate administrative and academic oversight/governance to ensure requirements associated with the specialization are being met.

**Degree:** An academic credential awarded on successful completion of a prescribed set and sequence of requirements at a specified standard of performance consistent with the OCAV’s Degree Level Expectations and the University’s own expression of those Expectations.

**Degree Level Expectations:** The Degree Level Expectations established by OCAV serve as Ontario universities’ academic standards and identify the knowledge and skill outcome competencies that reflect progressive levels of intellectual and creative development. They may be expressed in subject-specific or in generic terms. Graduates at specified degree levels (e.g., BA, MSc) are expected to demonstrate these competencies. Laurentian University has undertaken to adapt and describe the degree level expectations that apply to its programs.

**Degree Program:** The complete set and sequence of courses, combinations of courses and/or other units of study, research and practice prescribed by the University for the fulfillment of the requirements of a particular degree.

**Diploma Programs:** The complete set and sequence of courses, combinations of courses and/or other units of study prescribed by a university for the fulfillment of the requirements for each particular for-credit or not-for-credit undergraduate and graduate diploma. Not-for-credit and for-credit undergraduate or post-graduate diploma programs are not subject to approval or audit by the Quality Council.

The Quality Council recognizes only three types or categories of Graduate Diploma (see definitions below and Guidance - <https://oucqa.ca/resources-publications/quality-assurance-framework/>), with specific

appraisal conditions (and an associated submission template) applying to each. In each case, when proposing a new graduate diploma, a university may request an Expedited Approval process (see definition below). All such programs, once approved, will be subject to the normal cycle of program reviews, typically in conjunction with the related degree program.

**Type 1:** Awarded when a candidate admitted to a master's program leaves the program after completing a prescribed proportion of the requirements. Students are not admitted directly to these programs.

When new, these programs require approval through the university's Protocol for Major Modification (Program Renewal and Significant Change) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

**Type 2:** Offered in conjunction with a master's or doctoral degree, the admission to which requires that the candidate be already admitted to the master's or doctoral program. This represents an additional, usually interdisciplinary, qualification. When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

**Type 3:** A stand-alone, direct-entry program, generally developed by a unit already offering a related master's or doctoral degree, and designed to meet the needs of a particular clientele or market.

Where the program has been conceived and developed as a distinct and original entity, the university will use the Expedited Approval (see below).

Although the Expedited Approval protocol does not involve external reviewers, new Type 3 GDips are to be included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

**Emphasis, Option, Minor Program (or similar):** An identified set and sequence of courses, and/or other units of study, research and practice within an area of disciplinary or interdisciplinary study, which is completed on an optional basis in partial fulfillment of the requirements for the awarding of a degree, and may be recorded on the graduate's academic record. While requiring recognition in the IQAP, proposals for their introduction or modification do not require reference to the Quality Council.

**Expedited Approval Process:** The Quality Council will normally require only an Expedited Approval Process where:

- there are Major Modifications to Existing Programs, as already defined through the IQAP, proposed for a degree program; or
- 
- there are proposals for new for-credit graduate or undergraduate certificates or diplomas.

The Expedited Approval Process requires the submission to the Quality Council of a Proposal Brief of the proposed program change/new program (as detailed above) and the rationale for it. The process is expedited by not requiring the use of external reviewers. The outcomes of these expedited approval processes will be conveyed to the proposing institution directly by the Executive Director and reported to the Quality Council.

**Field:** In graduate programs, field refers to an area of specialization or concentration (in multi/interdisciplinary programs a clustered area of specialization) that is related to the demonstrable and collective strengths of the program's faculty. Institutions are not required to declare fields at either the master's or doctoral level. Institutions may wish, through an expedited approval process, to seek the endorsement of the Quality Council.



**Graduate Level Course:** A course offered by a graduate program and taught by institutionally-approved graduate faculty, where the learning outcomes are aligned with the Graduate Degree Level Expectations and the majority of students are registered as graduate students.

**Inter-Institutional Program:** A program offered jointly by several institutions. For all inter-institutional programs in which all partners are institutions within Ontario, the Quality Council's standard New Program Approval and Cyclical Program Review Processes will apply to all elements of programs regardless of which partner offers them, including Ontario Colleges of Applied Arts and Technology and Institutes of Technology and Advanced Learning. For joint programs in which some partners are institutions outside Ontario, the elements of the programs contributed by the out-of-province partner will be subject to the quality assurance processes in their respective jurisdictions. The Quality Council will maintain a directory of bodies whose post-secondary assurance processes are recognized and accepted as being comparable to our own. In cases where such recognition is not available, the Quality Council will determine, on a case-by-case basis, the appropriate action to be taken on quality assurance if the collaboration is to be permitted to proceed.

1. **Conjoint Degree Program:** A program of study, offered by a postsecondary institution that is affiliated, federated or collaborating with a university, which is approved by the university's Senate or equivalent body, and for which a single degree document signed by both institutions is awarded.
2. **Cotutelle:** A customized program of doctoral study developed jointly by two institutions for an individual student in which the requirements of each university's doctoral programs are upheld, but the student working with supervisors at each institution prepares a single thesis which is then examined by a committee whose members are drawn from both institutions. The student is awarded two degree documents though there is a notation on the transcripts indicating that the student completed his or her thesis under cotutelle arrangements.
3. **Dual Credential Degree Program:** A program of study offered by two or more universities or by a university and a college or institute, including Institutes of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a separate and different degree document being awarded by each of the participating institutions.
4. **Joint Degree Program:** A program of study offered by two or more universities or by a university and a college or institute, including an Institute of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a single degree document.

In the case of the Cotutelle, since this arrangement relates to an existing, approved program, no separate appraisal or review processes will apply.

**Joint Degree Program:** A program of study offered by two or more universities or by a university and a college or institute, including an Institute of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a single degree document." (QAF, 2010)

**Major Modifications to Existing Programs:** Major modifications include the following program changes (<https://oucqa.ca/guide/distinguishing-between-major-modifications-and-new-programs-examples/>):

- a) (Examples of ) **Requirements that differ significantly from those existing at the time of the previous cyclical program review**
  - 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, co-op option, 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
- Any change to the requirements for graduate program candidacy examinations, field studies or residence requirements
- Major changes to courses comprising a significant proportion of the program (may be defined in quantitative terms; typically, institutions have chosen one-third)

b) (Example of) **Significant changes to the learning outcomes**

- Changes to program content, other than those listed in a) above, that affect the learning outcomes, but do not meet the threshold for a 'new program'

c) (Examples of) **Significant changes to the faculty engaged in delivering the program and/or to the essential resources as may occur, for example, when there have been changes to the existing mode(s) of delivery (e.g. different campus, online delivery, inter-institutional collaboration)**

- Changes to the faculty delivering the program: e.g. a large proportion of the faculty retires; new hires alter the areas of research and teaching interests
- 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

d) The addition of a new field to an existing graduate program. This modification is subject to an optional **Expedited Approval**. Note that institutions are not required to declare fields for either master's or doctoral programs

e) ACAPLAN will act as arbiter to determine whether changes constitute "major modifications".

The following are not Major modifications:

- The approval of an articulation agreement with a college
- Changes in admission requirements that are a result of changes from the high school curriculum

**Mode of Delivery:** The means or medium used in delivering a program (e.g., lecture format, distance, on-line, problem-based, compressed part-time, different campus, inter-institutional collaboration or other non-standard form of delivery).

**New Program:** Any degree, degree program, or program, currently approved by Senate or equivalent governing body, which has not been previously approved for that institution by the Quality Council, its

predecessors, or any intra-institutional approval processes that previously applied. A change of name, only, does not constitute a new program; nor does the inclusion of a new program where another with the same designation already exists (e.g., a new honours program where a major with the same designation already exists). To clarify, for the purposes of this Framework, a 'new program' is brand-new: that is to say, the program has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by the institution. Examples of what constitutes a 'new program' are provided in the Guide.

The approval process for the introduction of new undergraduate and graduate programs follows the New Program Approval Protocol in Framework Section 2. All Proposal Briefs submitted to the Quality Council will report whether the program is a professional program and/or a full cost recovery program.

**Professional Master's Program:** Typically, a professional master's degree is a terminal degree that does not lead to entry into a doctoral program. Such programs are designed to help students to prepare for a career in specific fields, such as occupational therapy, physical therapy, finance or business, among others. A professional master's degree often puts a great deal of focus on real-world application, with many requiring students to complete internships or projects in their field of study before graduation. In contrast, a research master's degree provides experience in research and scholarship, and may be either the final degree or a step toward entry into a doctoral program.

**Program:** An identified set and sequence of courses, and/or other units of study, research and practice within an area of disciplinary or interdisciplinary study, which is completed in full or partial fulfillment of the requirements for the awarding of a degree, and is recorded on the graduate's academic record (e.g., a major, honours program, concentration or similar).

It should be noted that:

- A program constitutes "full" fulfillment of the requirements for the awarding of a degree when the program and degree program are one and the same;
- A program constitutes "partial" fulfillment of the requirements for the awarding of a degree when the program is a subset of the degree program. Typically, a bachelor's degree requires the completion of a program, often referred to as a major, an honours program, a concentration or similar.

**Virtual Site Visit:** The practice of conducting all required elements of the external reviewers' site visit using videoconferencing software and/or other suitable platforms. A virtual site visit will still include elements such as virtual meetings with students, faculty, and other stakeholders. It may also include remote attendance at performances or events, and virtual facilities tours. A virtual site visit may replace an in-person site visit for certain undergraduate and master's program, with agreement from both the external reviewers and the Provost.

## Appendix E - Ontario Council of Academic Vice Presidents (OCAV) Guidelines for University Undergraduate Degree Level Expectations

### Introduction

The globalization of higher education has led to the need to be able to compare and contrast the variety of qualifications granted by academic institutions for credit transfer, graduate study preparation professional qualification. Similarly, jurisdictions with decentralized systems are looking for ways to

measure academic equivalencies. In addition, in order to be able to evaluate and monitor the effectiveness of all aspects of instruction, institutions, accrediting authorities and funding bodies have begun to clarify the outcomes expected of graduates. In response to a national initiative to state degree expectations, the Executive Heads of Ontario’s publicly assisted universities asked OCAV to prepare a framework to reflect expectations of performance by the graduates of the Baccalaureate/Bachelors programs of Ontario’s publicly assisted universities. The document, “Guidelines for University Undergraduate Degree Level Expectations,” developed by the Ontario Council of Academic Vice-Presidents was subsequently endorsed by the Council of Ontario Universities on December 16, 2005.

The degree level expectations in OCAV’s “Guidelines” elaborate the intellectual and creative development of students and the acquisition of relevant skills that have been widely, yet implicitly, understood. Here they are explicitly stated. Ontario’s universities have agreed to use OCAV’s “Guidelines” as a threshold framework for the expression of their own degree level expectations, which will be consistent with this document -- or may indeed go beyond it. In articulating its statement of degree level expectations, each institution is free to use language that reflects its own mission, ethos, values and culture.

	<b>Baccalaureate/Bachelor’s Degree</b> <i>This degree is awarded to students who have demonstrated:</i>	<b>Baccalaureate/Bachelor’s Degree: Honours</b> <i>This degree is awarded to students who have demonstrated:</i>
<b>1. Depth and Breadth of Knowledge</b>	<p>a) a general knowledge and understanding of many key concepts, methodologies, theoretical approaches and assumptions in a discipline</p> <p>b) a broad understanding of some of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</p> <p>c) an ability to gather, review, evaluate and interpret information relevant to one or more of the major fields in a discipline</p>	<p>a) a developed knowledge and critical understanding of the key concepts, methodologies, current advances, theoretical approaches and assumptions in a discipline overall, as well as in a specialized area of a discipline</p> <p>b) a developed understanding of many of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</p> <p>c) a developed ability to: i) gather, review, evaluate and interpret information; and ii) compare the merits of alternate hypotheses or creative options, relevant to one or more of the major fields in a discipline</p> <p>d) a developed, detailed knowledge of and experience in research in an area of the</p>

	<p>d) some detailed knowledge in an area of the discipline</p> <p>e) critical thinking and analytical skills inside and outside the discipline</p> <p>f) the ability to apply learning from one or more areas outside the discipline</p>	<p>discipline</p> <p>e) developed critical thinking and analytical skills inside and outside the discipline</p> <p>f) the ability to apply learning from one or more areas outside the discipline</p>
<b>2. Knowledge of Methodologies</b>	<p>... an understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</p> <ul style="list-style-type: none"> <li>• evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; and</li> <li>• devise and sustain arguments or solve problems using these methods.</li> </ul>	<p>... an understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</p> <ul style="list-style-type: none"> <li>• evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques;</li> <li>• devise and sustain arguments or solve problems using these methods; and</li> </ul> <p>describe and comment upon particular aspects of current research or equivalent advanced scholarship.</p>
<b>3. Application of Knowledge</b>	<p>a) the ability to review, present, and interpret quantitative and qualitative information to:</p> <ul style="list-style-type: none"> <li>i) develop lines of argument;</li> <li>ii) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and</li> </ul>	<p>a) the ability to review, present and critically evaluate qualitative and quantitative information to:</p> <ul style="list-style-type: none"> <li>i) develop lines of argument;</li> <li>ii) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study;</li> <li>iii) apply underlying concepts, principles, and techniques of analysis, both within and outside the discipline;</li> </ul>

	<p>b) the ability to use a basic range of established techniques to:</p> <ul style="list-style-type: none"> <li>i) analyze information;</li> <li>ii) evaluate the appropriateness of different approaches to solving problems related to their area(s) of study;</li> <li>iii) propose solutions; and</li> </ul> <p>c) the ability to make use of scholarly reviews and primary sources.</p>	<p>iv) where appropriate use this knowledge in the creative process; and</p> <p>b) the ability to use a range of established techniques to:</p> <ul style="list-style-type: none"> <li>i) initiate and undertake critical evaluation of arguments, assumptions, abstract concepts and information;</li> <li>ii) propose solutions;</li> <li>iii) frame appropriate questions for the purpose of solving a problem; iv) solve a problem or create a new work; and</li> </ul> <p>c) the ability to make critical use of scholarly reviews and primary sources.</p>
<b>4. Communication Skills</b>	... the ability to communicate accurately and reliably, orally and in writing to a range of audiences.	... the ability to communicate information, arguments, and analyses accurately and reliably, orally and in writing to a range of audiences.
<b>5. Awareness of Limits of Knowledge</b>	... an understanding of the limits to their own knowledge and how this might influence their analyses and interpretations.	... an understanding of the limits to their own knowledge and ability, and an appreciation of the uncertainty, ambiguity and limits to knowledge and how this might influence analyses and interpretations.

<p><b>6. Autonomy and Professional Capacity</b></p>	<p>a) qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:</p> <ul style="list-style-type: none"> <li>• the exercise of personal responsibility and decision making;</li> <li>• working effectively with others;</li> </ul> <p>b) the ability to identify and address their own learning needs in changing circumstances and to select an appropriate program of further study; and</p> <p>c) behaviour consistent with academic integrity and social responsibility.</p>	<p>a) qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:</p> <ul style="list-style-type: none"> <li>• the exercise of initiative, personal responsibility and accountability in both personal and group contexts;</li> <li>• working effectively with others;</li> <li>• decision-making in complex contexts;</li> </ul> <p>b) the ability to manage their own learning in changing circumstances, both within and outside the discipline and to select an appropriate program of further study; and</p> <p>c) behaviour consistent with academic integrity and social responsibility.</p>
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Approved: Council of Ontario Universities, December 2005

Updated: May 2006  
September 2007

## Appendix F - Ontario Council of Academic Vice Presidents (OCAV) Degree Level Expectations for Graduates of Each Credential

These degree level expectations are intended and expected to complement the existing appraisal process, and not to replace it, or any part of it. The degree level expectations elaborate the intellectual development of students, and the acquisition of relevant skills that have been widely understood, but heretofore implicitly rather than explicitly stated.

Revised February 2005	<b>MASTER'S DEGREE</b>
<b>EXPECTATIONS</b>	<i>This degree is awarded to students who have demonstrated:</i>
<b>1. Depth and Breadth of Knowledge</b>	A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of the academic discipline, field of study, or area of professional practice.
<b>2. Research and Scholarship</b>	A conceptual understanding and methodological competence that <ul style="list-style-type: none"> <li>i) Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline;</li> <li>ii) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and</li> <li>iii) Enables a treatment of complex issues and judgments based on established principles and techniques; <b>and,</b></li> </ul> on the basis of that competence, has shown at least one of the following: <ul style="list-style-type: none"> <li>i) The development and support of a sustained argument in written form; or ii)</li> </ul> Originality in the application of knowledge.
<b>3. Level of Application of Knowledge</b>	Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.



<p><b>4. Professional Capacity/Autonomy</b></p>	<p>a. The qualities and transferable skills necessary for employment requiring  i) The exercise of initiative and of personal responsibility and accountability; and ii) Decision-making in complex situations; and  b. The intellectual independence required for continuing professional development;  c. The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and  d. The ability to appreciate the broader implications of applying knowledge to particular contexts.</p>
<p><b>5. Level of Communications Skills</b></p>	<p>The ability to communicate ideas, issues and conclusions clearly.</p>
<p><b>6. Awareness of Limits of Knowledge</b></p>	<p>Cognizance of the complexity of knowledge and of the potential contributions of other interpretations, methods, and disciplines.</p>

<p>Revised February 2005</p>	<p><b>DOCTORAL DEGREE</b></p>
<p><b>EXPECTATIONS</b></p>	<p><i>This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated:</i></p>
<p><b>1. Depth and Breadth of Knowledge</b></p>	<p>A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice.</p>
<p><b>2. Research and Scholarship</b></p>	<p>a. The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems;  b. The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and  c. The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.</p>

<b>3. Level of Application of Knowledge</b>	<p>The capacity to</p> <ul style="list-style-type: none"> <li>i) Undertake pure and/or applied research at an advanced level; and</li> <li>ii) Contribute to the development of academic or professional skills, techniques, tools, practices, ideas, theories, approaches, and/or materials.</li> </ul>
<b>4. Professional Capacity/Autonomy</b>	<ul style="list-style-type: none"> <li>a. The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex situations;</li> <li>b. The intellectual independence to be academically and professionally engaged and current;</li> <li>c. The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and</li> <li>d. The ability to evaluate the broader implications of applying knowledge to particular contexts.</li> </ul>
<b>5. Level of Communication Skills</b>	<p>The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively.</p>
<b>6. Awareness of Limits of Knowledge</b>	<p>An appreciation of the limitations of one's own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines.</p>

## Appendix G: Acronyms

ACAPLAN: Academic Planning Committee

CELP: Committee on English Language Programs

COU: Council of Ontario Universities

CPF: Comité des programmes francophones

IQAP: Institutional Quality Assurance Process

MCU: Ministry of Colleges and Universities

OCAV: Ontario Council of Academic Vice-Presidents

OCGS: Ontario Council of Graduate Studies

QAF: Quality Assurance Framework

QC: Quality Council