Second Cycle of the
Monitoring of Maritime Universities' Quality Assurance Frameworks:

Overview of the Process

[as of April 20, 2023]

MPHEC
Maritime Provinces Higher
Education Commission

CESPM
Commission de l'enseignement
supérieur des Provinces maritimes

Second Cycle of the Monitoring of Maritime Universities' Quality Assurance Frameworks: Overview of the Process

[Updated April 20, 2023]

INTRODUCTION

Universities are responsible for ensuring the ongoing quality of the programs and services they provide to students. This is largely accomplished through cyclical internal and external reviews managed independently by each university. The MPHEC's primary role is to confirm that such reviews are taking place and to validate the extent to which institutional quality assurance (QA) frameworks meet agreed-upon regional standards, while at the same time providing advice and assistance to institutions. The process outlined below is intended to serve that purpose, and builds upon the MPHEC's first Quality Assurance Monitoring (QAM) process, which was implemented in 1999 and included what has come to be known as the "first cycle" of institution-specific reviews between 2001 and 2009.[1]

OBJECTIVES

The objectives of the QAM process are to:

A. Provide (third-party) assurances to stakeholders and the general public, through public reporting, that Maritime universities have suitable quality assurance policies and mechanisms in place to ensure the ongoing quality of their activities, particularly with respect to students and learning.

B. Assist each institution in enhancing its quality assurance framework through a formative and summative process that respects institutional autonomy and combines ongoing dialogue and detailed advice, including recommendations and suggestions.

C. Provide a system-wide analysis of the state of institutional quality assurance in the region.

To this end, the QAM process includes a review of the institution's QA Framework—which is made up of any relevant QA policies, processes, guidelines, procedures, etc. used by universities to assess and ensure the ongoing quality of their programs—and other functions, as appropriate. The process begins with the submission of an institutional progress report by each institution (Appendices A & B).

The QAM process aims to answer the following questions:

1. To what extent are institutions following their own QA framework?
2. To what extent are institutions' QA frameworks aligned with the MPHEC's 2016 Guidelines for Maritime Universities' Quality Assurance Frameworks (Appendix C)?
3. What progress have institutions made since the "first cycle"?
4. What are the strengths of the region's institutional QA frameworks? How can they be improved?

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[1] Institution-specific reports are available for download at: www.mphec.ca/general/qamfirstcycle.aspx

Particular attention will be paid to the effectiveness of institutional QA frameworks at assessing learning outcomes and gauging the quality of the learning environment for students.

A Review Panel will be established to carry out the review, including a site visit, and to prepare the assessment report. The Panel will be made up of two external reviewers, ideally one from outside the region and one from within the region. External reviewers are selected based on the following criteria:

A. Appreciation for, and expertise in, quality assurance and periodic program and unit reviews.
B. Respected by the post-secondary education community.
C. Not a current member of an institution's senior administration.
D. Preferably not currently in the employ of an institution on the Commission's schedule.

PROCESS

The QAM process includes the following key steps:

Step 1: Meeting between the institution and MPHEC staff

The first step in the process is a meeting to clarify expectations and the process, as well as to establish the time frame for each step. Institutions can choose to have this meeting prior to drafting their progress report (see next step), or closer to when the progress report is due, or anytime in between.

Step 2: Submission by the institution of its QAM progress report

The institution has a three- to four-month period to produce the progress report and forward it to the MPHEC. Exact timelines will be confirmed with each institution at the launch of the assessment. The progress report is both descriptive and analytical and provides answers to questions one through three noted above. It includes clear statements as to how well the university's quality assurance frameworks are performing, and whether the framework is adequate for the task. In preparing the progress report, as many individuals involved in QA within the institution as possible should be engaged in a frank, objective appraisal of strengths and areas for improvement. The progress report is the primary document on which the monitoring process is based; it is therefore important that it be well organized, clearly written and concise. It should normally not exceed 30 pages, excluding appendices. See Appendices A & B for Guidelines for the Preparation of Institutional QAM Progress Reports.

Step 3: Analysis of all pertinent documentation by the Review Panel

Over the course of the following six to eight weeks, the Review Panel and MPHEC staff analyze the documentation and request any additional information deemed necessary. The basis of the Panel's report is the documentation forwarded by the institution, including:

A. The institution's quality assurance framework. The Review Panel uses the MPHEC's 2016 *Guidelines for Maritime Universities' Quality Assurance Frameworks* (Appendix C) as the backdrop to review each institutional framework;
B. The institutional QAM progress report and appendices;

C. The complete dossier for three to five completed reviews (selected by the Panel from a list, provided by the institution, of Academic Program and Unit reviews conducted in the past seven years).

Step 4: Site visit

The Review Panel carries out a one- to two-day site visit and meets with individuals identified in the progress report and those identified during consultations with the institution in preparation for the visit. The objective of the site visit is to validate the statements offered in the progress report, as well as to verify elements contained in the dossiers for the assessments selected by the Review Panel (as identified during Step 3c).

Step 5: Preparation of the Review Panel's report

The Review Panel prepares a report on its findings and formulates recommendations, first and foremost, to the institution. Within four weeks of the site visit, the draft report is forwarded to the institution to validate factual information and correct any errors; the institution has two weeks to respond. The Review Panel's report is modified as required and submitted to the MPHEC. Staff then forwards the final report to the institution.

Step 6: Submission by the institution of an action plan

The institution develops an action plan in response to the report, to be filed with the MPHEC no later than three months following receipt of the report. The Review Panel's report and the institution's action plan are then submitted to the AAU-MPHEC Quality Assurance Committee for comment; the report and comments (when applicable) are then submitted to the Commission for approval. Once approved, the report, with the action plan appended, is posted (in the language of the institution) on the MPHEC and the institution's websites.

Step 7: Monitoring of the institutional action plan

One year following approval by the MPHEC of the action plan, the institution submits a follow-up report to the MPHEC outlining how it has addressed the actions it had identified in its action plan. The follow-up report is submitted to the AAU-MPHEC Quality Assurance Committee for review and comment, as applicable. The AAU-MPHEC Quality Assurance Committee may choose to follow up with the institution for additional information or clarification at that time. A status update on receipt of the follow-up to the action plan may be noted on the MPHEC website.

Step 8: Regional-level analysis on the state of institutional QAM Frameworks

Once the QAM process is completed with all 15 institutions, a regional-level analysis is prepared. The purpose of this report is to highlight trends, best practices and areas for improvement in institutional QA Frameworks.   The report is shared with institutions and posted on the MPHEC website.

Guidelines for the Preparation of the Institutional QAM Progress Report

Note: During consultations leading up to the launch of the second cycle of the QAM process, concerns were raised about the inclusion of other units in the MPHEC's 2016 "Guidelines for Maritime Universities' Quality Assurance Frameworks". Concerns largely centered on: 1. what falls / ought to fall within the scope of QAM (i.e., which other units should and should not be included in such processes); and, 2. who is / ought to be responsible for any oversight / QAM of such units.

In response, the Commission agreed to change the term other units to academic support units and that, for the second cycle of QAM, the MPHEC would prioritize the units to be assessed within an institution's QAM framework. To this end, academic programs and units are considered the first priority, followed by academic support units that directly support academic programs, and then academic support units that indirectly support academic programs.

Specifically, the focus of the second cycle will be on gaining an understanding of an institution's processes around assessing academic units. For units that directly support academic programs, information will be collected on what units institutions believe fall within this category and which of these units have undergone review in their institution. For units that indirectly support academic programs, information will be collected on which of these are currently being reviewed by institutions, if any. For institutions who have policies related the assessment of academic support units, they will be asked to describe their approach(es).

Based on the findings of the second cycle, the MPHEC will clarify its expectations around the assessment of other units, now named academic support units, and will revise its 2016 guidelines accordingly.

Section I: Institutional Overview

    A. Provide an overview of the university. For example, speak to the history, vision, mission, administrative structure, programs, student body demographics, enrolment, etc. Provide links to or append: Strategic Plan, Academic Plan, organizational chart(s), collective agreement.

Section II: Description of the Institution's Quality Assurance Framework

    A. Provide an overview of the university's QA Framework, including any relevant QA policies, processes, guidelines, procedures, etc. and their date(s) of approval/implementation, as appropriate.

    B. Describe the institution's approach to assessing academic programs and units.

    C. Describe to what extent the university, as part of the cyclical review process, validates how their programs comply with the Maritime Degree Level Qualifications Framework (Appendix D), and what actions are taken if a program is not in compliance.

    D. Describe the institution's process to identify and assess student/learning outcomes.

    E. Describe the institution's process for suspending and terminating programs.

    F. Identify the academic support units that the institution believes directly support academic programs; and, indicate which of these units the institution has reviewed in the past seven years.

    G. Describe the institution's approach(es) for assessing the academic support units identified under F above.

    H. Identify the academic support units that indirectly support academic programs that the institution has reviewed in the past seven years.

    I. Describe the institution's approach(es) for assessing the academic support units identified under H above.

Section III: Alignment with the MPHEC's 2016 Guidelines for Maritime Universities' Quality Assurance Frameworks

    A. Highlight (using the Table under Appendix B) alignment and gaps between the university's QA Framework and the MPHEC's 2016 Guidelines for Maritime Universities' Quality Assurance Frameworks.

    B. Provide additional information deemed relevant but not captured in the table.

Section IV: Evaluation of Current Institutional QA Framework

    A. Describe the progress that has been made since the "first cycle," including any challenges in addressing the recommendations made during the "first cycle."
    B. Describe to what extent the institution is following its own QA framework.
    C. Describe successes with current institutional QA framework.
    D. Describe challenges with current institutional QA framework.
    E. Provide any other information that the institution would like to communicate to the MPHEC regarding its institutional QAM Framework.

Appendices to institutional progress report:

1. The institution's QA Framework. If available online, links to these documents can be provided.
2. List of all Academic Program and Unit reviews conducted in the past seven years.
3. List of all Academic Programs and Units to be reviewed in the next seven years.
4. Confirm the status of review for programs that were approved[2] by the Commission in the past seven years (i.e., completed [with date]; under review [with confirmation of the current stage in the process and anticipated date the review will be completed]; review has not yet begun [anticipated dates of launch and completion]).
5. Any other relevant documentation the institution would like to share with the Commission.

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[2] As per the MPHEC's 2013 *Academic Program Assessment Prior to Implementation (Policy and Procedures)* which states that "All approved programs, whether approved through a Stage I or Stage II Assessment, are expected to undergo an external review after one or two cohorts have graduated, normally by year five of operation, to be undertaken by the submitting institution(s)." p. 13

Alignment of the University's Quality Assurance Framework with the MPHEC's 2016 Guidelines

The following table includes each of the elements found in the MPHEC's 2016 Guidelines for Maritime Universities' Quality Assurance Frameworks. A description of what to include within each column follows:

Guideline met by institution:
- We are looking for what the institution does in **practice** and what the institution has documented in **policy**.
- "Yes" indicates that the specific element is addressed in practice/policy.
- "No" indicates that the specific element is not addressed in practice/policy.
- "Somewhat" indicates that the element is somewhat addressed in practice/policy.
- For example, if the institution's written policy does not explicitly require two reviewers per review, but the institution routinely hires two reviewers per review, indicate "yes" for practice and "no" for policy.

Comments:
- Explain how the guideline has been met, not met or somewhat met.
- Include specific references to policy sections or other evidence.
- Describe any challenges in meeting the guideline.

MPHEC 2016 Guidelines	Guideline met by institution? Policy Practice (Yes/No/Somewhat)	Comments
1. PURPOSE OF THE GUIDELINES		
These guidelines aim to assist institutions in establishing or improving their quality assurance frameworks (and related policies and processes) and to support the Commission when assessing the frameworks in place.	**N/A**	

MPHEC 2016 Guidelines	Guideline met by institution? In policy In practice (Yes/No/Somewhat)		Comments
2. GUIDING PRINCIPLES			
A successful university quality assurance framework[1] is guided by:			
2.1 The pursuit of continuous improvement;			
2.2 A focus on learning;			
2.3 The necessity of encompassing all functions and units of an institution;			
2.4 Accountability and transparency; and			
2.5 The documentation and implementation of policies, guidelines and procedures.			

1. This document refers to an institutional quality assurance framework, which may encompass multiple policies and procedures covering an institution's work in this area (e.g., faculty specific policies that reflect various realities, or separate policies for academic units and other types of units).

MPHEC 2016 Guidelines	Guideline met by institution? Policy Practice (Yes/No/Somewhat)		Comments

3. SCOPE OF A UNIVERSITY'S QUALITY ASSURANCE FRAMEWORK

A university's quality assurance framework:			
3.1 Reflects its mission and values;			
3.2 Accounts for the full range of its offerings and activities;			
3.3 Links to the institution's strategic and other plans;			
3.4 Includes provisions to cover all of the functions and units of the institution (research, administration, community service, etc.) and applies to the full spectrum of a student's university experience; and			
3.5 Is forwarded to the MPHEC.	**N/A**		

MPHEC 2016 Guidelines	Guideline met by institution? Policy Practice (Yes/No/Somewhat)		Comments

4. OBJECTIVES OF THE UNIVERSITY'S QUALITY ASSURANCE FRAMEWORK

The objectives of a university quality assurance framework are, at a minimum, to assure the quality of programs and to ensure that stated student outcomes can be realized.			
The purpose of each institution-led assessment is to answer the following two questions:			
first, "How well is the unit or the program achieving what it set out to accomplish?" and			
second, "Is it doing what it should be doing?"			
In answering the above questions, the university examines:			
4.1 Inputs; and			
4.2 Outputs.			

MPHEC 2016 Guidelines	Guideline met by institution? Policy Practice (Yes/No/Somewhat)		Comments
5. STANDARD[2] FOR THE ASSESSMENT OF ACADEMIC PROGRAMS/UNITS			
5.1 Central Components			
To assess academic programs/units[3], an institutional quality assurance framework would, at a minimum:			
5.1.1 Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit is located at a higher echelon (e.g. vice-president) of the institution's administrative structure, and			
is accountable to the institution's decision-making bodies.			
5.1.2 Assign and distribute responsibility for the various components of the quality assurance framework (deans, department heads, program managers, committees, etc.).			
5.1.3 Define the assessment criteria	N/A (see section 5.2 below).		
5.1.4 Require a self-study,			
involving faculty and students participating in the program or unit.			
The self-study is student-centred as it would aim, in most cases, to assess the student experience and, in the case of academic programs, to assess the quality of learning and teaching.			
The self-study is structured according to the defined assessment criteria, and is both descriptive and analytical.			
When and where appropriate, the results of accreditation processes may be included, and/or substituted for this component, or a portion thereof.[4]			

MPHEC 2016 Guidelines	Guideline met by institution?		Comments
	Policy	Practice	
	(Yes/No/Somewhat)		
5.1.5 Require an external review component			
with a sufficiently comprehensive site visit and written report,			
carried out by at least two experts external to the institution, with at least one coming from outside Atlantic Canada.			
The external reviewers' team should also include a senior faculty member from the institution to assist the external reviewers in the process and provide clarifications on the institution's context.			
As appropriate, the results of accreditation may be included, and/or substituted for this component, or a portion thereof.[4]			
5.1.6 Ensure the participation of students through:			
membership on committees dealing with program review and quality assurance;			
participation in surveys designed to collect data on a number of student and graduate outcomes;			
and mandatory student course evaluations.			
5.1.7 Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).			
5.1.8 Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.			
5.1.9 Define the follow-up mechanisms, which include			
the procedures			
areas of responsibility			
expected timelines,			
along with provisions for follow-up monitoring of progress (usually involving the Senate).			
5.1.10 Establish the assessment cycle and related schedule which normally does not exceed seven years (with no programs exceeding, in practice, 10 years between reviews).[5]			

MPHEC 2016 Guidelines	Guideline met by institution?		Comments
	Policy (Yes/No/Somewhat)	Practice	
5.1.11 Assess newly established programs or units after the first cohort has graduated.			
5.1.12 Document the standard timeline for individual reviews, from the preparation of the self-study through to Senate approval of recommendations, normally 12 to 18 months.			
5.1.13 Include a communication strategy to inform the university community (students, faculty, staff, etc.) and the general public about a university's quality assurance framework as well as significant changes brought about by quality assurance activities.			
The communication strategy should include activities to inform faculty, staff and heads of units about the framework, its objectives, assessment criteria, and follow-up processes.			
5.1.14 Define the provisions to assess the framework periodically, normally at the end of each assessment cycle			
and table the resulting report with decision-making bodies within the institution (e.g., Senate, Board of Governors).			

2. The Commission uses the term Standard as 'A document established by consensus and approved by a recognized body that provides for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context'. ISO/IEC Guide 2:1996, definition 3.2

3. For the purpose of this section of the Guidelines, an academic unit is understood as a department or a unit whose mission is preponderantly teaching and whose nature reflects the existence of a demonstrably coherent field of knowledge, normally defined by close cognate disciplines. An academic unit may offer more than one program, but in the context of quality assurance, each program is to be assessed, including curriculum, outcomes, resources, etc.

4. However, the quality assurance framework addresses gaps in accreditation processes (if any) to ensure the same standards are applied across all programs (e.g., reporting back to higher echelons of the institution).

5. In exceptional circumstances, review cycles may be interrupted to accommodate other institutional priorities; in these cases, the MPHEC should be contacted and informed of the length/extent of the anticipated interruption (no program should exceed 10 years between reviews).

MPHEC 2016 Guidelines	Guideline met by institution? Policy Practice (Yes/No/Somewhat)		Comments
5.2 Assessment Criteria			
Each university establishes assessment criteria for reviewing the quality of its programs/units. The assessment criteria are			
comprehensive in their range and in their use across programs and units;			
they have a strong focus on students and			
reflect the institutional mission and values.			
They are published and include at a minimum the following:			
5.2.1 The continuing appropriateness of the program's structure, method of delivery and curriculum for the program's learning outcomes and the degree level expectations;			
5.2.2 The achievement by students and graduates of the learning outcomes in light of			
the program's stated goals,			
the degree level expectations, and,			
where relevant, the standards of any relevant regulatory, accrediting or professional body;			
5.2.3 The continuing appropriateness and effectiveness of the methods used for the evaluation of student progress and achievement in light of the degree level expectations;			
5.2.4 The capacity of the faculty and staff to deliver the program and the quality of education necessary for the students to achieve:			
the stated learning outcomes, and			
to meet the needs of the existing and anticipated student enrolments;			
5.2.5 The continuing performance of the faculty, including			
the quality of teaching and supervision, and			
their continuing progress and achievement in research, scholarship or creative activity, and			
professional activity in light of the program under review;			
5.2.6 The appropriateness of the support provided to the learning environment, including but not limited to library and learning resources (e.g., human, physical and financial resources; academic advising; student services; graduate studies office; registrar services; technological services; centres for teaching and learning, etc.), unless such supports are assessed through other means;			

MPHEC 2016 Guidelines	Guideline met by institution? Policy Practice (Yes/No/Somewhat)		Comments
5.2.7 The effectiveness and appropriateness of the use made of			
the existing human resources			
the existing physical resource			
the existing technological resources			
the existing financial resources; and			
5.2.8 The continuing appropriateness of			
the academic policies (including admission, promotion and graduation requirements; requests for transfer credit and advanced standing; and appeals) and			
of the governing and decision making structures of the academic unit; and			
5.2.9 The definition of indicators that provide evidence of quality,			
including enrolments, graduation rates, time-to completion rates, student satisfaction level			
and, as appropriate, relevant measures of graduate outcomes (e.g., graduate employment rates, employment in field of study, employer satisfaction level, further study, etc.).			

MPHEC 2016 Guidelines	Guideline met by institution? Policy　　　　　Practice (Yes/No/Somewhat)		Comments
6. STANDARD FOR THE ASSESSMENT OF OTHER UNITS			
A university's quality assurance framework ought to assess all functions and units of the institution. This includes the university's units whose missions are not driven by teaching, and in particular academic support units. The diversity of these units makes the development of general guidelines universally applicable across units and across universities challenging. It is up to the institution to determine whether each unit is assessed more effectively on its own or in conjunction with academic units (see 5.2.6, above). *The Commission will gather information from, and generate discussion with, universities on best practices in the assessment of other units*. In the interim, universities are still expected to review these units and, at this stage, the Commission proposes the following four assessment criteria: **Note:** Given the change of approach to addressing the assessment of other units, now named Academic Support Units, institutions are asked to complete Sections 6.1 to 6.4 (below) based on its policies/practices for assessing Academic Support Units directly related to academic programs/student learning (as applicable)			
6.1 The continuing appropriateness and effectiveness of the service or support provided to the academic programs, students and faculty;			
6.2 The capacity of the unit or program to deliver the service or support which its mandate defines;			
6.3 The appropriateness and efficiency of the use made of			
the existing human resources			
the existing physical resource			
the existing technological resources			
the existing financial resources; and			
6.4 The contribution of the unit or program to other aspects of the institution's mission and to the student experience.			

MPHEC 2016 Guidelines	Guideline met by institution? Policy Practice (Yes/No/Somewhat)		Comments
7.KEY DOCUMENTS ASSOCIATED WITH A UNIVERSITY'S QUALITY ASSURANCE FRAMEWORK			
Standardization and documentation of processes and procedures support two goals: a common and transparent process and shorter timelines. To this end, institutions should establish the following policy(ies), templates and standards:			
FORMAL, APPROVED QUALITY ASSURANCE RELATED POLICY(IES)			
GUIDELINES FOR THE PREPARATION OF THE SELF-STUDY			
to include templates/data /source(s) for indicators/measures of quality (e.g., enrolments, graduation rates, time-to-completion rates, student/employer satisfaction level, graduate employment rates, employment in field of study, further study, etc.).			
GENERIC TERMS OF REFERENCE FOR EXTERNAL REVIEWERS			
COMMON STUDENT COURSE EVALUATION FORM			
TERMS OF REFERENCE FOR RELEVANT COMMITTEE(S)			
GUIDELINES FOR THE REVIEW OF PROGRAMS THAT ARE ALSO SUBJECT TO ACCREDITATION			

MPHEC's 2016 Guidelines for Maritime Universities' Quality Assurance Frameworks

1.   PURPOSE OF THE GUIDELINES

These guidelines aim to assist institutions in establishing or improving their quality assurance frameworks (and related policies and processes) and to support the Commission when assessing the frameworks in place.

2.   GUIDING PRINCIPLES

A successful university quality assurance framework[1] is guided by:

- 2.1   The pursuit of continuous improvement;
- 2.2   A focus on learning;
- 2.3   The necessity of encompassing all functions and units of an institution;
- 2.4   Accountability and transparency; and
- 2.5   The documentation and implementation of policies, guidelines and procedures.

3.   SCOPE OF A UNIVERSITY'S QUALITY ASSURANCE FRAMEWORK

A university's quality assurance framework:

- 3.1   Reflects its mission and values;
- 3.2   Is comprehensive and accounting for the full range of its offerings and activities;
- 3.3   Is linked to the institution's strategic and other plans;
- 3.4   Includes provisions to cover all of the functions and units of the institution (research, administration, community service, etc.) and   applies to the full spectrum of a student's university experience; and
- 3.5   Is forwarded to the MPHEC.

4.   OBJECTIVES OF THE UNIVERSITY'S QUALITY ASSURANCE FRAMEWORK

The objectives of a university quality assurance framework are, at a minimum, to assure the quality of programs and to ensure   that stated student outcomes can be realized.

The purpose of each institution-led assessment is to answer the following two questions: first, "How well is the unit or the   program achieving what it set out to accomplish?" and second, "Is it doing what it should be doing?"

In answering the above questions, the university examines:

- 4.1   Inputs; and
- 4.2   Outputs.

5.   STANDARD[2] FOR THE ASSESSMENT OF ACADEMIC PROGRAMS/UNITS

5.1   Central Components

To assess academic programs/units,[3] an institutional quality assurance framework would, at a minimum:

- 5.1.1   Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process.   This unit is located at a higher echelon (e.g. vice-president) of the institution's administrative structure, and is accountable   to the institution's decision-making bodies.
- 5.1.2   Assign and distribute responsibility for the various components of the quality assurance framework (e.g. deans, department   heads, program managers, committees).

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[1] This document refers to an institutional quality assurance framework, which may encompass multiple policies and procedures covering an institution's work in this area (e.g., faculty-specific policies and/or separate policies for academic units and other types of units).

[2] The Commission uses the term standard as 'A document established by consensus and approved by a recognized body that provides for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context'. ISO/IEC Guide 2:1996, definition 3.2

[3] For the purpose of this section of the Guidelines, an academic unit is understood as a department or a unit whose mission is preponderantly teaching and whose nature reflects the existence of a demonstrably coherent field of knowledge, normally defined by close cognate disciplines. An academic unit may offer more than one program, but in the context of quality assurance, each program is to be assessed, including curriculum, outcomes, resources, etc.

5.1.3 Define the assessment criteria (see section 5.2).

5.1.4 Require a self-study, involving faculty and students participating in the program or unit. The self-study is student-centred as it would aim, in most cases, to assess the student experience and, in the case of academic programs, to assess the quality of learning and teaching. The self-study is structured according to the defined assessment criteria, and is both descriptive and analytical. When and where appropriate, the results of accreditation processes may be included, and/or substituted for this component, or a portion thereof.[4]

5.1.5 Require an external review component, with a sufficiently comprehensive site visit and written report, carried out by at least two experts external to the institution, with at least one coming from outside Atlantic Canada. The external reviewers' team should also include a senior faculty member from the institution to assist the external reviewers in the process and provide clarifications on the institution's context. As appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.[5]

5.1.6 Ensure the participation of students through: membership on committees dealing with program review and quality assurance; participation in surveys designed to collect data on a number of student and graduate outcomes; and mandatory student course evaluations.

5.1.7 Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).

5.1.8 Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.

5.1.9 Define the follow-up mechanisms, which include the procedures, areas of responsibility and expected timelines, along with provisions for follow-up monitoring of progress (usually involving the Senate).

5.1.10 Establish the assessment cycle and related schedule which normally does not exceed seven years (with no programs exceeding, in practice, 10 years between reviews[6]).

5.1.11 Assess newly established programs or units after the first cohort has graduated.

5.1.12 Document the standard timeline for individual reviews, from the preparation of the self-study through to Senate approval of recommendations, normally 12 to 18 months.

5.1.13 Include a communication strategy to inform the university community (students, faculty, staff, etc.) and the general public about a university's quality assurance framework as well as significant changes brought about by quality assurance activities. The communication strategy should include activities to inform faculty, staff and heads of units about the framework, its objectives, assessment criteria, and follow-up processes.

5.1.14 Define the provisions to assess the framework periodically, normally at the end of each assessment cycle, and table the resulting report with decision-making bodies within the institution (e.g., Senate, Board of Governors).

5.2   Assessment Criteria

Each university establishes assessment criteria for reviewing the quality of its programs/units. The assessment criteria are comprehensive in their range and in their use across programs and units; they have a strong focus on students and reflect the institutional mission and values. They are published and include at a minimum the following:

5.2.1 The continuing appropriateness of the program's structure, method of delivery and curriculum for the program's learning outcomes and the degree level expectations;

5.2.2 The achievement by students and graduates of the learning outcomes in light of the program's stated goals, the degree level expectations, and, where relevant, the standards of any relevant regulatory, accrediting or professional body;

5.2.3 The continuing appropriateness and effectiveness of the methods used for the evaluation of student progress and achievement in light of the degree level expectations;

5.2.4 The capacity of the faculty and staff to deliver the program and the quality of education necessary for the students to achieve the stated learning outcomes, and to meet the needs of the existing and anticipated student enrolments;

5.2.5 The continuing performance of the faculty, including the quality of teaching and supervision, and their continuing progress and achievement in research, scholarship or creative activity, and professional activity in light of the program under review;

5.2.6 The appropriateness of the support provided to the learning environment, including but not limited to library and learning resources (e.g., human, physical and financial resources; academic advising; student services; graduate studies office; registrar services; technological services; centres for teaching and learning, etc.), unless such supports are assessed through other means;

5.2.7 The effectiveness and appropriateness of the use made of the existing human, physical, technological and financial resources;

5.2.8 The continuing appropriateness of the academic policies (including admission, promotion and graduation requirements; requests for transfer credit and advanced standing; and appeals) and of the governing and decision-making structures of the academic unit; and

5.2.9 The definition of indicators that provide evidence of quality, including enrolments, graduation rates, time-to-completion rates, student satisfaction level and, as appropriate, relevant measures of graduate outcomes (e.g., graduate employment rates, employment in field of study, employer satisfaction level, further study, etc.).

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[4] However, the quality assurance framework addresses gaps in accreditation processes (if any) to ensure the same standards are applied across all programs (e.g., reporting back to higher echelons of the institution).

[5] However, the quality assurance framework addresses gaps in accreditation processes (if any) to ensure the same standards are applied across all programs (e.g., reporting back to higher echelons of the institution).

[6] In exceptional circumstances, review cycles may be interrupted to accommodate other institutional priorities; in these cases, the MPHEC should be contacted and informed of the length/extent of the anticipated interruption (no program should exceed 10 years between reviews).

6. STANDARD FOR THE ASSESSMENT OF OTHER UNITS[7]

A university's quality assurance framework ought to assess all functions and units of the institution. This includes the university's units whose missions are not driven by teaching, and in particular academic support units. The diversity of these units makes the development of general guidelines universally applicable across units and across universities challenging. It is up to the institution to determine whether each unit is assessed more effectively on its own or in conjunction with academic units (see 5.2.6, above).

The Commission will gather information from, and generate discussion with, universities on best practices in the assessment of other units. In the interim, universities are still expected to review these units and, at this stage, the Commission proposes the following four assessment criteria:

6.1   The continuing appropriateness and effectiveness of the service or support provided to the academic programs, students and faculty;
6.2   The capacity of the unit or program to deliver the service or support which its mandate defines;
6.3   The appropriateness and efficiency of the use made of the existing human, physical, technological and financial resources; and
6.4   The contribution of the unit or program to other aspects of the institution's mission and to the student experience.

7. KEY DOCUMENTS ASSOCIATED WITH A UNIVERSITY'S QUALITY ASSURANCE FRAMEWORK

Standardization and documentation of processes and procedures support two goals: a common and transparent process and shorter timelines. To this end, institutions should establish the following policy(ies), templates and standards:

FORMAL, APPROVED QUALITY ASSURANCE RELATED POLICY(IES)

GUIDELINES FOR THE PREPARATION OF THE SELF-STUDY, to include templates/data /source(s) for indicators/measures of quality (e.g., enrolments, graduation rates, time-to-completion rates, student/employer satisfaction level, graduate employment rates, employment in field of study, further study, etc.).

GENERIC TERMS OF REFERENCE FOR EXTERNAL REVIEWERS

COMMON STUDENT COURSE EVALUATION FORM

TERMS OF REFERENCE FOR RELEVANT COMMITTEE(S)

GUIDELINES FOR THE REVIEW OF PROGRAMS THAT ARE ALSO SUBJECT TO ACCREDITATION

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[7] During consultations leading up to the launch of the second cycle of the quality assurance monitoring (QAM) process, concerns were raised about the inclusion of other units in the MPHEC's 2016 "Guidelines for Maritime Universities' Quality Assurance Frameworks". Concerns largely centered on: 1. what falls / ought to fall within the scope of QAM (i.e., which other units should and should not be included in such processes); and, 2. who is / ought to be responsible for any oversight / QAM of such units.

In response, the Commission agreed to change the term other units to academic support units and that, for the second cycle of QAM, the MPHEC would prioritize the units to be assessed within an institution's QAM framework. To this end, academic programs and units are considered the first priority, followed by academic support units that directly support academic programs, and then academic support units that indirectly support academic programs.

Specifically, the focus of the second cycle will be on gaining an understanding of an institution's processes around assessing academic units. For units that directly support academic programs, information will be collected on what units institutions believe fall within this category and which of these units have undergone review in their institution. For units that indirectly support academic programs, information will be collected on which of these are currently being reviewed by institutions, if any. For institutions who have policies related the assessment of academic support units, they will be asked to describe their approach(es).

Based on the findings of the second cycle, the MPHEC will clarify its expectations around the assessment of other units, now named academic support units, and will revise its 2016 guidelines accordingly.

http://www.mphec.ca/resources/Maritime_Degree_Level_Qualifications_Framework.pdf