

**MPHEC**

Maritime Provinces  
Higher Education  
Commission

**CESPM**

Commission de  
l'enseignement supérieur  
des Provinces maritimes



**Assessment of  
Acadia University's  
Quality Assurance Policies and  
Procedures**

June 2007

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Procedures**

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*(This document is available in the working language of the institution only.)*

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The AAU-MPHEC Quality Assurance Monitoring Committee and the Maritime Provinces Higher Education Commission's staff prepared the assessment report. The Commission approved it in June 2007.

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## 1. INTRODUCTION

The Maritime Provinces Higher Education Commission's Quality Assurance Monitoring Program was implemented in 1999 in response to the Commission's new mandate, which includes focusing on continuous quality improvement of programs and teaching at post-secondary institutions.

The monitoring process was created to provide assurances to stakeholder groups and the general public that Maritime universities are committed to offering quality programs and have quality assurance policies in place. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programs, and other functions as appropriate, are performing adequately as quality control and quality improvement mechanisms. A key outcome of the process is to provide assistance and advice to institutions on ways to enhance their current quality assurance policy and procedures, reflecting the emergence of best practices in the field.

The Quality Assurance Monitoring Committee, a joint committee of the Association of Atlantic Universities (AAU) and the Maritime Provinces Higher Education Commission (MPHEC), carries out the monitoring function on behalf of the Commission. This Committee was established as a peer review committee whose purpose is to advise and assist the MPHEC in ensuring continuous improvement in the quality of academic programs and of teaching at post-secondary institutions included within its scope by monitoring institutional quality assurance activities. The Monitoring Committee's Terms of Reference can be found under Appendix 3(e).

The Monitoring Committee's main objective is to answer the following two questions while paying particular attention to each institution's mission and values:

1. Is the institution following its own quality assurance policy?
2. Could the institution's quality assurance policy be modified to better ensure the quality of the academic programs and services or is it satisfactory as is?

The monitoring function is made up of the following steps:

- An initial meeting between the university and the Monitoring Committee;
- Submission by the university of its institutional quality assurance report;
- An analysis of all pertinent documentation by the Monitoring Committee;
- A site visit;
- An assessment report prepared by the Monitoring Committee;
- An institutional response;
- Release of assessment report; and
- Submission by the university of a follow-up action plan.

The monitoring process has been completed at the following universities: Université Sainte-Anne, Université de Moncton, University of New Brunswick, Mount Allison University, St. Thomas University and Dalhousie University. The remaining universities on the Commission's schedule are either currently undergoing the process or are expected to undergo the process over the next two years.

The Monitoring Committee's assessment report begins with a description of the monitoring process and the activities leading up to this report, followed by an overview of the quality assurance policies and procedures at Acadia University. The report concludes by answering the two key questions of the monitoring function.

## **2. DESCRIPTION OF THE MONITORING PROCESS WITH ACADIA UNIVERSITY**

The initial meeting between the Monitoring Committee and Acadia University occurred on March 29, 2006. The Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the University. The Monitoring Committee was represented by Léandre Desjardins, Acting CEO of the MPHEC, Catherine Stewart, MPHEC staff, and Dr. Donald Wells, a member of the Committee. Acadia University was represented by Dr. Ralph Nilson, Vice-President Academic and Mr. Shane Donovan, Executive Assistant to the Vice-President Academic. The University received a copy of the *Assessment Criteria for the MPHEC Monitoring Process* and the *Guidelines for the Preparation of the Institutional Quality Assurance Report*. These two documents can be found under Appendix 3(c) and 3(d).

On November 8, 2006, the Monitoring Committee reviewed the Quality Assurance Report that had been submitted by Acadia University on September 15, 2006. The Committee identified two program assessments for which it would like to receive a complete dossier. On January 22, 2007, the Committee reviewed the dossiers submitted by Acadia University and finalized the questions/issues to be explored during the site visit.

The site visit occurred on February 6, 2007. At the initial meeting, Committee Chair, Dr. Sam Scully, and Committee members, Mr. Bernard Nadeau, Dr. Léandre Desjardins, Dr. Ivan Dowling, Dr. Don Wells and Dr. Henry Cowan were present as well as three members from the MPHEC staff. Representing Acadia's senior administration were Dr. Gail Dinter-Gottlieb, President and Vice-Chancellor, Dr. George Iwama, Vice-President Academic (Acting), Dr. Rob Raeside, Dean of Pure and Applied Science, Dr. Bill McLeod, Dean of Professional Studies and Dr. Robert Perrins, Dean of Arts. The Monitoring Committee also heard from faculty and student representatives, as well as heads of recently reviewed departments and members of the Academic Program Review Committee. The agenda for the site visit is included under Appendix 2.

On April 26, 2007, the Monitoring Committee submitted to Acadia University a draft of its *Assessment Report of Acadia University's Quality Assurance Policies and Procedures*. The University was asked to validate the factual information contained in the document. A response was received on May 23, 2007. The Commission approved the report at its June 25, 2007 meeting.

The Monitoring Committee would like to extend its gratitude to Acadia University for being responsive and cooperative throughout the entire process.

### **3. OVERVIEW OF ACADIA UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES**

Founded in 1838 and located in Wolfville, Nova Scotia, Acadia University has nearly 3,800 students from Nova Scotia, the rest of Canada and 60 other countries, in more than 200 undergraduate and graduate degree combinations. These programs are delivered by the Faculties of Arts, Pure and Applied Science, Professional Studies, and Theology. There are also specialized programs offered by the Schools of Business Administration, Computer Science, Education, Engineering, Music, Nutrition and Dietetics, and Recreation Management and Kinesiology.

The following summary of the Acadia's quality assurance policies and procedures is based on the information provided in the University's quality assurance report.

In June 2005, the Academic Senate of Acadia approved a new policy for academic program reviews. Prior to this time, Acadia conducted "cluster reviews", where multiple programs were reviewed at once. The new policy focuses on one program at a time, even though multiple reviews may occur in the same academic year. The process is administered through the Academic Program Review Committee (APRC), a standing Senate Committee chaired by the Vice-President Academic. Responsibilities of the APRC include determining policy and procedures for conducting program reviews, selecting the members of each unit review committee, making recommendations to Senate on the basis of the findings of each unit review committee, etc. The coordination of all unit reviews is the responsibility of the Vice-President Academic working in partnership with, the Dean or head, and the unit under review.

#### *Academic program review process*

The objectives of Acadia's review process are to:

- Sustain, and wherever possible, enhance the quality of each academic unit's activities, and through each unit the University as a whole;
- Provide information, both qualitative and quantitative, and recommendations that can serve as a basis for planning;
- Identify strengths and weaknesses;
- Serve to support program development and refinement; and
- Lead to more focused unit planning to address undergraduate (and where applicable graduate) programs, research opportunities and unit infrastructure and administration.

Acadia's program review process includes two components: an academic unit self-study and an external review. The self-study is conducted by the Academic Unit and is expected to cover 19 topics. Acadia notes that the self-study is meant to go beyond enrolment patterns and faculty research and asks directly for the unit's intended student outcomes and the overall goals of the unit, comparisons with other institutions, library resources, use of technology, engagement in the community, and more. The review also gives the unit an opportunity to address university-wide directions and priorities.



The external review is based on a site visit and an analysis of pertinent information (e.g., self-study and other documentation provided by the APRC) and focuses on providing “an opinion about the strengths and weaknesses of the unit’s teaching, research, and service programs.” The external review team is expected to consult the academic unit (faculty, staff and students), members of the University administration, other individuals inside and outside of the University who influence or who are influenced by the activities of the unit and graduates of the programs.

#### *Follow-up*

The unit prepares a response which addresses the issues raised and clearly outlines priorities and future directions and initiatives for the unit over the next 3 to 5 years. The response is transmitted to the APRC which may comment on it. The response and any comments from APRC inform the faculty's long-term planning. The APRC brings recommendations before Senate.

APRC initiates a follow-up with the unit five years after the review. The unit is asked to submit a brief report in which members of the unit comment on the consequences of the review and initiatives undertaken in response to it and respond to any comments from APRC. The unit must also describe initiatives and plans for the coming three to five years until the next review takes place.

#### *Review cycle*

The review cycle is every 10 years. In scheduling reviews, efforts are made to coincide with unit accreditations and whenever possible with the review or 5 year update of closely related units. The review process is expected to be completed over a 16-month period.

#### *Student Evaluations*

Each Faculty within the University has its own system of student evaluation of courses and teaching.

## **4. ASSESSMENT OF ACADIA UNIVERSITY’S QUALITY ASSURANCE POLICIES AND PROCEDURES**

### **4.1 *Is the institution following its own quality assurance policy?***

Since only two reviews have been carried out since the University implemented its Quality Assurance Policy in June 2005 and that the results of neither one had yet been presented to Senate at time of writing, the Committee believes that it is premature to respond to the question, “Is the institution following its own quality assurance policy?”

The Monitoring Committee can confirm that both reviews did include a self-study, an external evaluation, and student, faculty and other stakeholder input, as per the University’s policy. The Committee cannot assess at this time the implementation of the follow-up mechanisms (such as links to decision making, program improvement, monitoring of follow-up actions) outlined in Acadia’s policy.

#### **4.2 Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?**

Acadia's Policy on Quality Assurance contains most of the elements deemed essential to a successful quality assurance policy. The policy:

- Reflects the institutional mission and values.
- Applies to all academic units.
- Is managed at the higher echelon of the institution's administrative structure.
- Is accountable to the institution's leaders.
- Includes a provision to assess research, intended and delivered curriculum, community service.
- Incorporates the results of accreditation.
- Intends to improve the quality of programs.
- Requires the preparation of a self-study by the unit under review.
- Includes guidelines for the preparation of the self-study.
- Requires input from faculty and students participating in the program or unit.
- Incorporates the participation of faculty not directly involved in the review program or unit.
- Requires an external review component, usually carried out by two experts external to the institution.
- Requires the participation of the wider network of stakeholders, such as employers, graduates, professional associations and the local community.
- Includes a mechanism to ensure a proper follow-up to the assessment.

The Monitoring Committee noted only three areas for improvement: (1) the length of time between reviews, (2) the scope of the policy and (3) lack of provision to review the policy periodically. Specifically, the review cycle should be reduced from every 10 years to every five-to-seven years; the policy should apply to non-academic units, such as student services or the registrar; and the policy should include a provision to review the policy periodically. The Monitoring Committee was pleased to learn during the site visit that Acadia has already identified the above noted shortcomings and intends to make the appropriate adjustments to its policy.

The Monitoring Committee commends the University's dedication to quality assurance as evidenced by the various quality assurance related initiatives undertaken by the institution. It was particularly pleased to observe this enthusiasm not only within senior administration but also amongst its faculty. The Monitoring Committee finds Acadia's Policy to be thorough and to require only minor adjustments at this time.

Furthermore, with only two reviews having been carried out using the Policy, very few implementation issues were identified by either the University or the Monitoring Committee. It is in this context that the Monitoring Committee identified suggestions for consideration by the University, and these are organized along the following recommendations:

1. Clearly define the assessment criteria and the links to Acadia's Strategic Plan.
2. Improve the timeliness of the review process.
3. Increase community involvement and awareness.
4. Strengthen the University's Policy on Quality Assurance.

While the Committee recognizes that staff turnover is inevitable and that quality assurance does not rest with one individual, the Committee notes that the recent departure of the Vice President Academic, who the Committee understands was instrumental in the development of Acadia's approach to quality assurance, will undoubtedly present Acadia with a challenge.

#### ***4.2.1 Clearly define the assessment criteria and the links to Acadia's Strategic Plan***

Clear assessment criteria, known and understood by faculty, staff, students and senior administration alike, are essential for ensuring an effective program review process. While Acadia has clearly defined the information that is to be contained in the self-study, the criteria against which a unit/program under review will be measured have not. The faculty with whom the Committee met echoed this sentiment. In particular, faculty noted that while a link between the program review process and the University's Strategic Plan is assumed, it is not explicit in the policy. The Monitoring Committee therefore urges Acadia to define and document the criteria to be used to measure progress of a unit/program under review and the links to the University's decision-making process and its strategic plan. This is particularly important to ensure ongoing support from the university community. The Monitoring Committee noted with great interest Acadia's strategic plan which clearly articulates the value Acadia attributes to students, learning and teaching as well as to curricular renewal on a regular basis. The Monitoring Committee suggests that Acadia University extend the student-centred vision described in its strategic plan to its Policy on Quality Assurance as this would strengthen an already solid policy.

#### ***4.2.2 Improve timeliness of the review process***

A successful quality assurance policy should promote continuous quality improvements; this is hard to achieve if a review cycle extends past seven years, as is the case at Acadia. The Monitoring Committee was therefore pleased to learn that Acadia intends to shorten its review cycle and recommends that Acadia consider shortening the review cycle from every 10 years to every five years, noting that most individuals with whom it met during the site visit were supportive of such a move.

A successful quality assurance policy should promote continuous quality improvements; this is hard to achieve if a review cycle extends past seven years, as is the case at Acadia. The Monitoring Committee was therefore pleased to learn that Acadia intends to shorten its review cycle and encourages the University to consider shortening the review cycle from every 10 years to every five years ideally (seven at most), noting that most individuals with whom it met during the site visit were supportive of such a move.

To ensure the success of a five-year review cycle, an institution must make a concerted effort to ensure that the unit/program review process is carried out in a timely matter. The Monitoring Committee believes that the 16-month timeframe established by Acadia to complete a review (i.e. from the submission of the self-study through to Senate approval of recommendations) is ideal but requires a process that is adequately supported if it is to be attained. The Monitoring Committee notes that the preparation of the self-study can be labour intensive and often results in considerable delays to the process. Therefore, it suggests that the University establish a coordinated approach to institutional analysis activities to support program reviews.

By centralising data collection, faculty and administrators have ready access to a number of data sources (including registrars, student services, financial office, alumni, etc) in order to prepare self-studies, respond to request from external reviewers, etc. This also helps to ensure that data are comparable across faculties and over time. In addition to data support, the Head of the unit under review should be allocated either relief time to prepare the self-study and coordinate the review process, or, at a minimum, additional administrative support to assist in collating the required information. In this context, the Monitoring Committee would be remiss if it did not recognize the efforts of the Library and Registrar Office at Acadia in providing data to support the review process, as their contribution was highlighted on several occasions during the day-long site visit.

Finally, the Monitoring Committee wishes to highlight the importance of providing timely feedback to the unit under review. Failure to do so risks undermining the perceived value of the program review process by those whose buy-in is most crucial to a successful quality assurance policy.

#### **4.2.3 Increase community involvement and awareness**

Community involvement and awareness are important components of a university's quality assurance policy. This includes the participation of the greater community during the review process as well as the proactive dissemination of information about a university's quality assurance policies to the university community (students, faculty, etc.) and the general public.

Acadia has a solid quality assurance policy in place. The Monitoring Committee strongly recommends that over the next few years the University focus its efforts on communicating information pertaining to the University's quality assurance policy and the results of, and, follow-up to, reviews to the university community (students, faculty, etc.), government and the general public. In order to engage the immediate community in the process, the changes brought about by a review (whether done by the university or an accrediting body) must be clearly identified, documented and publicised.

A good communication strategy informs the university community, government and the general public that the university is focussing on providing quality programs and services to its students and gives increased confidence in the quality of a university's programs.

The Monitoring Committee also suggests that it may be beneficial to add educational activities to a communications strategy. Such activities could take several forms such as workshops for faculty and department heads to educate them on the policy, its objectives, assessment criteria, and follow-up processes, with particular emphasis on the benefits of the policy to faculty, Departments, and the University in general. Such workshops would also provide a good opportunity to work with individual Departments to learn what steps can be put in place to minimize the burden on the unit under review.

The Monitoring Committee believes that it is noteworthy that Acadia includes a member of the Board of Governors on its Academic Program Review Committee and that it requires two members of the review team to be chosen from the Acadia University Community (one representing a closely related discipline or area, and the other representing the University-at-large) as these features are an excellent way to increase community awareness and involvement.

The Monitoring Committee was impressed with the various initiatives, to be housed in the University's recently created Learning Commons, aimed at providing a dynamic learning environment, fostering activities that bring together students, faculty and staff, and extending active learning to Acadia's broader community; and believes that the Learning Commons is an ideal venue to rally the Acadia community around ongoing quality improvement.

#### **4.2.4 Strengthen the quality assurance policy**

As noted above, Acadia's Policy on Quality Assurance is impressive. Nonetheless, the Monitoring Committee suggests that the following additions be made to strengthen Acadia's existing Policy. Specifically, Acadia should consider:

- **Including a provision to evaluate the existing quality assurance policy within the actual policy** to ensure that a systematic process is in place to: (1) determine if the policy is meeting the anticipated objectives and outcomes, (2) identify the policy's strengths and weaknesses, (3) implement improvements and (4) ensure the policy's continued relevancy. The evaluation should seek the input of faculty, students, administrators and external reviewers. The Committee suggests that the most appropriate timeframe to perform this review is at the end of each cycle and that the results of the review be tabled with Senate.
- **Extending the site visit by the review team by one day** to allow an opportunity for follow-up questions as well as time for the external evaluators to meet to develop the outline for their report. Such measures would also allow more time for the review team to meet with students and support staff. This was suggested by a couple of review team members for the School of Music and the Department of Chemistry reviews and is fully supported by the Monitoring Committee. In this context, the Monitoring Committee wishes to reiterate the importance of ensuring that external reviewers are truly at 'arms-length' to the institution in order to maintain a review's credibility.
- **Expanding the scope of the policy to include non-academic units:** While Acadia University's current policy does apply to the Library and the Division of Distance and Continuing Education, the Monitoring Committee believes that other non-academic units should also be covered by the Policy such as student services and the Office of the Registrar.
- **Increasing student input:** The Monitoring Committee recognises that obtaining student input can often be a challenge. Students, and the students at Acadia are no exception, are often sceptical about the student evaluation process believing that their opinions, while solicited, are most often ignored. Furthermore the Monitoring Committee has found that students are generally unaware of quality assurance initiatives at their institution. To some extent this is understandable as students graduate and move on before any action resulting from their opinion is evident. Therefore, the Monitoring Committee suggests that universities, Acadia included, actively inform incoming student union representatives that the university values and uses student opinions.

While the collective agreement may prohibit the university from not providing faculty with the handwritten evaluation forms from students, the Monitoring Committee strongly urges Acadia to find a way to terminate this practice as it undoubtedly, and as noted by the students with whom the Committee met, influences the quality of the comments provided as students are wary that the faculty member in question will be able to identify which students made which comments based on handwriting recognition. This practice also adds to the student's scepticism towards the student evaluation process.

The Monitoring Committee suggests that the University create one form to be used by all Faculties and with two to three questions that are targeted to the particular Faculty. This would be easier to manage and would provide comparable data across Faculties. The Monitoring Committee was impressed with the approach used by the School of Kinesiology to collect student input where fourth year students develop a list of questions, moderate a focus group to a core class in each year of the program, and then prepare a final report. The Committee suggests that other academic units at Acadia consider adopting a similar practice.

## **5. SUMMARY OF RECOMMENDATIONS**

### **Recommendation 1: Clearly define the assessment criteria and the links to Acadia's Strategic Plan**

Possible ways to achieve this include:

- Define and document the criteria to be used to measure progress of a unit/program under review and the links to the University's decision-making process and strategic plan.
- Extend the student-centred vision described in its strategic plan to its Policy on Quality Assurance as this would strengthen an already solid policy.

### **Recommendation 2: Improve timeliness of the review process**

Possible ways to achieve this include:

- Shorten the review cycle from every 10 years to every five years ideally (seven at most).
- Establish a coordinated approach to institutional analysis activities to support program reviews.
- Provide the Head of the unit under review relief time as well as additional administrative support to assist in collating the required information, to prepare the self-study and to coordinate the review process.
- Provide timely feedback to the unit under review.

### **Recommendation 3: Increase community involvement and awareness**

Possible ways to achieve this include:

- Include the participation of the greater community during the review process.
- Proactively disseminate information about the University's assurance policy and the results of and, follow-up to reviews the university community (students, faculty, etc.) and the general public.
- Identify, document and publicise changes brought about by a review (whether done by the university or an accrediting body).
- Provide workshops for faculty and department heads to educate them on the policy, its objectives, assessment criteria, and follow-up processes, with particular emphasis on the benefits of the policy to faculty, Departments, and the University in general.
- Draw on the Learning Commons to rally the Acadia community around ongoing quality improvement.

**Recommendation 4: Strengthen the quality assurance policy**

Possible ways to achieve this include:

- Include a provision to evaluate the existing quality assurance policy within the actual policy.
- Extend the site visit by the review team by one day.
- Expand the scope of the policy to include non-academic units.
- Increase student input by, for example, actively informing incoming Student Union representatives that the university values and uses student opinions and terminating the practice of providing faculty with the handwritten evaluation forms completed by students.
- Create one student evaluation form to be used by all Faculties with two to three questions targeted to the particular Faculty.

**6. CONCLUSION**

Acadia University has clearly made great strides to create a culture of ongoing quality improvement across its institution. The Monitoring Committee was particularly impressed by the enthusiasm for quality assurance expressed by those with whom it met during the site visit. The University's commitment toward enhancing its quality assurance activities is clear, and the Committee hopes that the suggestions provided in this report will assist the institution as it moves forward in the implementation of its quality assurance policy and practices. As noted above, the challenge for Acadia over the next few years will be to maintain the momentum which currently exists.

## **APPENDIX 1**

### **INSTITUTIONAL RESPONSE**

May 23, 2007

Ms. Mireille Duguay  
Chief Executive Officer  
Maritime Province Higher Education Commission  
Fredericton, NB E3B 5H1

Dear Ms. Duguay:

Thank you for the Draft Assessment of Acadia University's Quality Assurance Policies and Procedures by the AAU-MPHEC Monitoring Committee. We appreciated the opportunity to meet with the committee on their site visit on April 26<sup>th</sup>, 2007 and we are pleased that the committee found its visit productive and that your findings were positive.

We offer this feedback to the draft assessment.

#### **Factual errors**

##### **Sec 2**

It should be noted that Dr. Bill McLeod, Dean of Professional Studies, was present at the site visit on February 6, 2007.

##### **Sec 3**

Acadia reported on December 1, 2006, that it had a student population of 3,795 fulltime and part-time, undergraduate and graduate students.

#### **Initial response to conclusions and recommendations**

##### **Sec 4.2**

Section 4.2 outlines the committee's general findings and the themes of its recommendations. However, the concluding paragraph mentions the challenge Acadia may face with the departure of its Vice-President Academic. This comment seems misplaced given that staff turnover in any institution is inevitability and Acadia's Academic Program Review Committee is a Standing Committee of Senate. The review process was designed to ensure work continues despite personnel changes.



**Sec 4.2.1**

We appreciate the committee's positive views with respect to Acadia's Strategic Plan and the value it places on students, learning and teaching as well as curricular renewal. We will review how directly the University's Strategic Plan and its Quality Assurance Policy can be linked given the changes and reviews that occur as part of any effective strategic planning model.

**Sec 4.2.2**

Acadia is determined to shorten its review cycle from the current 10-year cycle. It is, however, unclear whether or not a five-year cycle is appropriate and what implications this change will have on resources. The committee notes that shortening the cycle will increase the workload for department heads or will require additional administrative support. When this recommendation is combined with the committee's recommendation in *Sec 4.2.4* that the scope of the policy be expanded to include nonacademic units, there are significant resource implications that may impair Acadia's ability to deliver its high-quality, student-centered programs and services. It may be appropriate for this recommendation to take the form of encouraging Acadia to reach a five-year review cycle if possible given consideration of all other factors.

**Sec 4.2.3**

The Monitoring Committee's acknowledgement of the role that Acadia's Learning Commons will play in fostering more open and effective communication within and between the university community and its stakeholders is appreciated.

**Sec 4.2.4**

The Monitoring Committee's observations about quality assurance program evaluation and extending site visits are understood. The Monitoring Committee might be interested to know that each of Acadia's non-academic operating sectors has developed an action plan that supports the University's Strategic Plan. The plans include specific goals and performance measures that ensure quality within each sector is maintained. It is our opinion that there are only a limited number of elements from the academic quality assurance model that would apply to non-academic sectors and that our planning and monitoring processes have been developed to ensure the best investment of our non-academic resources.

The student evaluation process is an issue with the academy in general, but fine tuning this would contribute to our general efforts to improve the quality of our academic offerings. We shall discuss further your suggestions concerning our student evaluation processes, such as the use of one form for all faculties to improve comparisons across campus. Such discussions that would involve students as well as faculty and staff should improve this practice. As you note, we have some good examples of models that work, such as the approach used by the School of Kinesiology.

We are pleased that overall the committee found Acadia's Quality Assurance Policies and Procedures "solid" and "impressive". We appreciate your specific suggestions and the opportunity to provide you with observations and feedback prior to the preparation of your final report.

Thank you for the effort your committee has made to prepare this draft report and we look forward to your final report.

Sincerely,

Gail Dinter-Gottlieb, PhD  
President and Vice-Chancellor



## **APPENDIX 2**

### **SITE VISIT AGENDA AND PARTICIPANTS**

**Maritime Provinces Higher Education Commission (MPHEC)  
Quality Assurance Monitoring Committee  
Tuesday, February 6<sup>th</sup>, 2007  
KC Irving Centre – Acadia Room  
Site Visit – Schedule**

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9:30 am – 10:30 am	Dr. George Iwama, VP – Academic (Acting) Gail Dinter-Gottlieb, President and Vice-Chancellor
10:30 am – 11:15 am	Department of Chemistry – Dr. John Roscoe, Head and Dr. Rob Raeside, Dean of Pure & Applied Science
11:15 am – 12:00 pm	School of Music – Dr. John Hansen, Director and Dr. Robert Perrins, Dean of Arts
12:00 pm – 12:30 pm	Lunch – Academic Program Review Committee
12:30 pm – 1:30 pm	Cross – Section of Students
1:30 pm – 2:30 pm	Chairs of Departments to be reviewed in the near future: Psychology: Dr. Doug Symons Physics: Dr. Bryan Latta History & Classics: Dr. Beert Verstraete School of Business: Dr. Roger Wehrell School of Recreation Mgmt & Kinesiology: Dr. Gary Ness Deans of Arts, Pure & Applied Science, and Prof. Studies
2:30 pm – 3:15 pm	Cross-section of Faculty
3:15 pm – 3:30 pm	Break
3:30 pm – 4:00 pm	Academic Program Review Committee



## **APPENDIX 3(a)**

### **MONITORING INSTITUTIONAL QUALITY ASSURANCE POLICIES AND PROCEDURES**

#### **1. Objective**

The monitoring of quality assurance procedures and practices is especially important given that the cornerstone of quality assurance is self-assessment by the institutions.

The specific objective of the MPHEC monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programs, and other functions as appropriate, are performing adequately as quality control mechanisms.

The purpose of the monitoring process is to answer the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?"

The process is formative; institutional policies and practices are reviewed with a view to provide assistance and advice to institutions.

#### **2. Focus**

The monitoring function focuses on three elements:

1. The institutional quality assurance policy;
2. The institution's quality assessment practices; and
3. Follow-up mechanisms.

The process pays particular attention to each institution's mission and values.

#### **3. Scope**

Given that the Commission's mandate provides for a direct focus on university education, only degree-granting institutions on the MPHEC schedule are reviewed in the context of this policy. The following institutions are included in the process:

Acadia University	St. Francis Xavier University
Atlantic School of Theology	Saint Mary's University
Cape Breton University	St. Thomas University
Dalhousie University	Université de Moncton
Mount Allison University	Université Sainte-Anne
Mount Saint Vincent University	University of Kings College
Nova Scotia Agricultural College	University of New Brunswick
Nova Scotia College of Art and Design	University of Prince Edward Island

#### 4. Cycle

The monitoring function will be performed once at each institution in a seven-year cycle. Over the course of the seven-year cycle, two reviews per year will be conducted for the first five years, while three reviews will be conducted in each of the remaining two years of the cycle. The particular order will be established by the MPHEC Quality Assurance Monitoring Committee, in consultation with the institutions.

#### 5. A Quality Assurance Monitoring Committee

The Quality Assurance Monitoring Committee carries out the monitoring function on behalf of the Commission. It is essentially established as a peer-review committee. The members are respected by the post-secondary education community, have some appreciation for, and expertise in, quality assurance and periodic program and unit reviews, and are not current members of an institution's senior administration. The Terms of Reference of the Committee are found under Appendix 3(e).

#### 6. Process and Outcomes

The monitoring process takes place over a 10 to 12-month period. Two or three institutions are reviewed simultaneously.

The quality assurance monitoring process includes the following steps:

##### ***Step 1 Initial meeting***

Normally, the first step of the process is a meeting to clarify the expectations and the process, as well as to establish the time frame for each step.

##### ***Step 2 Institutional Quality Assurance Report***

The institutional quality assurance report focuses on the quality assessment and improvement processes in place at the institution under review. It is both descriptive *and* analytical and includes clear statements as to how well the quality assessment and quality improvement processes are performing, and whether these processes are adequate for the task.

The institutional quality assurance report provides answers to the two key questions guiding the monitoring process: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?"

The institution has a three to four-month period after the initial meeting to produce the institutional quality assurance report and forward it to the MPHEC.

### **Step 3 Analysis of all pertinent documentation**

Over the course of the following six to twelve weeks, the Committee and staff analyze the documentation and request any additional information deemed necessary.

The basis of the Committee's report is the documentation forwarded by the institution, to include:

1. The institutional quality assurance policy. The Monitoring Committee uses the policy components and assessment criteria outlined elsewhere in the MPHEC Quality Assurance Policy as the backdrop to review each institutional policy.
2. The institutional quality assurance report.
3. The list of all program or unit assessments conducted in the last seven years. The institution may indicate which units or programs in that list reflect particularly well the institution's mission and values.
4. The schedule of forthcoming assessments.

From the list of assessments carried out by the institution, the Committee selects a number of assessments, normally from three to five, for further review by the Committee. The program or unit assessments are chosen to reflect as accurately as possible the institution's mission and values. The institution is then asked to forward:

5. The complete dossier of these assessments.

### **Step 4 On-site visit**

The on-site visit completes the monitoring of institutional policy and practices. The Committee meets with individuals identified during Step 2 and those identified during consultations with the institution in preparation for the visit. The objective of the on-site visit is to validate the statements offered in the institutional quality assurance report, as well as to verify elements contained in the assessments reviewed by the Committee.

### **Step 5 Report**

The Committee prepares a report on its findings and formulates recommendations, first and foremost, to the institution. The report is forwarded to the institution to validate factual information within eight to twelve weeks following the on-site visit. The institution can submit any correction to the report within 30 days of receipt.

The report, once finalized, is forwarded a second time to the institution to provide an official initial response to the report that will be appended to the final version of the report.

The report is then submitted to the Commission, accompanied by the comments and advice when applicable of the AAU-MPHEC Academic Advisory Committee. Once approved by the Commission, the report is made available by request to the public, listed as an MPHEC publication, and mentioned in the annual report filed by MPHEC.



**Step 6 Institutional response**

The institution then develops a plan of action to respond to the report, to be filed with the MPHEC no later than one year following the publication of the monitoring report. The Quality Assurance Monitoring Committee and the Commission may comment and respond to the plan of action. A brief description of the institution's plan of action, and of the Committee's or Commission's response, when applicable, are included in the next MPHEC annual report.

**7. Review of the MPHEC Monitoring Process**

At the end of the first cycle, a 12-month hiatus will be imposed to review and analyze the process. Institutions will be consulted in this review. Among the questions to be answered at that time are:

1. Has the process met the anticipated objectives and outcomes?
2. What are its strengths and weaknesses?
3. How can it be improved?
4. Is there value in pursuing it into a second cycle?

## **APPENDIX 3(b)**

### **GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES**

#### **I PURPOSE OF THE GUIDELINES**

The aim of these guidelines is to assist the institutions in establishing or improving their policies and processes and to support the Commission when assessing the policies and processes in place.

#### **II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY**

An institutional quality assurance policy should reflect the institution's mission and values. All institutions should have a quality assurance policy in place.

A quality assurance policy should focus on units (academic and other) and/or on programs (or groups of programs). The policy should include provisions to cover all the functions and units of the institution (research, administration, community service, etc.).

#### **III OBJECTIVE OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY**

The institutional policy's objectives should be, at a minimum, to improve the quality of programs and to ensure that stated student outcomes can be realized.

The purpose of the assessment itself should be to answer the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?"

#### **IV COMPONENTS OF AN INSTITUTIONAL QUALITY ASSURANCE POLICY**

In addition to reflecting institutional mission and values, the institutional quality assurance policy should be comprehensive and apply to all programs and units. It should also, at a minimum, address the following elements:

1. Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administrative structure, and be accountable to the institution's leaders.
2. Define the assessment criteria (see section V).
3. Require a self-study component, usually involving faculty and students participating in the program or unit. The self-study should be student-centered as it would aim, in most cases to assess the quality of learning. The self-study should be structured according to the defined assessment procedures criteria. When and where appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

4. Entail an external review component, usually carried out by two experts external to the institution. As appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.
5. Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).
6. Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.
7. Include appropriate mechanisms that are at a minimum the procedures and areas of responsibility, to ensure a proper follow up to the assessment.
8. Establish the assessment cycle, which should not exceed seven years. Newly-established programs or units should be assessed once fully implemented, usually at the three- to five-year mark.
9. Include provisions to review the policy periodically.

The policy should be tabled with the MPHEC as the body responsible for overseeing quality assurance.

## **V KEY ASSESSMENT CRITERIA**

The assessment procedures and criteria should be student-centered, and reflect institutional mission and values. The assessment criteria should be comprehensive (i.e., to include all program and units) and address the following elements:

1. Assess intended and delivered curriculum;
2. Review teaching practices;
3. Clarify the expected outcomes for students;
4. Examine the degree to which those outcomes are realized;
5. Evaluate the appropriateness of support provided to students;
6. Appraise the research carried out by the academic unit or by faculty involved in the reviewed program;
7. Value the contribution of the unit or program to other aspects of the institutional mission (community service, for example); and
8. Value the contribution of the unit or program to the larger community or society in general.

## **APPENDIX 3(c)**

### **ASSESSMENT CRITERIA FOR THE MPHEC MONITORING PROCESS**

#### **I INTRODUCTION**

The specific objective of the monitoring function is to review the policy, processes and procedures used by institutions to assess the quality of existing programs and other functions as appropriate, to ensure they are performing adequately as quality control and quality improvement mechanisms.

The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?". The Committee will be assessing the institution's quality assurance policy and related processes, but will not be assessing the quality of specific programs or units.

The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

#### **II ASSESSMENT CRITERIA**

1. Institutional context of the policy
  - 1.1 The policy is consistent with the institution's mission and values.
2. General
  - 2.1 Scope of the policy is appropriate, i.e., the policy is comprehensive in terms of assessing all programs and units.
  - 2.2 The policy follows the Commission's guidelines. Any discrepancy is explained/justified.
  - 2.3 The policy promotes *continuous* quality improvement.
3. Policy objectives
  - 3.1 Scope of the objectives is appropriate.
  - 3.2 Objectives linked to program quality improvement.
  - 3.3 Objectives linked to decision-making process.
  - 3.4 Objectives linked to realization of stated student outcomes.
  - 3.5 Objectives linked to the economic, cultural and social development of the university's communities.

4. Policy components
  - 4.1 Assessment criteria are defined and are appropriate (to include the adequacy of financial, human and physical resources).
  - 4.2 General guidelines for the program/unit self-study are established and are appropriate.
  - 4.3 The external review process is objective including clearly defined generic terms of reference for, and selection process for, experts.
  - 4.4 Procedures allowing for the participation of students, faculty members, staff and the community-at-large are established.
  - 4.5 (If the policy focuses on units) Mechanism(s) to assess interdisciplinary programs, typically not examined when a policy focuses on units, exist and are appropriate.
  - 4.6 Linkages between program assessment and accreditation requirements are identified.
  - 4.7 Schedule of program/unit assessment is appropriate.
  - 4.8 Procedures to review the policy itself are identified, including procedures to seek/include stakeholder input.
  
5. Policy implementation (assessment practices)
  - 5.1 Program/unit self-studies address the institution's assessment criteria.
  - 5.2 Program/unit self-studies include a component that is student-centered, as they aim, among other things, to assess the quality of learning.
  - 5.3 Students, faculty members, staff and the community-at-large participate in the assessment process.
  - 5.4 External review process is objective; experts selected during the peer review process have the appropriate expertise.
  - 5.5 Policy and procedures monitor the continuing relevance of the program.
  - 5.6 Schedule of reviews is adhered to, or modifications to schedules can be reasonably explained or justified.
  - 5.7 Required follow-up action is undertaken.
  - 5.8 Policy is subject to regular review (and the review process includes procedures to seek stakeholder input).
  
6. Policy administration
  - 6.1 Coordinating or administrative unit identified as the lead is appropriate.
  - 6.2 Effective support has been offered to programs and units under review.
  - 6.3 Appropriate follow-up mechanisms are in place and are functioning appropriately.
  - 6.4 Assessment results have been appropriately disseminated.
  - 6.5 The process informs decision-making.

## **APPENDIX 3(d) GUIDELINES FOR THE PREPARATION OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT**

### **I PURPOSE AND FOCUS OF THE MONITORING PROCESS**

The specific objective of the monitoring function is to review the policy, processes and procedures used by institutions to assess the quality of existing programs and other functions as appropriate, to ensure they are performing adequately as quality control and quality improvement mechanisms.

The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

The overall monitoring process aims to provide answers to the following two questions:

1. Is the institution following its own quality assurance policy?
2. Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?

The monitoring function focuses on three elements:

- The institutional quality assurance policy;
- The institution's quality assessment practices; and
- Follow-up mechanisms.

### **II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT**

The institutional quality assurance report is both descriptive and analytical. It must include clear statements as to how well the quality assessment and quality improvement processes are performing, and whether these processes are adequate for the task.

The institutional quality assurance report should engage as many individuals involved in quality assurance within the institution as possible, in a frank, objective and balanced appraisal of strengths and areas for improvement. The institutional quality assurance report is the primary document on which the monitoring process is based and it is therefore important that it be well organized, clearly written and concise.

In answering the above, the institutional quality assurance report should provide the following:

- a. What is the factual situation?
- b. What is the institution's assessment of the situation?
- c. How are the results addressed?

The institutional quality assurance report should only rarely exceed 30 pages, excluding appendices.

### III SUGGESTED STRUCTURE AND CONTENT OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

#### 1. Description of the University's Quality Assurance Policies and Procedures

- 1.1 Brief history of the policy.
- 1.2 Scope and objectives of the policy.
- 1.3 Mechanism(s) in place to assess interdisciplinary programs.
- 1.4 Established assessment cycle schedule.
- 1.5 Linkage between the policy's objectives:
  - a. program quality improvement;
  - b. the decision-making process within the institution;
  - c. the realization of stated student outcomes; and
  - d. the economic, cultural and social development of the institution's communities.
- 1.6 Link between the program/unit assessment process and accreditation requirements.
- 1.7 Assessment criteria.
- 1.8 Guidelines for the preparation of the program/unit self-study.
- 1.9 Terms of reference and selection process of external reviewers.
- 1.10 Procedures to allow for the participation of students, faculty members, staff, graduates, and the community-at-large.
- 1.11 Procedures/timelines to review the policy itself; including procedures to seek/include stakeholder input on the policy as a whole.
- 1.12 Any other element the institution believes the Committee must be aware of to proceed with the assessment of the policy.

#### 2. Assessment of the University's Quality Assurance Policies and Procedures

##### 2.1 Policy Objectives

- a. Extent to which the policy is consistent with the institution's mission and values.
- b. Extent to which the scope is appropriate.
- c. Extent to which policy promotes *continuous* quality improvement.
- d. Appropriateness of assessment criteria.
- e. Adaptability of self-study guidelines to the varying needs and contexts of individual programs.
- f. Extent to which established guidelines ensure the external review process remains objective.

##### 2.2 Policy implementation

- a. Extent to which the program/unit self-studies address the institution's assessment criteria.
- b. Extent to which the program/unit self-studies are student-centered.
- c. Extent to which the program/unit self-studies aim to assess the quality of learning.

- d. Extent to which the policy and procedures monitor the continuing relevance of the program/unit.
- e. Extent to which the process assesses of the adequacy of human, physical and financial resources.
- f. Appropriateness and effectiveness of the link between the program/unit assessment process and accreditation requirements.
- g. Extent to which students, graduates, faculty members, staff and the community-at-large participate in the review process.
- h. Extent to which the external assessment process has been carried out in an objective fashion.
- i. Extent to which experts selected during the peer review process have the appropriate expertise.
- j. Extent to which the required follow-up action has generally been undertaken.
- k. Extent to which the policy has been reviewed (to include a description of the process, timeframe, extent to which stakeholder input was sought and included).

### 2.3 Policy Administration

- a. Appropriateness and effectiveness of the lead coordinating or administrative unit.
- b. Effectiveness of support offered to programs and units being assessed.
- c. Appropriateness and effectiveness of the follow-up mechanisms in place.
- d. Extent to which the assessment results have been appropriately disseminated.
- e. Extent to which the process has informed the decision-making process within the institution.
- f. Extent to which the schedule of assessments has been followed.
- g. Appropriateness of assessment schedule.
- h. Appropriateness of procedures/timelines to review the policy itself (including appropriateness of procedures to seek stakeholder input).

### 3. Conclusion

- 3.1 Is the university doing what it should be doing in the area of quality assurance?
- 3.2 Solutions to address any shortcomings.

#### Appendices (to institutional report)

- I. Institutional policy.
- II. List of all program or unit assessments conducted in the last seven years (The institution may indicate which units or programs in that list reflect particularly well the institution's mission and values).
- III. Schedule of forthcoming assessments.





## **APPENDIX 3(e)**

### **AAU-MPHEC QUALITY ASSURANCE MONITORING COMMITTEE**

#### **TERMS OF REFERENCE**

#### **PURPOSE**

1. To advise and assist the Maritime Provinces Higher Education Commission, an agency of the Council of Maritime Premiers, in ensuring continuous improvement in the quality of academic programs and of teaching at post-secondary institutions included within its scope by monitoring institutional quality assurance activities, as described in the MPHEC Quality Assurance Policy.

#### **FUNCTION**

2. The Committee shall:
  - Monitor the outcomes of institutional quality assessment policies and procedures, within the parameters established by the Commission. These parameters are described with details on the process in the Commission Quality Assurance Policy.
  - Suggest relevant research/publications to the Commission and assist in their preparation, as they relate to quality assurance.
  - Examine issues or carry out projects as the Commission may deem necessary and appropriate, as they relate to quality assurance.

#### **OBJECTIVE OF THE MONITORING FUNCTION**

3. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programs, and other functions as appropriate, are performing adequately as quality control and quality improvement mechanisms.
4. The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is satisfactory as is?"
5. The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

#### **MEMBERSHIP**

6. The Committee will be composed of eight members including the Chair.
7. At least two Committee members are also Commission members.

8. At least three, but ideally four Committee members will be selected from a list of nominees suggested by the AAU, and at least one of the three/four members selected from the list of nominees suggested by the AAU must be a francophone.
9. Ideally, two Committee members are students.
10. Members are appointed for a three-year mandate.
11. Preferred profile of members:
  - Appreciation for, and expertise in, quality assurance and periodic program and unit reviews.
  - Respected by the post-secondary education community.
  - Not a current member of an institution's senior administration.
  - Preferably not a current public servant within a department of education.
  - Preferably not currently in the employ of an institution on the Commission's schedule.

#### **CHAIR**

12. The Chair of the Committee is one of the Commission members appointed to the Committee and is designated by the Chair of the Commission. With unanimous consent, the Commission may appoint for a specific period an individual who is not a Commission member, as Chair of the Committee.
13. The Chair of the Committee chairs meetings.

#### **REPORTING STRUCTURE**

14. The Committee reports to the Commission. It shall report to the Commission at regular interval.
15. Monitoring reports are distributed to the AAU-MPHEC Academic Advisory Committee in advance of the Commission meeting to allow time for comment and advice.

#### **QUORUM**

16. The Committee's quorum is defined as a majority of current members, that is 50% plus one, provided other alternatives, such as e-mail, faxes or telephone, be used for decisions if a quorum has not been achieved at a meeting.

#### **COMMITTEE'S SCOPE OF AUTHORITY**

17. Committees are instruments of the Commission. A committee's work products are the property of the Commission.

18. Committee members and chairs may not speak or act for the Commission except when formally given such authority for specific and time-limited purposes. Such authority will be carefully stated in order not to conflict with the authority delegated to the Chair of the Commission and the Chief Executive Officer of the Commission. Committee members and chairs cannot exercise authority over staff, and normally have no direct dealings with staff operations. Extraordinary requests for resources made by a committee must be approved by the Commission.

#### **LINK TO THE ASSOCIATION OF ATLANTIC UNIVERSITIES**

19. The Association of Atlantic Universities (AAU) representatives to this Committee shall report to the AAU Secretariat any issues/opportunities that require the action/involvement of the member institutions. Minutes of meetings shall be forwarded to the AAU Secretariat in a timely fashion.

#### **STAFFING**

20. The attendance of the Chief Executive Officer, or designate (normally, a staff member), at all committee meetings as a resource and staff support is essential to the effective work of committees and to ensure proper and on-going alignment with the Commission's business plan. However, staff's primary accountability is to the Commission as a whole even when assigned the role of committee resource.
21. The Committee is allowed to engage outside consultants, as required, to assist in the monitoring functions.

#### **POLICY ON CONFLICT OF INTEREST**

22. As relevant, the Commission's Policy on Conflict of Interest applies to the Committee:

Members shall act at all times in the best interests of the Commission rather than particular interests or constituencies. This means setting aside personal self-interest and performing their duties in transaction of the affairs of the Commission in such a manner that promotes public confidence and trust in the integrity, objectivity and impartiality of the governing body.

No member shall directly or indirectly receive any profit from his/her position as such, provided that members may be paid reasonable expenses incurred by them in the performance of their duties and the honorarium, as set by the appropriate authorities. The interests of immediate family members or close personal or business associates of a member are considered to also be the interests of the member.

Members are expected to avoid conflicts or the appearance of conflicts between their duties as a public appointee and their personal or business interest.

An actual or potential conflict of interest arises when a member is placed in a situation in which his or her personal interests, financial or otherwise, or the interests of an immediate family member or of a person with whom there exists, or has recently existed, an intimate relationship, conflict or appear to conflict with the member's responsibilities to the Commission, and the public interest.

Members shall not use information obtained as a result of their appointment for personal or commercial benefit.

A conflict of interest may be "real", "potential" or "perceived"; the same duty to disclose applies to each.

Full disclosure, in itself, does not remove a conflict of interest.

***Principles for managing conflicts of interests***

In consultation with the member, and in the light of the specific nature of the conflict, the Chair and member may determine the appropriate response to the circumstance, as follows:

- the member must withdraw from any discussion or decision-making process leading to a recommendation on the proposal; or
- the member may remain in the meeting and participate in the discussion but refrain from voting; or,
- the member may remain in the meeting and participate in the discussion and in the voting.

In all cases the Chair will advise the governing body as a whole of the conflict, and of the outcome above, with reasons.

Should the Chair be in a conflict of interest, the Chair will either (a) withdraw from any discussion or decision-making process leading to a recommendation on the proposal, or (b) ask the governing body to decide whether the Chair may remain in the meeting, participate in the discussion while refraining from voting, or remain in the meeting, participate in the discussion and in the voting.

It is the responsibility of other members who are aware of a real, potential or perceived conflict of interest on the part of a fellow member to raise the issue for clarification, first with the member and, if still unresolved, with the Chair.

***Rules with regards to program proposals or specific funding request/issue***

When Commission members (or Committee members) are directly associated with the university whose program proposal or funding request is under consideration, the member must, at a minimum, abstain from the final vote (or final recommendation/advice to Commission in the case of a committee). The abstention is noted in the minutes if requested by the member or Chair. In the event that this member is the Committee Chair, an alternate Chair is assigned for the consideration of the program proposal in question.