

**Assessment of  
St. Francis Xavier University's  
Quality Assurance Policies and  
Procedures**

**September 2009**

*(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 September 2009.

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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 first phase of the monitoring process is expected to be completed within the next few months.

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 St. Francis Xavier University. The report concludes by answering the two key questions of the monitoring function.

## **2. DESCRIPTION OF THE MONITORING PROCESS WITH ST. FRANCIS XAVIER UNIVERSITY**

The initial meeting between the Monitoring Committee and St. Francis Xavier University (StFX) occurred on May 10, 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 Dr. Don Wells and representing the MPHEC were Dr. Léandre Desjardins, Acting Chief Executive Officer, and Ms. Catherine Stewart, Policy and Research Analyst. StFX was represented by Dr. Mary McGillivray, Academic Vice-President and Provost, and Dr. Winston Jackson, Director of Institutional Analysis. The institution 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).

StFX submitted its Quality Assurance Report on December 17, 2007, 11 months after the agreed upon target date of January 2007. During its January 18, 2008 meeting, the Monitoring Committee identified the program assessments for which it would like to receive a complete dossier. A letter dated January 24, 2008 was sent requesting these dossiers from StFX, and another letter was sent February 22, 2008, requesting new dossiers in view of StFX's response concerning certain departmental situations. StFX submitted the dossiers on March 24, 2008, and the Committee reviewed them at its September 8, 2008 meeting, finalising the questions/issues to be explored during the site visit.

The site visit occurred on October 8, 2008. Committee members Dr. Henry Cowan, Prof. Ivan Dowling, Dr. Colette Landry Martin, Mr. Bernard Nadeau, Dr. Sam Scully, and Dr. Don Wells were present, as well as two members from the MPHEC staff. Representing StFX's senior administration were Dr. Sean Riley, President, and Dr. Mary McGillivray, Academic Vice-President and Provost. The Monitoring Committee also heard from representatives of the Senate, the Registrar, the library, faculty and students, Academic Deans and Directors, Department Chairs, the Dean of Students, Academic Advisors, and the Committee on Academic Reviews. The agenda for the site visit is included under Appendix 2.

On April 7, 2009, the Monitoring Committee submitted to StFX a draft of its *Assessment Report of St. Francis Xavier University's Quality Assurance Policies and Procedures*. StFX was asked to validate the factual information contained in the document and to provide an initial response. A response was received on August 21, 2009. The Commission approved the report at its September 2009 meeting.

## **3. OVERVIEW OF ST. FRANCIS XAVIER UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES**

Founded in 1853, St. Francis Xavier University, located in Antigonish, Nova Scotia, is a primarily undergraduate university. It brings together 4,200 students in arts, science, business and information systems, as well as applied programs.

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

StFX's main quality assurance activity is the review of academic programs as outlined in its Guidelines for Departmental Reviews. The departmental review is a function of Senate, administered by the Academic Vice-President, and carried out by the Committee on Academic Reviews (CAR) which is chaired by the Academic Vice-President. Its purpose is "to determine whether the Department has suitable objectives and whether it is fulfilling its objectives, the objectives of the University, and meeting the needs of the outside community". In addition, "reviews are intended primarily to evaluate the quality of the programs offered rather than the performance of individual Faculty members".

The Departmental review process, which is on an eight-year cycle, includes the following steps:

- Establishment of a Review Panel that consists of two external reviewers and an internal coordinator.
- Preparation of a self-study by the Department.
- Site visit of a minimum of two full days during which the Review Panel is asked to interview all Departmental faculty and staff, Chairs of Departments for which the reviewed Department plays a service role, appropriate members of the library staff, computer center and administration. The panel is also asked to meet with advanced students in the Department.
- Submission of a report in which the Review Panel is asked to offer an opinion on the strengths and weaknesses of the Department's teaching and research programs and to offer recommendations as to what changes should be made in the Department. Where possible, the report is to indicate the priorities and timing for the implementation of recommendations.
- Submission within one month of a response from the Department reviewed to the Chair of CAR regarding the recommendations of the Review Panel.
- CAR, on studying the three reports (Self-Study, Review Panel, and Departmental Response), prepares a written report which goes to Senate through the Chair of CAR/Academic Vice-President. The report indicates the current and future disposition of the recommendations and suggests action and referral to the appropriate bodies.
- Follow-up on the disposition of the recommendations as suggested by CAR is the responsibility of the Academic Vice-President/Chair of CAR.

StFX also has a mandatory campus-wide system of student evaluation of courses and teaching.

## **4. ASSESSMENT OF THE ST. FRANCIS XAVIER UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES**

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

Based on the information gathered through the site visit and a review of the institutional report and selected assessment dossiers, StFX is generally in compliance with its quality assurance policy. Specifically, StFX has undertaken reviews of its academic programs and these reviews have included a self-study, an external review and site visit, student and faculty input, and a final report with recommendations. StFX recognized early on the importance of quality assurance.

Timeliness, however, is one area in which the Monitoring Committee noticed a significant gap between the policy and its implementation. In the following section, the Committee provides a number of suggestions that it believes will help StFX to complete its review process in a timely way, as well as to enhance the overall implementation of its review 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?***

StFX's Departmental review policy contains many of the elements deemed by the Monitoring Committee as essential to a successful quality assurance policy. The policy:

- Reflects the institution's mission and values;
- Is managed at the higher echelons of the institution's administrative structure;
- Applies to all academic units;
- Aims to improve the quality of programs;
- Includes a provision to assess adequacy of resources, research activity, and a unit/program's contribution to the university and the wider community;
- Requires the preparation of a self-study by the unit under review;

- Requires input from faculty and students participating in the unit;
- Requires an external review component, usually carried out by two experts external to the institution; and
- Includes a follow-up mechanism.

The Committee heard faculty describe the self-study process as an excellent opportunity to step back and assess a department's strengths and weaknesses, despite the heavy workload involved. In addition, the students with whom it met during the site visit were very supportive of their educational experience at StFX, and spoke to the University's small size as a significant factor in the quality of their educational experience. This seems to indicate a culture supportive of quality assurance.

However, the Committee did identify a number of areas for improvement with regard to the University's policy, including the length of the interval between reviews and the length of time it takes to complete a review, the lines of accountability, the need to focus on students, the policy's scope, and its overall clarity. The Committee therefore makes the following recommendations for consideration by StFX:

1. Increase the frequency and timeliness of reviews
2. Strengthen the lines of accountability for quality assurance
3. Make the policy more student-centred
4. Expand the scope of the quality assurance policy
5. Clarify expectations and anticipated outcomes through enhanced documentation

#### ***4.2.1 Increase the frequency and timeliness of reviews***

A successful quality assurance policy should promote continuous quality improvements and be accountable. This standard cannot be achieved when quality assurance processes unfold over an extended period of time. In this context, the Monitoring Committee has identified two areas for improvement with regard to timeliness which, once addressed, should help to enhance the efficiency and effectiveness of the University's quality assurance policy: (1) interval between reviews, and (2) time taken to complete each review.

##### **Interval between reviews**

The current interval between reviews is eight years. The Monitoring Committee notes that it is difficult to promote continuous quality improvements when the review cycle extends past five to seven years, as is the case with StFX. It therefore recommends that StFX shorten the interval between reviews to five years ideally, seven at most, as a shorter interval fosters confidence of the university community in the credibility and overall effectiveness of the process. The Committee also believes that reviews conducted more closely to one another lead to a less onerous process as one review can easily build on the previous one.

##### **Time taken to complete each review**

The Monitoring Committee notes that timeliness remains an issue. The process up to the submission of the external reviewers' report to CAR appears to be working reasonably well; however, a time lag in departmental response submissions to CAR at times results in delays to the process. Moreover, the overall review process is lengthy and further delays are encountered once the report is submitted to CAR. For example, the Department of Chemistry submitted its self-study in January 2006, followed by an update in March 2006. The external review was conducted in June 2006, and the departmental response was forwarded in October 2006. At the time of the Monitoring Committee's site visit in October 2008, however, the CAR report had not yet been submitted to the University Senate. As another example, the Department of Modern Languages submitted its self-study in November 2003. An external review was conducted in March 2004, to which the department responded in March 2005. The CAR report was not submitted until January 2007, almost two years later.

The Committee warns that such delays can create the impression that quality assurance is not a priority and risks undermining the effectiveness of the overall review process and eroding the confidence of the university community. It therefore strongly recommends that the University reduce the length of its review process by:

- inviting the Chair of a given unit to attend the meeting where the results of its review will be discussed by CAR so that questions about a program and or its review can be quickly and easily addressed;
- adhering to the review schedule; and
- redefining the review schedule so that the review process does not extend past 12 months and to allow the self-study to be prepared over the summer months.

During the site visit, the Monitoring Committee heard on several occasions that the delay in the process, once a report was submitted to CAR, was due in part to the extremely busy schedule and heavy workload of the Academic Vice-President (mostly due to the creation of two new Faculties), which often resulted in CAR meetings (chaired by the Academic Vice-President) being cancelled. One CAR member noted that the Terms of Reference for CAR do not require that it be chaired by the Academic Vice-President, and therefore it may be appropriate to have another committee member chair CAR. The Monitoring Committee, however, strongly advises against this action; the Academic Vice-President is a primary leader of quality assurance work and should retain oversight of the institution's quality assurance effort. The appropriate step, therefore, would be to delegate other administrative responsibilities. Maintaining this leadership is also key to Recommendation 2, below.

The Monitoring Committee highlights the importance of providing timely feedback to a unit under review, and thus recommends that timelines and responsibilities for follow-up be defined within the policy, as detailed in the section below. Failure to do so risks undermining the perceived value of the review process by those whose buy-in is most crucial to a successful quality assurance policy, namely faculty.

#### **4.2.2 Strengthen the lines of accountability for quality assurance**

In order to garner support from the university community, the review process must be seen as accountable and therefore must be supported at all levels within the university (from the President, to the Academic Vice-President, to faculty, to students) and at each stage in the process (from overall promotion of quality assurance to the selection of external reviewers, to the preparation of the self-study, to follow-up).

In this context, the Monitoring Committee recommends that StFX strengthen the lines of accountability for quality assurance by:

- **Enhancing and clarifying the role of Deans:** While the Academic Vice-President is responsible for overseeing quality assurance, a broader network of individuals must be involved in carrying out the activities that support quality assurance, from preparing the schedule of upcoming reviews to monitoring follow-ups. In this context, the Monitoring Committee notes that Deans have played a limited role in the program review process. The Monitoring Committee therefore recommends that the University distribute responsibility for the process more broadly across its administrative structure. In this case, the Deans should play a more active role in the entire process. In so doing, Deans, as front line administrators, will be better able to provide leadership to, and oversight of, day-to-day operations within their departments. A broader distribution of roles and responsibilities will help to avoid delays in the process and the loss of momentum, particularly when the Academic Vice-President position is newly filled or vacant. In addition, it should improve communications, strengthen the review process, and lead to increased opportunities to cultivate a culture of quality assurance and for continuous quality improvements across the institution. The Committee notes that with the creation of two new Faculties at the University, this is an opportune time to involve Deans more directly in the review process; a move that was supported by the faculty and Chairs with whom the Committee met, as well as the Academic Vice-President.

- **Using the results of reviews to inform decision-making** and in particular decisions related to budgeting and the improvement of programs/services. The Monitoring Committee adds that decisions/recommendations culminating from a review should not be limited to increasing or decreasing faculty positions or resources, but should also encompass changing current practices and procedures.
- **Seeking input from a wider representation of the community served by the University** including employers, professional associations, and the local community.
- **Strengthening the follow-up process:** Follow-up to recommendations from a review is essential to ensure the review process is seen as accountable. Responsibilities for follow-up and their prescribed timelines must therefore be identified clearly in the policy to strengthen the lines of accountability. The Monitoring Committee suggests that Deans be made responsible for monitoring follow-ups of their respective units and that the progress of a unit be monitored for two years following the submission of the report. In addition, it recommends that strict timelines be imposed and that any delays be responded to constructively but firmly.

#### 4.2.3 *Make the policy more student-centred*

As student input is a key measure of the quality of a university's academic programs, faculty, support services and the overall university experience, an institution's quality assurance policy should be student-centred, apply to the full spectrum of a student's university experience and ensure full participation in the quality assurance process. The Monitoring Committee therefore recommends that StFX:

- **Include a student member on CAR** to enhance student input.
- **Make the self-study guidelines more student-centred:** The Monitoring Committee notes that the current guidelines are focused on collecting information on resources and less on collecting information on the student experience. It therefore recommends that the guidelines be revised to collect a number of measures to inform decisions related to the improvement of the student learning experience and academic offerings.
- **Expand the scope of student evaluation of teaching** to include courses with enrolment below 10, and courses which are newly offered or being taught for the first time by a professor. The Committee argues that seeking student input for these courses is as important as for other courses.

"The current major...documents that have formal quality assurance policies included in them are: Guidelines for Departmental Reviews (Senate Document)", and "Faculty Collective Agreement and Academic Policies and Procedures, St. Francis Xavier University"<sup>1</sup> The Committee believes that universities should not rely on collective agreements to define any of their quality assurance processes. Instead, the University should add a section to its current program review policy that documents the procedures.

#### 4.2.4 *Expand the scope of the quality assurance policy*

A successful quality assurance policy should apply to the full spectrum of a student's university experience and ensure full participation in the review process. To this end, the Monitoring Committee recommends that StFX:

- **Include accredited programs and non-academic units**, such as student services, Registrar's Office, physical plant, and IT services in its review process. Universities, and not the accreditation body, are ultimately responsible for the quality of accredited programs as the accreditation body tends to have narrower mandates and not to assess programs within the context of an individual university. The Monitoring Committee therefore recommends that the University stop the past practice of using the accreditation process as a replacement for the University's Departmental review process. It is important that efforts not be duplicated and therefore work carried out for an

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<sup>1</sup> StFX's *Quality Assurance Policies and Procedures*, p.2, section 1.1. In StFX's initial response to the report it notes more specifically that the Collective Agreement contains protocols for the evaluation of faculty which include teaching evaluations.

accreditation review should be the starting point for the Departmental review process, which should follow closely on the heels of the former. Where appropriate, inputs should be combined and the timing of both processes should be aligned to reduce redundancy. During the site visit, it was argued that student services are performance-driven and therefore constantly assess ways to improve. The Monitoring Committee, however, believes that there is also great value in periodically stepping back and bringing in experts to assess the big picture.

- **Monitor faculty performance beyond the first five years** and throughout their careers. The Committee recognizes the comprehensive process in place at StFX to monitor faculty performance during their first five years at the University, and suggests that support be given to faculty members throughout their careers and particularly where there are issues of performance. The Committee also notes with interest the University's suggestion that the University should initiate a faculty and staff survey to measure level of job satisfaction. It believes this would be a worthwhile endeavour and looks forward to learning how this initiative progresses over the next few years.
- **Provide means to evaluate the existing quality assurance 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 review cycle and that the results of the review be tabled with Senate.

#### **4.2.5 Clarify expectations and anticipated outcomes through enhanced documentation**

Clear expectations and anticipated outcomes are an essential component of an open and transparent quality assurance policy and process. These characteristics play a significant role in providing a level playing field for all involved and sustaining a climate supportive of quality assurance. To that end, the Committee has identified the following measures to assist StFX in clarifying its expectations and anticipated outcomes in the area of quality assurance:

- **Defining the assessment criteria** against which a unit/program under review will be measured. Clear assessment criteria, known and understood by faculty, staff, students and senior administration alike, are essential in ensuring an effective review process.
- **Creating a Terms of Reference template for external reviewers** in order to clarify expectations, standardize the process and facilitate the work of the external reviewers. In addition, a Terms of Reference template would ensure that common elements are reviewed across time and programs, and should be sufficiently flexible to allow for modifications or additions to reflect the needs/circumstances of a particular program/review.
- **Disseminating information:** A good communication strategy would inform the university community, government and the general public that the University is focusing on providing quality programs and services to its students and gives increased confidence in the quality of a university's programs. The Monitoring Committee therefore recommends that StFX disseminate more widely and consistently information about quality assurance practices to the university community (students, faculty, etc.) and the general public. In this context, changes brought about by a review should be clearly identified, documented and publicised.
- **Documenting other initiatives related to quality assurance:** StFX identified in its report a number of activities, in addition to the departmental review process that contribute to quality assurance such as student course evaluations, pre-tenure reviews, tenure and promotion evaluations, and a number of surveys designed to collect data on student and graduate outcomes. The Monitoring Committee recommends that these activities be documented and formally folded into StFX's review policy. It is these types of activities which are essential to making ongoing quality improvements.

## 5. SUMMARY OF RECOMMENDATIONS

### Recommendation 1: Increase the frequency and timeliness of reviews

In particular, StFX should:

- Reduce the length of the interval between reviews from eight years to five, seven at most, to ensure a promotion of continuous quality improvements.
- Require that each departmental review take place within 12 months from initiation to the submission of the final CAR report, that the self-study be prepared over the summer months, and that the review schedule be respected
- Invite the Chair of a given unit to attend the meeting where the results of its review will be discussed by CAR so that questions about a program and/or its review can be quickly and easily addressed.

### Recommendation 2: Strengthen the lines of accountability for quality assurance

In order to garner support from the university community, the review process must be seen as accountable. The Monitoring Committee therefore recommends that StFX:

- Maintain the Academic Vice-President's leadership role of quality assurance.
- Enhance and clarify the role of Deans by identifying them as responsible for monitoring follow-ups of their respective units. Deans should play a more active role in the process to provide leadership to, and oversight of, day-to-day operations within their departments.
- Distribute responsibility for the quality assurance process more broadly across the administrative structure.
- Use the results of reviews to inform decision-making and in particular, decisions related to budgeting and the improvement of programs/services.
- Seek input from a wider representation of the community served by the University including employers, professional associations, and the local community.
- Strengthen the follow-up process by clearly identifying responsibilities for follow up and their prescribed timelines in the policy to ensure timely feedback to a unit under review, and monitor a unit for two years following the submission of a report.

### Recommendation 3: Make the policy more student-centred

Possible ways to achieve this include:

- Including a student member on CAR to enhance student input.
- Making the self-study guidelines more student-centred rather than resource-centred to improve the student learning experience and academic offerings.
- Expanding the scope of student evaluation of teaching to include courses with enrolment below 10 and courses which are newly offered.

### Recommendation 4: Expand the scope of the quality assurance policy

An institution's quality assurance policy should apply to the full spectrum of a student's university experience and ensure full participation in the review process. To this end, the Monitoring Committee recommends that StFX:

- Include accredited programs and non-academic units such as student services, Registrar's Office, physical plant and IT services in the review policy.
- Monitor faculty performance beyond the first five years and throughout their careers, and offer support to faculty members where there are issues of performance.

- Provide means to evaluate the existing quality assurance policy to determine if the policy is meeting the anticipated objectives and outcomes, identify the policy's strengths and weaknesses, implement improvements and ensure the policy's continued relevancy.

**Recommendation 5: Clarify expectations and anticipated outcomes through enhanced documentation**

The University's policy should:

- Define the assessment criteria against which a unit/program under review will be measured.
- Create a Terms of Reference template for external reviewers in order to clarify expectations, standardize the process and facilitate the work of the external reviewers.
- Disseminate information about quality assurance practices to the university community and the general public more widely and consistently.
- Document other initiatives related to quality assurance (such as student course evaluations, pre-tenure reviews, tenure and promotion evaluations and surveys measuring student and graduate outcomes) to make ongoing quality improvements.

## **6. CONCLUSION**

StFX has gained significant experience in the area of quality assurance as it is approaching the end of its second round of reviews. The Committee agrees with the University that a challenge, as it moves into a third round, will be to keep faculty and staff motivated and to keep the process from becoming a bureaucratic ritual without clear benefits. As the University moves forward, the Committee hopes that the recommendations and suggestions herein serve as a useful guide to building on StFX's current quality assurance activities.



## APPENDIX 1 INSTITUTIONAL RESPONSE

August 19, 2009

Dr. Sam Scully, Chair  
AAU-MPHEC Quality Assurance  
Monitoring Committee  
MPHEC  
82 Westmorland Street, Ste. 401  
PO Box 6000  
Fredericton, NB E3B 5H1

Dear Dr. Scully:

On behalf of St. Francis Xavier University, I wish to thank the AAU-MHPEC Monitoring Committee for its report and for the suggestions and guidelines it has generated regarding Quality Assurance at St. Francis Xavier University (StFX). StFX found the Committee to be thorough, painstaking, and courteous in the pursuit of its mandate; we appreciate the constructive and professional approach adopted by the Committee in its report. On behalf of the University, I offer the responses and remarks below.

I would first like to note that as a result of the discussions generated by the meetings with the Committee, some changes in practice have already been implemented; I will note these below. In other areas, some of the suggestions involve more extensive engagement of the quality assurance policy and will be taken under advisement in the coming two years regarding the development of a broader practice of quality assurance at the University.

I shall address the recommendations in turn:

### **4.2.1 Increase the frequency and timelines of reviews and**

### **4.2.2. Strengthen the lines of accountability**

StFX concurs with the Committee that there is room for improvement here. We would like to note that a time lag in departmental response submissions to our Committee on Academic Review has occasionally also been an issue such that regrettable delays have occurred in two places in the sequence rather than the one cited by the AAU-MPHEC Committee. StFX agrees that strengthening the lines of accountability would be helpful in addressing this issue, and agrees as well that the advent of two new Faculties is an ideal occasion to make improvements. In fact, in advance of my receiving this Report in July, the Deans met with the Academic Vice-President (AVP), who has delegated the role of standing Secretary of the Committee on Academic Reviews to one Dean. This Dean will be responsible for monitoring the sequence of the various stages of the review process as well as for general follow-up, and for monitoring the roster to ensure a more compressed

process. (4.2.1). The AVP also accepts the recommendation with respect to inviting the Chair of the relevant Department to address the Committee directly in order to enhance the capacity of the Committee to meet timelines. Over the next year, CAR plans to alter its roster so that reviews are consistently called for at the Senate meetings before summer, enabling more of the self-studies to be done in the summer months. (StFX wishes to note that this was already the practice with more than half of its reviews; Departments were not always able to comply.)

Enhancing and clarifying the role of the Deans in the CAR process seems a constructive initiative to address the first two points; StFX agrees with the recommendations under 4.2.2 and will move to put these in place or to enhance the practice where it already exists.

#### **4.2.3 Make the policy more student-centred**

StFX will take these suggestions under advisement and will discuss implementation with Senior Administration and with the Senate Steering Committee. Student input exists in the current model, as extensive surveys are regularly taken of students regarding their opinions of and experience in the academic programs, and student Senators receive the CAR reports, but we will investigate the possibility of having a student representative join CAR proper. We are in general support of the idea.

The University is not sure the Monitoring Committee has fully understood the situation with respect to the *Collective Agreement*: it is not a document upon which the University relies solely for quality assurance but contains protocols for evaluation of faculty which include teaching evaluations. With respect to teaching evaluations' scope, the University agrees that very small courses and new courses should as well be the subject of student evaluation, but at present the application of this practice cannot be substantially altered without the engagement and support of the StFX Association of University Teachers and the Senate. StFX notes further the practice of the use of student evaluation in these cases does in fact exist, but is voluntary rather than mandatory. We will continue to encourage the practice strongly via the auspices of Department Chairs, and will seek ways to broaden the use of student evaluations to very small and new courses.

#### **4.2.4 Expand the scope of the quality assurance policy**

With respect to the co-occurrence of accreditation and evaluation, StFX agrees in principle, and in the past academic year, CAR refused two Departments' requests to have their accreditation processes substitute for Departmental Reviews; CAR has historically made an exception for Nursing owing to the exceptionally broad and deep nature of these particular accreditation assessments, but will review this practice at the suggestion of the Monitoring Committee. With respect to the inclusion of non-academic units in the quality assurance process, StFX will investigate fully with all the suggested units and take this under advisement. StFX will enhance engagement of the StFX Faculty Development Committee in helping to improve monitoring of faculty performance in mid and later career, and accepts the advisability and utility of periodic self-assessment of the existing quality assurance policy.

#### **4.2.5 Clarify expectations and anticipated outcomes through enhanced documentation**

StFX takes the suggestions in 4.2.5 with respect to clarification of expectations and enhancing communications as helpful and will endeavour to move to implement a more explicit and comprehensive review policy.

StFX looks forward to continued improvements and enhancements of its quality assurance practices, and looks forward as well to ongoing dialogue with the AAU-MPHEC Monitoring Committee on this important matter.

Sincerely,

A handwritten signature in black ink that reads "Mary B. McGillivray". The signature is written in a cursive, flowing style.

Mary B. McGillivray, Ph.D.  
Academic Vice-President and Provost

MBMcG/rm



## APPENDIX 2 SITE VISIT AGENDA AND PARTICIPANTS

**Maritime Provinces Higher Education Commission (MPHEC)  
Quality Assurance Monitoring Committee  
St. Francis Xavier University  
Wednesday, October 8, 2008  
Nicholson Hall 611**

### Site Visit Agenda and Participants

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9:00 am – 9:15 am	Dr. Sean Riley, President, and Dr. Mary McGillivray, Academic Vice-President and Provost
9:15 am – 9:40 a.m.	Dr. Sean Riley, President
9:45 am – 10:30 am	Meet with Department Chairs from departments previously reviewed. Dr. Ken Nilsen, Celtics Studies; Dr. James Cormier, Chemistry, Dr. Emeka Oguejiofor, Engineering, Prof. Allene MacIsaac, Nursing, Dr. Victor Kocay, Modern Languages
10:30 am - 10:40 am	BREAK
10:45 am – 11:15 am	Meet with Dr. Steve Baldner, Dean of Arts, Dr. William Marshall, Dean of Science, Dr. Jeff Orr, Director, School of Education, Prof. Leo Gallant, Director, Gerald Schwartz School of Business and Information Systems
11:20 am - 11:55 am	Meet Ms. Lynne Murphy, University Librarian, Mr. Joe MacDonald, Dean of Students, Mr. Tim MacInnes, Registrar, Mr. Danny McInnis, Associate Registrar, Kara Deon, Academic Advisor, Suzanne Russell, Academic Advisor and Nancy Marenick, Writing Centre
12:00 pm – 1:15 pm	Lunch with Student representatives
1:30 pm – 2:15 pm	Department Chairs from departments about to be reviewed: Dr. Carl Adams, Physics, Dr. Steve Holloway, Political Science, Dr. James Cameron, History, Dr. Roberto Martinez-Espineira, Economics, Dr. Tim Hynes, Business Administration and Dr. Neil Foshay, Information System
2:20 pm – 3:00 pm	Meet with Senate representatives (members of Academic Priorities and Planning Committee) and members of the Committee on Academic Reviews
3:05 pm – 3:30 pm	Institutional Analysis – Mr. Duncan Macpherson, Ms. Janice Gillis-Maclean
3:35 pm – 4:10 pm	Wrap-up meeting with Dr. Mary McGillivray, Academic Vice-President and Provost



## **APPENDIX 3(a)**

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

#### **I 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.

#### **II 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.

#### **III 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

## IV 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.

## V 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).

## VI 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.

## **VII 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:

1. What is the factual situation?
2. What is the institution's assessment of the situation?
3. 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.